CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE # 2858

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

LINDA K. BAKER — LICENSEE OR PERMITTEE

2432 WASHINGTON, LINCOLN, NE 68502 — ADDRESS

TOW: PT: Sec. 28; Bk 4; Lot 2; Yankee Ridge Estates; 6300 Rebel Drive — 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

07091 06-06-85 $60.00M

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

A

FILING FEE: $ 60.00

FILE NO. 2858

DATE: July 3 1989

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 4 : Lot 2 : Addition Yankee Ridge Estates
   Street Address 6300 Rebel Drive

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe

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

4. Distance to public sewer: 1¼ miles ~~ft.~~

Linda K Baker for Vachal
Signature of Applicant (Owner or Lessee)

2432 Washington
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/3/89. Date Frwd. 7/6/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer : Date Rec'd. 7-6-89. Date Frwd. 7-6-89. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~RURAL WATER DISTRICT WATER~~

Site Visits:
Date: 11/15/89 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/15/89 By: Jerrold C. Hood

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 9 N ; Range 7E ; Section & ¼ Section 28 .
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: 3-14-89 to 3-15-89 . Weather: Precip. - Temp. 30° .

OWNER: Ron & Linda Vachal

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	32"	3-14	3:00 PM	3-15	8:00 AM	3-15	11:00	15 1/8	11:30	16 1/4	30	1 1/8	
2	"							14 3/8		15		5/8	
3	"							11 1/4		12 1/4		1	
4	"							11 1/4		12 1/2		1 1/4	
5	"							7 1/2		8		1/2	
6	"							11 3/8		12		1/8	

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

Larry Schwarak Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 3, 1989

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

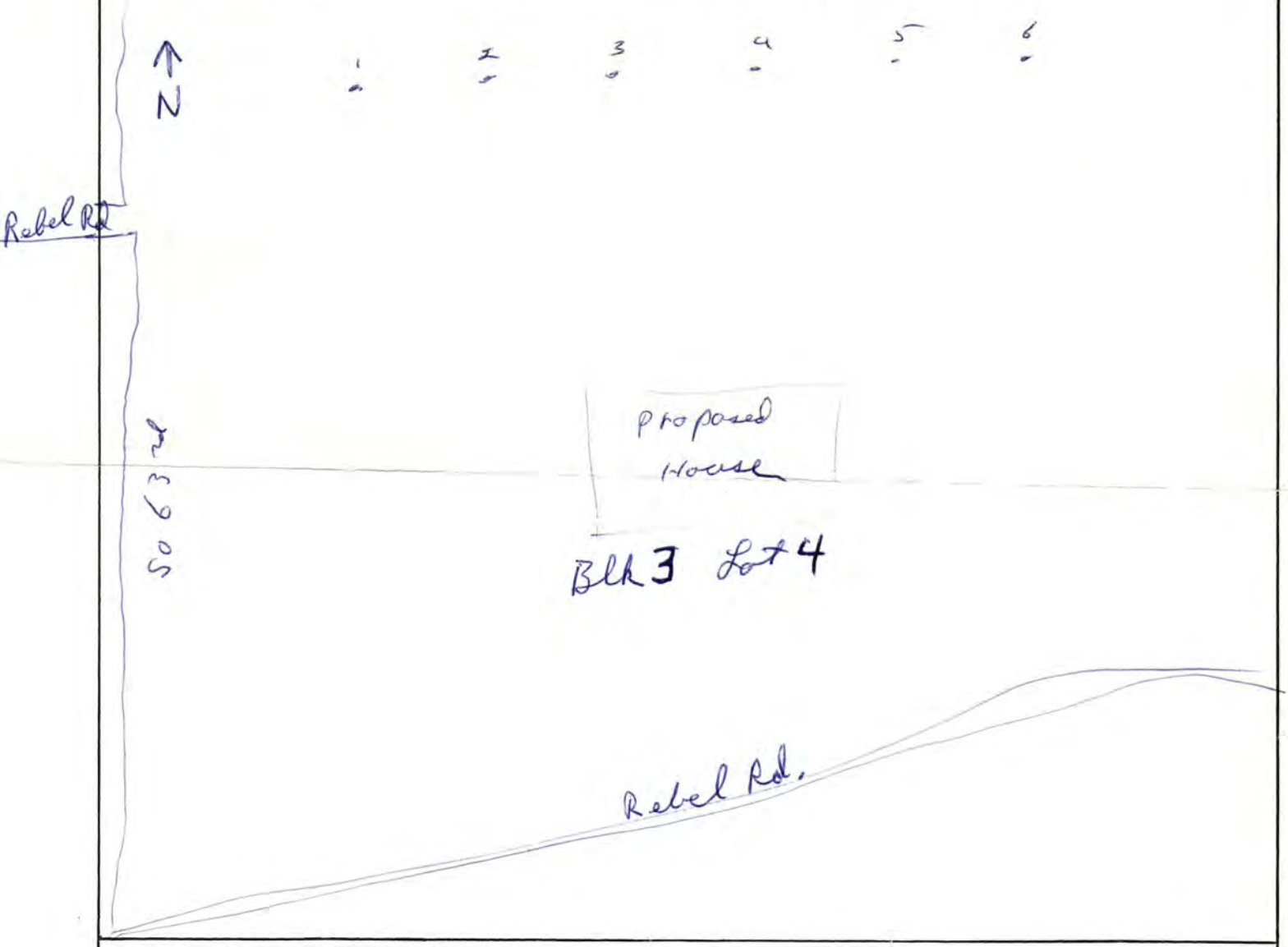
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



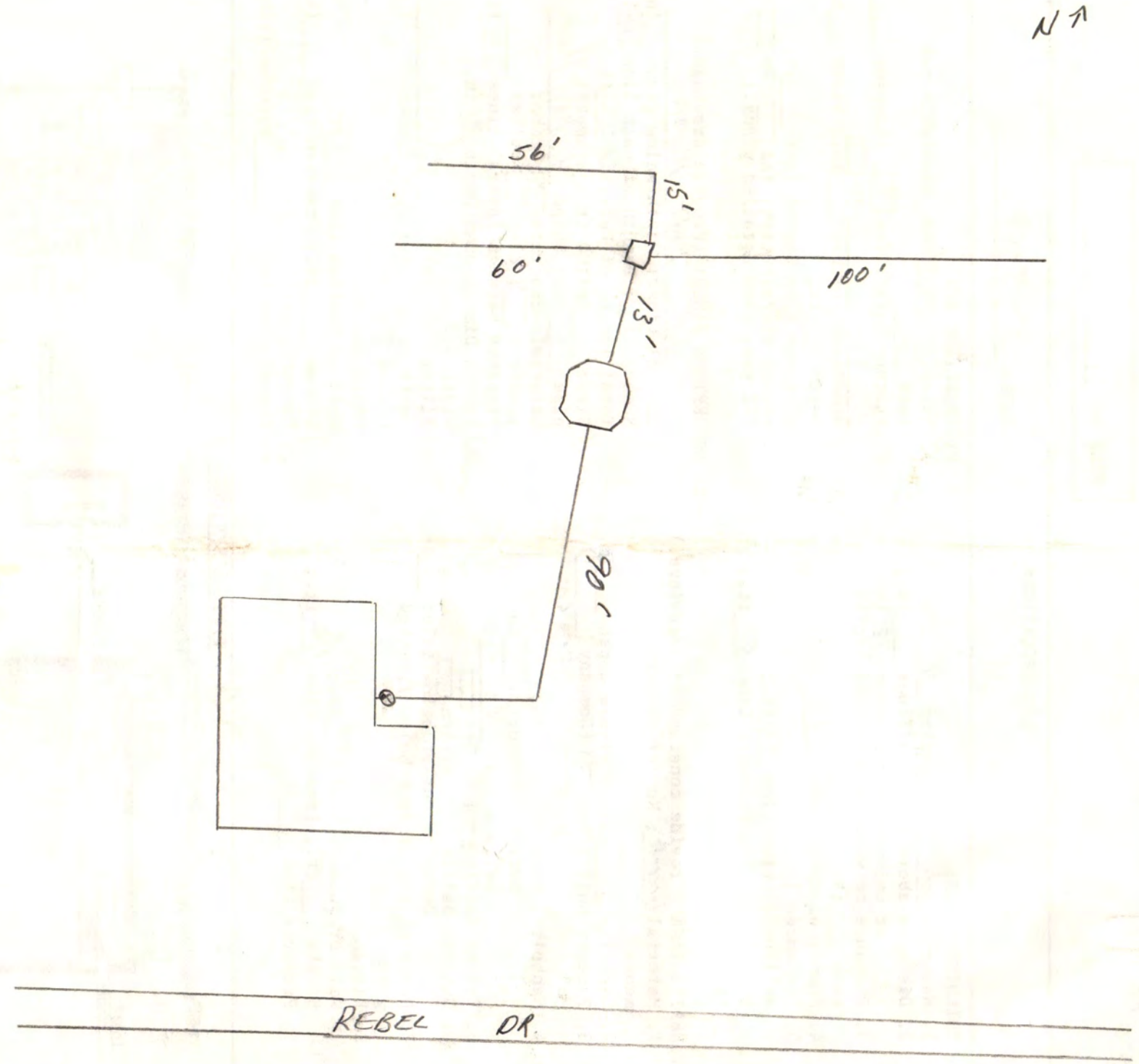
REVIEWING ACTION

Remarks: _____

Date: July 3, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


N
56'
15'
60'
100'
13'
96'
REBEL DR.

022

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 AC Date: Aug. 29, 1991

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 4

LOT 2 ; ADDITION Yankee Ridge ; Street Address 6300 Rebel Drive

Directions to Property 56th South to Rebel Dr. then East to 63rd. Property is on corner lot

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Ron Vachal	6300 Rebel D	423-8020
Tenant/Buyer:	James Kvasnicka	1701 Stockwell	423-7390
Return to:	Mark Haley, 1st Commercial Sav. Loc. & O Lincoln		68510

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

Signature of Applicant Kim Topp/Woods Bros. Address 3201 Pioneer Blvd Lincoln 68502

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 4, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 5, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 9/5/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/23/91 by J.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SUNKEN AREA AROUND WELL MUST BE FILLED IN. SHOULD PUT SOME DIRT OVER LOW PLACES IN FIRST TWO WEST AND EAST LATERALS. all corrected 9/23/91 J.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerrold C. Hood R.S. DATE SEPTEMBER 25, 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

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 6300 Rebel Drive

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 4 Lot 2 Addition Yankee Ridge

Directions to Property 56th South to Rebel Drive then East to 63rd. Property is on corner lot.

Location of Well East of Garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of House Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	James Kvasnicka	6300 Rebel Drive	423-7390
Tenant/Buyer:			
Return to:	FIRST MORTGAGE CORP.	7501 "O" STREET SUITE 100 LINCOLN, NEBRASKA 68510	

Signature of Applicant James E. Kvasnicka Address 6300 Rebel Drive Lincoln NE 68516 Date 2/25/93

HEALTH DEPARTMENT USE ONLY

Date Received 02/26/93 Received $150.00 Check ☒ #7499 Cash ☐

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 3/5/93

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

Comments: SUNKEN SPOTS OVER SEPTIC LATERALS SHOULD BE FILLED. THERE DEFINITELY IS SURFACE WATER FROM SNOW MELT STANDING IN THESE SUNKEN SPOTS. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold E. Hood R.E.H.S. Date 3/10/93

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.

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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. 89400013501

Issued 10/23/89
Expires 04/23/90

ESTABLISHMENT

LINDA VACHAL
T9N R7E SEC 28
YANKEE RIDGE BLK 4 LOT 2

FEES: Permit 019851 $45.00

Total $45.00

PERMITTEE

LINDA VACHAL
6300 REBEL DR
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

894000135

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. 89400013

DATE: 10-17-89

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 North. Range 7 E. of 6th P.M. : Section 28
   Block 4 : Lot 2 : Addition Yankee Ridge
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 3-acre lot
3. Distance to Public Water Supply: 1,000 Ft. ?
4. Intended use of well house supply + yard watering

Linda K Vachal
Signature of Applicant (owner or lessee)

6300 Rebel Dr.
Address

489-5156

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 10/17/89. Date Frwd. 10/25/89. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/25/89. Date Frwd. 10/25/89. Action: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 10/25/89. Date Frwd. 10/25/89. Action: Approved ☒ Disapproved ☐ Signature: John D. Shiviva

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 1/22/90 by J.C. Hood
Date: by
Date: by

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/25/90 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. 8940001350 1

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 4 Lot 2 Addition Yankee Ridge
Owner Ron Vachal Address 6300 Rebel Dr.

LOG OF WELL	
Depth Ft. to	Description
0-55	yell & brn cs.
55-80	yell & blue c.
80-90	blue c.
90-100	reddish c.
100-110	blue c.
110-145	red, yell, white & blue shs. w/ some ss
145-150	yell ss
150-160	dk. red ss
160-170	blue sh.
170-185	sh. & ss
185-250	fine hard ss
250-261	fine → coarse ss gravel w/ some shale

WELL COMPLETION RECORD

Drilling Method: Rot Circ
Depth (from ground level), Ft. 261
Date Completed 11-11-89

Casing: Length, Ft 251 ; Dia. In. 4
Wall Thickness, Inch 20# ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type PVC wap , slot Size .030

Drop Pipe: Length, Ft. ___ Dia. In. ___

Water Level, Surface to top of water, Ft.:
Static 178 , Pumping ___

Yield: 60+ 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 Mac (Signed)

Address ___

Date 1-11-90

REMARKS
261-265 fine → coarse gravel w/ some shale
265-272 very fine ss then hard white shale

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