LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380090301

Issued 08/26/92
Expires 02/26/93
Revenue Code 18754

Establishment
GREGORY SHINAUT
T9N R7E SEC 28
YANKEE RIDGE 2ND ADD BLK 2 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
GREGORY SHINAUT
1544 S 1 ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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.

FILE NO. _____

DATE: 8-25-92

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. 9 N ; Range 7 E ; Section 28 ;
   Block 2 : Lot 1 : Addition Yankee ~~Hill Ridge~~ RIDGE ESTATES 2nd Addition
   Street Address _____

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.

X Barney L Shinn
Signature of Applicant (Owner or Lessee)

1544 So 1st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/92. Date Frwd. 8/25/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/25/92. Date Frwd. 8/25/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 8/25/92. Date Frwd. 8/25/92. ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/6/92 by: J. C. Hood
Date: 8/2/93 by: J. C. Hood
Date: _____ by: _____

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

~~*Dogs need fenced.~~

INSTALLATION FINAL WRITTEN APPROVAL
Date: ~~10/6/92~~ 8/2/93 By: Jerrold C. Hood *

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:

X Location: Township 9N ; 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: April 1 to april-2-92. Weather: Precip. — Temp. 50°

OWNER: Greg Shimmot

Address: 1544 So 1st

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"	4-1	4:30	4-2	7:00	4-2	3:30	4 5/8	9:00	4 5/8	30	—	
2								8 1/8		8 1/8		—	
3								12		12		—	
4								16 1/2		16 1/2		—	
5								14 1/8		14 1/8		—	
6								10		10		—	
7								9 1/2		9 1/2		—	
8								7 1/2		7 1/2		—	
9								12		12 1/2		1/2	
10								7 1/2		7 1/2		—	
11								8 1/4		8 1/4			
12								10 1/4		10 1/4			

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

Larry Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

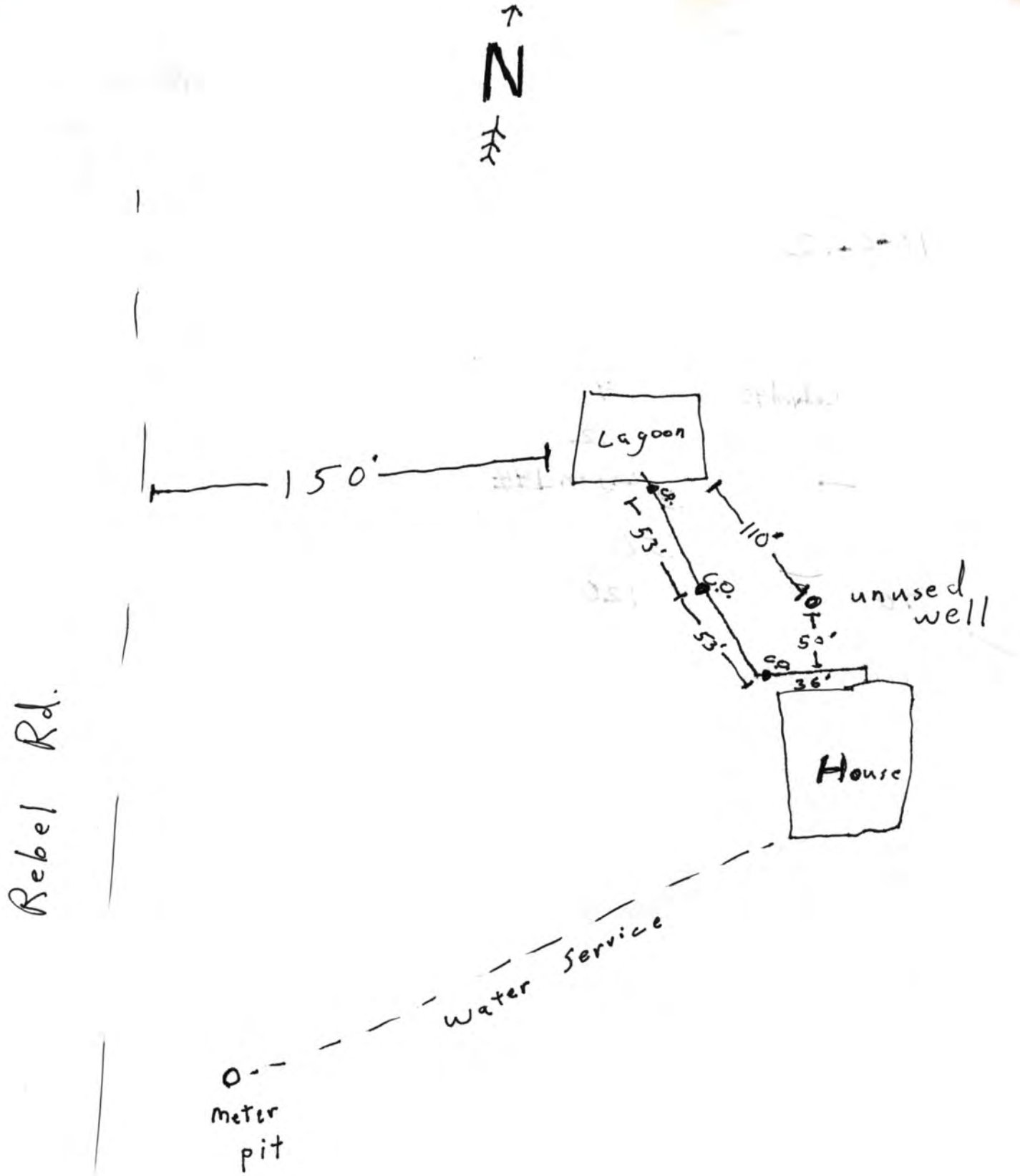
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official


N
Lagoon
150'
110'
53'
53'
C.O.
C.O.
C.O.
unused well
50'
36'
House
Rebel Rd.
Water Service
meter pit

980706001

1 of

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.

old LCR 1875

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 6800 Rebel Drive 68516-9497

CR 3686 Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Yankee Ridge 2nd Addition

Directions to Property From 70th & Hwy 2 go south past Yankee Hill Road. Next road to the west is Rebel Drive

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW of house Year Installed 1992

NCR 29877

ACR 72824

	NAME	ADDRESS	PHONE
Present Owner:	Jim & Jill Giesler	6800 Rebel Drive Lincoln, NE	420-1948
Tenant/Buyer:	Steve & Rhonda Bors	819 Boswell Avenue Crete, NE 68333	826-5030
Return to:	" "	" "	" "

Signature of Applicant [signature] Address 819 Boswell Ave. Crete, NE 68333 Date 6/17/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/18/98

Initials JS

Amount $150.00

Check No. 2715

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chess **DATE:** 6/25/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☑

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 6/30/98 by JC

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ① Fence 4ft due to posts ② need additional signs ③ need add'l posts to secure fence ④ need to mow vegetation inside + outside fence Items 1 thru 4 have been corrected. JC

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ Rural water NA

SEWAGE DISPOSAL SYSTEM: Approved ☑ Provisional Approval ☐

Approved by [signature] Date 6/30/98

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

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: 10-6-92

FILE NO. _____

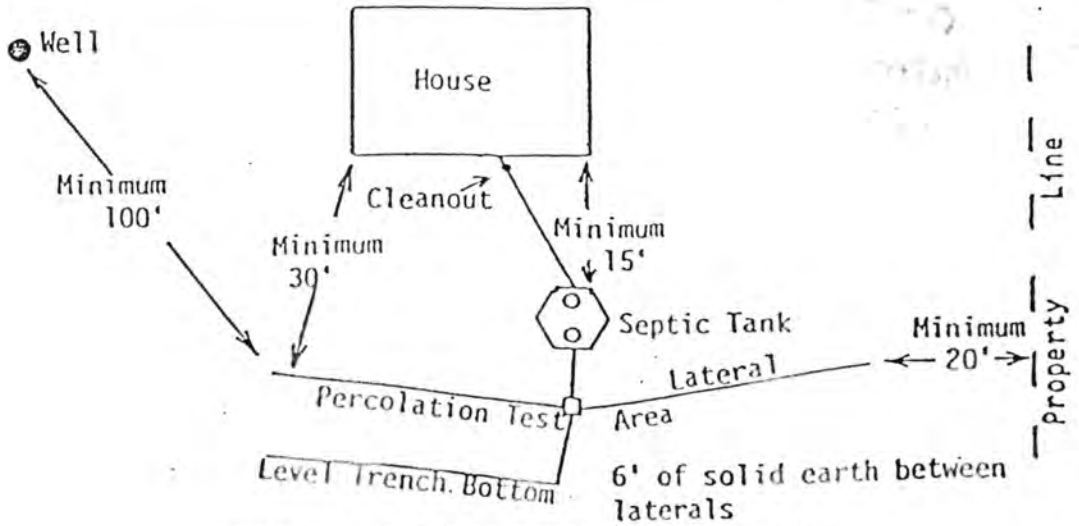
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Scheduled 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank — ft. Lagoon 144
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 50 ft.; Stream — ft.; Pressure Line 70 ft.; Property Line 120 ft.

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

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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN