LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390034601

Issued 09/10/93
Expires 03/10/94
Revenue Code 18754

Establishment
PATRICIA SCHUDDER
T9N R7E SEC 11
LOT 24
9301 PIONEERS BLVD

FEES: $50.00

TOTAL $50.00

Permittee
PATRICIA SCHUDDER
9301 PIONEERS BLVD
LINCOLN NE 68520

Issued By M. Jane Ford
Health Director

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

RECEIVED SEP 0 8 1993

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 9-6-93

The undersigned hereby applies for a permit to ALTER ☑, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. T 9N ; Range R7E ; Section 11 E NE 1/4 ;
Block _____ ; Lot 24 ; Addition _____
Street Address 9301 Pioneers BLVD

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: 300 Ft New in laterals; new area

5. Work to be done by: Owner ☐ ; or Contractor ☑ , Loren Oosting
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2500.00

Patricia A Scudder
Signature of Applicant (owner or lessee)

9301 Pioneers Blvd
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 11/5/93 by: L.C.H. Need drawing + end caps.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/6/93 by: L.C. Hood

Jerry - as per your request. Pat

RECEIVED SEP 13 1993

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

B

Site #1

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township T 9N ; Range R 7E ; Section & ¼ Section 11&NE1/4
Property Dimensions: 217.25 ft. x 140.00 ft. Area: 0.698 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay [X] ; Silty Clay Loam [ ] ; Sandy Loam [ ] ; Silt Loam [ ] ; Clay Loam [ ] .
Dates of Tests: 6-7-93 to 6-8-93 . Weather: Precip. 0 Temp. 80°F

OWNER: Earl H. Scudder Jr.
9301 Pioneers Blvd.
Address: Lincoln, NE 68520

Set 1

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 (~~ft.~~ ~~in.~~)	Time (Hr./ Day)	Water Level (~~ft.~~ ~~in.~~)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in
1	3.02	6-7	14:00	6-8	14:05	6-8	17:40	1.96	18:10	2.01	30	0.6	50
2	3.14	↓	↓	↓	↓	↓	↓	1.82	↓	1.88	30	0.72	41.67
3	3.06	↓	↓	↓	↓	↓	↓	1.70	↓	1.73	30	0.36	83.33
4	2.92	↓	↓	↓	↓	↓	↓	1.52	↓	1.60	30	0.96	31.25
5	3.21	↓	↓	↓	↓	↓	↓	1.85	↓	1.92	30	0.84	35.714
6	3.08	↓	↓	↓	↓	↓	14:10	1.42	14:40	1.47	30	0.6	50

Sum of Percolation Rates: 291.95
Average of Rates: 48.7
Mean of Rates: 44.1

Scott M Vamas
Signature of Person Conducting Test

Address 4817 N 56th St. Ste. A1 Phone (402)466-8154
Lincoln, NE 68504

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Burchard Clay Loam
Date: SEPTEMBER 13, 1993

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Officia

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. _____

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

REVIEWING ACTION

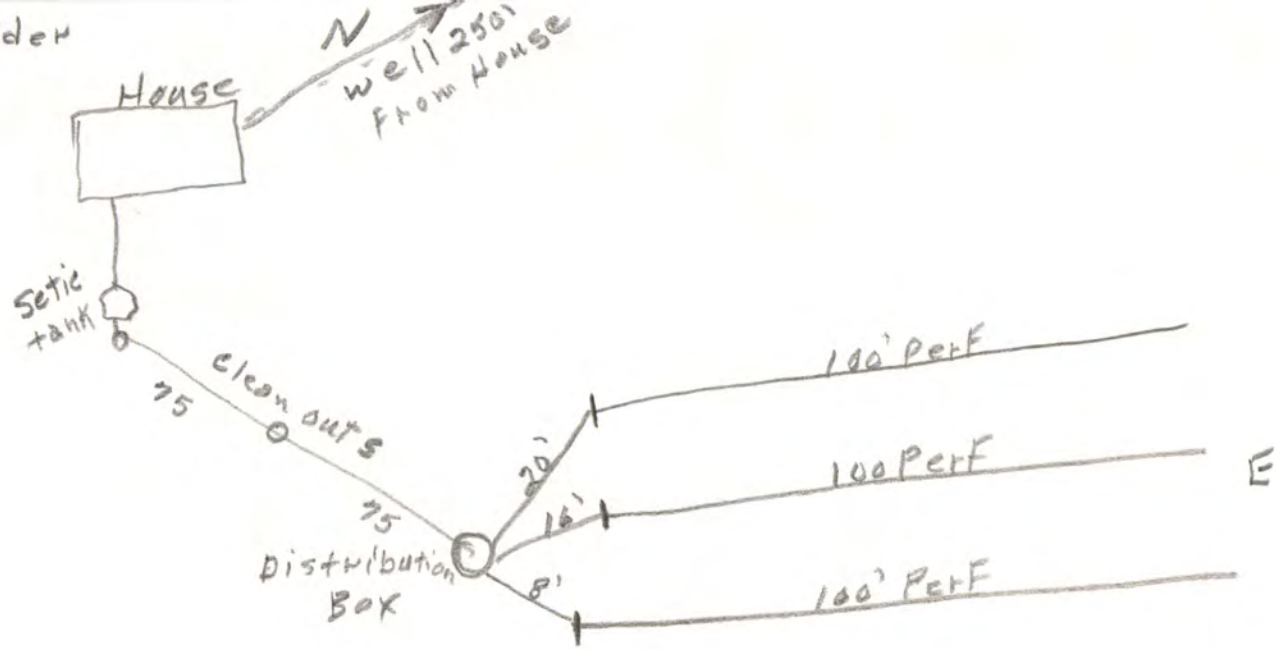
Remarks: _____

Date: SEPTEMBER 13, 1993

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 1191 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Pat Scudder



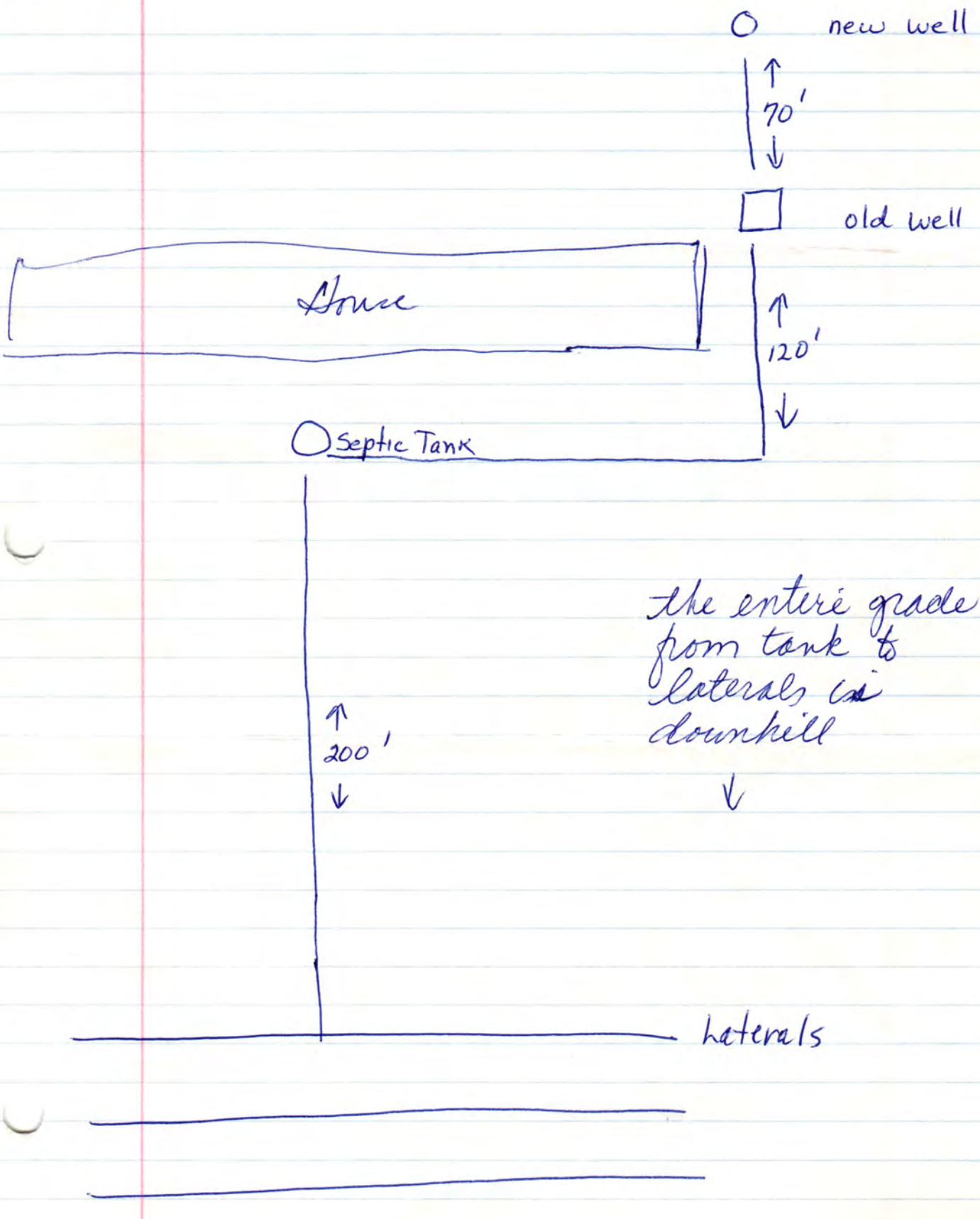
Oosting Well + Plbg

S

N
W E
S

approximate measures – paced off 11/28/90

Patricia H Scudder



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

FAX 435-4239

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 11/26/90

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION NE¼41 ; BLOCK ____

LOT 24 ; ADDITION _____ ; Street Address _____

Directions to Property 9301 EAST PIONEERS BLVD.

Location of Well Immediately East of Drive 30' N of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System South Side of House 40' South of Kitchen Year Installed 1967

	NAME	ADDRESS	PHONE
Present Owner:	EARL H. SCUDDER, JR.	9301 EAST PIONEER BLVD.	435-3333
Tenant/Buyer: Refinance	NA NANCY BRIDGEMAN		
Return to:	FIRST FEDERAL LINCOLN	3901 NORMAL BLVD. LINCOLN, NE 68506	473-6104

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Mary Pachlman Address 1327 'H' Street

#25-2922 State Fill Service Lincoln, NE 68508

HEALTH DEPARTMENT USE ONLY

Date Received 11-27-90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-27-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM: ?		SITE VISIT:
Construction	☒	☒	Approved:	☐	Date 11-27-90 by mm
Bacteria	☑	☐	Provisional:	☒	Date 11-29-90 by mm
Nitrate	☑	☐	Disapproved:	☐	Date _____ by ____

Comments: old, unused well in pit east of drive + north of garage must be properly abandoned ↖ Also, Recommend checking to see if septic tank needs pumping

Deficiencies Corrected

Septic system was covered before Health Dept. could inspect it. Thus, provisional.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ken Marquardt DATE 11-30-90

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832