LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380142401

Issued 04/24/96
Expires 10/24/96
Revenue Code 18754

Establishment
BRYCE CARLSON
T9N R7E SEC 28
COUNTRY LANE 1ST ADD BLK 1 LOT 5

FEES: $150.00

TOTAL $150.00

Permittee
BRYCE CARLSON
6030 WILLIAMSBURG DR
LINCOLN NE 68516

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"

001526

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

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 5 : Addition 1st Addition Country Lane LNK
   Street Address 6500 Underslice

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Permit to
Bryce Carlson
6030 Williamsburg Dr.
LNK, 68516

John Stuhmyer
Signature of Applicant (Owner or Lessee)

9811 N.W. 40th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/24/96. Date Frwd. 4/24/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/24/96. Date Frwd. 4/24/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 4-24-96. Date Frwd. 4-24-96. ACTION: Approved ☒ Disapproved ☐ Signature: B.C. Minbach

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 8/30/96 by: J.C.H. Sewers + Tanks only
Date: 9/16/96 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/16/96 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 5 Blk 1 Country Ln. 1st Addition LNK

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: 4/15/96 to 4/16/96 . Weather: Precip. _____ Temp. _____ .

6500 Vanderslice Ln

OWNER: Bryce Carlson

Address: 6030 Williamsburg Dr. 68516

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	28"	4/15	10:00	4/16	10:00	4/16	2:00	6	2:30	5 ¼	30	¾	
2	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5	30	1	
3	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5	30	1	
4	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5½	30	½	
5	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	4¾	30	1¼	
6	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5½	30	½	
7	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5¼	30	¾	
8	28"	4/15	"	4/16	"	4/16	2:00	6	2:30	5	30	1	

Ron Marquart
John S Strohmyer
Signature of Person Conducting Test

Address 9811 N.W. 40th Phone 474-9811

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Appears to be siltation on Burnee Clay Loam
Soil Type (SCS): Burnee Clay Loam
Date: April 24, 1996

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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 ☐

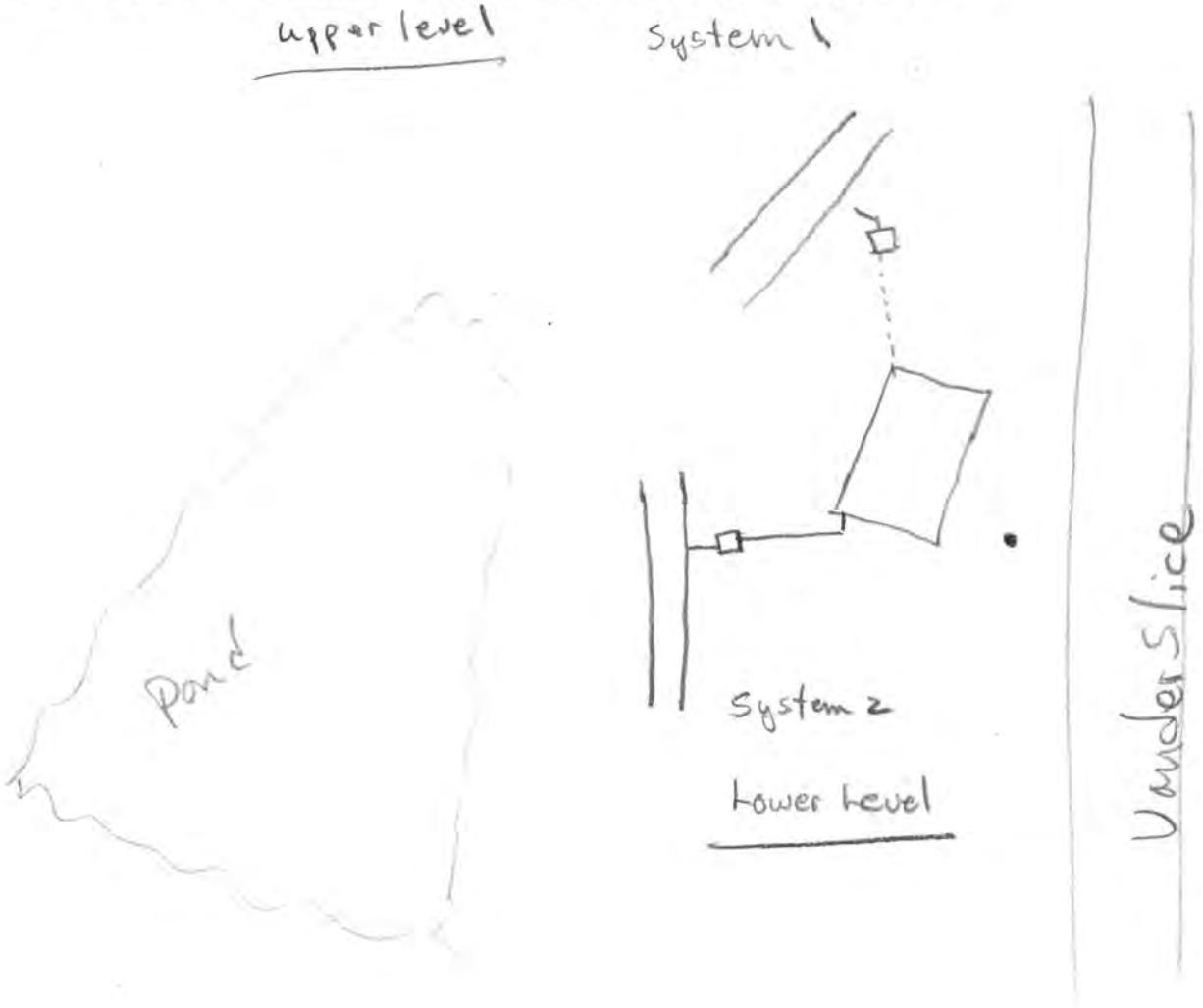
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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

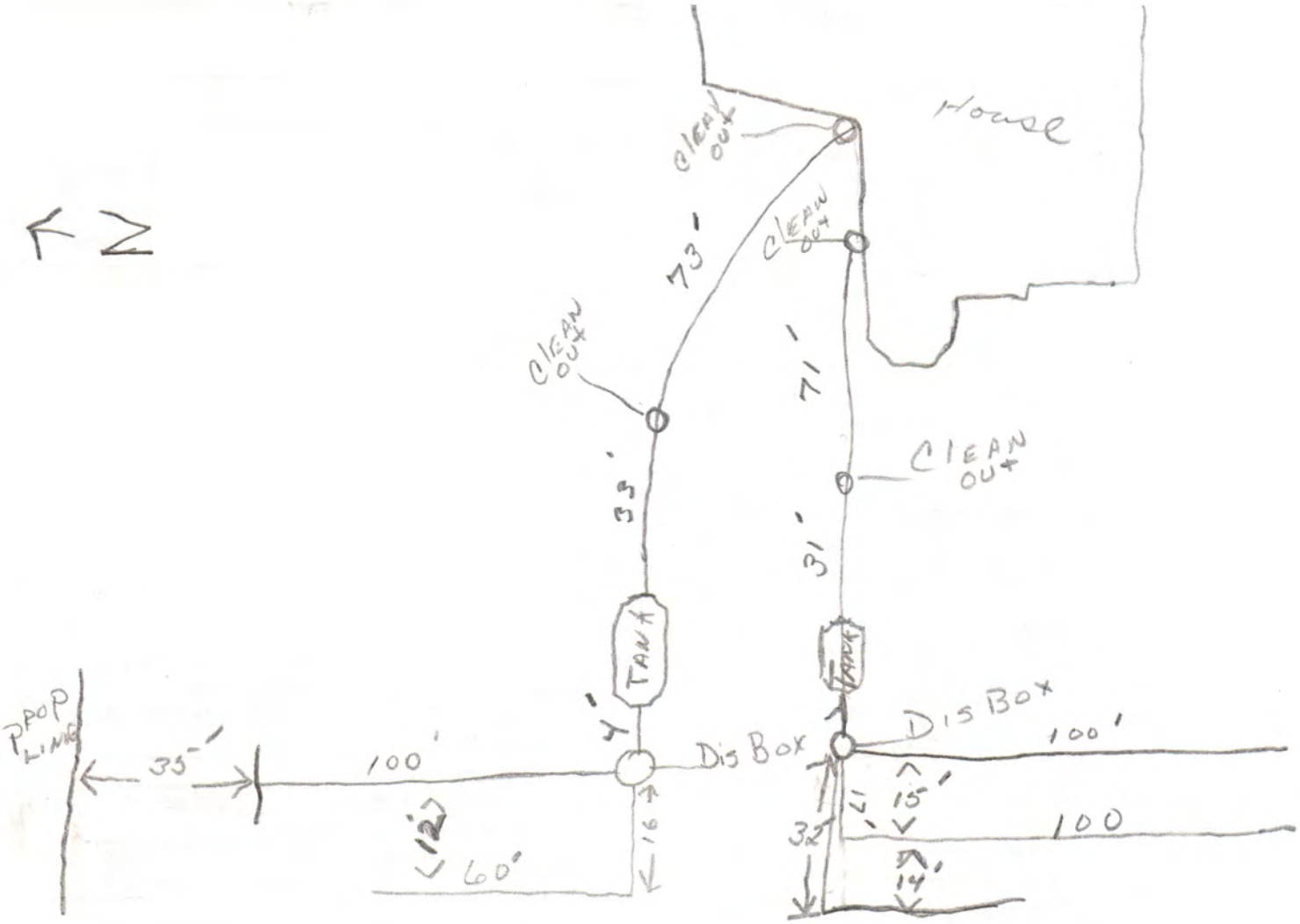
SPLIT INTO 2 SYSTEMS

Remarks: _____

Date: APRIL 24, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1320 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


House
CLEAN OUT
CLEAN OUT
73'
CLEAN OUT
71'
CLEAN OUT
35'
31'
TANK
TANK
4'
DIS BOX
DIS BOX
100'
35'
100'
16'
60'
41'
15'
100
32'
14'

9N 7E 28 98120100 2

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.

~~CR 3858~~ old CR 2893 new CR 3857

Legal Description of Property: Street Address 6500 Vanderslice Lane Lincoln NE 68516

Twp 9N Range 7E Section 28 1/4 1/4 Block 1 Lot 5 Addition Country Lane 1st Add.

Directions to Property South 70th To Rokeby Rd Turn Right To 66th St Turn Right To Vanderslice Turn Left First Drive on Right

Location of Well off South East Corner (with hose) Tap Location: Inside ☐ Outside ☒

Location of Sewage System Duel Septic (Back Yard and North edge) Year Installed 96

CR 11410

	NAME	ADDRESS	PHONE
Present Owner:	Bryce Carlson	6500 Vanderslice Ln 68516-9247	434-7800 W 421-8414 H
Tenant/Buyer:	~~CR~~	~~74247~~	
Return to:	Same	Same	

Signature of Applicant B. [signature] Address 650 Vanderslice Date 11/13/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/13/98
Initials lo
Amount 150.00
Check No. 1154

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Chen **DATE:** 11/18/98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ____/ml	☐ ____/ml
Nitrate	☑ <5.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: IF The septic tank hasn't been pumped recently, it should be checked to see if it is needed. It is also recommended that additional soil be brought in and fill the areas that have eroded away over the lateral or near them. See Attached Letter ☐

FINAL STATUS

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

Approved by John Chen Date 10/30/98

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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6500 Vanderslice lane

Parcel ID 16 - 28 - 408 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 1 Lot 5 Addition Country ~~View~~ LANE

Directions to Property South on 70th to Country View, turn right into neighborhood, take 1st left and proceed to property on right side of street

Location of Well FRONT YARD UNDER FAKE ROCK Tap Location: Inside ☒ Outside ☒

Location of Sewage System Back Yard Year Installed 1996

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Bryce Carlson, Lorie Callaway	6500 Vanderslice Ln. Lincoln NE 68516	421-8414
Tenant/Buyer:			
Return to:	Tony & Shelli Holechek	7320 Birch Creek Cir Lincoln NE 68516	328-2695 434-7020 (Fax)

Signature of Applicant T Holechek Address S.A.A. Date 5 / 17 / 05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5 / 17 / 05 Amount $200.00 Check No. 2594 Initials ___

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

PRELIMINARY STATUS--By Gerald C. Wood **DATE:** 5 / 18 / 05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: OWNER STATES SEPTIC TANKS HAVE BEEN PUMPED AT LEAST 3 TIMES IN PAST 8 YEARS.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Wood R.E.H.S. Date 5 / 19 / 05

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: 9-00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400051501

Issued 10/27/95
Expires 06/27/96
Revenue Code 19851

Establishment
LORIE CALLAWAY
T9N R7E SEC 28
COUNTRY LANE 1ST ADD BLK 1 LOT 5

FEES: $75.00

TOTAL $75.00

Permittee
LORIE CALLAWAY
5120 DEER CREEK CI
LINCOLN NE 68516

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"

OCT 2 3 1995

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: 10/15/95

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 ¼ section of 28
   Block 1 : Lot 5 : Addition Country Lane 1st Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well water supply for residence

Gloria Calloway
Signature of Applicant (owner or lessee)

currently - 5120 Deer Creek Cr. 68516
Address

Sewage Permit Applied For Yes ☒ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 10/24/95. Date Frwd. 10/25/95. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/25/95. Date Frwd. 10/25/95. Action: Approved ☑ Disapproved ☐ Signature: TK
3. City or County Engineers: Date Rec'd 10-25-95. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: LE Kuh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/5/00 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 1.9 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/7/00 By: J. C. Hood

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

FORM 23-13

434-2800 ub

6/13/00 DEC 4 1995

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

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9 R. 7E Block 1 Lot 5 Addition COUNTRYLANE 1ST ADDITION

Owner BRYCE CARLSON Address 6030 VILLAGE DR. SUITE 100
LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 20	BRN & YEL CLAY
20- 28	YEL LOOSE SAND
28- 53	YEL CLAY
53-65	MED-MED CRS SS
65- 90	YEL & RED SHALE
90-145	BLUE SHALE
145-175	YEL & WHITE SHALE
175-217	MED WHITE SS
217-225	CRS - VRY CRS SS
225-235	RED & BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 225'
Date Completed 11-13-95

Casing: Length, Ft. 205; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type PVC WOP&SLOTTED Slot Size .030 & .025

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

Water Level, Surface to top of water, Ft.:
Static 140, Pumping 150

Yield: 20 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 _____ (Signed)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

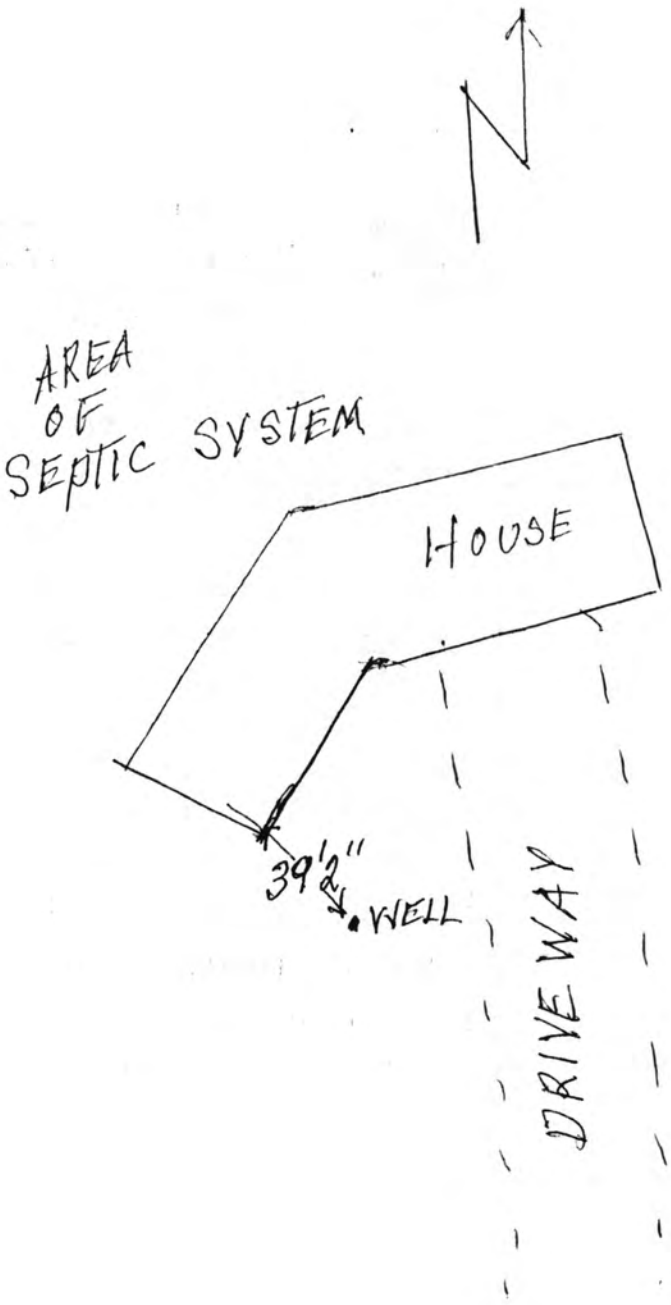
REMARKS NITRATE NITROGEN 1.9 PPM, BACTERIOLOGICAL O.K.

Date 1 December 1995

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


N
AREA
OF
SEPTIC SYSTEM
HOUSE
39'2"
WELL
DRIVE WAY