LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380101001

Issued 06/14/93
Expires 12/14/93
Revenue Code 18754

Establishment
RONALD WILMS
T9N R7E SEC 22
DUNROVIN 2ND ADDITIO BLK 2 LOT 1
8400 S 81 STREET

FEES: $150.00

TOTAL $150.00

Permittee
RONALD WILMS
4600 RENTFRO DR
LINCOLN NE 68526

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"

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: $ 150

FILE NO. _____

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 32 ;
   Block 2 : Lot 1 : Addition DUNROVIN 2ND ADDITION
   Street Address 8400 So 81st.

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.

Signature of Applicant (Owner or Lessee)

#600 RENTFRO DRIVE
Address

68526

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/14/93. Date Frwd. 6/14/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/14/93. Date Frwd. 6/14/93. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 6-14-93. Date Frwd. 6-14-93. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 7/21/93 by: J.C.H. Layout only need fence + Drawing
Date: 8/6/93 by: J.C.H.
Date: 10/22/93 by: J.C.H. Need septic
11/3/93 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/3/93 By: Jerrold C Hood

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: 5-24 to 5-25-93 Weather: Precip. — Temp. 70.

OWNER: _____

Address: _____

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	2-24	10AM	5-25	7:00 am	5-25	9:30	6¼	10:30	6½	60	¼	
2								6⅞		7		¼	
3								8¾		9		¼	
4								7¼		7½		¼	
5								6¾		6¾		—	
6								9		9¼		¼	

L Schumacher
Signature of Person Conducting Test

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

Address 8200 old Cheney Phone 4897294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☐

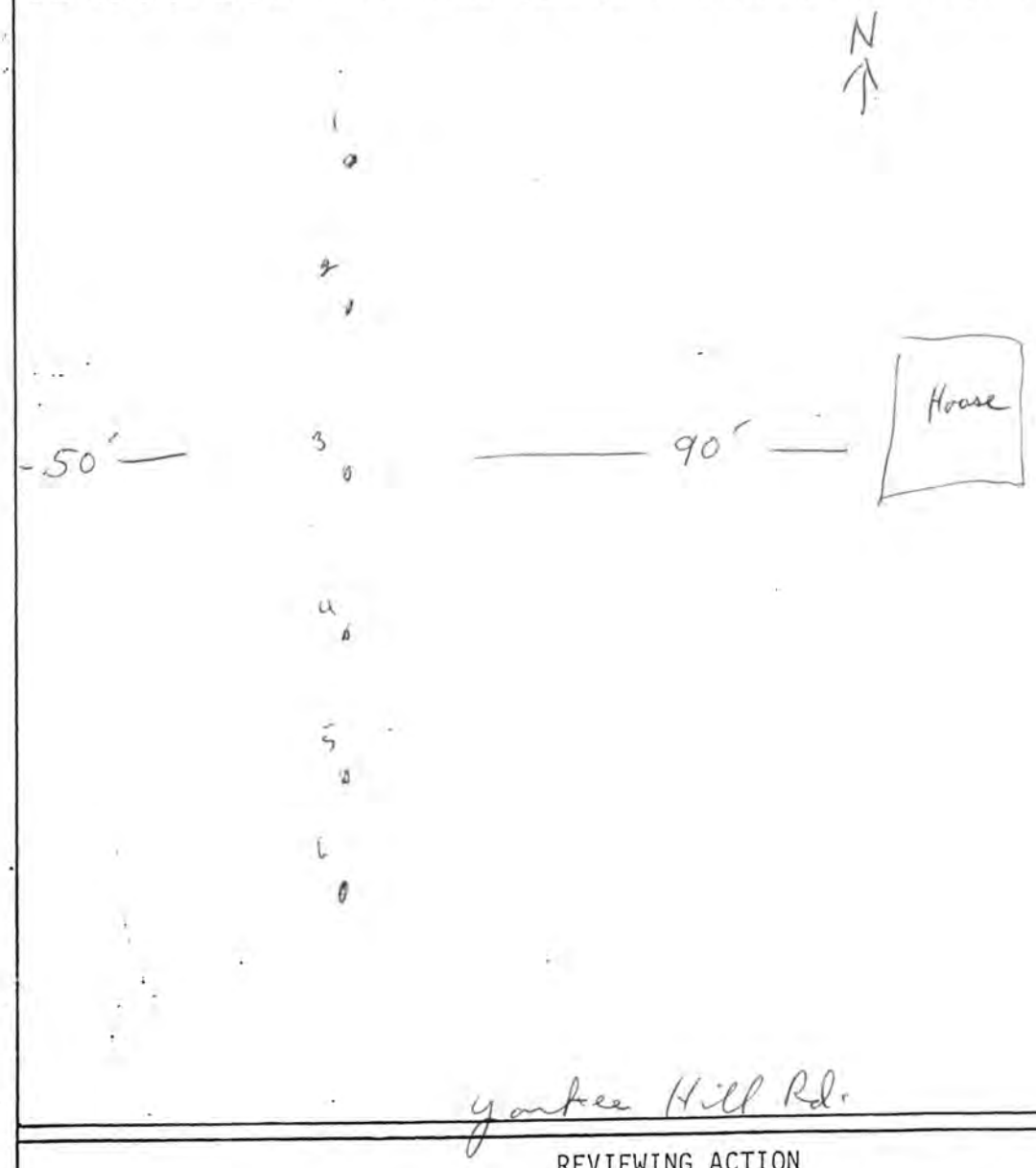
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
Phone: 471-7800

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.



81 #

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

20' EASEMENT TYPICAL
ALIMARK ROAD
NOTE: BACK OF HOME TO FACE CAPITAL "FIELD VERIFY"
GAS ELECTRICAL R. WATER
102'
160'
WILMS RESIDENCE
8401 So 81st St.
HOUSE ELECTRICAL SERVICE
240'
12' WIDE DRIVE
8' WIDE ROAD
50' Min.
Lagoon
50' x 50'
POLE BARN 50' x 50'
280'
FUTURE ARENA
180'
50' Min.
50' Min.
ALTERNATE ELECTRICAL R. WATER
250'
YANKEE HILL ROAD

013

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8401 So. 81

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Dunrovin Acres

Directions to Property 81st & Yankee Hill Rd. ; West side of So. 81st

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of three bins Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Ron & Kathy Wilms	6656 W 152nd ST Overland Park KS 66223	913-685-9311
Tenant/Buyer:	Matthew & Shelly Nesseth	6001 S 58 Suite E Lincoln NE 68516	423-6996
Return to:	Roger Schreiner Home Real Estate	325 No Cotner Blvd Lincoln NE 68505	430-7653

Signature of Applicant Shelly Nesseth Address _____ Date 1/11/96

HEALTH DEPARTMENT USE ONLY

Date Received 01/16/96 Received $150.00 Check ☑ #1042 Cash ☐

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 1/17/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Waste stabilization pond appears to be operating properly

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Rural water system Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Paul Drotzmann Date 1/17/96

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.

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

RUSH! closing date 8/8/03

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8401 So 81 St.

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Dunroven Acres 2nd Add.

Directions to Property just west of 84 & Yankee Hill

Location of Well NA Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon - SW of house Year Installed 1993

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	Pamela Green & Gary Loft		
Tenant/Buyer:	Marshall & Roxanne McCoskey		
Return to:	Capitol Title (Trish Ross) fax 434-3736	4645 Normal Blvd ste 150 Lincoln NE 68506	434-3743 434-3736 (Fax)

Signature of Applicant Patricia Jarvis selling agent phone 430-2181 Address Woods Bros Realty 7141 A St 68510 Date 7/28/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/28/03 Amount $200.00 Check No. 8333 Initials

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/29/03

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/5/03 by L.G.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ALL CATAILS MUST BE REMOVED FROM LAGOON. WARNING SIGNS MUST BE POSTED ON FENCE. LOW WATER LEVEL.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/5/03

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: 9-00