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. 95380134401

Issued 09/18/95
Expires 03/18/96
Revenue Code 18754

Establishment
DAN KLEIN
T9N R7E SEC 29
KENNSINGTON BLK 1 LOT 1
5545 REBEL DRIVE

FEES: $150.00

TOTAL $150.00

Permittee
DAN KLEIN
6909 PINE LAKE RD
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"

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: 9-8-95

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 29 ;
   Block 1 : Lot 1 : Addition Kensington Estates
   Street Address 5545 Rebel Dr.

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. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~

Dan Klein
Signature of Applicant (Owner or Lessee)

Regal Building Sys.
6909 Pinelake Rd Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/11/95 . Date Frwd. 9/11/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-11-95 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 9-11-95 . Date Frwd. 9-11-95 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/9/95 by: J.C.H
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/95 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:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 10-13 to 10-17-95. Weather: Precip. Dry Temp. Warm.
Holes were presoaked on 3 days - Test was conducted on

OWNER: Regal Building Sys.
Address: 6909 Pine Lake Rd

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
6	30	10/13	5P.M			10/17	12:03	2 5/8	12 Noon	+ H2O 3 7/8	240		30/ 1/2
7	22	Plus					12:03	4 5/8		10 3/8		5 3/4	30/ 1/2
9	24	10/15	5P.M.				12:04	3 5/8		9 3/4		6 1/8	30/ 3/4
10	18	Plus					12:05	3 1/2		11 1/2		8	30/ 1"
13	24	10/16	5P.M.				12:06	1 7/8		H2O 2 added		5 1/4	30/ 1/3
15	18						12:07	4 1/2		10 1/2		6	30/ 1/2
16	30						12:08	2 7/8		H2O 3 1/4 added		5 1/2	30/ 3/4
17	18						12:08	4		8 1/2		4 1/2	30/ 1/2
19	24						12:09	6 1/2		11 1/2		5	30/ 3/4
22	30						12:11	2		H2O 4 3/4 added		5 1/2	30/ 3/4

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

Dan Klein
Signature of Person Conducting Test

Address 6909 Pine Lake Rd. Phone 421-7909

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed 11/9/95
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 21, 1995

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

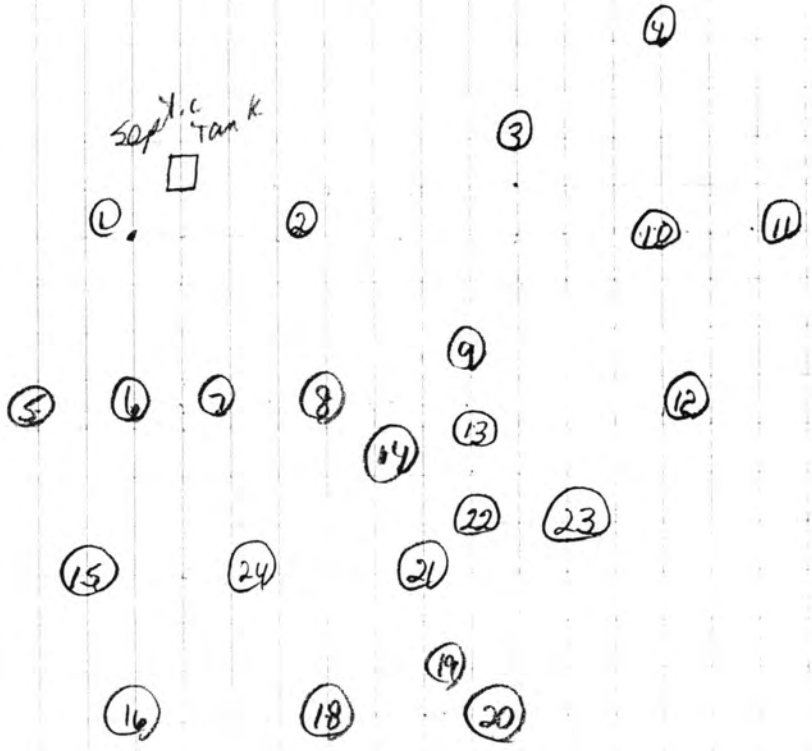
Gerald C. Hood
Signature of Reviewing Official

5545 Rebel Drive

Well Site

House Site Not to Scale

200' plus from Septic



1 Square = Approx. 10'

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

Remarks : _____

Date: November 2, 1995

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 893 sq.ft.

Jerrold C. Hood
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: _____

FILE NO. _____

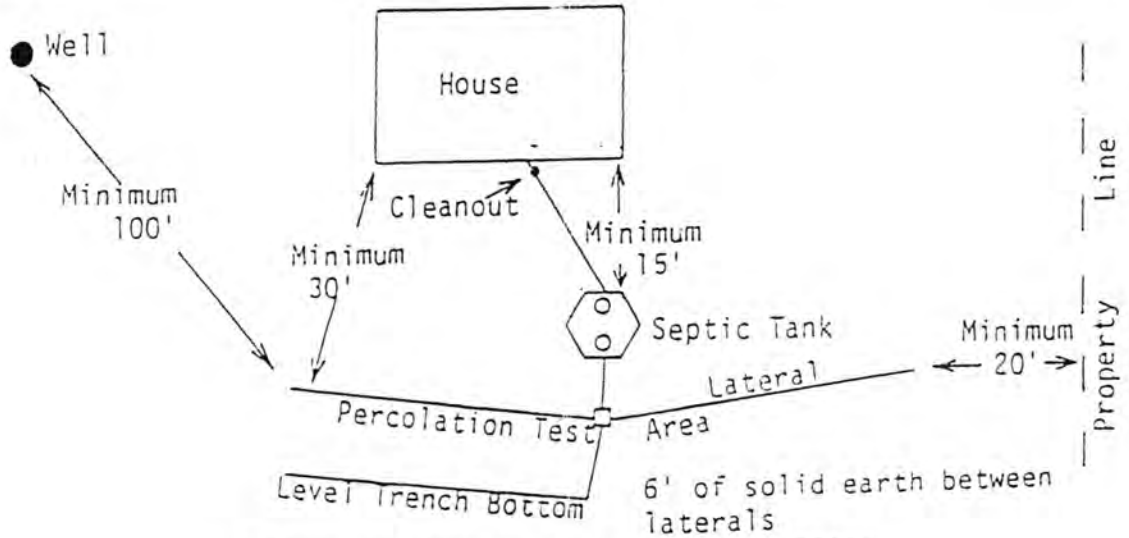
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C #160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 115 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material 1250 ; No. of compartments _____.
2. Capacity precast 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 16 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material precast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 22 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 4 ; Length of each line 100, 100, 100, 50, _____ ft.;
Total length of laterals 350 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Need done before 4/10/01 0104058003 ndf

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.

LCR 2849

Legal Description of Property: Street Address 5545 Rebel Drive 68516

Parcel ID 16 - 29 - 203 29 - 001 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 20 1/4 1/4 Block 1 Lot 1 Addition Kensington Estates

Directions to Property 2½ miles South of Hwy 2 off 56th & Rebel Dr

Location of Well 3-5' East of Driveway behind poles Tap Location: Inside ☐ Outside ☐

Location of Sewage System Rear South yard Year Installed 1996

Site Hazards (dogs, etc.) None - dog inside

	NAME	ADDRESS	PHONE
Present Owner:	James Dicker/Malaghan	5545 Rebel Drive	421-5541
Tenant/Buyer:	Steve & Julie Schmidt	1021 W Beal Lincoln, NE 68521	435-3864 W 441-7321
Return to:	Anita Schott Woods Bros	3737 S 27th Lincoln, NE 68502	434-3500 434-3510 (Fax)

Signature of Applicant Steve Schmidt Address 1021 W Beal Lincoln, NE Date / / 01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03 / 26 / 01 Amount 200.00 Check No. 1174 Initials ns

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By John Thorn **DATE:** 3/29/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0 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.

See Attached Letter ☐

FINAL STATUS

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

Approved by John Thorn Date 4/3/01

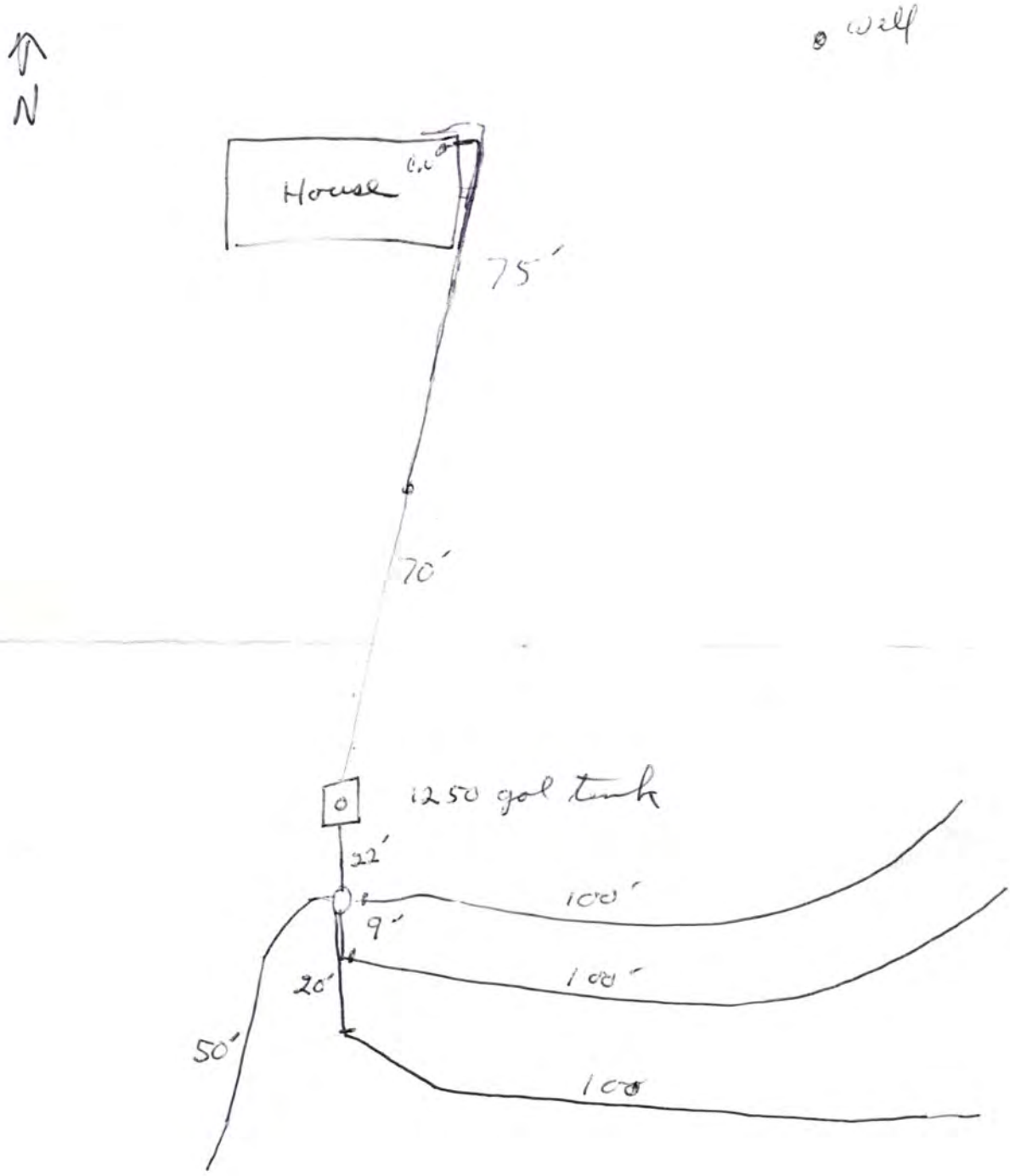
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

11-9-95

Larry Schmuck



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400050801

Issued 10/06/95
Expires 04/06/96
Revenue Code 19851

Establishment
DAN KLEIN
T9N R7E SEC 29
KENNSINGTON ESTATES BLK 1 LOT 1

FEES: $75.00

TOTAL $75.00

Permittee
DAN KLEIN
6909 PINE LAKE RD
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"

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 $_____

FILE NO._____

DATE: 10-5-95

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 29
   Block 1 : Lot 1 : Addition Kensington Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe_____
3. Distance to Public Water Supply: _____Ft.
4. Intended use of well_____

Regal Building Systems Inc.
Signature of Applicant (owner/or lessee)
Dan Klein
Address
6909 Pine Lake Rd. 68516

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 10/5/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/6/95. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/6/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/6/95. Signature:
3. City or County Engineers: Date Rec'd 10-6-95. Action: Approved ☒ Disapproved ☐
   Date Frwd._____. Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 2/8/96 by Jerrold Hood
Date: 5/9/96 by Jerrold Hood
Date: _____ by _____

Depression east of well
Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/13/96 By: J. C. Hood

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

FORM 23-13

JAN 11 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

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

DATA SHEET FOR WATER WELLS

5545 REBEL DRIVE

Legal Description: Sec. 29 T. 9 R. 7E Block ___ Lot ___ Addition KENSINGTON

Owner DAN KLEIN/REGAL CONSTRUCTION Address 6909 PINE LAKE ROAD

LOG OF WELL	
Depth ft. --to--	Description
0- 50	YEL CLAY
50- 65	BLUE CLAY
65- 75	YEL & R ED SOFT SHALE
75- 95	BLUE & RED SHALE
95-100	HARD BLACK SHALE
100-120	SANDY SHALE
120-125	MED CRS SS
125-180	FINE SS
180-188	YEL SHALE
188-199	CRS TO VERY CRS SS
199-210	RED & BLUE SHALE
210+	LIMESTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 199'
Date Completed 11-9-95

Casing: Length, Ft. 189; Dia. In. 4"
Wall Thickness, Inc. 200#; type PVC

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

Drop Pipe: Length, Ft. 140 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 120', Pumping 130' est.

Yield: 20 ggm, Measured ☒ ~~x~~, Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Driller _____ (Signed)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

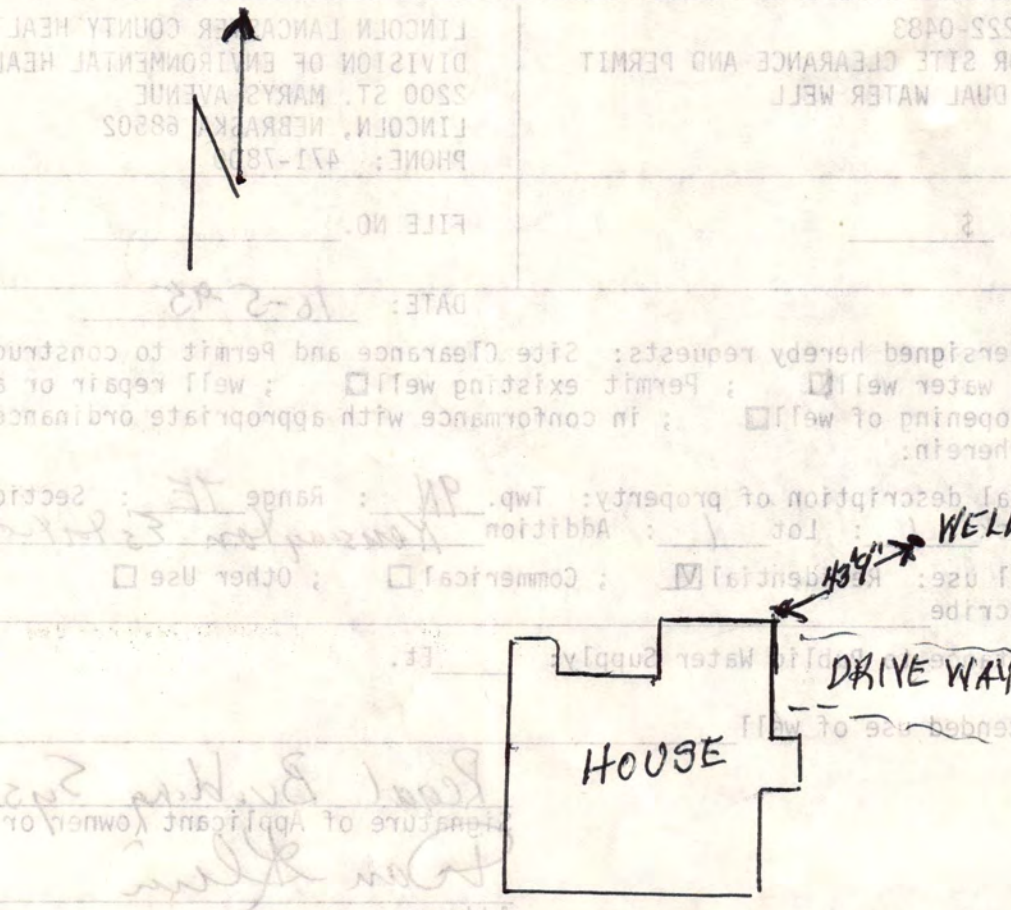
Date 10 January 1996

REMARKS NITRATE NITROGEN 0.1 ppm.
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-A


N
WELL
43'
DRIVE WAY
HOUSE
AREA OF SEPTIC
SYSTEM