FILE #2472

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 7, 1987 — THIS LICENSE OR PERMIT EXPIRES

LONNIE JENSEN — LICENSEE OR PERMITTEE

1745 "C" STREET LINCOLN, NE. 68502 — ADDRESS

T9N; R7E; Sec 16; Lot 2; Tara Hills Addition — 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. 2472

DATE: _____

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 16 ;
   Block _____ : Lot 2 : Addition Tara Hills add.
   Street Address _____

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

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

4. Distance to public sewer: _____ ft. Preferably (WILL PUT IN WHAT PERCOLATION TEST INDICATES)

Signature of Applicant (Owner or Lessee)

1745 C St.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/6/87. Date Frwd. 4/7/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Moore

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/7/87. Date Frwd. 4/7/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Stewart

3. City or County Engineer: Date Rec'd. 4-7-87. Date Frwd. 4-7-87. ACTION: Approved ☒ Disapproved ☐ Signature: Bruce S. Michaelson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-7-87 by: mm need drawing OK
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-18-87 By: Ron Magnuson

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: 4/17 to 4/19. Weather: Precip. wet Temp. 80°.

OWNER: _____

Address: 6700 S 59th Circle

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.)
	30"	4/18	10⁰⁰	4/18	6⁰⁰	4/19	1030						
1													
2													
3													
4													
5													
6													

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

Signature of Person Conducting Test

Address 1745 C Phone 435-4825

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: April 21, 1987

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoos
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 ☐

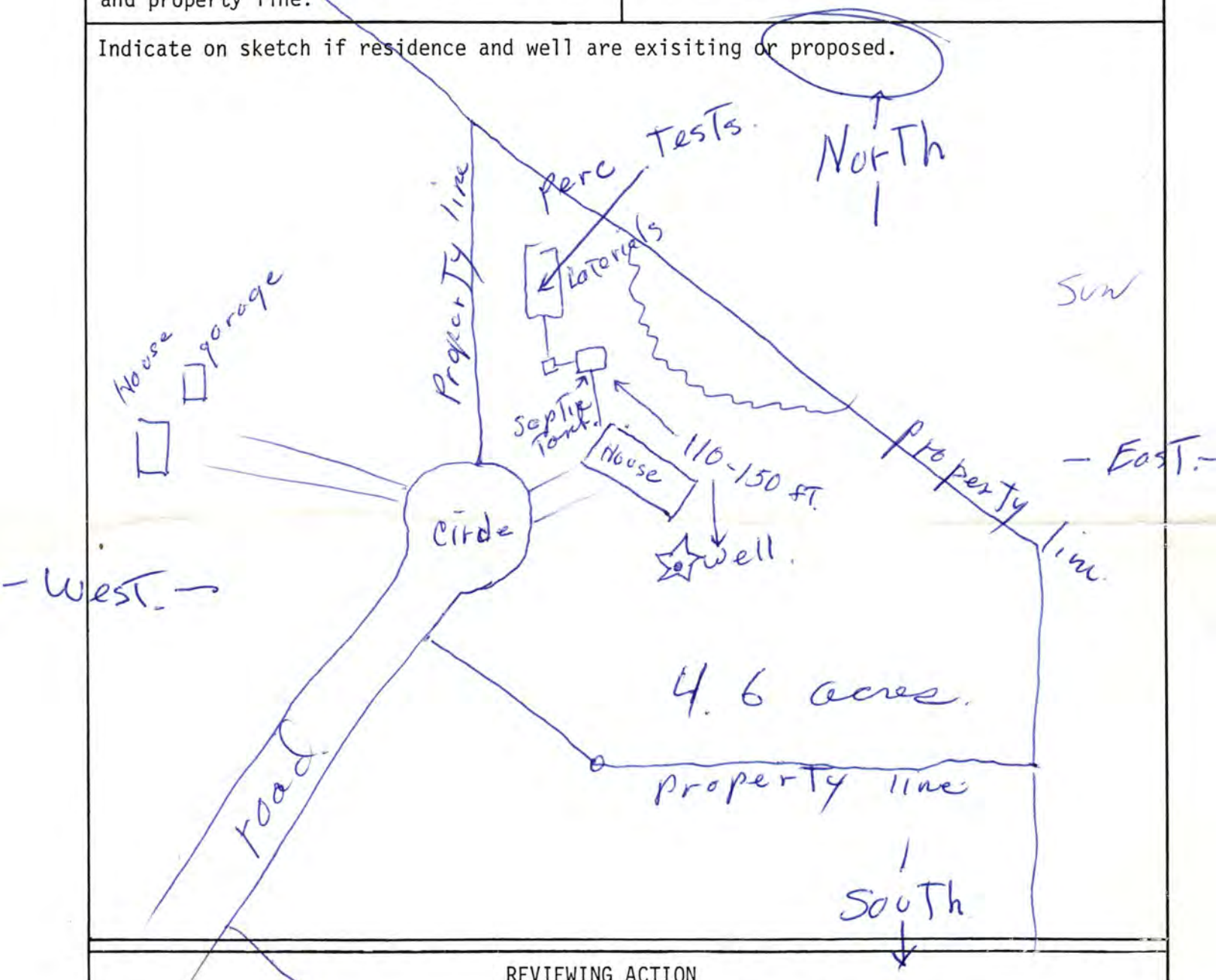
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2472

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 204 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

_____
Signature of Reviewing Official

MAY 18 1987

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: 471-7800

D

DATE: 5-7-87

FILE NO. _____

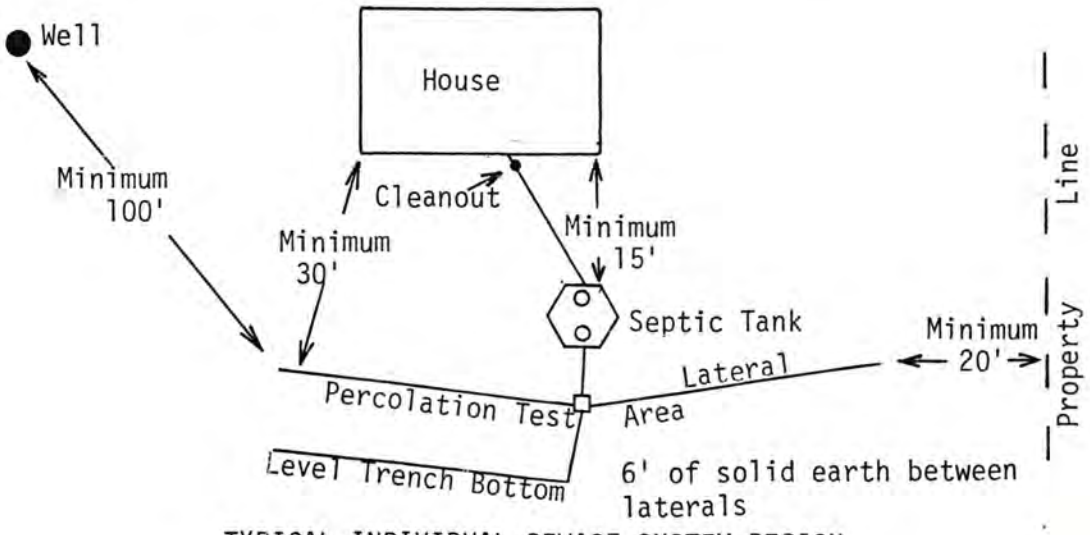
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material class 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 72 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Pre-Cast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 10" in.
8. Distances to:
Well or Suction Line 110' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre-cast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 5 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 3 ; Length of each line 100 , 100 , 60 , _____ , _____ ft.;
Total length of laterals 260 ft.;
Distance between lateral lines 8' ft.
3. Trench dimensions: Width 3 ft.; Slope 3-4 in/100 ft.; Average Depth 33 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

014

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 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: 9-15-92

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 16 ; BLOCK ___

LOT 2 ; ADDITION Tara Hill ; Street Address 6700 So. 59th Street Circle

Directions to Property Turn left at 56th & Pine Lake Road; left at 59th Street (Dirt Road) Blue & White House at Bottom of hill

Location of Well Front of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK AND NORTH OF HOUSE Year Installed 1987

Please call Bonnie so he can meet you there to show you.

	NAME	ADDRESS	PHONE
Present Owner:	Bonnie Jensen	4061 Teri Lane Lincoln 68502	486-1868
Tenant/Buyer:	Joe Parmele	4640 So. 52nd Lincoln 68516	488-2936
Return to:	Joe Parmele	4640 So 52nd Lincoln 16	488-2936

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

Signature of Applicant Joe E Parmele Address 4640 So. 52nd Lincoln, NE 68516

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HEALTH DEPARTMENT USE ONLY

Date Received 9-16-92 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 9/18/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 9/18/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/24/92 by J.C.H.
Nitrate <0.1APM	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: MAJORITY OF BOLTS MISSING OUT OF WELL CAP. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. JUNK TO NORTHEAST See Attached Letter ☐

All Corrected 9/24/92 J.C.H.

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.E.H.S. DATE SEPTEMBER 24, 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

9705140006

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 6700 S 59th St Cir - Lot 2 Tara Hills Addition
Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property Going South on 56th, Turn East on Pine Lake Road, Turn North on S 59th It's the white house/blue trim at the bottom of the hill.
Location of Well Out front Tap Location: Inside ☐ Outside ☐
Location of Sewage System Flower bed on N.E. corner behind house Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Mike Schwartzman	6700 S 59th St Cir (68516)	(402) 421-8575
Tenant/Buyer:	Paul/Salli Jenks	3320 Canyon Court Lincoln, NE 68516	(402) 423-2996
Return to:	Paul/Salli Jenks	3320 Canyon Court Lincoln, NE 68516	(402) 423-2996

Signature of Applicant Paul Jenks Address 3320 Canyon Court Lincoln, NE 68516 Date 4 / 30 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 05 / 02 / 97
Initials JS
Amount 150
Check No. 5326

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

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 5 / 7 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 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 Gerald C. Hood R.E.H.S. Date 5 / 12 / 97

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

Larry Schwarck
5-7-87
58th & Pine Lake Rd
Lonnie Jensen

N

6700 South 58th

