FILE # 2743

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

PETER TROY — LICENSEE OR PERMITTEE

7340 SO. 75TH — ADDRESS

LINCOLN, NE 68506

NAME OF ESTABLISHMENT, IF ANY

TON: PIE: Sec. 22; Bk 1; Lot 1; Clarendon Hills First Addition — 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. 2743

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. T 9N ; Range R 7E 5th Section 22 ;
   Block 1 : Lot 1 : Addition CLARENDON HILLS FIRST ADD.
   Street Address 7340 SOUTH 75TH

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: _____ ft.

Peter Lacy
Signature of Applicant (Owner or Lessee)

2540 South 70 Lincoln
Address

7340 South 75th

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/26/88. Date Frwd. 9/27/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/27/88. Date Frwd. 9/27/88. ACTION: Approved ☐ Disapproved ☐ Signature: Clay Sherwood
3. City or County Engineer: Date Rec'd. 9-27-88. Date Frwd. 9-27-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 11/2/88 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/2/88 By: Jerrold Hood

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 9N ; Range 7E ; Section & ¼ Section 22 .
Property Dimensions: 246 ft. x 732 ft. Area: 4.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Peter Troy

Address: 7340 So. 75th

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"	9/24	10:AM	9/25	10 AM	9/25	11:AM	6"	11:30	5¼	30	¾"	
2	"	"	"	"	"	"	"	"	"	5	"	1 "	
3	"	"	"	"	"	"	"	"	"	5¼	"	¾"	
4	"	"	"	"	"	"	"	"	"	4¾	"	1¼"	
5	"	"	"	"	"	"	"	"	"	5	"	1"	

John Struemper
Signature of Person Conducting Test

Address 4235 NW 57th Phone 470-2262

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 26, 1988

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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._____

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

REVIEWING ACTION

Remarks :_____

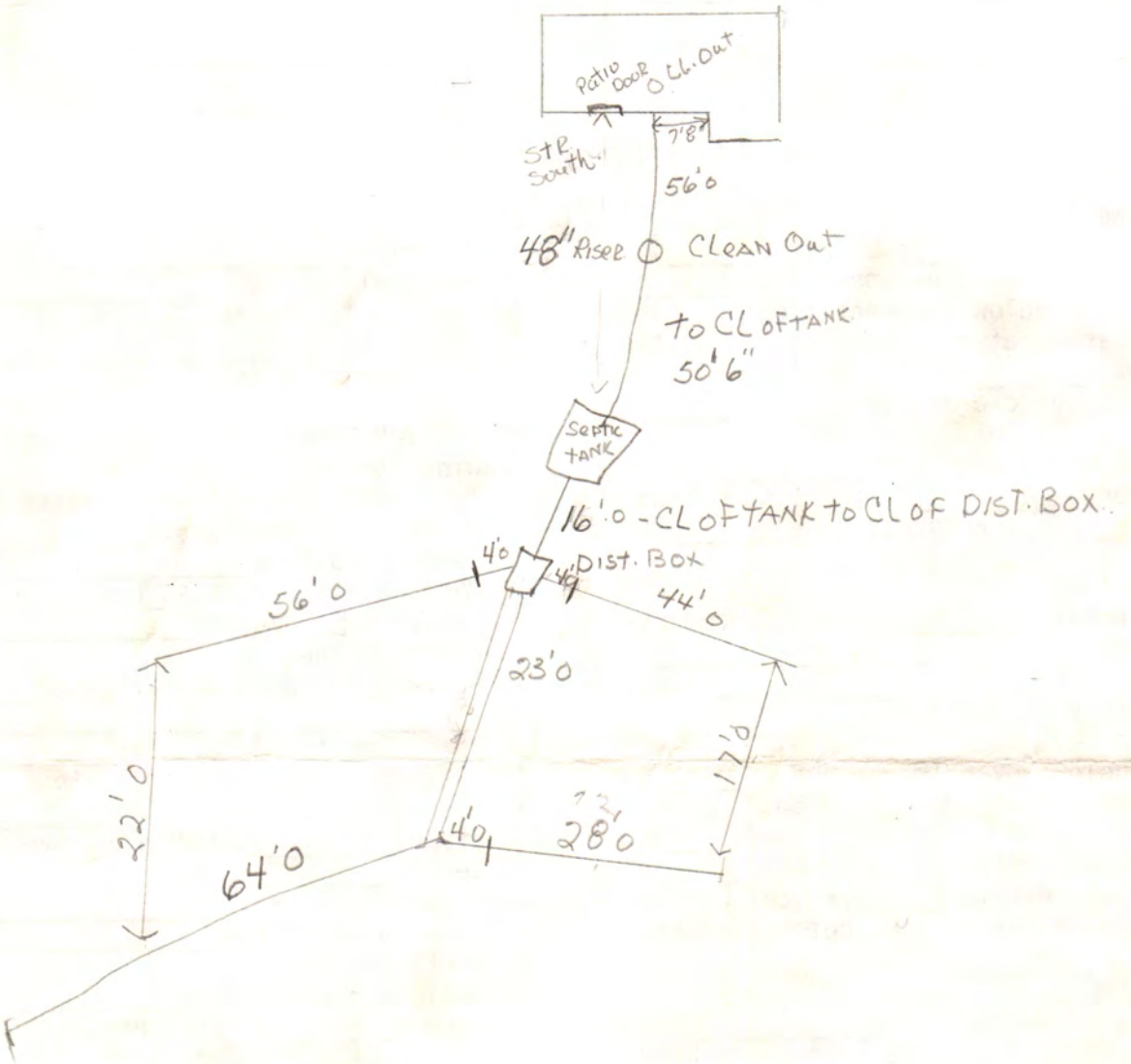
Date: September 26, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 774 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



FILE # W-295

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

PETER TROY — LICENSEE OR PERMITTEE

7340 SO. 55TH ST. — ADDRESS

LINCOLN, NE 68506

T9N; R7E; Sec. 22; Bk 1; Lot 1-2; Clarendon First Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

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: 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 $ _____

FILE NO. W-295

DATE: 9-27-88

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 22
   Block 1 : Lot 1-2 : Addition CLARENDON FIRST ADD.
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Supply RESIDENCE

70th & Pine Lake Rd.

No City Water

Lois J Troy
Signature of Applicant (owner or lessee)

2540 So 70TH
Address 7340 So. 75TH. (NEW)

Sewage Permit Applied For Yes ☑ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 9/27/88. Date Frwd. 9/28/88. Action: Approved ☒ Disapproved ☐ Signature: Carrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9-28-88. Date Frwd. 9-28-88. Action: Approved ☒ Disapproved ☐ Signature: Paul B Bauer
3. City or County Engineers: Date Rec'd 9/28/88. Date Frwd. 9/28/88. Action: Approved ☒ Disapproved ☐ Signature: John E. Miinoly

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/15/89 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/23/89 By: J.C. Hood

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

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-295

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800 RECEIVED FEB 10 1989

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 1 Lots S½2 Addition CLARENDON HILLS
Owner Pete Troy Address ~~Clarendon Hills~~ 1st ADD. 7340 SOUTH 75TH ST.

LOG OF WELL	
	Description
Depth Ft. to	
0-10	green/tan c
10-15	dk brn. c.
15-75	yell c
75-120	blue c
120-185	red yellsh & ss
185-245	med fine yell ss
245-255	very coarse yell ss
255-280	med yell ss
280-282	very coarse-fine gravel
282-285	red & blue sh.

WELL COMPLETION RECORD

Drilling Method: Rot Circ
Depth (from ground level), Ft. 273
Date Completed 11-17-88

Casing: Length, Ft. 263; Dia.In. 4
Wall Thickness, Inc. 200+; type PVC

Screen: Length, Ft. 10 Dia.In. 4
Type PVC WOP, slot Size .030

Drop Pipe: Length, Ft. ___ Dia.In. ___

Water Level, Surface to top of water, Ft.:
Static 180', Pumping ___

Yield: 100+ggm, Measured ☐, Est. ☒
Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moon (Signed)

REMARKS NITRATE NITROGEN <0.1 P.P.M. BACTERIOLOGICAL O.K.

Address ___

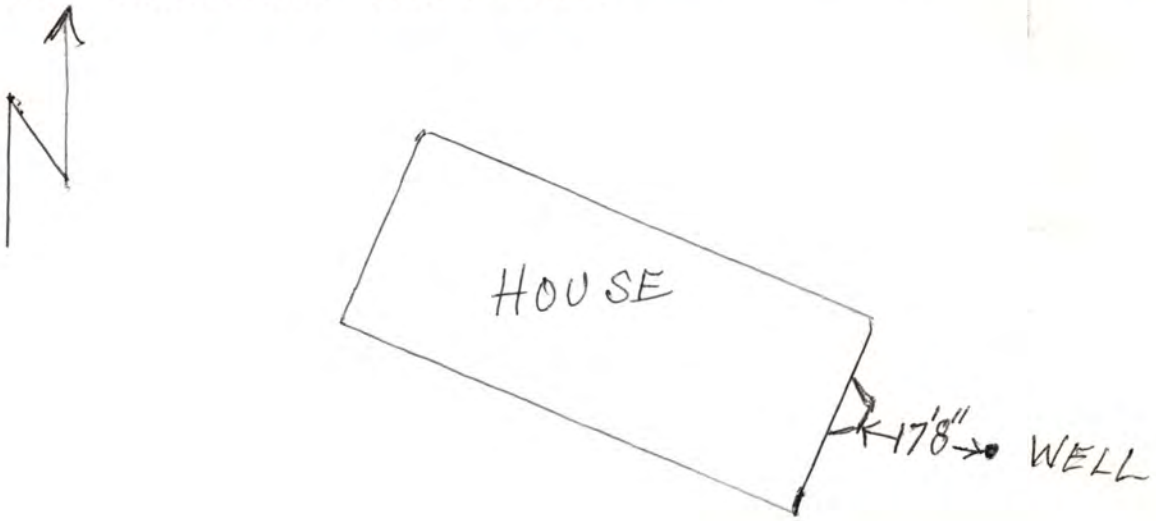
Date 2-9-89

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.



AREA OF
SEPTIC SYSTEM