FILE NO. 2024

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 8, 1984
THIS LICENSE OR PERMIT EXPIRES

JAY VALLICOTT — 237 SO. 70, SUITE 203 — LINCOLN, NE 68510
LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec. 14; Add Lot 23 IT; except 492.94 S; Add: 6400 So. 84
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	XXXXXX 110.16	XXXXXX 148.14	XXXXX 6-2	

SERIAL NO.	DATE	AMOUNT
65234 NE	2/8/84	60.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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. 2024

DATE: AUG 5 1983

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. 9N ; Range 7E ; Section 14 ;
   Block — : Lot — : Addition LOT 231T EXCEPT 492.94 S.
   Street Address 6400 S. 84TH

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe

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

4. Distance to public sewer: NA. ft.

Jay Vollmott
Signature of Applicant ~~(Owner or Lessee)~~

237 S. 70 SUITE 203 LN. NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/5/83. Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/8/83. Date Frwd. . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City ~~or County~~ Engineer : Date Rec'd. 8-8-83. Date Frwd. 8-8-83. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9-30-83 by: rm - partial
Date: 10-3-83 by: rm
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-3-83 By: Ron Maynard

467 - 1627 STROMYRE 27 & SUPPLIES. 11K = 4401 N 27.

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

FILE NO. 2024

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7E ; Section & ¼ Section 14.
Property Dimensions: 250 ft. x 335 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: AUG 3 82 to AUG 4 83. Weather: Precip. ^ Temp. 90+.

SITE 6400 S. 84TH ST

OWNER: DR JIRI LUKAS
Address: 6911 Vanborn

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	18"	8/3	4:00	8/4	4:00	8/4	5:30	16"	6:00		30	3/4"	40
2	"	"	"								30	3/4"	40
3	"	"	"		"						30	1 1/4"	24
4	"	"									30	1"	30
5	"		"		"						30	2"	15
6	"										30	1"	30

Sum of Percolation Rates: 179
Average of Rates: 29.83
Mean of Rates: _____

Signature of Person Conducting Test
Address John Stromyre Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 5, 1983

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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. 2024

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

REVIEWING ACTION

Remarks: _____

Date: August 5, 1983

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 178 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 713 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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: 474-1541

D

DATE: _____

FILE NO. _____

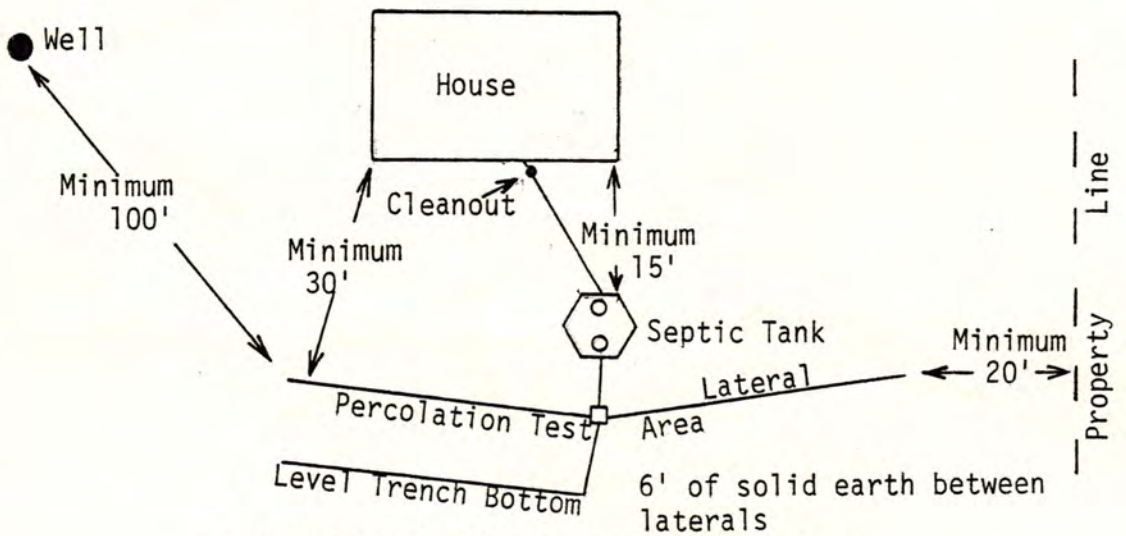
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 3034
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 16 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 10 ft.

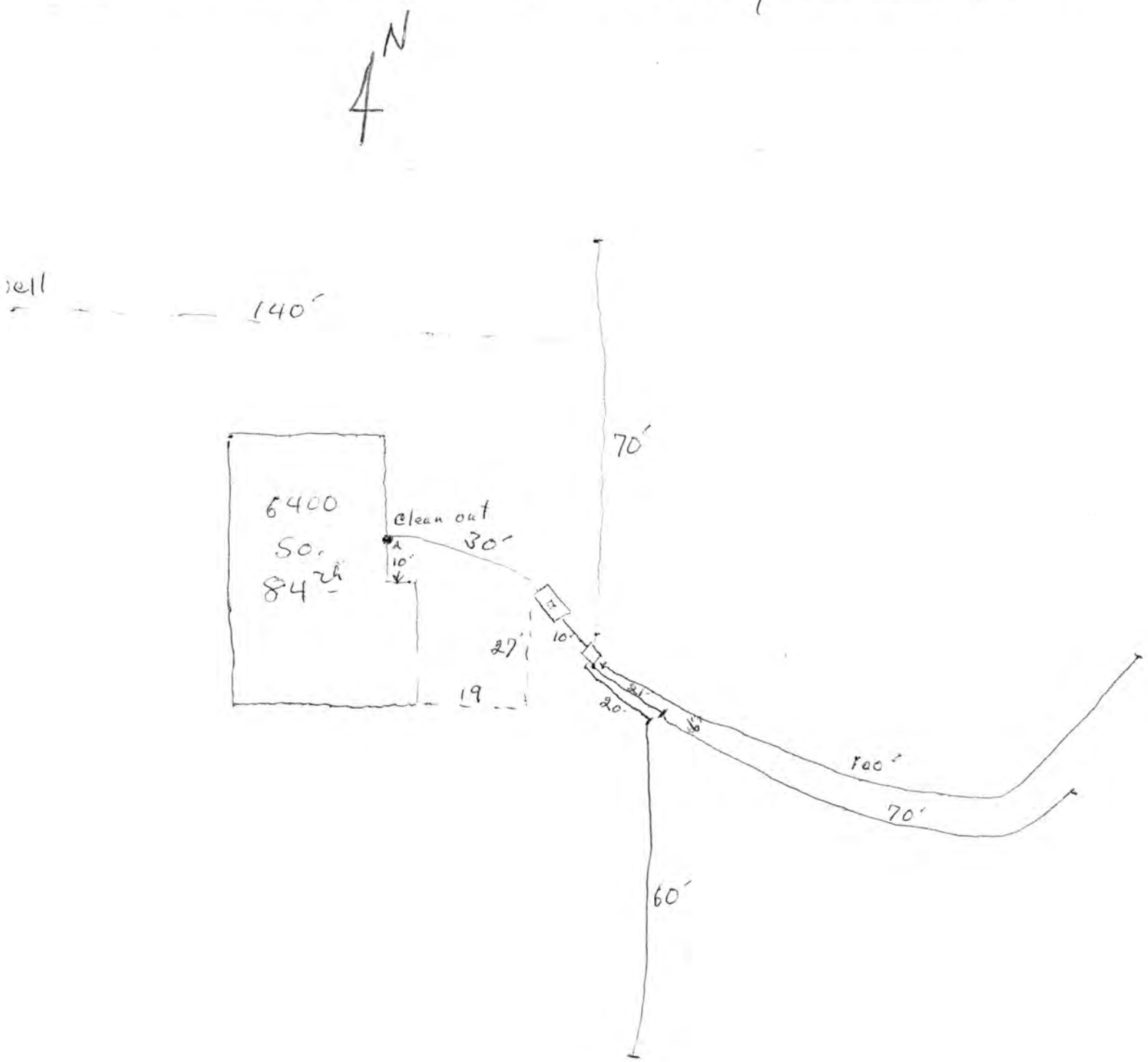
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or
Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 4 ; Length of each line 100 , 70 , 70 , 60 , _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line 140 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9-30-83 INSTALLER Larry Schwarck



004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 Lincoln, Nebraska 68502

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: 10/14/92

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

Legal Description of Property: TWP. 9N ; RANGE 1E ; SECTION 14 ; BLOCK ____

LOT 23 ; ADDITION — ; Street Address 6500 South 84th Street

Directions to Property Between Old Cheney Road & Pine Lake Road EAST SIDE, ~0.65 mi. So. of Old Cheney

Location of Well North Side of House + 40 feet Tap Location: Inside ☐ Outside ☒

Location of Sewage System West/North West of House Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Dennis D Schulte	6500 So. 84th	489-2398
Tenant/Buyer:	(Refinance)	W.	472 3930
Return to:			

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

Signature of Applicant Dennis D. Schulte Address 6500 So. 84th

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HEALTH DEPARTMENT USE ONLY

Date Received 10-14-92 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE OCTOBER 15, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10/15/92 by L.C.H
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE OCTOBER 17, 1992

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
WATER WELL

No. 90400018501

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
JIRI LUCAS
TYN R7E SEC 14

FEES: Permit 019851 $25.00

Total $25.00

PERMITTEE JIRI LUCAS
RR0009
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
7/20/90	PAID

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

471-8000

RECEIVED JUL 19 1990

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ ~~[illegible]~~ $25.00

FILE NO. _____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☐ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☒ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 14
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☐ ; Commerical ☐ ; Other Use ☒
   Describe _____
3. Distance to Public Water Supply: ____ Ft. There is nt any aroand
4. Intended use of well To add water to an already existing pond to support and maintain wildlife

Refer: Talked with Jane Ford

JIRI K. LUKAS Signature of Applicant (owner or lessee)

Jirik. Lukas
6911 Van Dorn (06) Address RR. 9:, Lincoln, Ne. 68516
ok 483-2886 (6400 S. 84th St.)

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 7/19/90. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/20/90. Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____
3. City or County Engineers: Date Rec'd _____. Action: Approved ☐ Disapproved ☐
   Date Frwd. _____. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-21-90 by rm
Date: 7-23-90 by rm no water available
Date: 2-1-91 by rm fill pipe for pond connection did not allow Bac. sample collection

Nitrate Level 2.8 PPM
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13