LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380155601

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

KAY WILLIAMSON
T9N R6E SEC 18
ROLLING MEADOWS BLK 5 LOT 5
6900 BUCKS CIRCLE

FEES: $150.00

Permittee

KAY WILLIAMSON
527 PIER 2 ST
LINCOLN NE 68528

TOTAL $150.00

Issued By M. Jane Ford
Health Director

3490

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FEB 1 3 1997

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address TBD - Bucks Circle 6900 (no rural route) City Lincoln NE, Zip 68523

Legal Description Lot 5 Block 18 Rolling Meadows Addition

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
			9N	6E			5	5

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name H. Kay Williamson Signature H Kay Williamson

Address 527 Pier 2 City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone 435-7434 Work Phone (402) 423-3003

C. Contractor Note Owner is contractor of project. 472-3700

Name Same Earnest Company Name Earnest Well Drilling & Septic

Address 400 2ND St City/State/Zip Milford NE

☒ Check if contractor designed system Work Phone 402-761-2281

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process

☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 3/12/97 Date frwd 3/13/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/17/97 Date frwd 3/17/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

6/3/97 bpl C.H.
6/11/97 bpl C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date OCTOBER 22, 1997

Business Office Use Only 3148

Date Rec'd 2/13/97

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 724

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

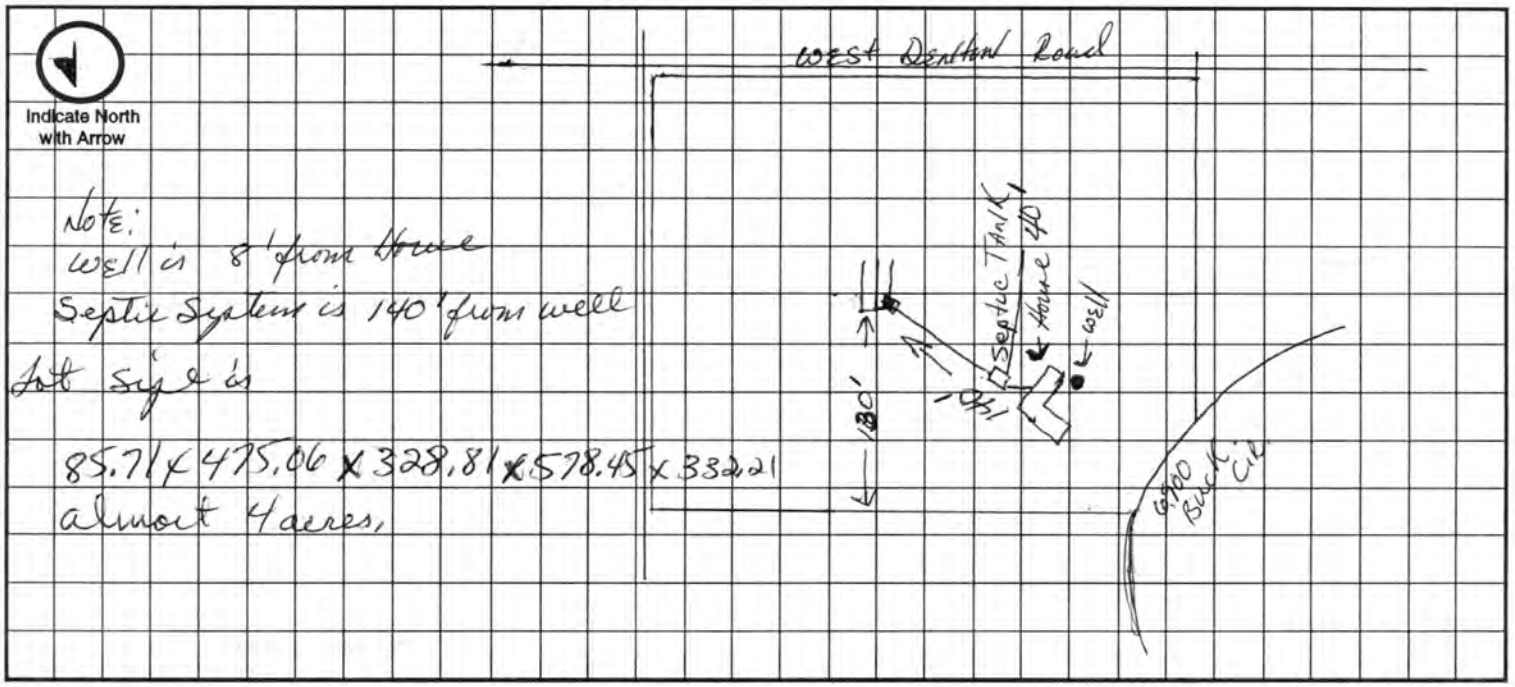
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

FEB 13 1997 **C**

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6900 Buck Circle City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Test will be in Spring and will meet code.

Percolation Rate 10 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 495 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches 2 Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 2/8/97

Installer _____ Date 3/12/97

FORM 23-102 10-96

FEB 1 3 1997

DATE: 1/28/97

Earnest Pump Co.

WELL DRILLING & REPAIR
P. O. BOX H 400 2ND ST.
MILFORD, NE 68405
(402) 761-2281

NAME: GARY WACTON (C/O GEORGIA KRUSE)
ADDRESS: 522 PIER 2
CITY: LINCOLN STATE: NE. ZIP: 68528 PHONE: _____

WELL INFORMATION

WELL DIA. 9" DEPTH 150'
STATIC WATER LEVEL 59'
ESTIMATED G.P.M. 40
GRAVEL PACK "B"

CASING
SIZE 4" TYPE 200 PSI.

SCREEN
SLOT .018 LENGTH 10' TYPE MONOFLEX

WELL LOG

FEET	FORMATION
0-2'	TOP SOIL
2'-50'	BROWN CLAY
50'-95'	BLUE CLAY
95'-100'	SANDSTONE
100'-102'	YELLOW & BLUE CLAY
102-113'	SANDSTONE
113'-135'	YELLOW, BLUE, BROWN & ORANGE CLAY MIXED
135'-140'	SANDSTONE (COURSE) BROWN
141-150	" (COURSE) BROWN

FEET	FORMATION

PUMP: 1 H.P. 20 G.P.M.
DROP PIPE: 1¼" CABLE: 12/2
PRESSURE TANK: _____

PREPARED BY Ben Ernst IV

KNOWLEDGE EXPERIENCE national water well association CERTIFIED ABILITY C.W.D./P.I.

To: Lincoln-Lancaster County
Health Department
3140 N Street
Lincoln, NE 68510-1514

Oct, 17th 1997

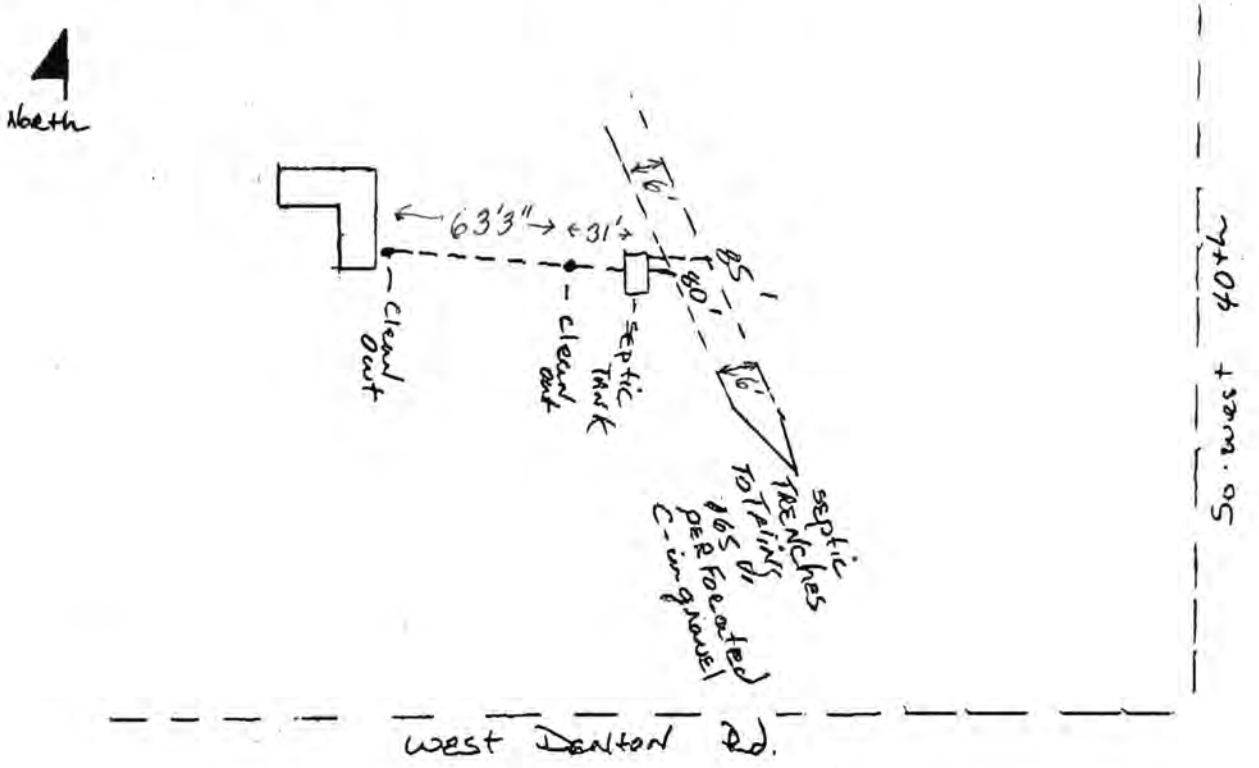
6900 Bucks

From: H.K. Williamson and Gary Walton
527 Pier 2
Lincoln, NE 68528

Re: Sewage Installation Permit # 973801556
Final Plan per installation

Attn: Jerrold Hood

Mr. Hood:
Below is the map location of the septic system and its layout.



Gary Walton
Work phone 472-3700

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

Legal Description of Property: Street Address 6900 Bucks Cir.

Twp 9 Range 6 Section 18 1/4 ___ 1/4 ___ Block 5 Lot 5 Addition Rolling Meadows Addn

Directions to Property W. Denton Rd. to SW 69

Location of Well S. side of Home Tap Location: Inside ☒ Outside ☐

Location of Sewage System ___ Year Installed ___

436-3298

	NAME	ADDRESS	PHONE
Present Owner:	Caryl and Kay Walton	6900 Bucks Cir.	
Tenant/Buyer:	Larizy Keiter	4039 Palace Dr. Grand Island, NE	308-389-2420
Return to:	Donna Semin	7211 So. 27	

Signature of Applicant Donna Semin Address 7211 So. 27 Date 8/7/00

Jeff Buell - 436-4663 Listing agent 436-3208 Donna 730-3208

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	08/07/00	Date	___/___/___
Initials	___	Case No.	___
Amount	150.00	Initials	___
Check No.	2691		

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

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	9/1 ☒ ___/ml	☐ ___/ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ ___ppm	☐ ___ppm	Disapproved	☐	Date___/___/___by___

Comments: Well is in a depression, drainage swale needed or casing extension. Grass area east of Septic tanks. Area probed without finding any evidence of sewage effluent on surface. Listing Realtor Jeff Buell informed of findings - will call when corrections are made. 8/9/00. OS. 8/25/00 Well corrections made. 9/1/00 replacement water Samples were both negative for bacterial growth ☐ See Attached Letter

FINAL STATUS

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

Approved by Doug Svacek Date 9/1/00

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: 10-95