LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380012301

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
TIM KIRKPATRICK
T9N R7E SEC 22
BLK 3 LOT 2

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE TIM KIRKPATRICK
5029 SOUTHWOOD CR
LINCOLN NE 68512

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9038 00123

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: $ 150.00

FILE NO. _____

DATE: 4-25-90

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. 9 NORTH; Range 7E ; Section 22 ;
   Block 3 : Lot 2 : Addition AMBER HILL ESTATES
   Street Address 8001 AMBER HILL ROAD

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.

Kevin K Stoy
Signature of Applicant (Owner or Lessee)

5029 SOUTHWOOD CIRCLE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/25/90. Date Frwd. 5/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/4/90. Date Frwd. 5/4/90. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 5-4-90. Date Frwd. 5-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-22-90 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-30-90 By: [illegible]

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

FORM 23-43

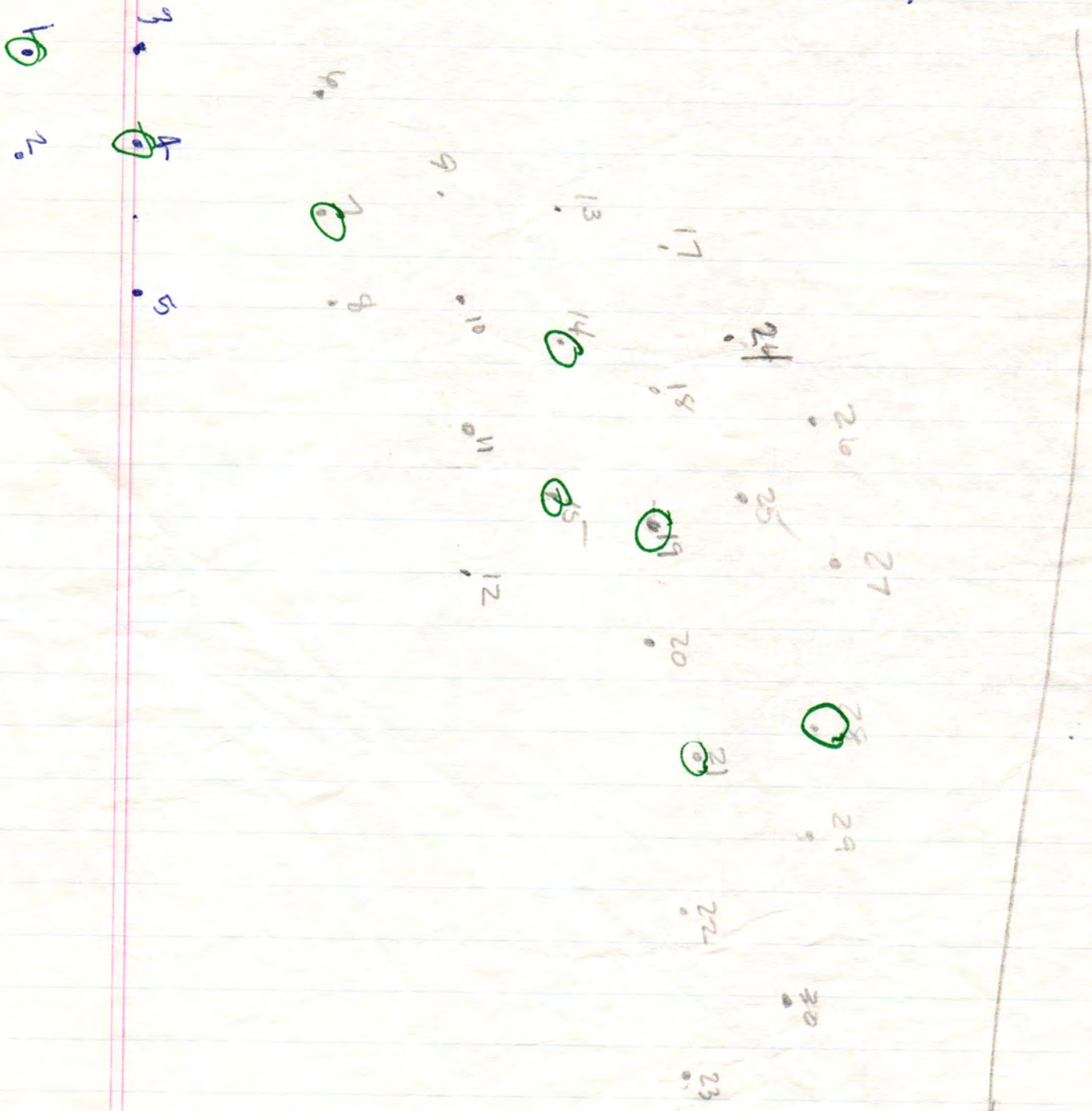
PERC TEST SUMMARY

INCHES FROM NAIL

TIME	HOLE 1	HOLE 2	HOLE 3	HOLE 4	HOLE 5	HOLE 6	HOLE 7	HOLE 8	HOLE 9	HOLE 10	HOLE 11	HOLE 12	HOLE 13	HOLE 14	HOLE 15
0:00	4.75	2.25	1.5	1.625	1.625	1.5	1	0.75	0.75	1.375	1.125	0.375	1.25	0.75	1.375
0:30	11.375	5.625	6.5	7.125	4.125	5.5	8.75	7.125	8.625	8.25	7.25	3.75	3.875	7.5	7.75
1:00	14.875	7	9.375	18.5	5.375	8.625	14.25	11.375	13.75	13.125	11	6.12	6.125	12.5	12.75
1:30	17.875	8.875	12.125	13.625	6.5	11.25	18	14.5	17.25	16.625	13.875	6.75	8.125	16	10.5
2:00	15	10.25	14.625	16.125	7.5	13.5	21.25	17.375	19.875	10.625	16.125	8.125	10	11.875	13.375
2:30	17.5	11.75	10.875	11.125	8.5	15.25	15.625	19.75	22.25	13.125	12	9.375	11.625	14.25	10.5
3:00	14.75	12.75	13.375	13.625	9.5	17	17.5	15.625	17.5	15	13.625	10.25	13	11.5	13.375
3:30	17.875	13.875	15.5	16.125	10.25	13.125	19.375	17.875	19.5	11	15.125	11.5	14.375	14.5	10.5
4:00	15	14.875	11	18	11.125	14.75	21	19.375	20.375	12.875	16.625	12.375	16	17.5	13
CHANGE IN FINAL PERIOD	-2.875	1	-4.5	1.875	0.875	1.625	1.625	1.5	0.875	1.875	1.5	0.875	1.625	3	2.5

TIME	HOLE 16	HOLE 17	HOLE 18	HOLE 19	HOLE 20	HOLE 21	HOLE 22	HOLE 23	HOLE 24	HOLE 25	HOLE 26	HOLE 27	HOLE 28	HOLE 29	HOLE 30
0:00	1.25	1.75	1.125	1	0.875	1.625	1.375	2.375	1.375	1.75	0.875	2.375	0.5	0.625	0.75
0:30	6.75	3.875	7.625	6.625	5.5	6.5	5.75	3.75	8.875	5.125	4.25	7.375	7.5	5.75	6.5
1:00	9.5	5.875	12.125	11.5	9.5	10.5	8.875	4.5	14.875	8	7.375	9.25	13	10	9.625
1:30	11.625	7.25	15.875	15.125	12.375	13.625	10.75	5.25	12.25	10.375	10.25	12	17.25	13.125	12.375
2:00	13.875	8.75	12.875	13.25	14.75	16.125	12.5	6	14.75	12.75	12.5	14.875	20.5	15.5	14.625
2:30	13.375	10.125	14.625	16.5	16.625	12.25	14	6.75	12.625	14.75	14.5	17	17.5	17.125	16.125
3:00	16.625	11.5	12.875	13.5	18	15.25	15.375	7.625	14.625	10.375	16.5	18.875	20.25	19.25	17.875
3:30	18.125	12.5	14.625	17	13.5	12.625	16.5	8.25	12.5	12.75	17.75	14.875	17.625	14.375	19.25
4:00	14.125	13.625	16.375	14	15.75	15.25	17.75	8.75	14.75	14.875	19.625	16.875	20.375	16.25	20.75
CHANGE IN FINAL PERIOD	-4	1.125	1.75	-3	2.25	2.625	1.25	0.5	2.25	2.125	1.875	2	2.75	1.875	1.5

2	3
380 SQ FT	570 SQ FT
95 ~~SQ FT~~ Lineal Feet	143
107 Linear Feet	1190



RECEIVED MAY 24 1990

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: 5-22-90

FILE NO. _____

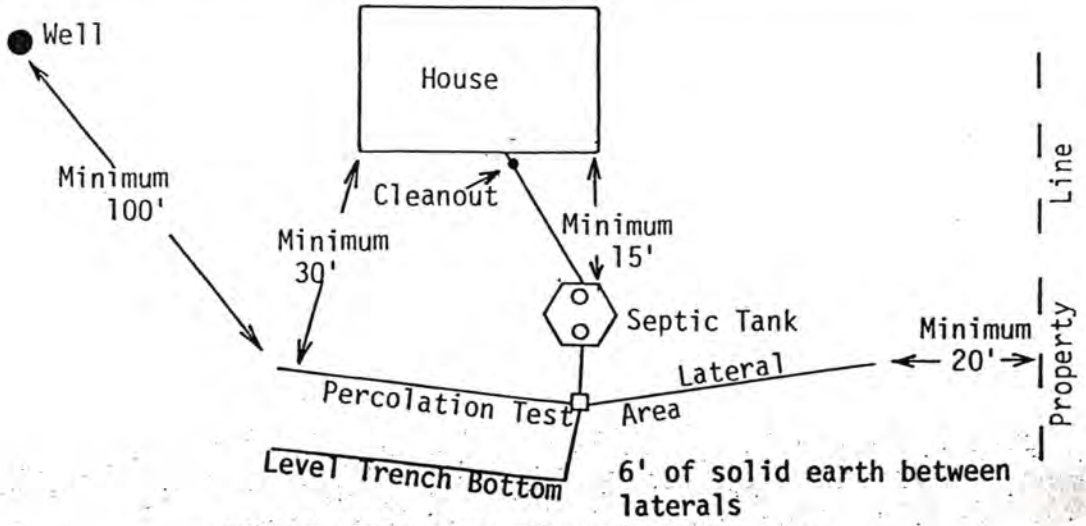
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 210 ft.
4. Number of clean-outs 3.
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 1500 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 9" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 69' 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 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 9 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 21 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 8001 AMBER HILL ROAD

Twp 9N Range 7E Section 22 1/4 SE 1/4 ___ Block 3 Lot 2 Addition AMBER HILL ESTATES

Directions to Property FROM 84th & HWY 2 GO SOUTH ½ MILE TO AMBER HILL ROAD. WEST ON AMBER HILL ROAD - 4 HOUSE ON LEFT (SOUTH)

Location of Well EAST FROM NE CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF OUT BUILDING Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	TIM & SUSAN KIRKPATRICK	8001 AMBER HILL ROAD LINCOLN NE 68516	423-9496 H 477-7131 W
Tenant/Buyer:	SAME		
Return to:	SAME	REFINANCE OF HOME MORTGAGE	

Signature of Applicant Tim Kirkpatrick Address 8001 AMBER HILL RD LINCOLN NE 68516 Date 11/10/92

HEALTH DEPARTMENT USE ONLY

Date Received 11/10/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 11/10/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

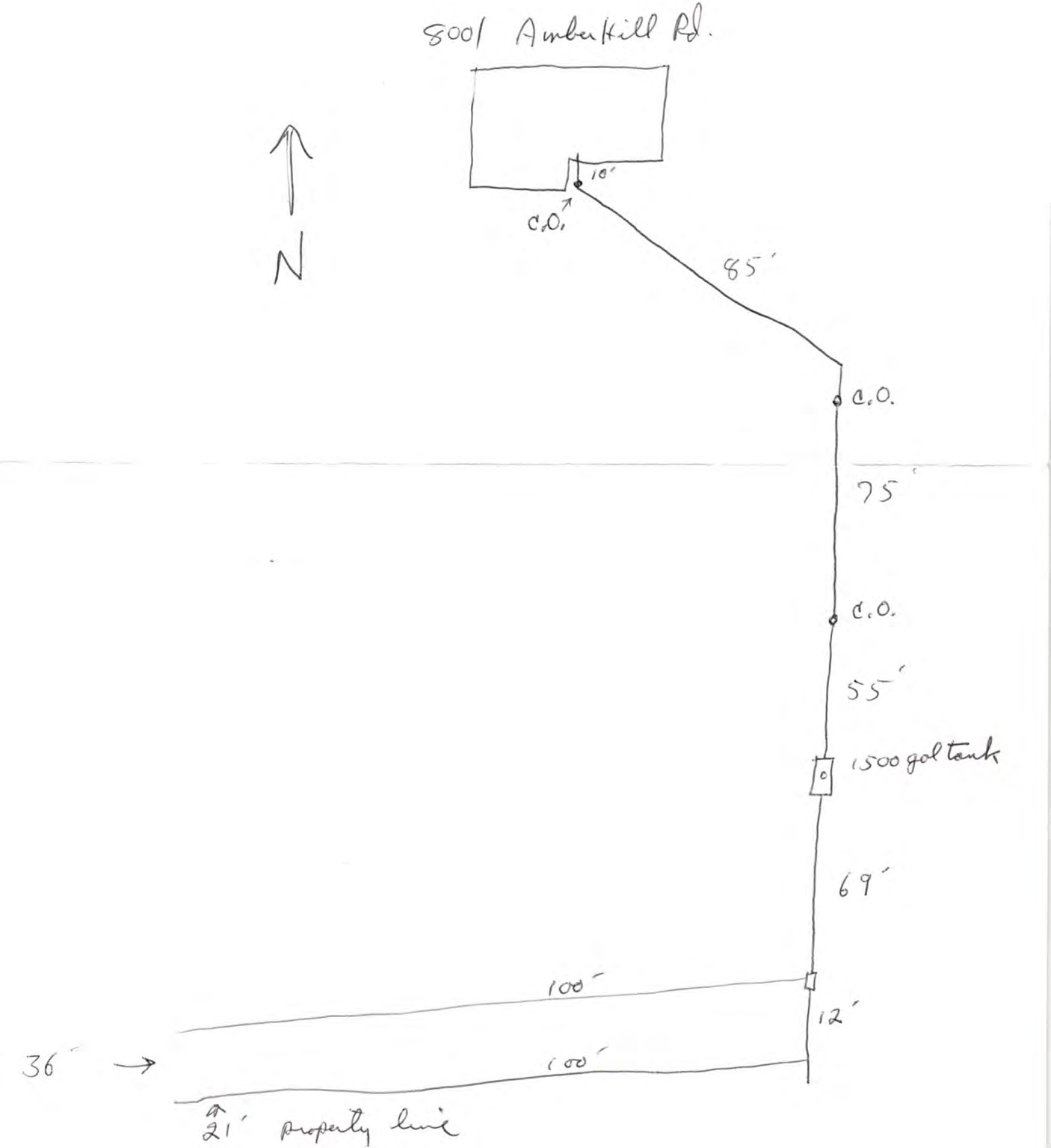
FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/16/92

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.

Tony Schevarek 5-22-90



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. 90400016201

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
TIM NEWMAN
T9N R7E SEC 22
BLK 3 LOT 2

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE
TIM NEWMAN
1737 DEWEESE DR
LINCOLN NE 68504

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

RECEIVED APR 27 1990
9040001162

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 $ 75.00

FILE NO. 9040001162

DATE: April 26, 1990

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. 9 N : Range 7 E : Section 22
   Block 3 : Lot 2 : Addition Amber Hill Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: n/a Ft.
4. Intended use of well Residential home

Tim Newman - owner
Kirkpatrick

Daniel J. Jensen (contractor)
Signature of Applicant (owner or lessee)

24th & Hwy 2

1947 Park Street Blair, Ne. 68008
Address

City Water Yes ☐ No ☐

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 4/27/90. Date Frwd. 5/3/90. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/4/90. Date Frwd. 5/4/90. Action: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 5/3/90. Date Frwd. 5/3/90. Action: Approved ☒ Disapproved ☐ Signature: John D. Murphy

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 6-1-90 by mm no one home
Date: 2/14/91 by J.C.H. + C.M. DEPRESSION AROUND WELL
Date: 2/21/91 by J.C.H. corrected
3/1/91 by J.C.H. - P.D.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/5/91 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. 9040000162

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. 19N R. 7E Block 3 Lot 2 Addition AMBER HILLS ESTATES
Owner TIM KIRKPATRICK Address

LOG OF WELL	
Depth Ft.	Description
0 - 4'	Topsoil
4 - 15	Light Brown Clay
15 - 34	Light Gray Clay
34 - 56	Light Brown Clay
56 - 91	Dark Gray Clay
91 - 92	Loose Sand
92 - 110	Dark Gray Clay
110 - 111	Rock
111 - 127	Dark Gray Clay
127 - 135	Sandy Clay
135 - 167	Fine/Medium Gray Sand
167 - 209	Red and White Shale
209 - 287	Fine to Med.-Coarse Sandstone
287 - 290	Shale

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 288
Date Completed May 26, 1990

Casing: Length, Ft. 278 ; Dia. In. 4" I.D.
Wall Thickness, Inc: 237 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4" I.D.
Type Cont. Slot PVC , slot Size .018

Drop Pipe: Length, Ft. 240 Dia. In. 1¼"

~~Water Level~~, ~~Surface to top of water, Ft.~~
Static 205 , Pumping 218

Yield: 25 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 Dave L. Johnson (Signed)

REMARKS NITRATE NITROGEN < 0.1 PPM. BACTERIOLOGICAL O.K.

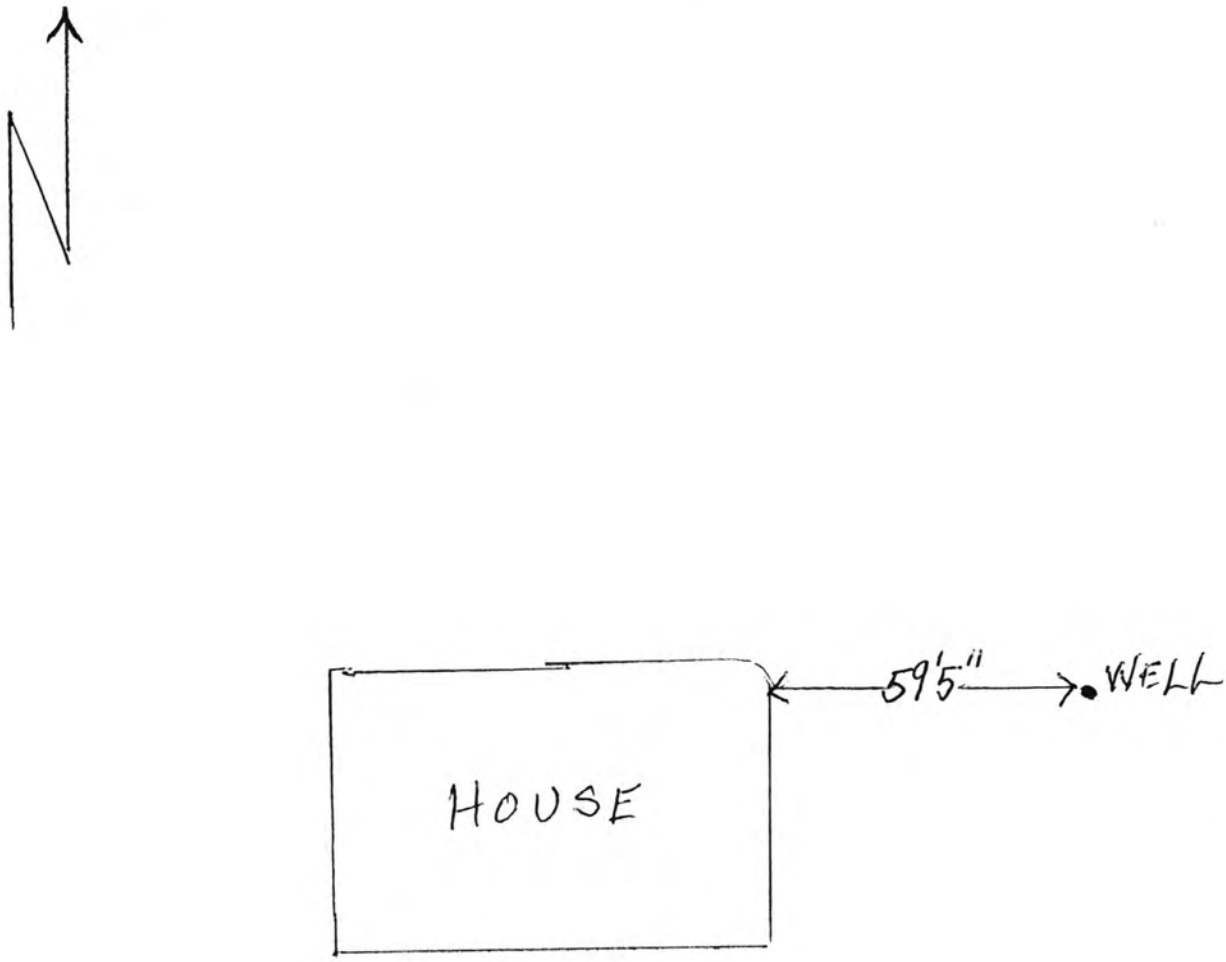
Address 1947 PARK STREET BLAIR, NE

Date AUGUST 17, 1990

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


N
59'5"
WELL
HOUSE
AREA OF
SEPTIC
SYSTEM