FILE # 2850

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

SCHWARTZ CONSTRUCTION 10641 DAWN AVE., LINCOLN, NE. 68516
LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Sec. 20, Bk 4, Lot 2, Yankee Ridge 1st Addit
NAME OF ESTABLISHMENT IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

| PERMIT | ACCOUNTING NUMBER | TOTAL |
|---|---|---|
| $ 60.00 | 010754 | $ 60.00 |

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

1596
6-5-89

APPROVED

APPLICATION

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

FILE NO. 2850

DATE: 6·2·89

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 1st. ADD.
   Street Address NOT ASSIGNED . 8700 So. 63rd

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: _____ ft.

Signature of Applicant (Owner or Lessee)

10641 DAWN AVE LINCOLN
Address
68526

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/2/89 . Date Frwd. 6/5/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Harold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/5/89 . Date Frwd. 6/5/89 . ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 6-5-89 . Date Frwd. 6-5-89 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 11-7-89 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-7-89 By: [illegible]

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 _____; 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: 5.31.89 to 6-1.89. Weather: Precip ~~0~~ Temp. 69°.

OWNER: Jerry Schaaf
Address: 10641 DAWN AVE LINCOLN

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | LAST | Results | |
| | | Start | | End | | Start | | | End | | Elapsed | Water | |
| 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.) | Time (Min.) | Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36" | 5.31 | 12:15PM | 6-1 | 8 AM | 6-1 | 9 AM | 12" | 1 PM | 17½ DROP | 30 | 2¼ | |
| 2 | " | " | | | | | | | | 17¾ | | 2 | |
| 3 | " | " | | | | | | | | 15¾ | | 1⅞ | |
| 4 | " | " | | | | | | | | 15½ | | 1⅞ | |
| 5 | " | " | | | | | | | | 21¼ | | 2 11/16 | |
| 6 | " | " | | | | | | | | 18 | | 1¾ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Jerry Schaaf
Signature of Person Conducting Test
Address 10641 DAWN AVE Phone 421-1410

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: June 5, 1989

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

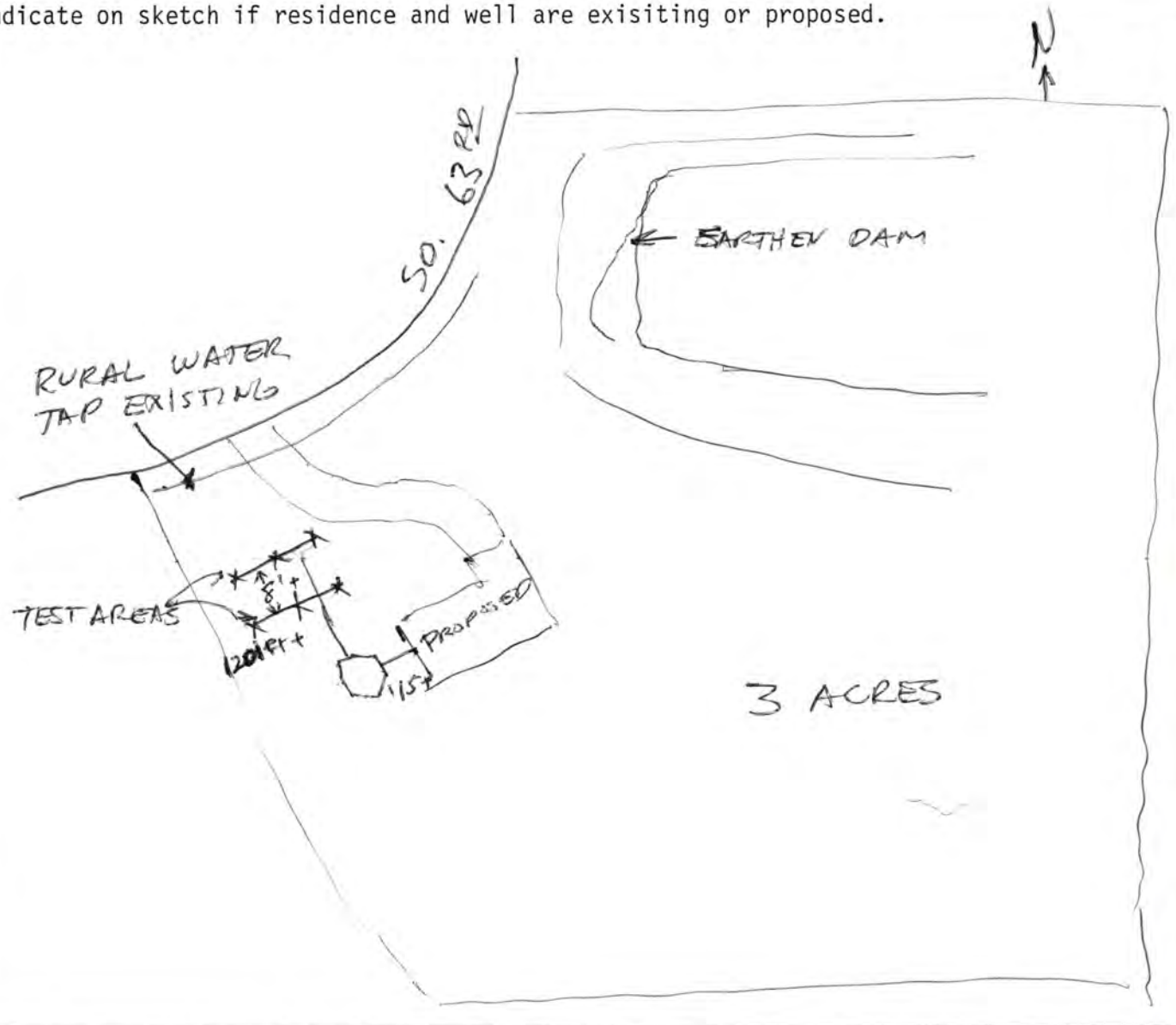
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**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 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 570 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: 11-7-89

FILE NO. _____

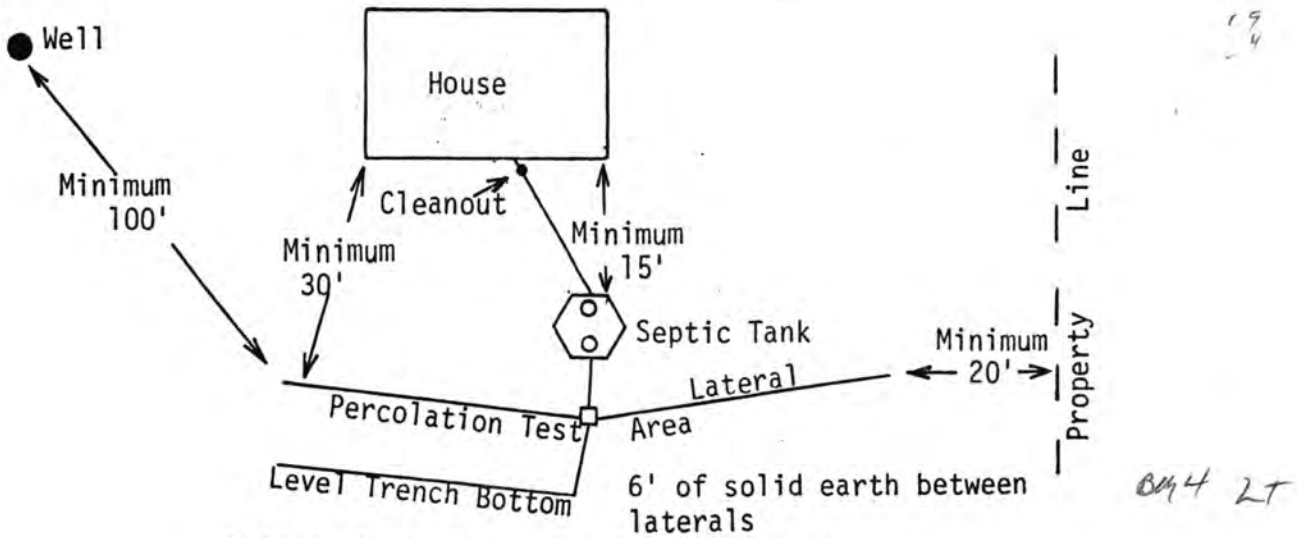
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 10 ft.
4. Number of clean-outs 1 .
5. Distances to: Rural Water Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material conc ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company precast steel co )
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: Rural Water Well or Suction Line none ft.; Stream _____ ft.; Pressure Line 30 ft.; Property Line 25+ ft.

C. DISTRIBUTION BOX:
1. Material conc ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company precast )
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 24" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☒ ; concrete ☒ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 76 , 72 , _____ , _____ , _____ ft.; Total length of laterals _____ ft.; Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth _____ in.
4. Filter Material: gravel Depth of Material 20 in.
5. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line 30 ft.; Property Line 25 ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

1-27-00
Data Entered
PID #16-28-112-002-00

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 8700 S. 63rd St., Lincoln
Twp 9 Range 7 Section 28 1/4 ___ 1/4 ___ Block 4 Lot 2 Addition Yankee Ridge
Directions to Property 63rd and Yankee Hill go south to 3rd House on left

Location of Well West of House Tap Location: Inside ☒ Outside ☒
Location of Sewage System North of House Year Installed 1990

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Edward A. & Kathy E. Thompsen | 8700 S. 63rd St. Lincoln, NE 68516 | 421-3492 |
| Tenant/Buyer: | Jerome R. & Chelsa A. Barry | 4404 Calvin Dr. Grand Island, NE 68801 | 308-382-7433 |
| Return to: | State Title Services, Inc. Attn: Carmen Jensen | 4500 S. 70th St., Ste. 102 Lincoln, NE 68516 | 434-5020 |

Signature of Applicant Carmen Jensen Closing Agent for buyer Address 4404 Calvin Dr. Grand Island, NE 68801 Date 12 / 16 / 99

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
Date 12 / 30 / 99
Initials ___
Amount 150 ⁰⁰
Check No. 501. 2862473

**DATA ENTRY**
Date ___ / ___ / ___
Case No. ___
Initials ___

**PRELIMINARY STATUS--By** John Ahrens **DATE:** 01 / 04 / 2000

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ ___ ppm | ☐ ___ ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

**Comments:** IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY, IT SHOULD BE CHECKED TO SEE IF IT IS NECESSARY. THE TWO SYSTEMS CANNOT BE PHYSICALLY TOGETHER. Please separate the systems 1-6-00. 1-10-2000 - per JACK - RURAL WATER - Systems have been separated. GLG ☐ See Attached Letter

**FINAL STATUS**

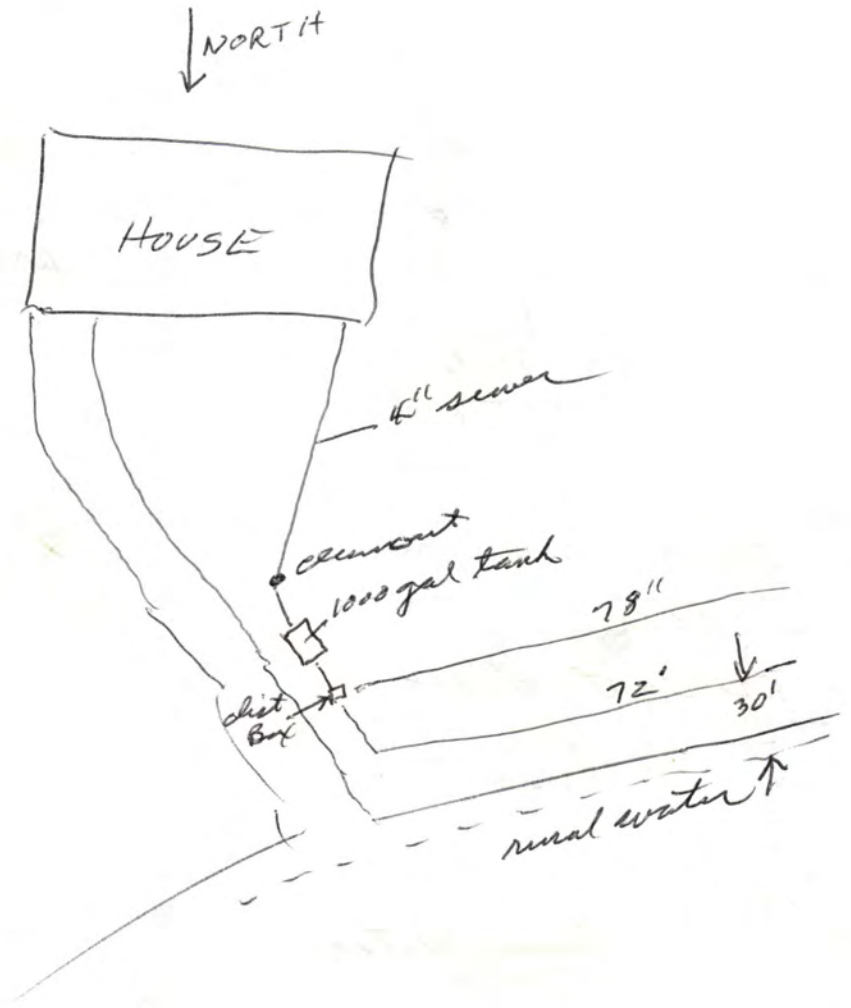
**WATER SYSTEM:** Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by John Ahrens Date 1 / 10 / 2000

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95


NORTH
HOUSE
4" sewer
cleanout
1000 gal tank
78"
72'
30'
dist Box
rural water

# 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. 92400029901

Issued 01/31/92
Expires 07/31/92

ESTABLISHMENT

ED THOMPSON
T9N R7E SEC 28
YANKEE HILL 1ST ADD BLK 4 LOT 2

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

ED THOMPSON
8700 S 63 ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 2/6/92 | 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: 1-10-92

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 4 : Lot 2 : Addition Yankee Ridge 1st Add.
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe Home
3. Distance to Public Water Supply: 200 Ft.
4. Intended use of well Household water + yard

Signature of Applicant (owner or lessee)

8700 So 63rd
Address

City Water Yes ☐ No ☒ Rural

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/30/92. Action: Approved ☒ Disapproved ☐
   Date Frwd. 1/31/92. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 1/31/92. Action: Approved ☐ Disapproved ☐
   Date Frwd. 1/31/92. Signature: _____
3. City or County Engineers: Date Rec'd 1/31/92. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 2/3/92 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/11/92 By: J. C. Hood

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

FORM 23-13

RECEIVED JAN 0 3 1992

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 4 Lot 2 Addition Jamka Ridge
Owner Ed Thompson Address _____

| LOG OF WELL | |
|---|---|
| Depth Ft. | Description |
| 0 - 80 | yell. c. |
| 80 - 120 | blue c. |
| 120 - 170 | yell, blue & red sh. |
| 170 - 250 | med fine ss. |
| 250 - 261 | coarse to very coarse ss & gravel |
| 261 - 265 | sh. |

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.
Depth (from ground level), Ft. 261
Date Completed 10-31-91

Casing: Length, Ft. 241 ; Dia. In. 4
Wall Thickness, Inc 200 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type PVC WOP , slot Size .030

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

Water Level, Surface to top of water, Ft.:
Static 200 , Pumping ____

Yield: 100 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 Moyer (Signed)

REMARKS NITRATE NITROGEN < 0.1
BACTERIOLOGICAL O.K.

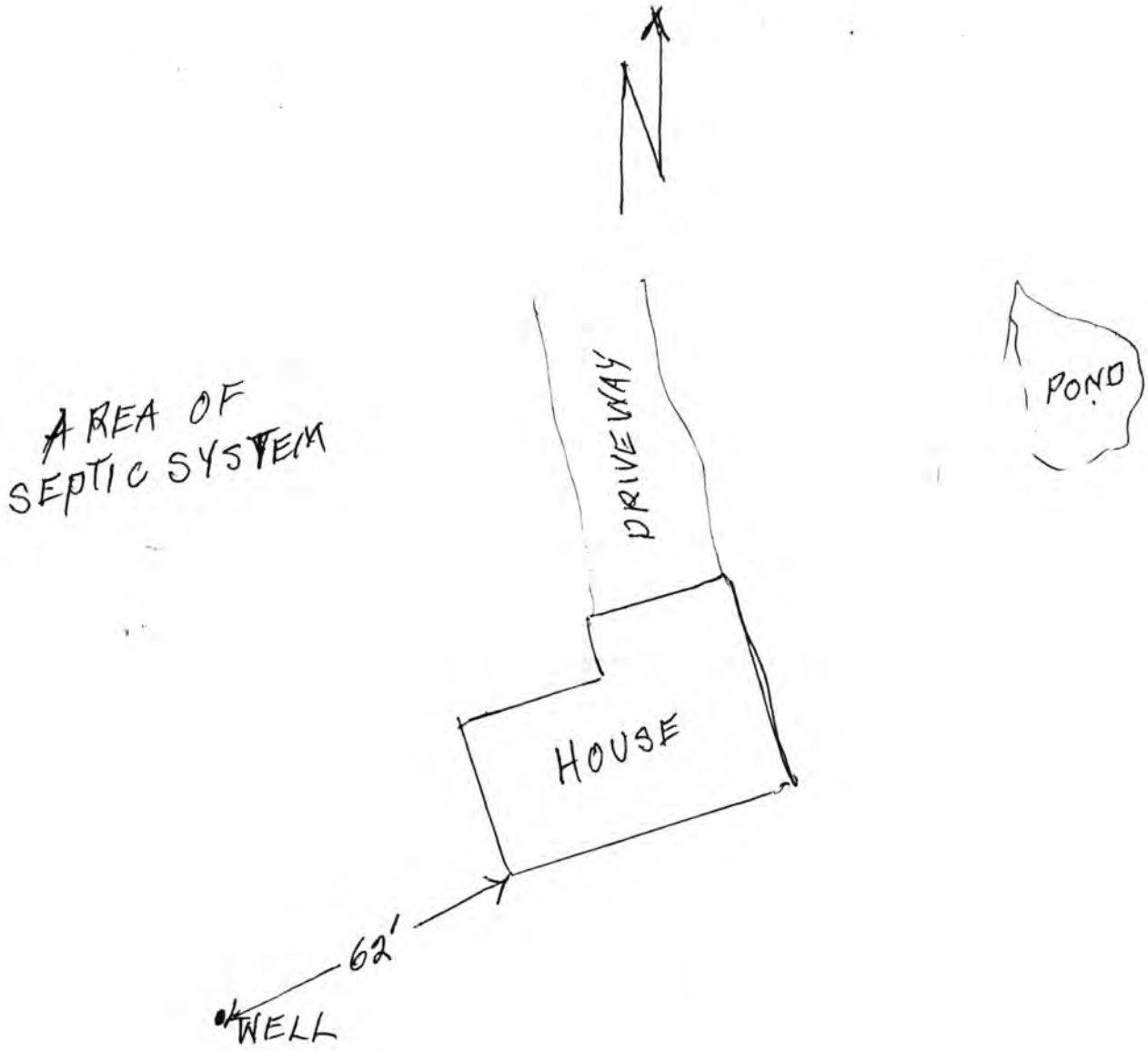
Address _____

Date 1-2-92

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

Form 11-5


N
AREA OF
SEPTIC SYSTEM
DRIVEWAY
POND
HOUSE
62'
WELL