FILE #2570

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 1, 1988 — THIS LICENSE OR PERMIT EXPIRES

MARTIN R. JONES, c/o MELVIN JONES, 5601 ELK CIRCLE, LINCOLN, NE 68516 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 22; Bk 3; Lot 1; Amber Hill Estates — 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

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FILING FEE: $60.00

FILE NO. 2570

DATE: 10-1-87

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 22 ;
   Block 3 : Lot 1 : Addition Amber Hill Estates
   Street Address 7935 Amber Hill Rd.

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: miles ft.

Martin R. Jones
Signature of Applicant (Owner or Lessee)

% Melvin Jones, 5601 Elk Circle
Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/1/87. Date Frwd. 10/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/2/87. Date Frwd. 10/2/87. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 10-2-87. Date Frwd. 10-2-87. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT RECIEVED

Site Visits:
Date: 10-20-87 by: ms need fence
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/3/04 By: Jerrold C. Hood

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

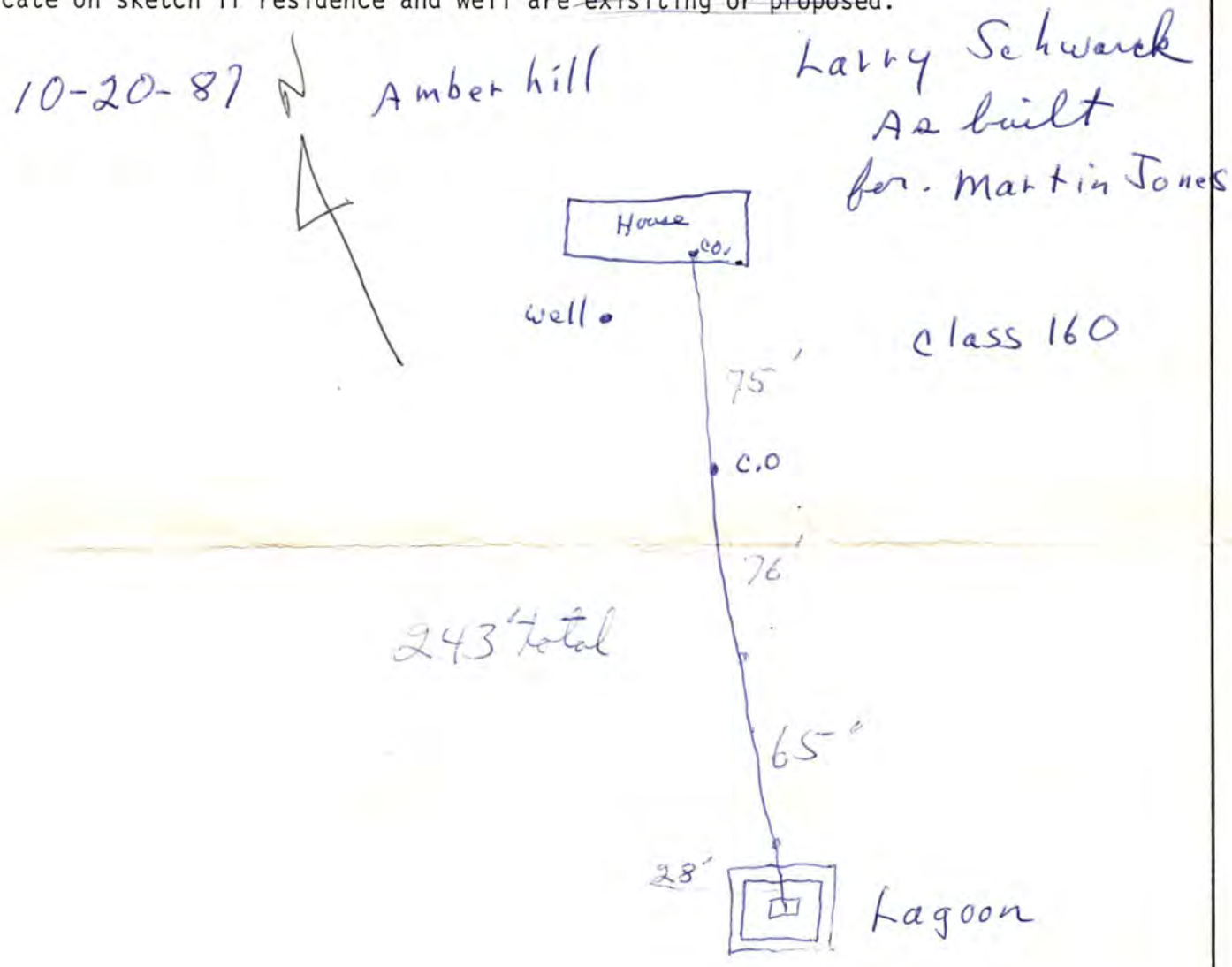
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

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

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 $45

FILE NO. W-220

DATE: 10-1-87

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 3 : Lot 1 : Addition Amber Hill Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft. several miles
4. Intended use of well domestic purposes

Martin R. Jones by Melvin Jones
Signature of Applicant (owner or lessee)

% Melvin Jones, 5601 Elk Circle
Address Lincoln, NE. 68516

NO CITY WATER

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 10/1/87. Date Frwd. 10/2/87. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/2/87. Date Frwd. 10/2/87. Action: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 10/2/87. Date Frwd. 10/2/87. Action: Approved ☒ Disapproved ☐ Signature: John W. Murphy

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 2/9/88 by J. C. Hood
Date: ____ by ____
Date: ____ by ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/12/88 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-220

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9N R. 7E Block 3 Lot 1 Addition Amber Hill Estates
Owner Martin Jones Address 7935 Amber Hill Road

LOG OF WELL	
	Description
Depth Ft.	
0 to 1	top Soil
1 - 43	yellow Clay
43 - 74	Darker Gray Clay
74 - 137	Gray Clay Some Sand
137 - 156	Lither Sand layers
156 - 159	Gray Clay
159 - 220	red white, Gray layers
220 - 258	Sandstone 20% Clay
258 - 288	Sandstone 50% white clay, layers yellow ite.

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 290'
Date Completed 10-13-87

Casing: Length, Ft. 285; Dia. In. 4
Wall Thickness, Inch .160; type PVC

Screen: Length, Ft. 40 Dia. In. 4
Type PVC, slot Size .016

Drop Pipe: Length, Ft 240 Dia. In. 1

Water Level, Surface to top of water, Ft.:
Static 208, Pumping 230

Yield: 12 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 Kurt Muenchau
(Signed)

REMARKS BACTERIOLOGICAL O.K.
NITRATE NITROGEN <0.1 p.p.m.

Address 7331 Vine St

Date 11-14-87

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

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

Legal Description of Property: Street Address 7935 Amber Hill Rd

Parcel ID 16 - 22 - 403 - 001 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Amber Hill Estates Lancaster County

Directions to Property go south at 75th & Pine Lake Rd, turn left on Boone Trail, follow road which becomes So 78 and then becomes Amber Hill Rd.

Location of Well Just south of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon south of house behind trees Year Installed 1988

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Martin & Helen Jones	1993 Walton Creek Ln Niles MI 49120	269-362-0189
Tenant/Buyer:	Steve & Deb Johnson	7360 Collister Lincoln NE 68516	420-6310
Return to:	Roger Schreiner-Home Real Estate	7211 So. 27 Lincoln NE 68512	430-7653, 436-3299 (Fax)

Signature of Applicant Deb Johnson Address 7360 Collister Rd Lincoln, NE 68516 Date 7 / 28 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7 / 29 / 04 Amount 200.00 Check No. 6803 Initials TW

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7 / 30 / 04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 8 / 3 / 04 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: TOP OF LAGOON FENCE NEEDS TO BE RAISED TO FOUR FOOT HIGH ALL AROUND. VEGETATION MUST BE CUT INSIDE OF LAGOON. LAGOON IS VERY FULL. Corrected 8/3/04 Good job! L.C.H. See Attached Letter ☐

FINAL STATUS

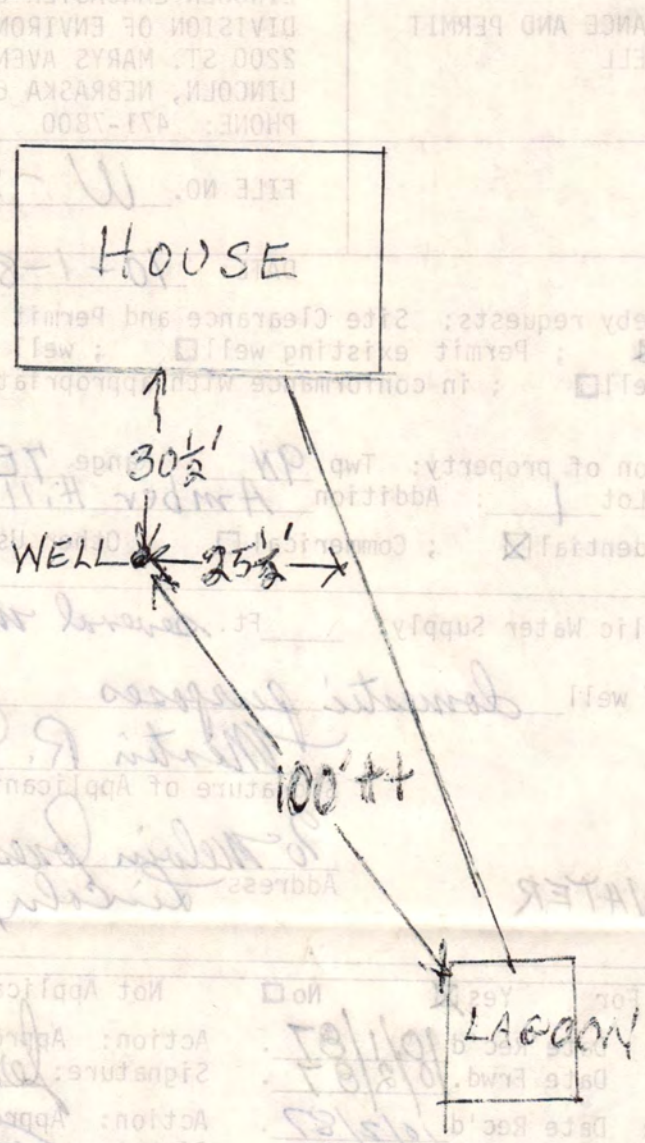
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 8 / 3 / 04

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


HOUSE
30½'
WELL
25½'
100'+
LAGOON
N

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

