LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Per. SEWAGE INSTALLATION

No. 94380115101

Issued 04/08/94
Expires 09/08/94
Revenue Code 18754

Establishment
MARIETA HARTWIG
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
MARIETA HARTWIG
3920 S 81 ST
LINCOLN NE 68506

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 [illegible]
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: 4-6-94

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 2 : Lot 2 : Addition Kensington Estates 1st Addition
   Street Address 5501 Aaron Cr.

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. Experimental System

Marieta Hartwig
Signature of Applicant (Owner or Lessee)

3930 South 81st Street
Address Lincoln, Nebraska

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/8/94 . Date Frwd. 4/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Reed

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/8/94 . Date Frwd. 4/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Dan Spire

3. City or County Engineer : Date Rec'd. 4-8-94 . Date Frwd. 4-8-94 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8-16-94 by: Ray Sanger Circle only
Date: 8-29-94 by: P.D.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-30-94 By: Paul Hofsommer *

* PROVISIONAL APPROVAL ONLY
EXPERIMENTAL SYSTEM INSTALLED

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

Test Location 5501 Aaron Cir.

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: 4-6-94 to 4-7-94. Weather: Precip. 0 Temp. 50°.

Holes had water in From Pre-Test

OWNER: Marietta Hartwig

Address: 3920 S. 81 st.

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"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	5 7/8"	30m	1/8"	
2	36"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	5 7/8"	30m	1/8"	
3	36"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	6"	30m	0"	
4	36"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	5 3/4"	30m	1/4"	
5	36"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	5 7/8"	30m	1/8"	
6	36"	4-6	6:30 pm	4-7	11:30 Am	4-7	11:30 Am	6"	12:00 pm	5 7/8"	30m	1/8"	

Mike Hourigan
Signature of Person Conducting Test

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

Address 2700 Dan Ave Lincoln NE Phone 464-0638
Precast Products Inc.

(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

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. _____

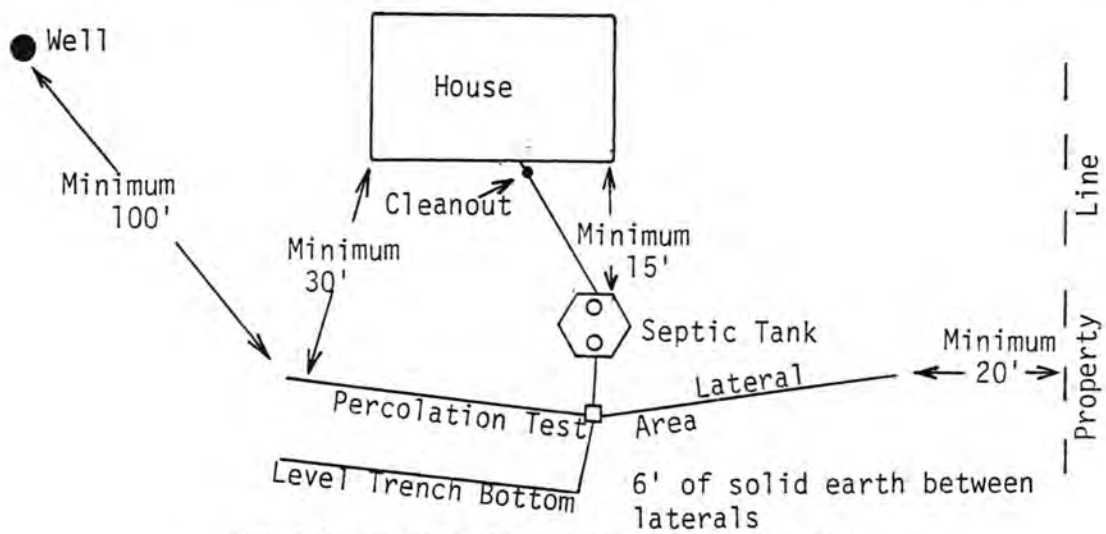
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 206 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line [illegible] ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets _____.
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 12" or
Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other _____.
2. Lateral Lines:
Number 4; Length of each line _____, 24', 85', P.T., _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 24 ft.;
Slope _____ in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 120 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9506 29014

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 5501 Aaron Cr., Lincoln NE 68516

Twp 9 Range 7 Section 23 1/4 [redacted] 1/4 SE Block 2 Lot 2 Addition First Addition

Directions to Property 2½ miles South of Hwy 2 on 56th St. - Turn W. on Rebel Dr - which turns into 53rd St. - Take 1st left before dead end - last house on right side

Location of Well West of house - Little S of driveway Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of house & north of utility shed Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Marietta & Rick Hartwig	5501 Aaron Cr. Lincoln, NE 68516	423-7774
Tenant/Buyer:			
Return to:	(same as above)		

002784

Signature of Applicant Marietta R Hartwig Address 5501 Aaron Cr. Lincoln, NE 68516 Date 6/7/95

HEALTH DEPARTMENT USE ONLY

Date Received 06/16/95 Received $150.00 ✓ Check ☒ ✓ #2179 Cash ☐

PRELIMINARY STATUS--By Paul Dilsamann **DATE:** 6/22/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ____ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Surface run-off flows directly over evaporation bed. Run-off may cause system to fail

Sewage system is an experimental system, hence only a provisional approval See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dilsamann Date 6/28/95

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.

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 5501 Aaron Circle

Parcel ID 16-29-403-002-000 (i.e. 99-99-999-999-999)

☒ Twp 9N Range 7E Section 29 1/4 1/4 Block 2 Lot 2 Addition Kensington Estates 1st Add

Directions to Property So on 56th to Shady Hollow Rd, West to 53rd, So to Aaron Cir

☒ Location of Well To the right of the wing of the parking pad to house Tap Location: Inside ☐ Outside ☒

☒ Location of Sewage System Far SE corner of property Year Installed 1996

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
☒ Present Owner:	Ricky Hartwig Marieta Hartwig	5501 Aaron Cr. Lincoln, NE 68516	423-7774
Tenant/Buyer:	Lisa and Jerry Heimes	6401 Rebel Rd Lincoln, NE 68516	423-4844
Return to:	Sandra Harder	Woods Bros 7100 S 29th, Lincoln 68516	(Fax)

Signature of Applicant Lisa Heimes Address 6401 Rebel Rd Lincoln, NE 68516 Date 8/25/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/26/03 Amount $200.00 Check No. 3168 Initials ow

DATA ENTRY Date X/__/__ Case No. Initials

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/27/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.5 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/29/03 by JCH

Date __/__/__ by __

Date __/__/__ by __

Comments: SEWAGE LAGOON NEEDS WARNING SIGNS AND LOCK ON GATE.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/29/03

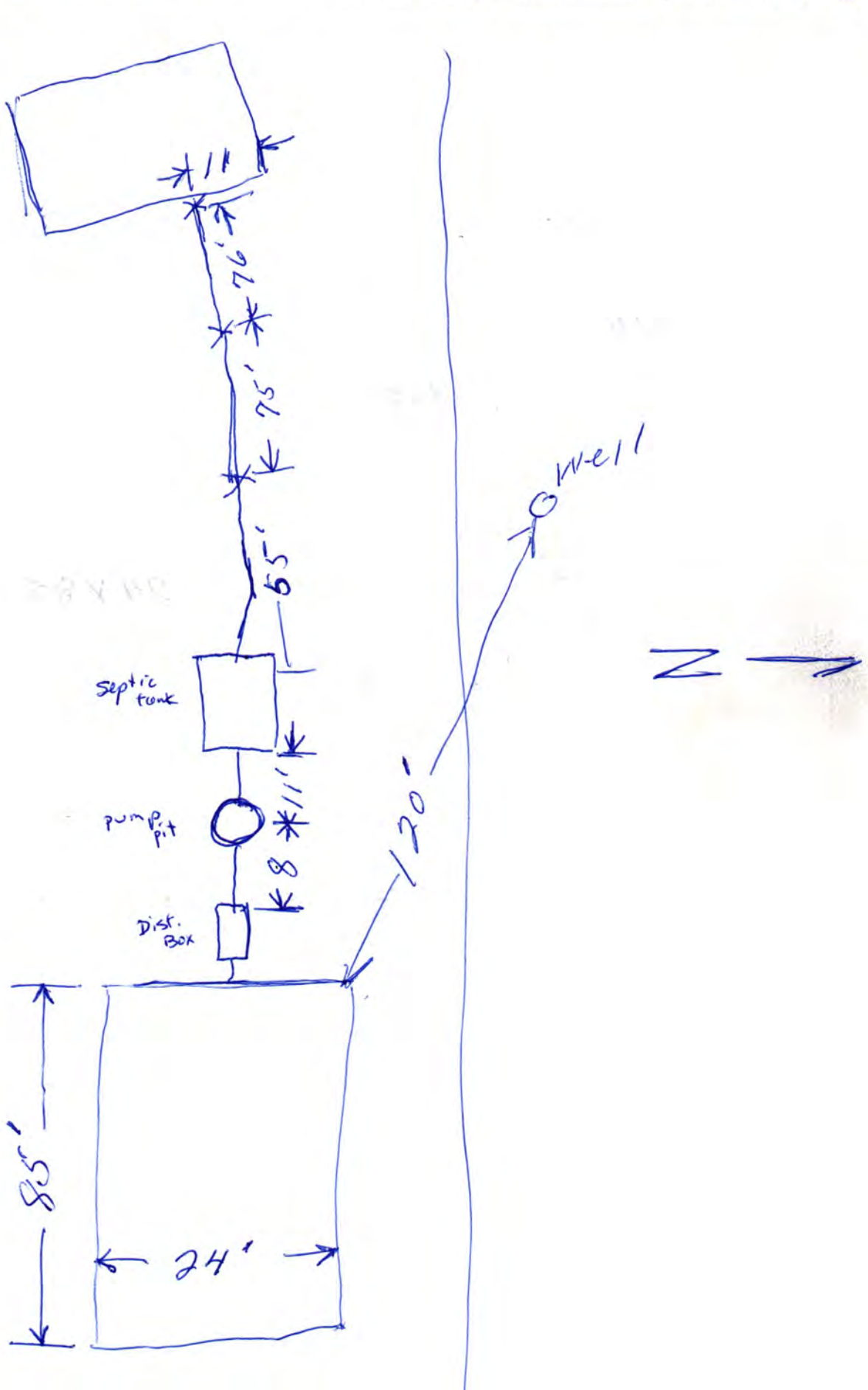
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 9-00

AS BUILT DRAWING OF SYSTEM

DATE 8-29-94 INSTALLER Capital City Trenching



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400041801

Issued 04/08/94
Expires 09/08/94
Revenue Code 19854

Establishment
MARIETA HARTWIG
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 2

FEES: $75.00

TOTAL $75.00

Permittee
MARIETA HARTWIG
3920 S 81 ST
LINCOLN NE 68506

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: 4-6-94

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 2 : Lot 2 : Addition Kensington Estate 1st Addition
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 5501 AARON CIRCLE.
3. Distance to Public Water Supply: ? Ft.
4. Intended use of well Family Residential

Marieta Hartwig
Signature of Applicant (owner or lessee)

3920 S. 81st, Lincoln, NE 68506
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 4/8/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/8/94. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 4/8/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/8/94. Signature: Harry Spier
3. City or County Engineers: Date Rec'd _____. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4-8-94. Signature: L. Lee

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8-16-94 by RM
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-25-94 By: Ron Magnuson

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

FORM 23-13

November 1993
DWR Form 131

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES

RECEIVED MAY 13 1994

WATER WELL REGISTRATION

INSTRUCTIONS

To register a ground water well, forward the following to the **Department of Water Resources, P.O. Box 94676, Lincoln, Nebraska 68509-4676.** Telephone number: 402/471-2363:

1. Water Well Registration form (DWR Form 131).
2. The most recent United States Department of Agriculture aerial photograph(s), available at the county Agricultural Stabilization and Conservation Service, marked to show the following:
   a) The location of the well to be registered.
   b) The location of wells owned by you in the same section. Each well should be labeled to show the use of water and the registration number. Abandoned wells should be shown, also.
   c) If the well is for irrigation, the land to be irrigated should be shown by a crosshatch pattern and the number of acres irrigated from the well should be indicated.
3. Fees: * For monitoring and observation wells --- $60.
   * For wells which pump less than 50 gallons per minute --- $60.*
   * For wells which pump 50 gallons per minute or more --- $100.*

* For wells permitted pursuant to the Industrial Ground Water Regulatory Act, a separate registration fee is required for each of the first ten wells registered under the permit. For each additional group of ten or fewer wells registered under the permit only one registration fee is required.

For Department Use Only

Registration Number: _____

Registration Date: _____

Receipt Number: _____

_____ NRD

1. Name of well owner MARIETA HARDWIG Telephone Number (402) 426-1931
   Address 5501 Aaron Cr.
   City LINCOLN State NE Zip Code 68516

2. Drilling Firm EARNEST WELL DRILLING INC Telephone Number (402) 761-2701
   Address BOX H Contractor's License No. 39051 Pump Installer License No. _____
   City MILFORD State NE Zip Code 68405
   Well Logger (Name) RICK BELL Well Driller (Name) RICK BELL

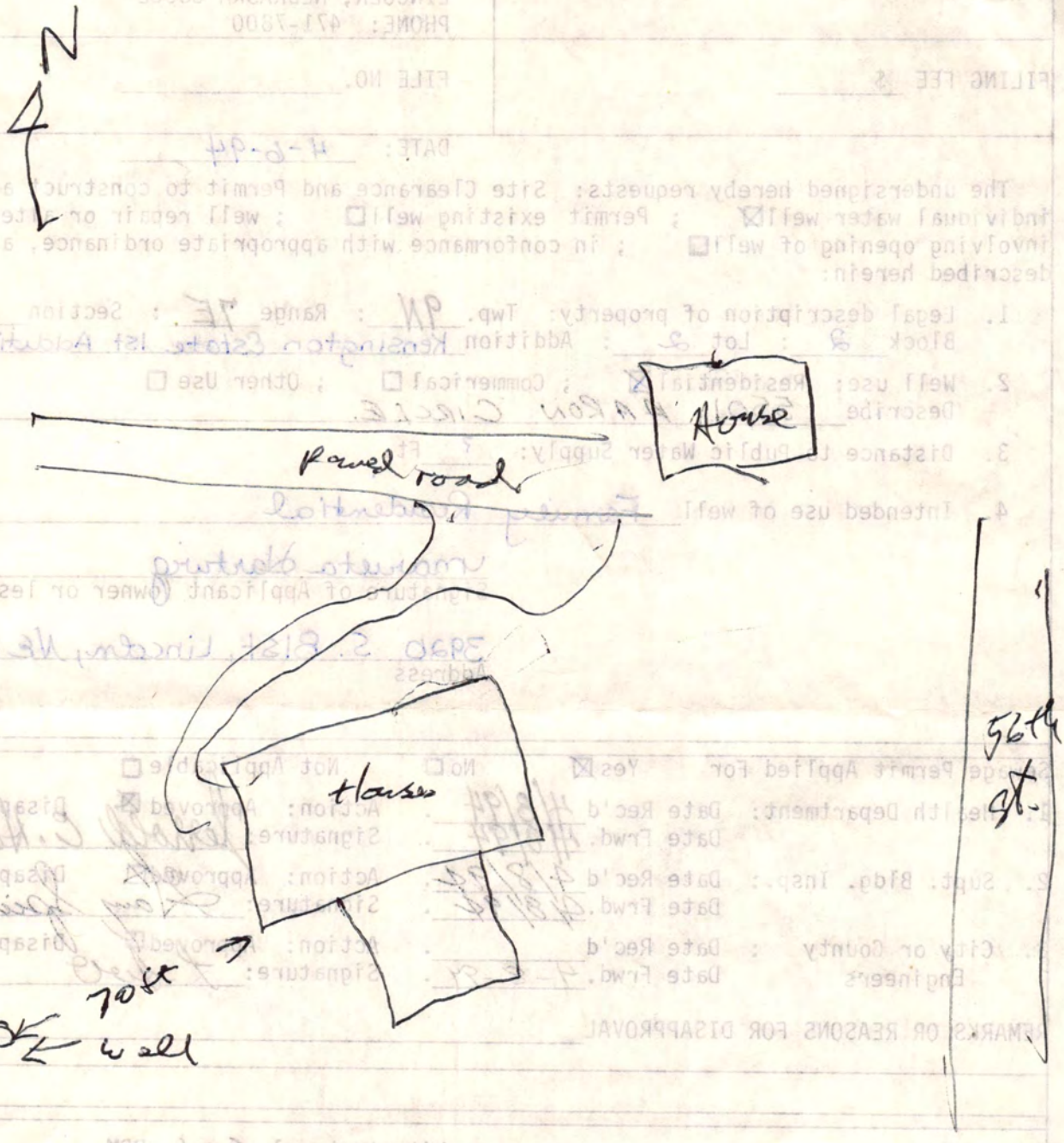
3. Permit Number(s) _____

4. This well will be for (indicate one): ___Irrigation ___Industrial Use ___Public Water Supply X Domestic ___Livestock
   ___Recovery ___Injection ___Observation (Ground Water Levels) ___Monitoring (Ground Water Quality)
   ___Dewatering (over 90 days) ___Other _____ (Indicate use)

5. Replacement and abandoned well information (Notice of abandonment procedure is required for all abandoned, registered wells.):
   A. Is this well a replacement well? ___Yes ___No B. Registration number of abandoned well: _____
   C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
   E. Original well pump column size: _____ inches. F. Abandoned well plugged _____, 19____

6. A. Well location: ____¼ ____¼ of Section _____, Township _____ North, Range _____ East/West, _____ County.
   B. The well is _____ feet from the North/South section line and _____ feet from the East/West section line. (If possible, measurements should be from nearest section line.)
   C. Street address or block, lot and subdivision, if applicable: _____
   D. Location of use (give legal description): _____
   E. If for irrigation, the land to be irrigated is _____ acres.

printed on recycled paper


N
House
Paved road
House
56th St.
70ft
Well