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. 90380011101

Issued 04/06/90
Expires 10/06/90

ESTABLISHMENT

ROBERT FENSLER
T9N R7E SEC 22
AMBER HILL ESTATES BLK 3 LOT 3

FEES: **Permit** 013754 $150.00

Total $150.00

PERMITTEE

ROBERT FENSLER
7113 SHAMROCK RD
LINCOLN NE 68506

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

9038000111

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: MARCH 8, 1990

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. T9N ; Range R7E ; Section 22 ;
   Block 3 : Lot 3 : Addition AMBER HILL ESTATES
   Street Address 8035 AMBER HILL ROAD

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

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

4. Distance to public sewer: _____ ft.

Robert R. Zemsler
Signature of Applicant (Owner or Lessee)

7118 SHAMROCK ROAD LINCOLN 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/15/90. Date Frwd. 4/9/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/9/90. Date Frwd. 4/9/90. ACTION: Approved ☒ Disapproved ☐ Signature: Dale

3. City or County Engineer: Date Rec'd. 4-9-90. Date Frwd. 4-9-90. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-7-90 by: mm need fence
Date: 1-4-91 by: mm need signs
Date: 1-9-91 by: mm signs up

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-9-91 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 T9N ; Range R7E ; Section & ¼ Section 22 .
Property Dimensions: 254.37 ft. x 526.23 ft. Area: 3 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: ROBERT K FENSLER, JR

Address: 8035 AMBER HILL ROAD

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.)

NO Percolation test

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

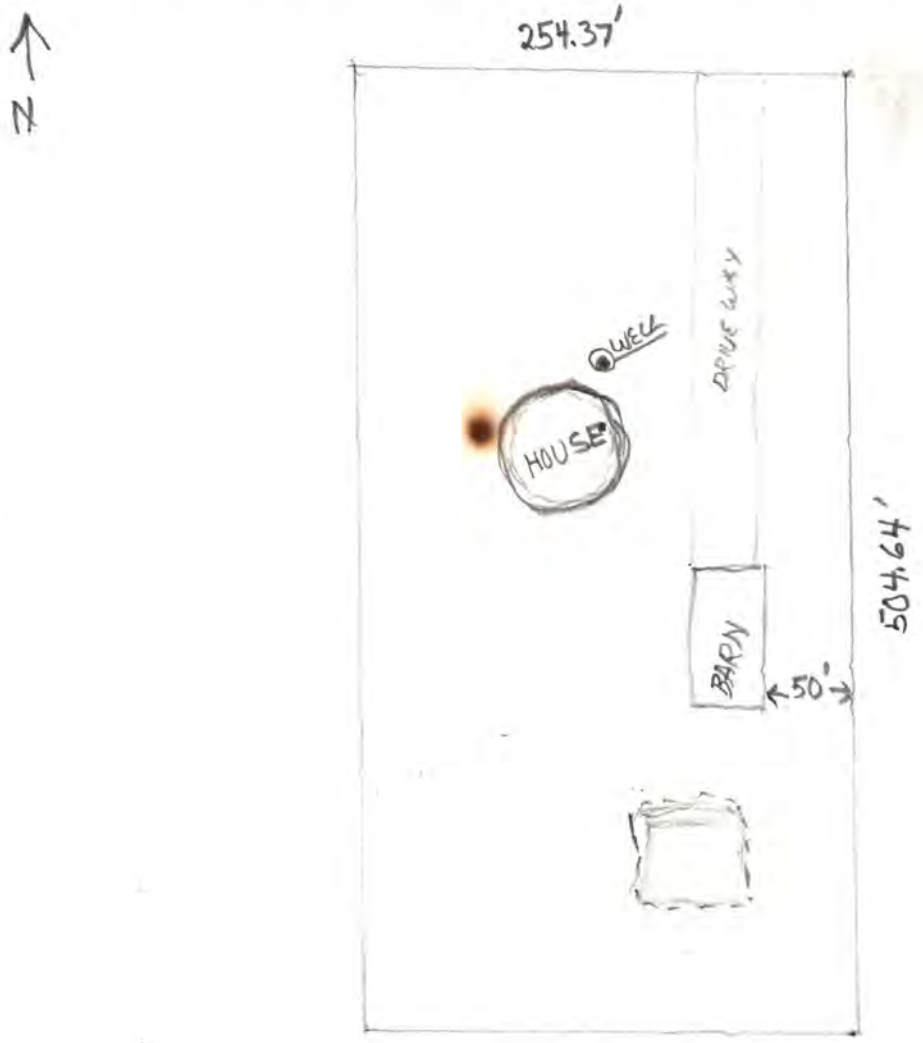
Remarks: _____
Soil Type (SCS): _____
Date: _____

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 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 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: 8-7-90

FILE NO. _____

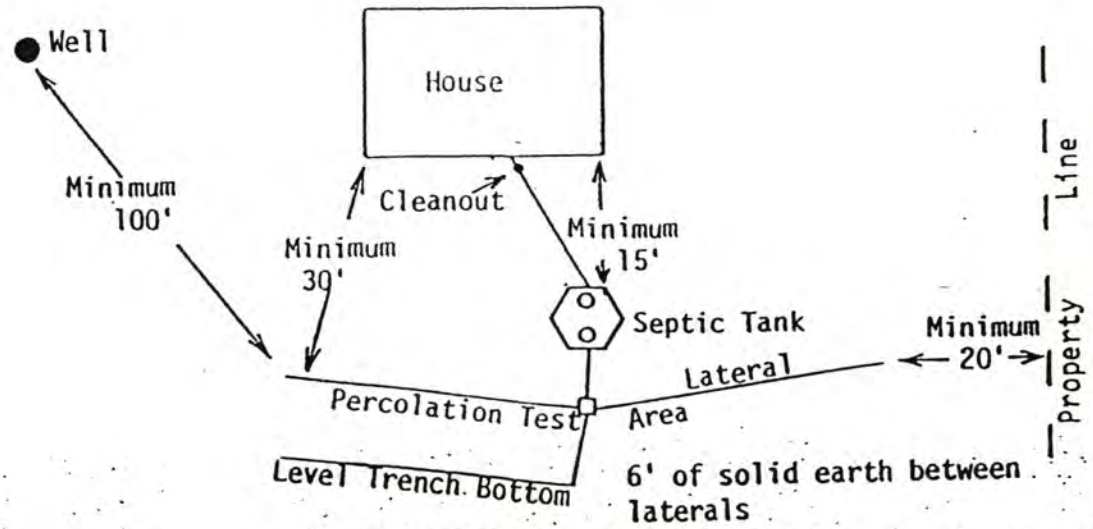
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch 40
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and ~~septic tank~~ 170 ft. Lagoon
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line > 100 ft.; Stream N/A ft.; Pressure Line 50 ft.; Property Line > 100 ft.

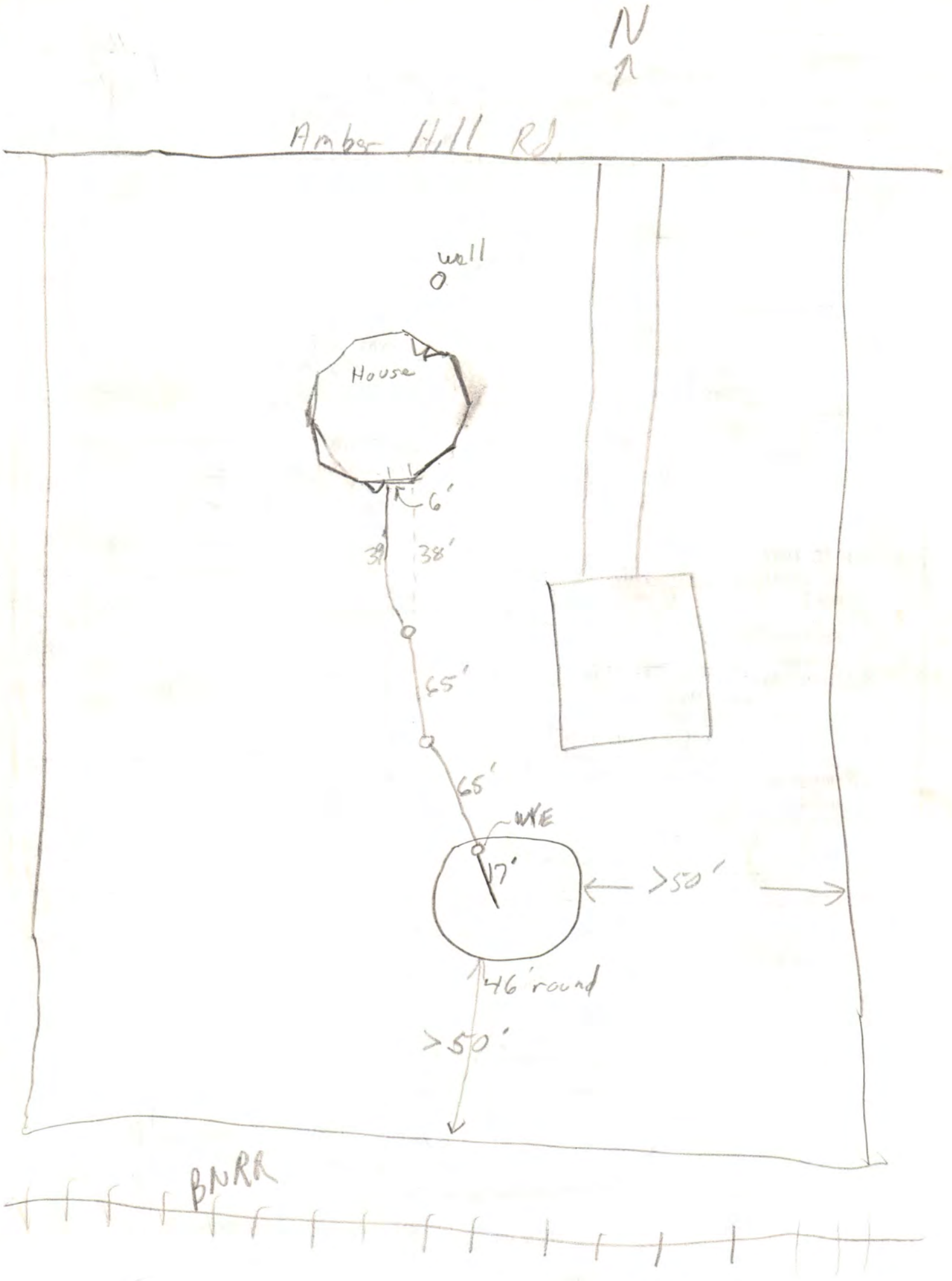
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Amber Hill Rd.
wall
House
6'
38'
65'
65'
WKE
17'
>50'
46' round
>50'
BNRR

FILE #W-240

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

WATER WELL

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 24, 1988 — THIS LICENSE OR PERMIT EXPIRES

R. K. FENSLER, JR. — LICENSEE OR PERMITTEE

7118 SHAMROCK RD. — ADDRESS

LINCOLN, NE 68506

T9N; R7E; Sec 22; Bk 8; Lot 3; Amber Hills; 8035 Amber Hill Rd. — 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 $ 45.00

FILE NO. W-240

DATE: _____

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 ~~S 18~~ 22
   Block 3 : Lot 3 : Addition ~~Amber~~ Amber Hills / Add: 8035 Amber Hill Rd
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Irrigation at Present Time

R K Trumble Jr.
Signature of Applicant (owner or lessee)

7118 Shamrock RD
Address Lincoln NB 68506
488-6036

No City Water.
84th & Yankee Hill RD.

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 3/24/88. Date Frwd. 3/24/88. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 3/24/88. Date Frwd. 3/24/88. Action: Approved ☒ Disapproved ☐ Signature: Dan M Shamrock
3. City or County Engineers: Date Rec'd 3/24/88. Date Frwd. 3/24/88. Action: Approved ☒ Disapproved ☐ Signature: John D. Mummy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-4-91 by pm
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/14/91 By: J. C. Hood

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

FORM 23-13

23-0483
OR SITE CLEARANCE AND PERMIT
VIDUAL WATER WELL
RDINANCE NO. 13558
NO. W-240

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 3 Addition AMBER HILL ESTATES
Owner Bob & Sue Fenster Address Amber Hills

LOG OF WELL	
Depth Ft. to	Description
0-75	yell clys.
75-140	blue c.
140-170	blue sand, some gravel
170-245	yell, red, white blue sh.
245-275	fine ss w/ thin layers shale
275-280	yell shale
280-290	Coarse SS
290-310	red coarse SS
310-320	red, blue sh

Moser Well Drilling & Service, Inc.
Box 308
Hickman, NE 68372

WELL COMPLETION RECORD

Drilling Method: Rot. air
Depth (from ground level), Ft. 310
Date Completed 4-13-88

Casing: Length, Ft. 300 ; Dia. In. 4
Wall Thickness, Inch 200 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type wcp pvc , slot Size .025

Drop Pipe: Length, Ft. 290 Dia. In. 1 1/4

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

Yield: 25 ggm, Measured ☒ , Est. ☐ 100+
Chlorination Completed Yes ☐ No ☐

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

Driller Bill Moser
(Signed)

REMARKS NITRATE NITROGEN < 0.1 ppm
BACTERIOLOGICAL O.K.

Address

Date 4-20-88

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