FILE #2586

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 28, 1988 — THIS LICENSE OR PERMIT EXPIRES

SAM MANZITTO — LICENSEE OR PERMITTEE

3400 SO. HOPE CT. LINCOLN, NE 68502 — ADDRESS

T9N; R7E; Sec 28; Bk 5; Lot 3; Yankee Ridge; 6351 Rebel Dr. — 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

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. 2586

DATE: 10-26-87

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 5 : Lot 3 : Addition Yankee Ridge
   Street Address 6351 Pebble 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: 0 ft. ~~MUST BE LAGOON OR ACCEPTABLE EXPERIMENTAL SYSTEM~~

Jerry Marrett
Signature of Applicant (Owner or Lessee)

3400 So. Hope Ct
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/28/87. Date Frwd. 10/28/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/28/87 Date Frwd. 10/28/87 ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 10-28-87. Date Frwd. 10-28-87. ACTION: Approved ☒ Disapproved ☐ Signature: K.D. Mahon

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 12-17-87 by: rm
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-18-87 By: Ron Mangum *

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

* the west laterals were installed at 2-3 ft depth which is deeper than the 18 inch "perk test" rate.

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 9N ; Range 7E ; Section & ¼ Section 28 . Bk 5, Lot 3
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: 3-11-86 to 3-12-86. Weather: Precip. NO Temp. 48/N6.

Clay Loam
3 acres
3 bedroom

OWNER: Mike Carter

Address: 4616 Pierce Dr.

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	18"	3-11	9 AM	3-11	1 PM	3-12	11 AM	6	12 AM	4 7/8	60	1 1/8	
2	"	"	"	"	"	"	"	"	"	4 15/16	60	1 1/16	
3	"	"	"	"	"	"	"	"	"	4 7/8	60	1 1/8	
4	"	"	"	"	"	"	"	"	"	4 15/16	60	1 1/16	
5	"	"	"	"	"	"	"	"	"	4 15/16	60	1 1/16	
6	"	"	"	"	"	"	"	"	"	4 15/16	60	1 1/16	

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

Signature of Person Conducting Test

Address 6710 N 07 Phone 425-1486

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: _____

Signature of Reviewing Official

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. 2586

PROPERTY WHERE SOIL TESTED:

Location: Township 5265 ; Range 250.0 ; Section & ¼ Section _____.
Property Dimensions: 418 ft. x 260 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: 6-1-87 to 6-3-87. Weather: Precip. _____ Temp. 74°.

Lot 3 Block 5
Yankee Ridge

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	36	6/1	4 P.M.	6/2	Rained	6-3	2:15	20 5/8	2:45	21 1/8	30	1/2	
2	36	"	"		"	6-3	"	20 3/8	"	21	"	5/8	
3	36	"	"		"	6-3	"	21 1/2		22 1/4	"	3/4	
4	36	"	"		"	6-3	"	19 1/2		19 7/8	"	3/8	
5	36	"	"		"	6-3	"	18 1/8		18 3/8	"	1/4	
6	36	"	"		"	6-3	"	22		22 1/2	"	1/2	

Tim Hofferber
Signature of Person Conducting Test

Address _____ Phone 464-2803

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

(Do not write below this line)

REVIEWING ACTION

Remarks: TOO SLOW FOR CONVENTIONAL SEPTIC
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

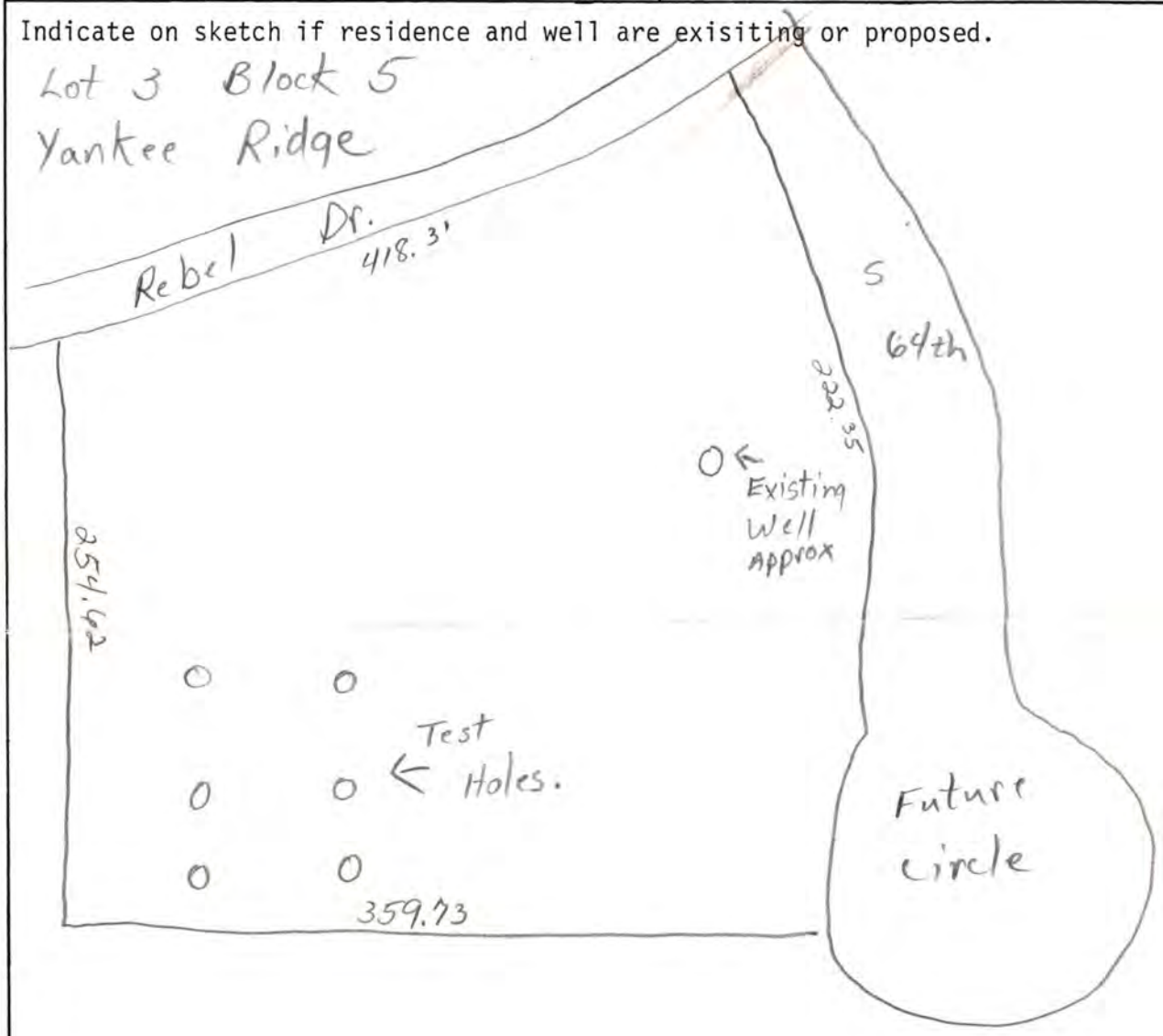
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2586

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

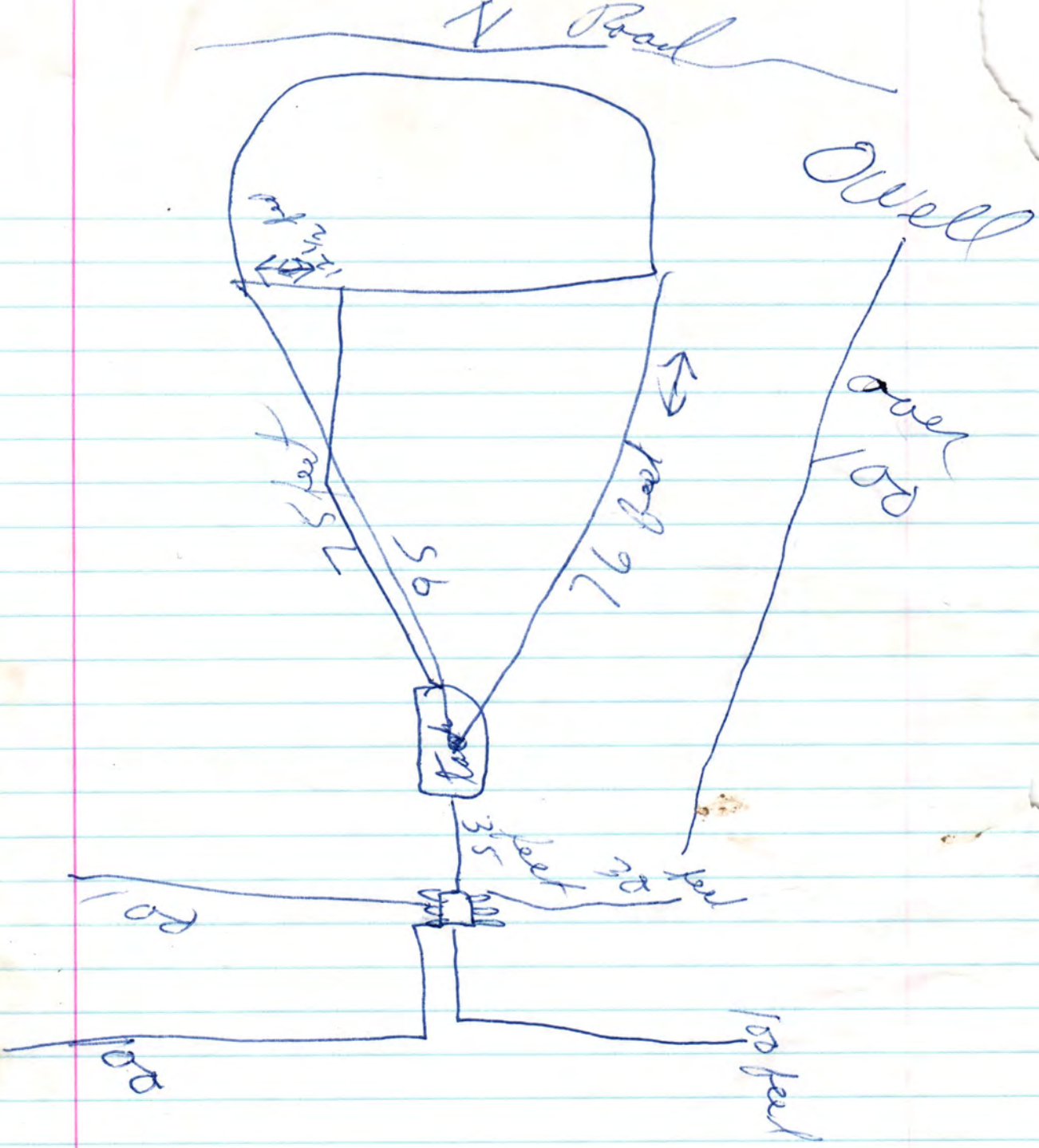
Remarks: _____

_____

Date: _____

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 953 sq.ft.

_____
Signature of Reviewing Official


N Road
Owell
feet
feet
feet
feet
feet
feet
feet
feet
feet

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: 1-24-89

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 5

LOT 3 ; ADDITION Yankee Ridge ; Street Address 6351 Rebel Drive Lincoln, NE

Directions to Property Call broker - Carol Hutson Home Real Estate Office- 488 4663 or home 423-5978

Location of Well Ask broker Tap Location: Inside ☐ Outside ☐

Location of Sewage System Ask broker Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Richard Thornton	6351 Rebel Drive Lincoln	423-4678
Tenant/Buyer:	Cal Kagebeer	511 Northwest 8th St. Lincoln	435-6542
Return to:	Vista Bank	P.O. Box 5306 Lincoln 68505	465-7505

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

Signature of Applicant Cathy Mueller Address Vista Bank

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 25, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/26/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1/26/89 by J.C.H.
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 John R. Cs Hood DATE JANUARY 30, 1989

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

File #W-135

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 24, 1986 — THIS LICENSE OR PERMIT EXPIRES

MICHAEL D. APTER — LICENSEE OR PERMITTEE

5225 CLAIRE AVE. LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec 28; Bk 5; Lot 3; Yankee Ridge Estates — 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-135

DATE: 3/21/86

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 5 : Lot 3 : Addition YANKEE RIDGE ESTATES
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: 110 Ft. (TO EASEMENT)
4. Intended use of well DOMESTIC, WATER SUPPY

Signature of Applicant (owner or lessee)

5225 CLAIRE AVE. LINCOLN
Address 423-4133 68516

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 3/21/86. Action: Approved ☒ Disapproved ☐
   Date Frwd. 3/24/86. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 3/20/86. Action: Approved ☐ Disapproved ☐
   Date Frwd. 4/23/86. Signature:
3. City or County Engineers: Date Rec'd 3/24/86. Action: Approved ☒ Disapproved ☐
   Date Frwd. 3/24/86. Signature: Jerome D. Hood

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 3/3/88 by J. C. Hood
Date: by
Date: by

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/22/88 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. W-135

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS 6351 Rebel Rd

Legal Description: Sec. 28 T. 9N R. 7E Block 5 Lot 3 Addition YANKEE RIDGE ESTATES

Owner Address

Morgitto Bros (Builders) 3400 S Hope Ct Lincoln, Nebr. 68502

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 236

Date Completed

Casing: Length, Ft. ; Dia.In. 5

Wall Thickness, Inc. 160 ; type PVC

Screen: Length, Ft. Dia.In.

Type ,slot Size

Drop Pipe: Length, Ft. 200 Dia.In. 1

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

Static 176 , Pumping 182

Yield: 14 ggm, Measured ☒ , Est. ☐

Chlorination Completed Yes ☒ No ☐

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

Pump Installer
Driller Keith Muenchau
(Signed)

REMARKS ~~Do not know the well~~ driller NITRATE NITROGEN <0.1 P.P.M. BACTERIOLOGICAL O.K.

Address 7331 Vine St

Date 2-23-88

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

RECEIVED MAR 0 2 1988

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-228-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-4255
Office 402-673-3465

Name Devco Inc. - Mike Arter Date March 28, 1986

Address 5225 Claire Phone 423-4133

Location Lincoln, NE 68516

Location of Well Yankee Ridge - Lot 3, Block 5

____Test @ ____per. ft.	$____
____Test @ ____per. ft.	$____
____Reaming @ ____per ft.	$____
____Well @ ____per ft.	$____
____Extra Casing @____per ft.	$____
____Total ft. of casing used	$____
____Perforations @ ____	$____
Sand	$____
Cement Grout	$____
Cap Bottom	$____
Cap Top	$____
____	$____
____	$____
____	$____
☐ Cash ☐ Charge TOTAL	$____

LOG OF WELL

Top	Bottom	
0	1	Top soil
1	8	Yellow clay
8	18	Brown clay
18	34	Tan clay
34	37	Limestone
37	90	Tan clay
90	98	Blue clay
98	100	Limestone
100	120	Yellow & red clay
120	142	Sandy red clay
142	157	Sandrock
157	168	Sandy blue clay
168	171	Sandrock
171	177	Sandy blue clay
177	178	Limestone
178	181	Sandy blue clay
181	235	Sandrock

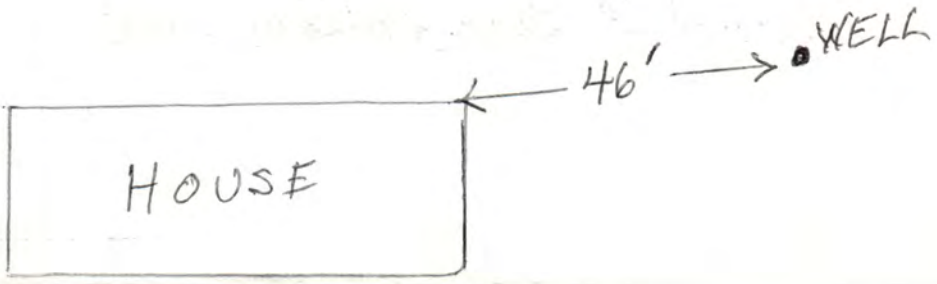
Depth drilled 235' Depth cased 231' Size of hole 8"
Method drilled Rotary mud
Size of casing 5" Grade 200# Guides ___ Thickness ___
Feet of screen 20' Type PVC Slot size .025"
Depth screen set 211' to 231' & ___ to ___
Bottom cap X Type PVC Top cap X Type PVC
Type of gravel pack Concrete Amount 1000# Height 40'
Seal X Type Clay Depth 191'
Static water level 170' Well tested 50 GPM Method Air
Plumber ___ Recommended Pump setting 200'

CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service 1½% per month from date of invoice which is an Annual percentage rate of 18%.

Alan Strader PURCHASER ___

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.





AREA OF
SEPTIC SYSTEM