FILE #2489

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 28, 1987 — THIS LICENSE OR PERMIT EXPIRES

DUANE W. JOHNSON — LICENSEE OR PERMITTEE

1110 CARLOS DRIVE LINCOLN, NE 68505 — ADDRESS

T9N; R6E; Sec 17; Bk 4; Lot 2; 2nd Add Hitching Post Hills — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2489

DATE: 4-27-87

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9-N Yankee ; Range 6E ; Section 17 ;
   Block 4 : Lot 2 : Addition 2nd add Hitching Post Hills
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 04. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒

4. Distance to public sewer: _____ ft. LAGOON

Duane L. Johnson
Signature of Applicant (Owner or Lessee)

1110 Carlos Dr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/27/87. Date Frwd. 4/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/24/87. Date Frwd. 4/24/87. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 4/28/87. Date Frwd. 4/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/2/87 by: J.C. Hood Piping + Lagoon size
Date: 7-6-87 by: ron reminder/cards - need final drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/7/93 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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FILE NO. 2489

PROPERTY WHERE SOIL TESTED:

Location: Township Yankee; Range _____; Section & ¼ Section 17-.
Property Dimensions: 1196 ft. x 400 ft. Area: 3.4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 4-26-87 to 4-27-87. Weather: Precip. None Temp. 60-90°.

OWNER: Duane W. Johnson

Address: 1118 Carlos Dr

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	4-26	8:20	26	12:30	4/27	3:45	6½	3:45	6¼	¼		
2	32	4-26	8:50	26	12:55	4/27	11:59	6½"	12:30	6"	½		
3	32	4-26	9:15	26	1:30	4/27	12:01	6"	12:30	5¾	¼		
4	32	4-26	9:45	26	1:45	4/27	3:15	7"	3:45	6¾	¼		
5	30	4-26	9:45	26	1:42	4/27	3:15	6½	3:45	6¼	¼		
6	36	4-26	15:45	26	1:45	4/27	3:15	7"	3:45	6½	½		

Duane Johnson
Signature of Person Conducting Test

Address 1118 Carlos Dr Phone 464-2077

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: TOO SLOW FOR CONVENTIONAL SYSTEM
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: APRIL 27, 1987

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

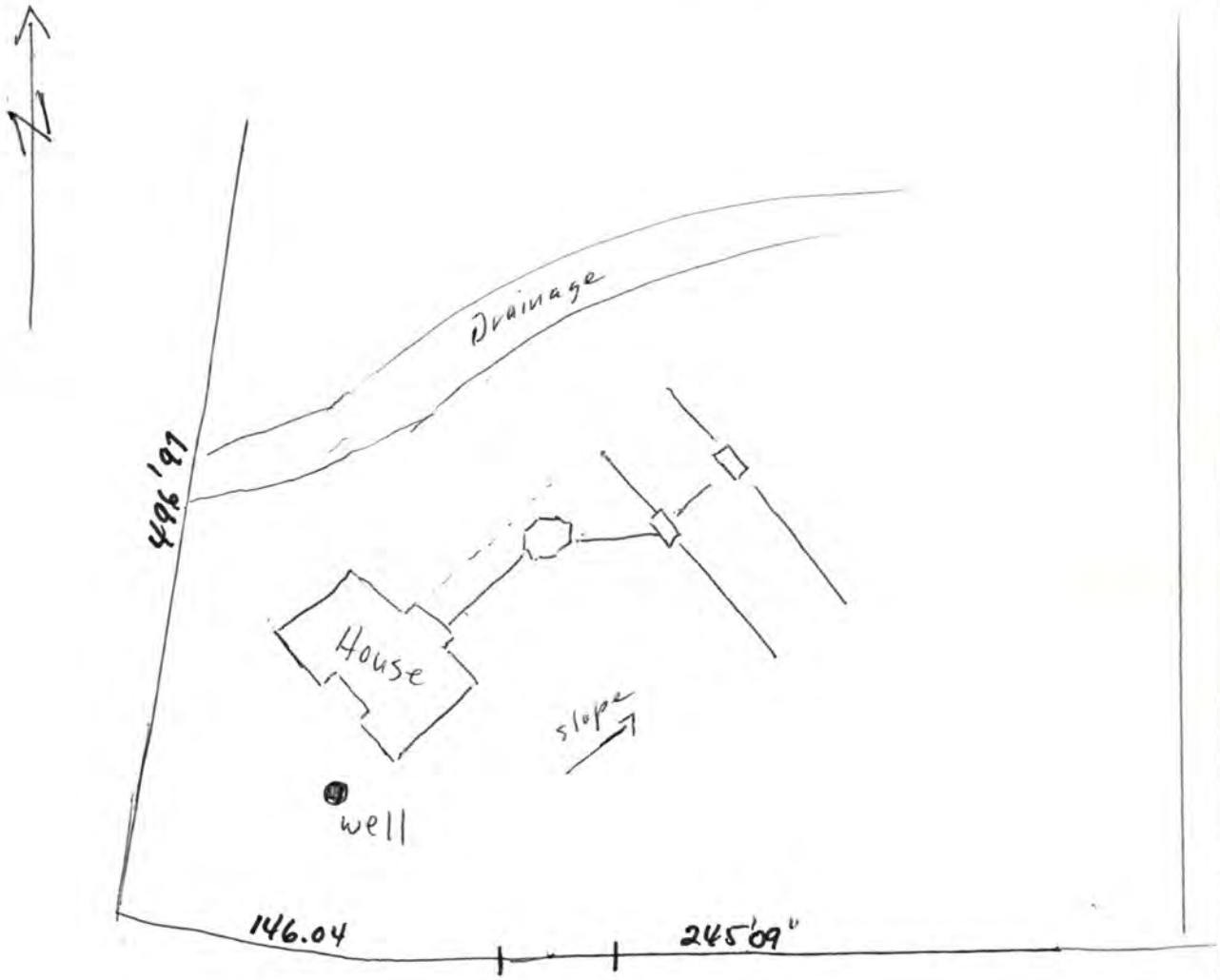
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2489

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☑ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 2700 W Paddock Rd, Lincoln, NE 68523

Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition Hitching Post Hill 2nd Addition

Directions to Property Drive South from corner of W. Cottington and A Street, to corner of Pleasant Hill Rd (turn west), to Hitching Post Lane(turn north)...

Location of Well 30' south of home... Tap Location: Inside ☐ Outside ☑

Location of Sewage System NE of home. Year Installed 1987

Lagoon

	NAME	ADDRESS	PHONE
Present Owner:	Duane W. Johnson	2700 W Paddock Rd-Lincoln	423-6916
	(for inspections go direct-questions refer to Present Owner)		
Tenant/Buyer:	Bruce Weber	Rt 1, Box 41, Adams NE	788-2706
Return to:	ATI Title Company	3883 Normal Boulevard	434-3280
	ATT: Dee Hansen	Suite # 108 Lincoln, NE 68506	

Signature of Applicant Bruce Weber Address Rt 1, Box 41, Adams, NE 68301 Date 11/23/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/23/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/29/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☑	Approved ☐	Date 12/7/93 by [illegible]
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☑	Date ___/___/___ by ___

Comments: DEPRESSION AROUND WELL. NEED LOCK ON LAGOON GATE. Corrected 12/6/93
LAGOON NEEDS MORE WATER. WHEN SPRING COMES NEED TO KILL OUT CATAILS IN LAGOON. NEED AS BUILT DRAWING. Received 12/6/93 See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 12/9/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

JUL 2 8 1998

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

2ND ADD HITCHING POST HILLS

Legal Description of Property: Street Address 2200 W. Pioneers

Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition [redacted]

Directions to Property _____

Location of Well _____ Tap Location: Inside ☒ Outside ☒ NE CORNER

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Weber	2200 W. Pioneers Road	420-2084 Kim Topp
Tenant/Buyer:			
Return to:	Linda Wibbels Woods Bros Realty	3737 So. 27th Lincoln, Ne 68502	434-3559

Signature of Applicant X Michael Weber Address _____ Date 7/28/98

HEALTH DEPARTMENT USE ONLY

Date Received 7/29/98 Received $150.00 Check ☒ Cash ☐ CK 1244 $150.00 CW

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 8/3/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.8 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: WELL COMES CLOSE TO BEING IN DEPRESSION. FENCE MAY BE JUST SLIGHTLY SHORTER THAN 4 FEET. NEED MORE WATER IN LAGOON. RECORD INDICATES FENCE WAS ACCEPTED BY HEALTH DEPARTMENT EARLIER. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ SEWAGE DISPOSAL SYSTEM Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 8/5/98

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2700 W. Paddock Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition 2nd addition HITCHING POST HILLS

Directions to Property Van Dorn W. to Coddington to Pleasant Hill Rd. Right to Hitching Post Rd turn right to 1st at paddock

Location of Well E. of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System N.E. Behind house Year Installed ____

Site Hazards (dogs, etc.) 2 dogs in house

	NAME	ADDRESS	PHONE
Present Owner:	michael J Carlin		420-9092
Tenant/Buyer:			474-1560 wk
Return to:	Self		
			(Fax)

Signature of Applicant Roberta M Carlin Address 2700 W. Paddock Rd Lincoln 68523 Date 10/23/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/23/02 Amount $200.00 Check No. 4036 Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By ____ **DATE:** ____/____/____

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 2.6 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: ____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by Doug Smith Date 10/25/02

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00