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. 91380078101

Issued 11/22/91
Expires 05/22/92

ESTABLISHMENT

JOHN RALLIS
T9N R7E SEC 28
KESS ESTATES BLK 2 LOT 1
5800 KESS DRIVE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JOHN RALLIS
5440 S 61 ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11/22/91	PAID

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: $ 150.00

FILE NO. _____

DATE: 11-13-91

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 28 ;
   Block 2 : Lot 1 : Addition Kess Estates
   Street Address 5800 Kess Drive

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: 15000 ft.

John D. Rollis
Signature of Applicant (Owner or Lessee)

5440 S. 61st 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/22/91. Date Frwd. 11/22/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Gary Lyon
3. City or County Engineer: Date Rec'd. 11/22/91. Date Frwd. 11/22/91. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-26-92 by: P.D
Date: 5-26-92 by: P.D
Date: 5-26-92 by: P.D.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-28-92 By: Paul Dragoun

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

RM 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: 3-23 to 3-24-92. Weather: Precip. _____ Temp. _____

X OWNER: _____

Address: _____

Hess Dr.
John Rallis Bob Beship

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"	3-23	1:00 pm	3-24	8:05	3-24	1035	12½	11.05	13½	1	min 30	
2	1'	fill	5:00 pm					17½		18¾	1¼		
3	"							14½		15¼	¾		
4	"							17½		18½	1		
5	"							15½		16⅝	1⅛		
6	"							11¼		11¼	—		
7	"							9		9	—		
8	"							7¾		7⅝	⅛		
9	"							6⅛		6⅛	—		
10	"							24½		25¼	¾		
11								4½		4½			
12								9		9		Sum of Percolation Rates:	
13								10		10½		Average of Rates:	
												Mean of Rates:	

Larry Scheurich Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Rd. Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 34 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 ☒

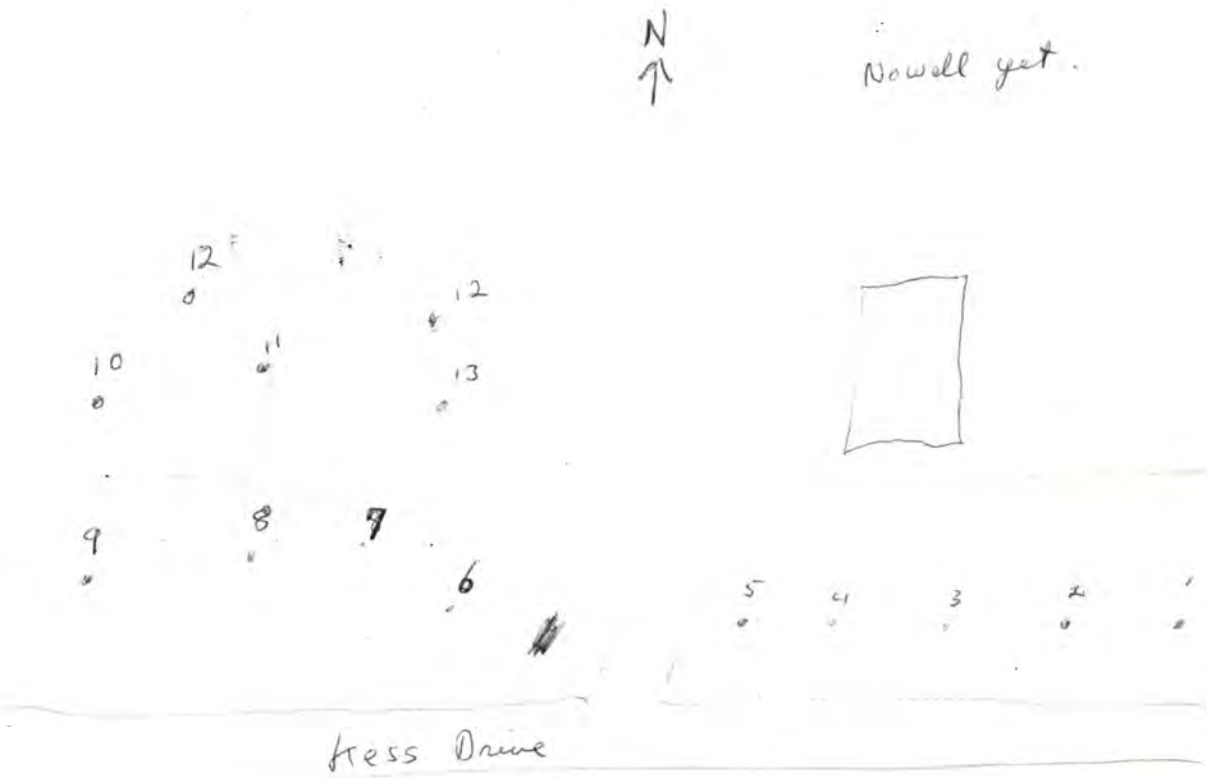
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 1250 gals.
2. Total Length of Laterals 355 ft.
3. With a Trench Width of 3 ft in.
4. Total Area of Lateral needed 1,064 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: _____

FILE NO. _____

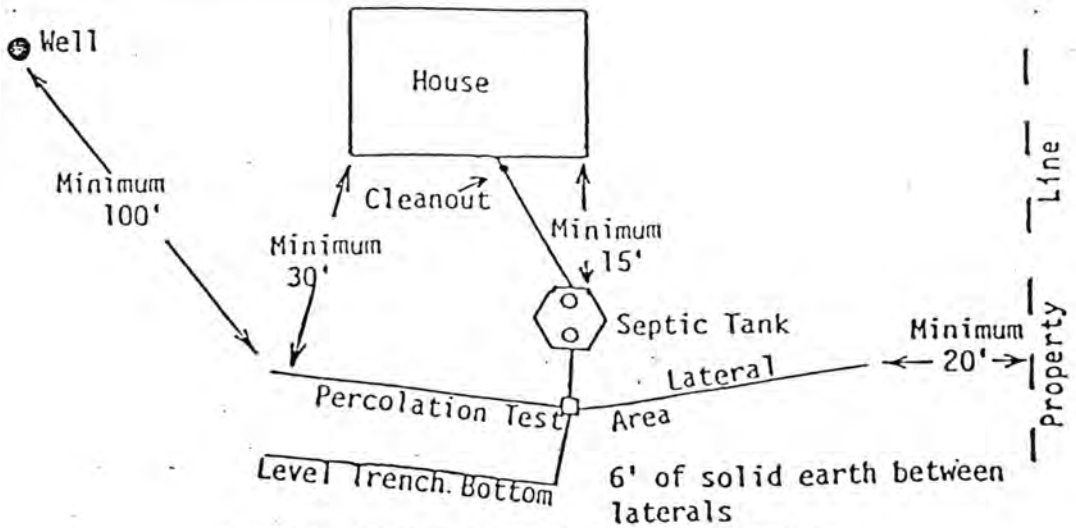
SPECIFICATIONS AS BUILT

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

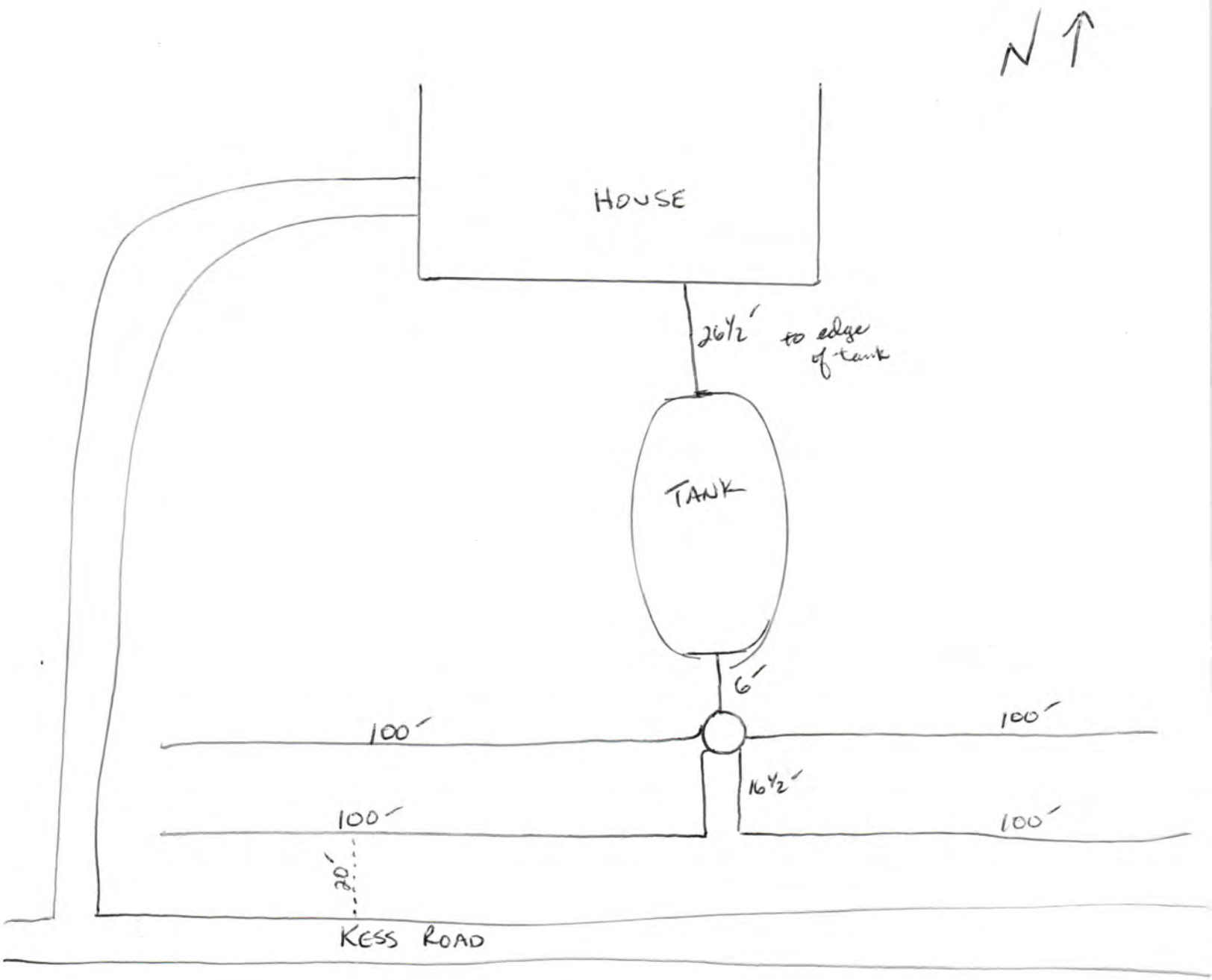
B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1250 gallons gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 6 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 4; Length of each line 100, 100, 100, 100, _____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 15-16 ft.
3. Trench dimensions: Width 3 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
Depth of Material 6 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
HOUSE
26½' to edge of tank
TANK
6'
100'
100'
100'
100'
16½'
20'
KESS ROAD

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. 91400028701

Issued 11/22/91
Expires 05/22/92

ESTABLISHMENT

JOHN RALLIS
T9N R7E SEC 28
KESS ESTATES BLK 2 LOT 1
5800 KESS DRIVE

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

JOHN RALLIS
5440 S 61 ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11/22/91	PAID

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: 471-8000

FILING FEE $75.00

FILE NO. _____

DATE: 11-13-91

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 28
   Block 2 : Lot 1 : Addition Kess Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 15000 Ft.
4. Intended use of well Residential water supply

John D. Rallis
Signature of Applicant (owner or lessee)

5440 S. 61st 68516
Address

423-0798

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 11/13/91. Date Frwd. 11/22/91. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd _____. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Mr. Bishop needs well log

Site Visits:
Date: 3/13/92 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/18/92 By: J.C. Hood

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

FORM 23-13

RECEIVED MAY 1 1 1992

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

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. 28 T. 9N R. 7E Block ____ Lot ____ Addition _____

Owner Robert & Jeanne Bishop Address 5800 Kess Street

LOG OF WELL	
	Description
Depth Ft. to	
0 - 15'	Light Brown Clay
15 - 25	Light Brown Clay & Stones
25 - 70	Light Gray Clay
70 - 110	Red Shale
110 - 195	Fine Yellow Sandstone

WELL COMPLETION RECORD

Drilling Method: _____

Depth (from ground level), Ft. 190'
Date Completed 4/29/92

Casing: Length, Ft. 180'; Dia.In. 4"
Wall Thickness, Inc. .237 ; type PVC

Screen: Length, Ft. 10' Dia.In. 4"
Type continuous slot , slot Size .018

Drop Pipe: Length, Ft. 160' Dia.In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 135' , Pumping 127'

Yield: 20 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 Darrel Jensen
(Signed)
Darrel L. Jensen/Jensen Well Co.
Address 1947 Park Street, Blair, Ne. 68008

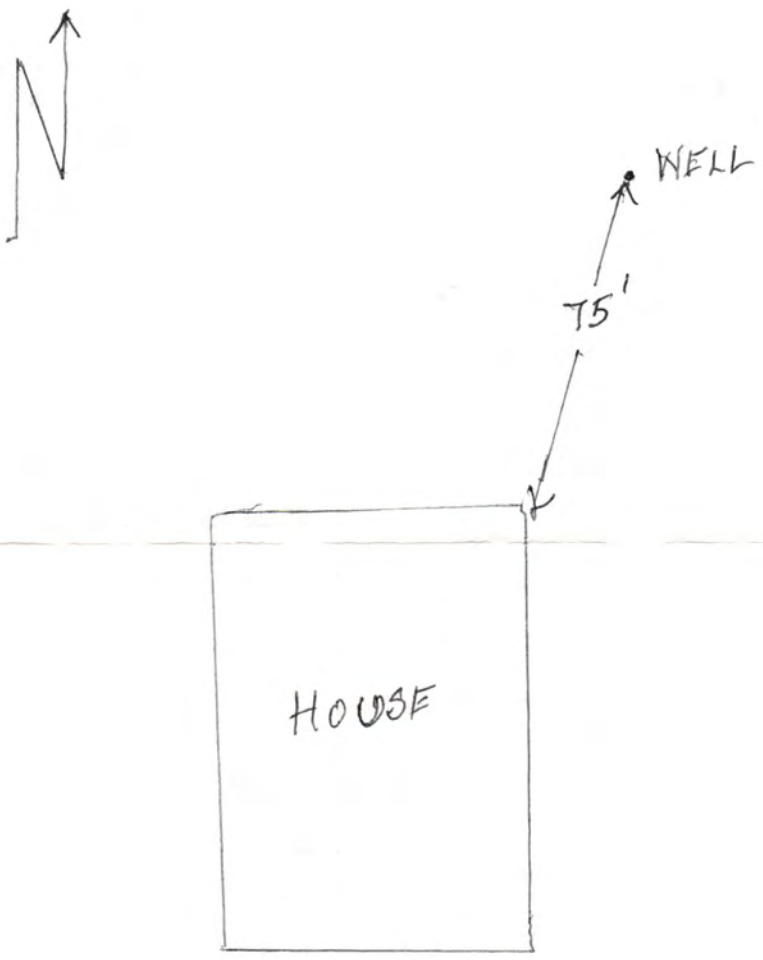
Date May 6, 1992

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

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



SEWAGE NOT IN YET