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. 90380010301

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

B & F BUILDERS INC.
T9N R7E SEC 28
YANKEE RIDGE BLK 1 LOT 2

FEES: Permit 013754 $150.00

Total $150.00

PERMITTEE

B & F B INC.
RR0001
BOX 00528
ROCA NE 68430

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

9038000103

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: 2-28-90

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. 9N ; Range 7E ; Section 28 ;
Block 1 : Lot 2 : Addition Yankee Ridge
Street Address 50 West St Cir

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.

Dennis Frey V. Res. Bx & Builders Inc.
Signature of Applicant (Owner or Lessee)

RT 1 Box 52 B Roca, NE 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/28/90. Date Frwd. 3/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: mel Goddard

3. City or County Engineer : Date Rec'd. 3-14-90. Date Frwd. 3-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D Bartels

REMARKS OR REASONS FOR DISAPPROVAL BUILDING PERMIT ISSUED

Site Visits:
Date: 4/4/90 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/4/90 By: Jerrold C. Hood

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: 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: 3-21-88 to 3-22. Weather: Precip. — Temp. 75-0.

Randy Snell
So 61st St Ct

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"	3-21	1000 AM	3-22	12:30 PM	3-22	3:30	6 3/4	4:00	7 1/4	30	1/2	
2								16 1/2		18 1/8		1 5/8	
3								11 1/2		13 1/2		2	
4								7 1/4		8 1/2		1 1/4	
5								10 3/8		11 1/2		1 1/8	
6								10 1/2		11 1/2		1	
7								8		8 3/4		3/4	
8								6 1/2		7 1/8		1	

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 28, 1990

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
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 ☐

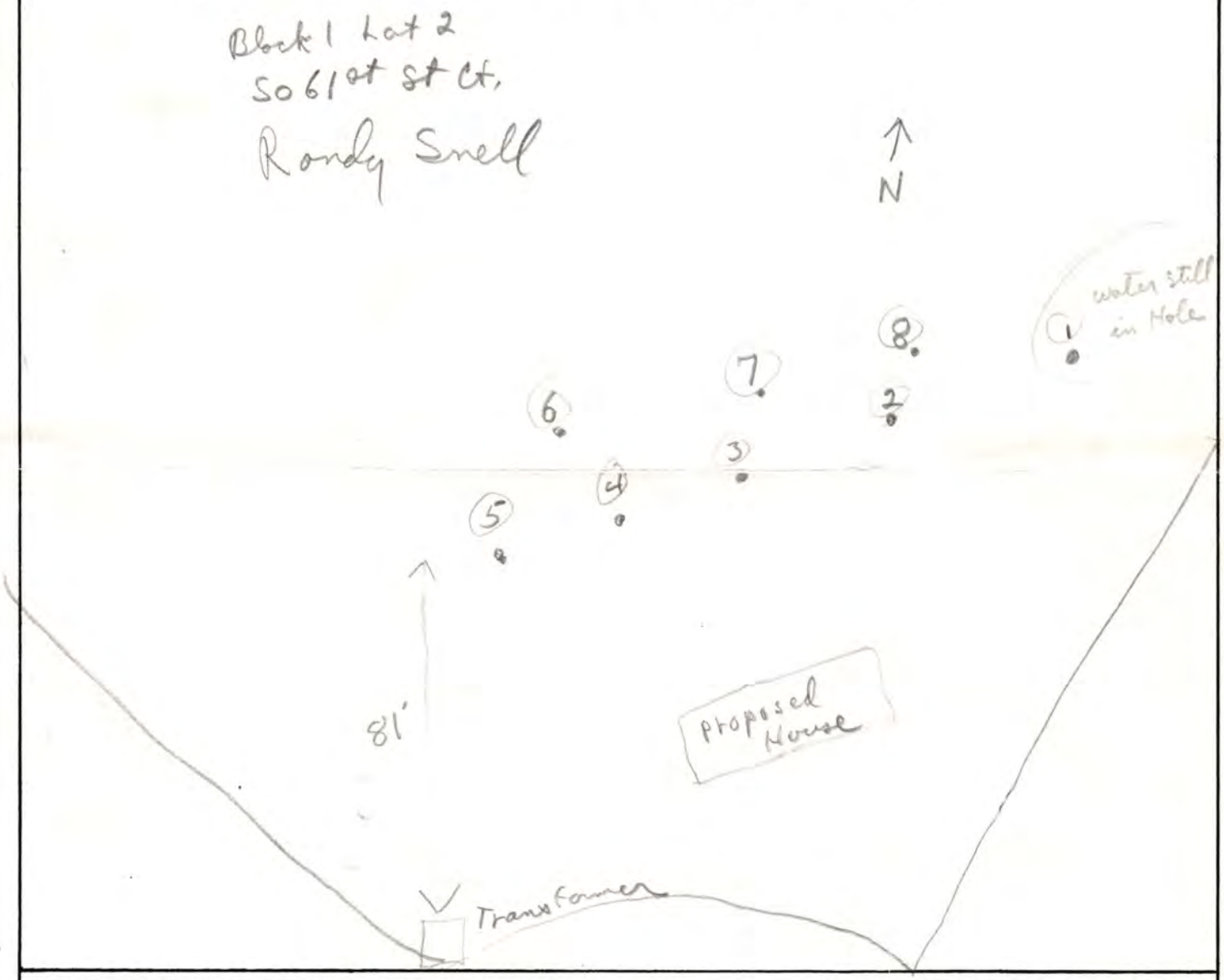
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: February 28, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 158 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 475 sq.ft.

Jerrold C. Hood
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. _____

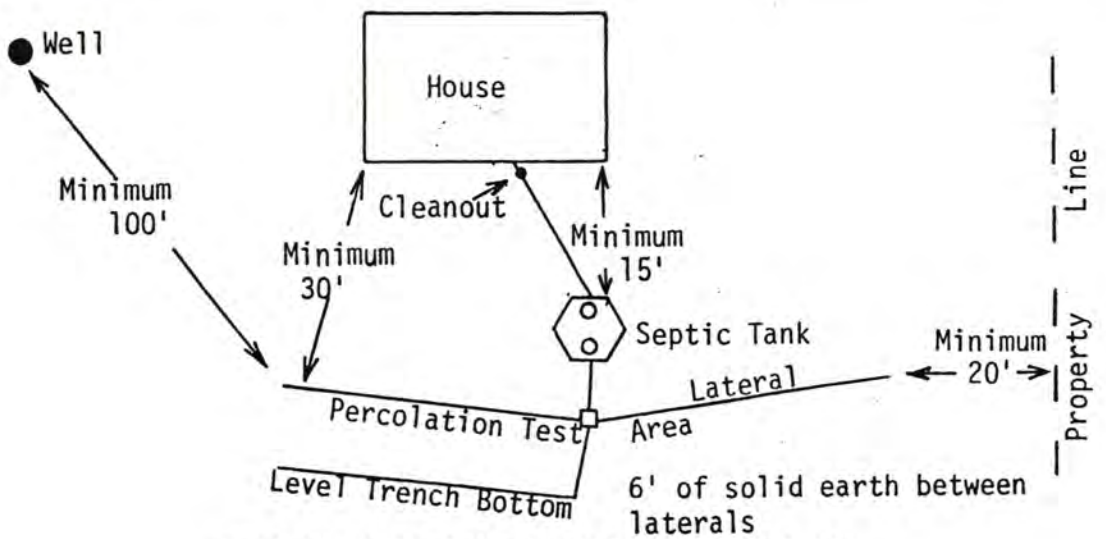
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 5'4 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____.
2. Capacity 1000 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 13" in.
8. Distances to:
Well or Suction Line — ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8 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 3 ; Length of each line 100 , 100 , 30 , _____ , _____ ft.;
Total length of laterals 230 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Rod Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 4/17/91

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 1

LOT 2 ; ADDITION YANKEE RIDGE ESTATES ; Street Address 8901 SOUTH 61ST STREET CT

Directions to Property _____

_____

Location of Well EAST of House with white pole nearby at Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of House - Big Stake Sticking out of Ground Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	RANDAL L. & DIANE E. SIMS	8901 SOUTH 61ST ST. CT.	WK. 436-1757 (RANDY) HM. 423-7064
Tenant/Buyer:	NONE - This is for a Refinance Loan Transaction		
Return to:	Columbus Federal PO Box 5866 Lincoln NE 68505		464-4444 (Jo Lewis)

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Jo Lewis Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received APRIL 18, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE APRIL 19, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4/19/91 by JCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood DATE APRIL 22, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

Kent Hood 93
Copy 12-21

*ASAP!

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 12/13/93

☑ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 1

LOT 2 ; ADDITION Yankee Ridge ; Street Address 8901 S 61 St Ct

Directions to Property _____

By Res Conf.

Location of Well East Side of House - See white PVC out Tap Location: Inside ☐ Outside ☑

Location of Sewage System East side of house - Pull Lucky out of Garage abt 30' from house Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Randall L Snell	8901 S 61 St Ct	423-6648
Tenant/Buyer:			# 436-1752 wk c.
Return to:	Commercial Federal % Jerry Lonergan	5555 "O" St Lincoln Ne	473 0812

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant By Jerry Lonergan Commercial Federal Address 5555 "O" St Lincoln Ne 68510

HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 14, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/15/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: X ☒	Date 12/15/93 by J.C.H.
Bacteria 0	☒	☐	Provisional: ☒	Date _____ by ____
Nitrate	☒ <0.1	☐	Disapproved: ☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒ X	Provisional Approval: ☒

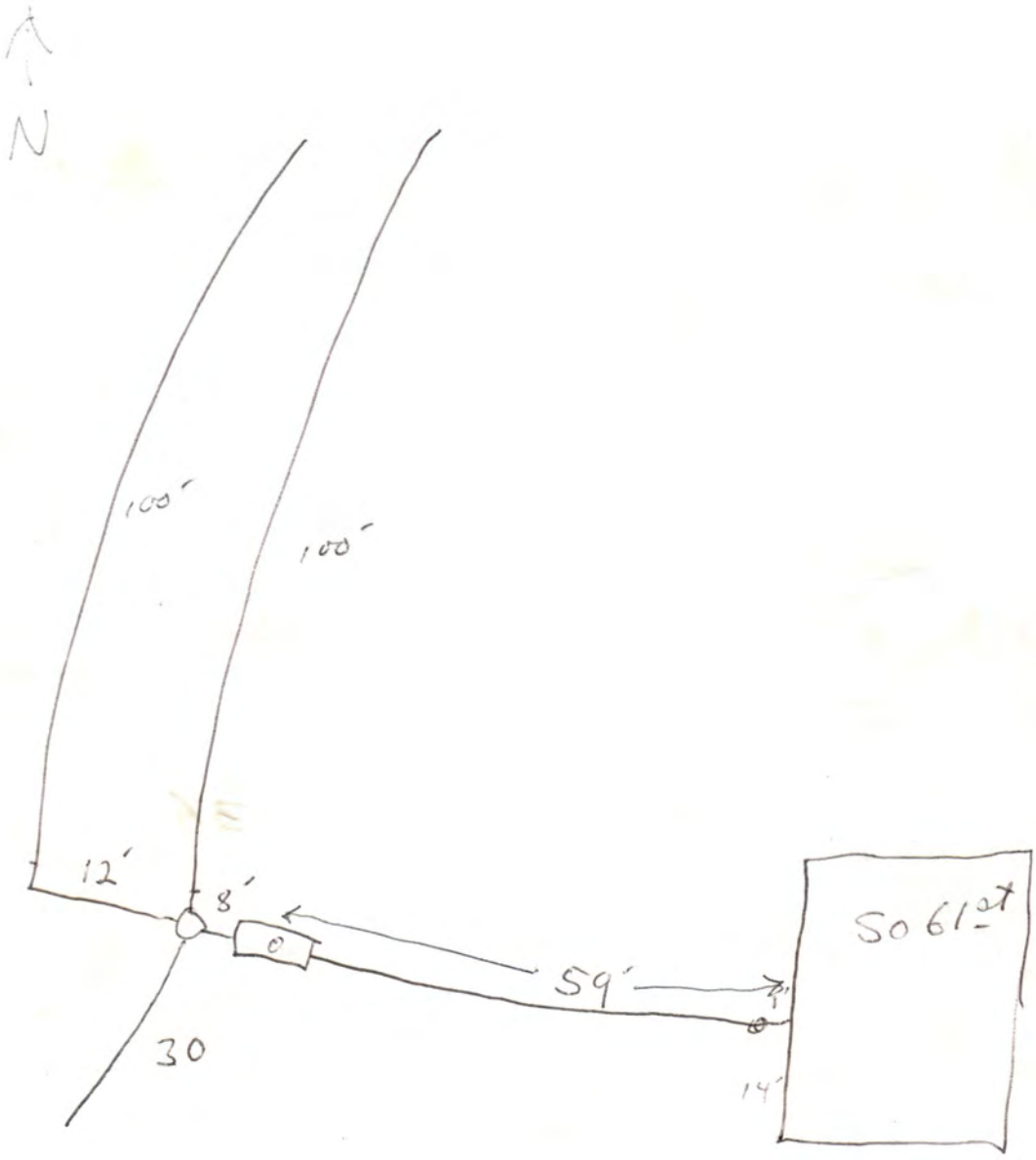
APPROVED BY Ron Morgenst, R.S. DATE 12-22-93

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832 099

Larry Schwarck

4-15-90



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. 90400015201

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

B & F BUILDERS INC.
T9N R7E SEC 28
YANKEE RIDGE BLK 1 LOT 2

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

B & F B INC.
RR0001
BOX 00528
ROCA NE 68430

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

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9040001/5201

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 1 Lot 2 Addition YANKEE RIDGE ESTATES

Owner Randy Snell Address

LOG OF WELL	
	Description
Depth Ft. to	
0-15	brn/tan c.
15-35	yell c.
35-63	blue c.
63-90	yell Dak. sh. w/ some SS.
90-95	red & blue sh.
95-100	light blue/gray sh.
100-110	black & blue sh.
110-115	light blue/gray sh.
115-190	med fine light brn. SS
190-208	very coarse SS & gravel
208-222	layers of sh & some coarse SS

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 208

Date Completed 4-18-90

Casing: Length, Ft. 188 ; Dia. In. 4

Wall Thickness, Inch 200+1 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4

Type PVC wpd slotted Slot Size .030 & .035

Drop Pipe: Length, Ft. Dia. In.

Water Level, Surface to top of water, Ft.:

Static 100 , Pumping

Yield: 30+ 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 Bill Moser (Signed)

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

Address

Date 5-16-90

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

9004000152

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. _____

DATE: 2-28-90

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 1 : Lot 2 : Addition Yankee Ridge
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well family use

Dennis Ley V. Pres. B & F Builders Inc.
Signature of Applicant (owner or lessee)

RT 1 Box 52 B Roca, Ne 68430
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 2/28/90. Action: Approved ☒ Disapproved ☐
   Date Frwd. 3/14/90. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☑ Disapproved ☐
   Date Frwd. _____. Signature: Mel Goddard
3. City or County Engineers: Date Rec'd 3/14/90. Action: Approved ☑ Disapproved ☐
   Date Frwd. _____. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL PERMIT (BUILDING) ISSUED

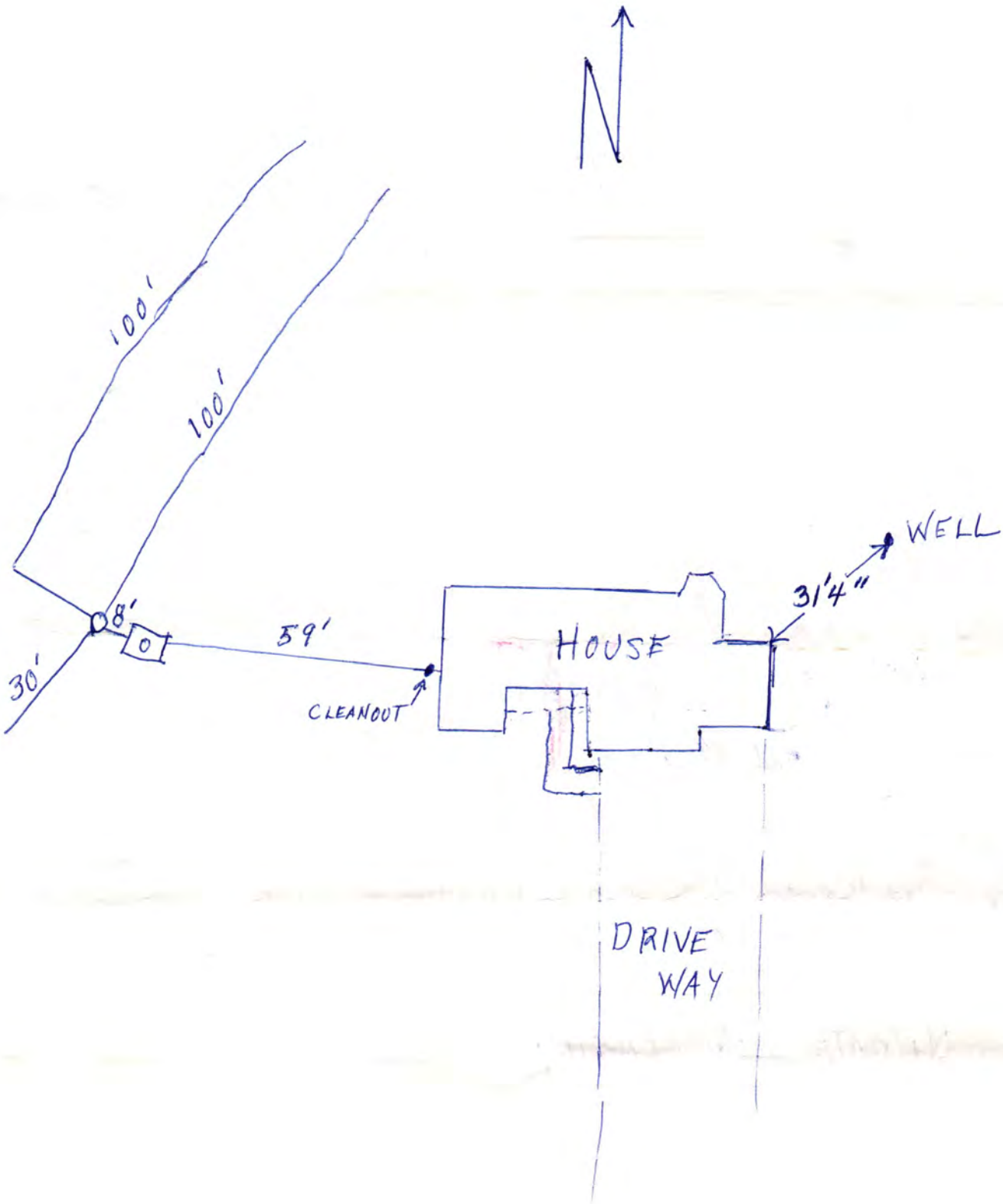
Site Visits:
Date: 4/19/91 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/22/91 By: J.C. Hood

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

-3


N
100'
100'
WELL
31'4"
8'
59'
HOUSE
30'
CLEANOUT
DRIVE
WAY