LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380107201

Issued 10/01/93
Expires 04/01/94
Revenue Code 18754

Establishment
LEGACY HOMES INC
T9N R7E SEC 29
KENSINTON ESTATES BLK 4 LOT 3
5201 CARLISLE

FEES: $150.00

TOTAL $150.00

Permittee
LEGACY HOMES INC
5815 WOODSTOCK AV
LINCOLN NE 68512

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: $_____

FILE NO._____

DATE: 9-24-93

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 4 : Lot 3 [redacted] : Addition Kensington Estates
   Street Address 5201 Carlisle
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe 1 sink & stool in barn To Tie into System.
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: none availableft.

Legacy Homes Inc Danny R Marshall
Signature of Applicant (Owner or Lessee)

5515 Woodstock 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/93. Date Frwd. 9/30/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/30/93. Date Frwd. 9/30/93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 9-30-93. Date Frwd. 9-30-93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 12/10/93 by: [illegible]
Date: 12/13/93 by: [illegible]
Date: _____ by: _____

~~Sewer, tank, pipe out of tank only~~

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/14/93 By: Jerrold Wood

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 9 ; Range 7 ; Section & ¼ Section 29.
Property Dimensions: 370 ft. x 360 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: 8-4-93 to 8-5-93. Weather: Precip. 0 Temp. 75.

OWNER: Legacy Homes
Address: 5815 Wood Stock 68512

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	8-4	9am	8-5	8.am	8-5	1:00pm	6"	1:30p	5½	30	½	60
2	36	8-4	"	"	"	"	1:00pm	6"	"	5¼	"	¾	40
3	36	8-4	"	"	"	"	"	"	"	5⅛	"	⅞	34
4	36	8-4	"	"	"	"	"	"	"	3½	"	2½	12
5	36	8-4	"	"	"	"	"	"	"	5¼	"	¾	40
6	36	8-4	"	"	"	"	"	"	"	4⅞	"	1⅛	26
7	36	8-4	"	"	"	"	"	"	"	4¾	"	1¼	24
8	36	8-4	"	"	"	"	"	"	"	4½	"	1⅞	16

Clint Pannell (Wellmann Plumbing)
Signature of Person Conducting Test

Sum of Percolation Rates: 252
Average of Rates: 31.5
Mean of Rates: _____

Address 3301 S. 6th Phone 437-6817

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore or Sharpsburg Silty Clay Loam
Date: SEPTEMBER 30, 1993

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

5201 Carlisle Ct.

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: 12/1

FILE NO.

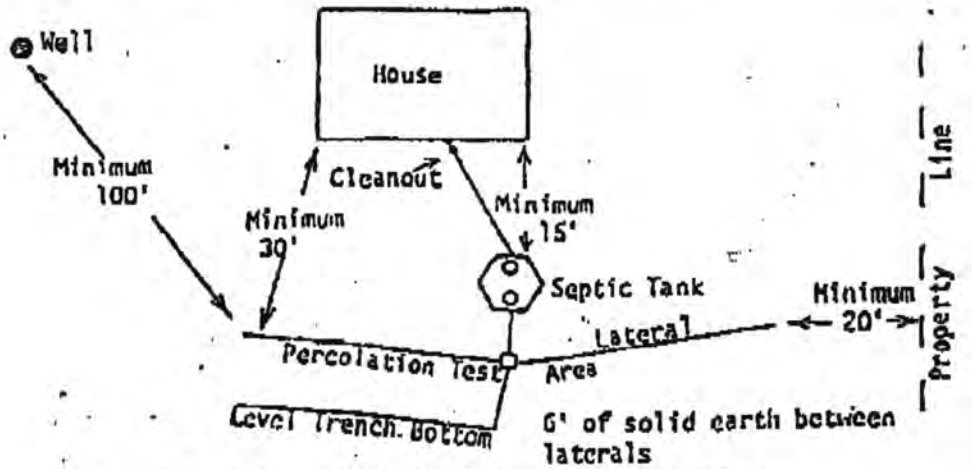
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 108 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs 1
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 2
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 6 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.

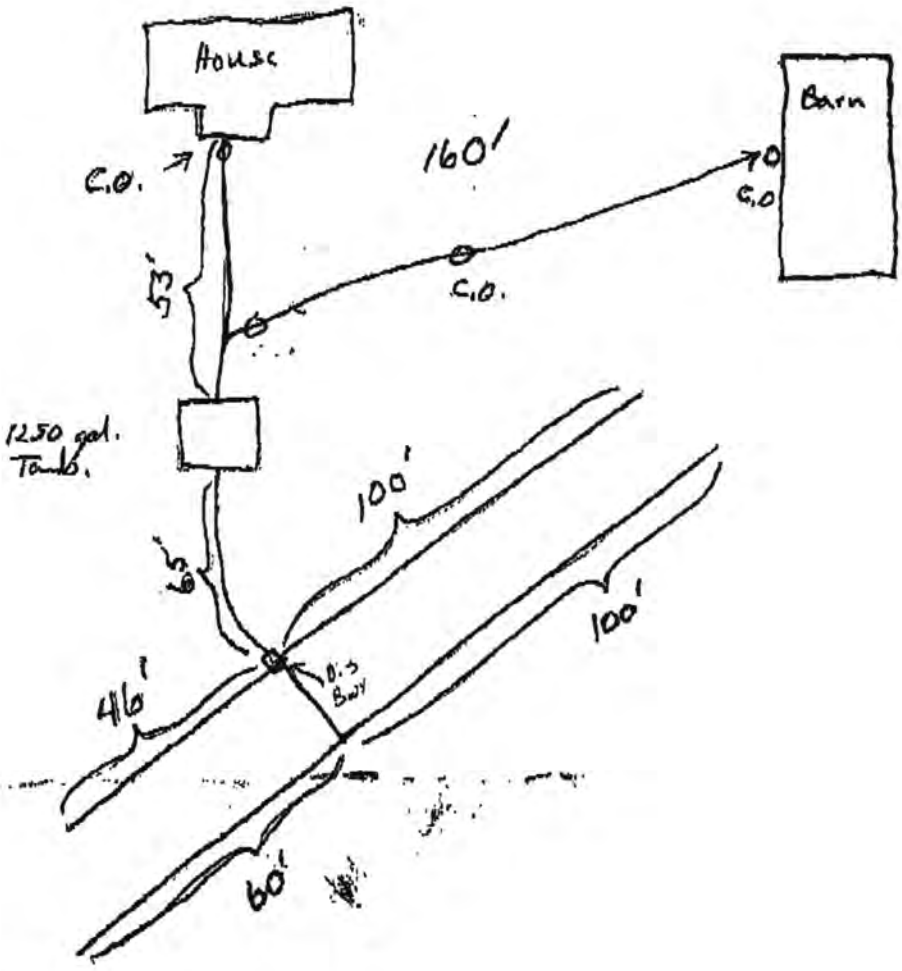
C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 5
2. Factory Built: Yes ☒ No ☐
(Company)
3. Distance from Septic Tank 65 ft.

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 4
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____
2. Lateral Lines:
Number 4 ; Length of each line 100, 100, 46, 60, ____ ft.;
Total length of laterals 306 ft.;
Distance between lateral lines 3 ft.
3. Trench dimensions: Width 2 ft.; Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: Sand
Depth of Material 12 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

5201 Carlisle Ct.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 93400039301

Issued 10/01/93
Expires 04/01/94
Revenue Code 19851

Establishment
LEGACY HOMES INC
T9N R7E SEC 29
KENSINTON ESTATES BLK 4 LOT 3
5201 CARLISLE

FEES: $75.00

TOTAL $75.00

Permittee
LEGACY HOMES INC
5815 WOODSTOCK AV
LINCOLN NE 68512

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: 471-8000

FILING FEE $ ~~150~~ 75.00

FILE NO. _____

DATE: 9-28-93

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 4 : Lot ~~69~~ 3 : Addition KENSINGTON ESTATES
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ~~NONE~~ NOT AVAIL. Ft.
4. Intended use of well RESIDENTIAL WATER SUPPLY

LEGACY HOMES, INC. Jill Krasuski
Signature of Applicant (owner or lessee)

5815 WOODSTOCK AVE, 68512
Address

City Water Yes ☐ No ☑

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 9/28/93. Date Frwd. 9/30/93. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/30/93. Date Frwd. 9/30/93. Action: Approved ☒ Disapproved ☐ Signature: Gary Lyon
3. City or County Engineers: Date Rec'd 9-30-93. Date Frwd. 9-30-93. Action: Approved ☒ Disapproved ☐ Signature: Mick McGhee

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/30/94 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/1/94 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. 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. 29 T. 9 R. 7 Block 4 Lot 3 Addition TWN GRANT/KENSINGTON EST.

Owner TERRY NEEMAN-LEGACY HOMES Address S.E. CRNER OF 52ND & CARLISLE RE

LOG OF WELL

Depth Ft. to	Description
0- 10	BRN CLAY
10- 65	YLW CLAY
65- 95	BLUE CLAY
95-130	BLUE & RED SHALE
130-140	YLW SHALE & SOME SS
140-195	MED FN SS
195-212	MED TO MED CRS SS
212-213	SHALE
213-215	VERY CRS SS & GRAVEL
215-217	SHALE
217-219	VRY CRS SS & GRAVEL
219-221	SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO - WATER

Depth (from ground level), Ft. 215'

Date Completed 11-11-93

Casing: length, Ft. 202'; Dia. In. 4"

Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 13' & Dia. In. 4"

Type PVC WOP & 10' SLOTTED, slot Size .030 &.025

Drop Pipe: Length, Ft. ___ Dia. In. _____

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

Static 145', Pumping _____

Yield: 20 ggm, Measured ☒ XX, Est. ☐

Chlorination Completed Yes ☒ XX No ☐

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

/s/ BILL MOSER
Driller MOSER WELL DRILLING & SER., INC.
(Signed)

P.O. BOX 308
Address HICKMAN, NE 68372-0308

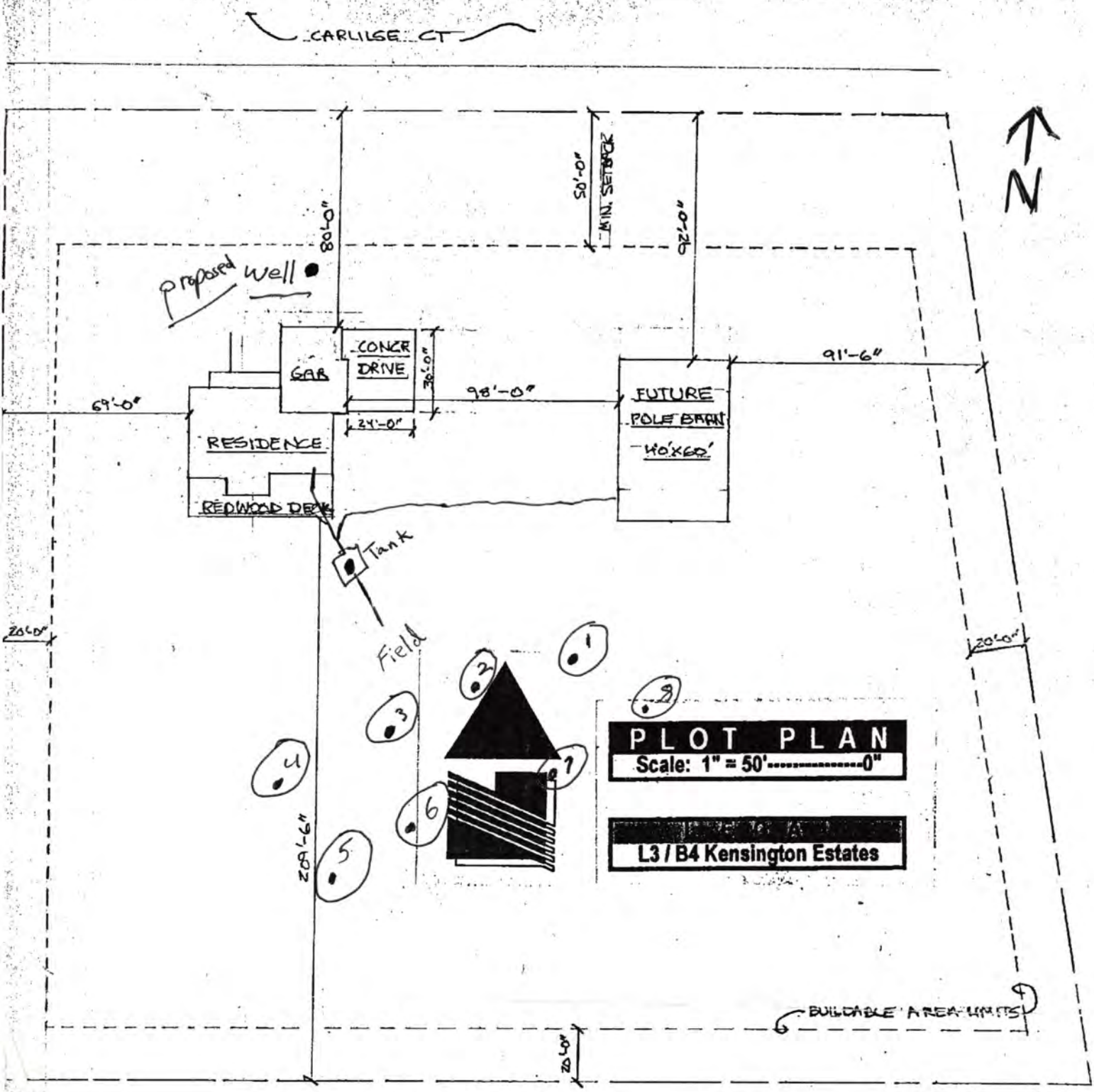
Date 11-30-93

REMARKS _____

DO NOT WRITE BELOW THIS DOUBLE LINE

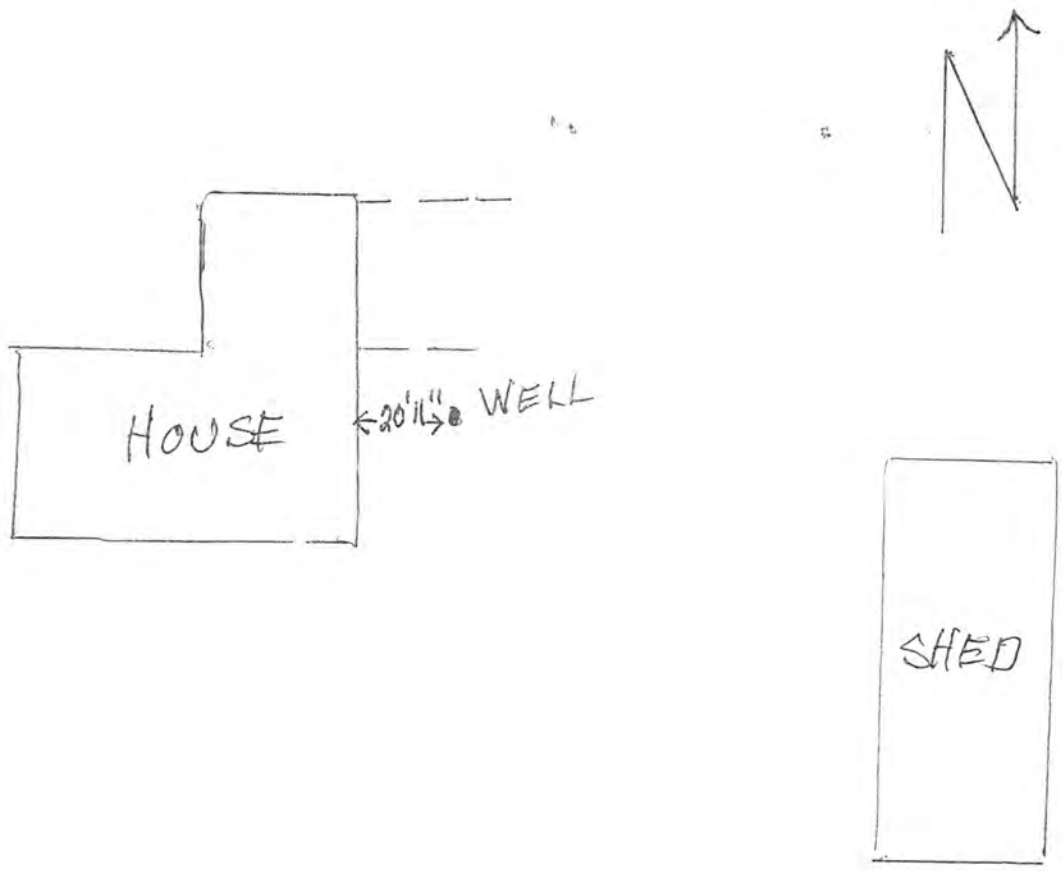
Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4



Terry & Chris Neeman Residence
L3 / B4 Kensington Estates
5201 Carlisle
Lincoln NE
Legacy Job # LNC-24110

Legacy Homes, Inc.



AREA OF
SEPTIC SYSTEM