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. 94380111401

Issued 02/01/94
Expires 08/02/94
Revenue Code 18754

Establishment
JOHN STROHMYER
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
JOHN STROHMYER
9811 NW 40 ST
LINCOLN NE 68524

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: $ 150.00

FILE NO. _____

DATE: 1/29/94

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 3 : Addition Kensington Estates
Street Address ~~5400 Rebel Dr.~~ 5500 AARON CIRCLE

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

John S Trahmyer
Signature of Applicant (Owner or Lessee)

9811 N.W. 40th LNK 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/31/93 . Date Frwd. 1/31/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1-31-93 . Date Frwd. 1-31-93 . ACTION: Approved ☒ Disapproved ☐ Signature: Dan Spur

3. City or County Engineer : Date Rec'd. 1-31-94 . Date Frwd. 1-31-94 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature] 5-18-94

REMARKS OR REASONS FOR DISAPPROVAL WELL ? well south of garage
Experimental evaporation beds installed

Site Visits:
Date: 5-18-94 by: P.D
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-18-94 By: Paul Williams
* provisional approval only

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: Kensington Estates Blk 2 / Lot 3

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: _____ to _____. Weather: Precip. _____ Temp. _____.
Will complete when weather allows

OWNER: _____

Address: _____

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.)

John Struhmyer
Signature of Person Conducting Test

Address 9811 S.W. 40th Phone 437-6023

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

(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. _____

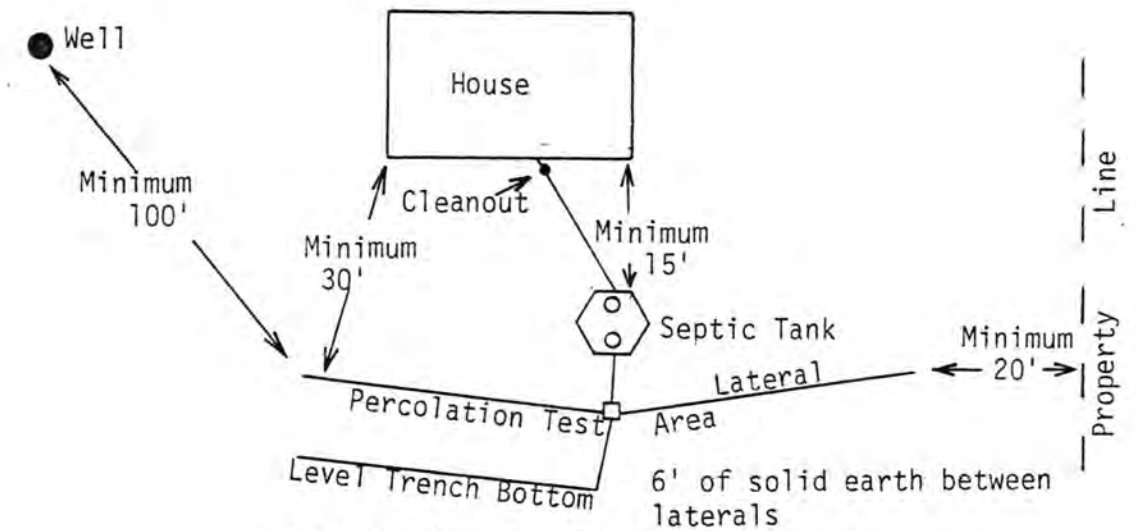
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 110 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 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 10" 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 _____ 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 X.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line 500, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope — in/100 ft.; Average Depth 39 in.
4. Filter Material: Road Gravel
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

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.

Legal Description of Property: Street Address 5500 AAron Circle

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition Kensington 1ST ADDITION

Directions to Property South 56th to Shady Hollow dave circle to AARon

Location of Well Behind House Tap Location: Inside ☐ Outside ☒

Location of Sewage System " Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	C. David Rolfe	5500 Arron Circle	420-1134
Tenant/Buyer:	Mark Webb	Buyer would like to be there	423-0551
Return to:	Mike Thomalla	3201 Pioneer BLVD	434-3600

Signature of Applicant See Attached Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/15/97
Initials CW
Amount $150.00
Check No. 5003

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

PRELIMINARY STATUS--By John Chess **DATE:** 9/17/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☑	☐	Approved	☐	Date 9/17/97 by JC
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional	☒	Date ___/___/___ by ___
Nitrate	☒ <1 ppm	☐ ____ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: IF IT has been 2-3 years since the tank has been checked, it should (to see if it needs to be pumped) be checked to see if it is needed. NO EVIDENCE of Surface discharge at time of Inspection. Inspection was with Homeowner. System is Experimental, hence provisional approval ☐ See Attached Letter

FINAL STATUS

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

Approved by John J Chess R.E.H.S Date 9/23/97

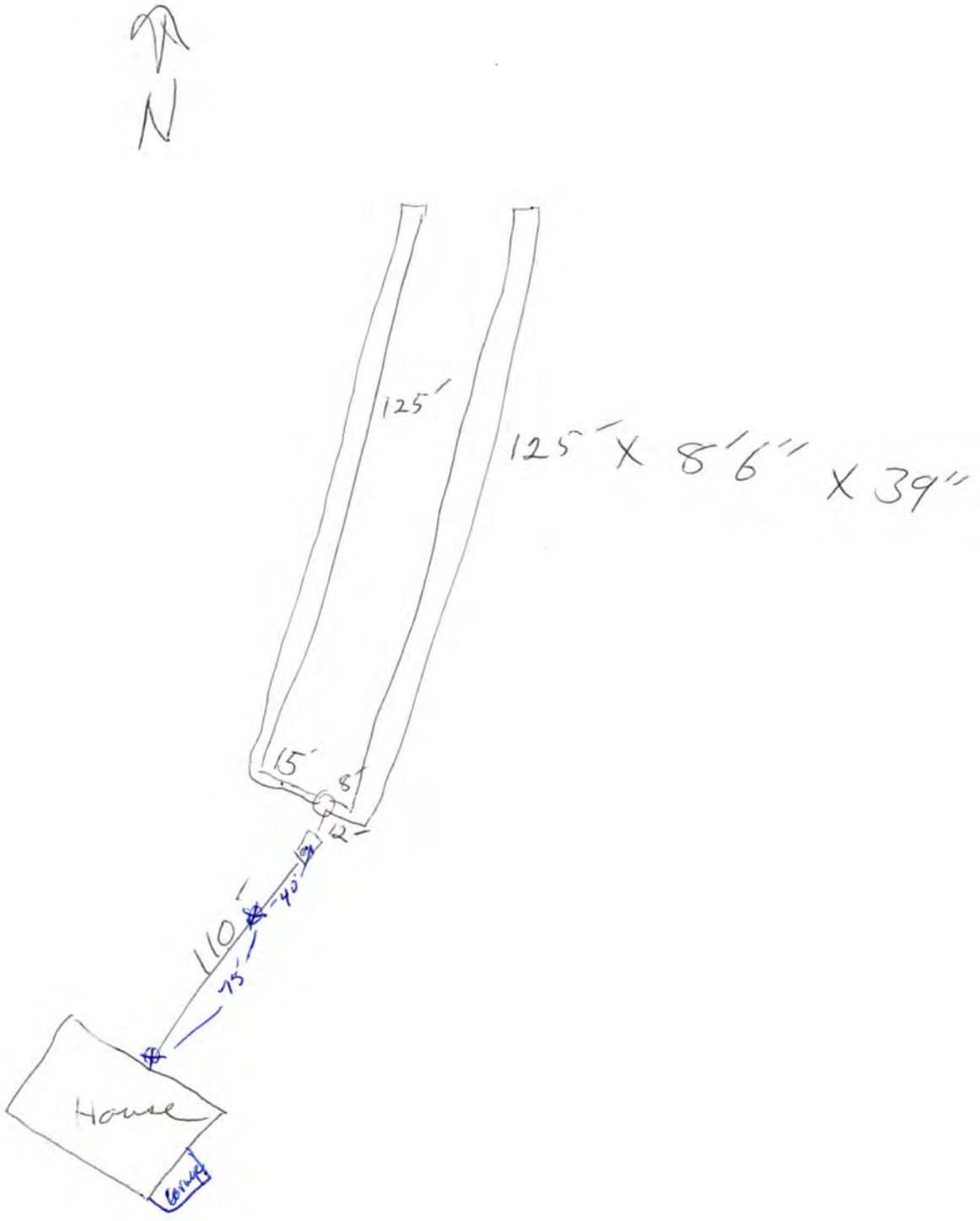
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 10-95

AS BUILT DRAWING OF SYSTEM

DATE 5-18-94 INSTALLER Larry Schwack



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. 9440004060 1

Issued 02/08/94
Expires 08/08/94
Revenue Code 19851

Establishment
BOB HOBACK
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 3

FEES: $75.00

TOTAL $75.00

Permittee
BOB HOBACK
5942 CULWELL'S 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 $ 75.00

FILE NO. _____

DATE: FEB. 7, 1994

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 3 : Addition KENSINGTON ESTATES 1ST ADD.
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe NEW RESIDENCE
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well SOLE WATER SUPPLY

Bob Dobach
Signature of Applicant (owner or lessee)

5942 CULWELL'S Rd. 68516
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 2/7/94. Date Frwd. 2/7/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 2/7/94. Date Frwd. 2/7/94. Action: Approved ☒ Disapproved ☐ Signature: Hay Spain
3. City or County Engineers: Date Rec'd 2/7/94. Date Frwd. 2/7/94. Action: Approved ☒ Disapproved ☐ Signature: Mark McElvain

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/28/94 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/7/95 By: J. C. Hood

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

RECEIVED MAY 19 1994

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9 R. 7 Block 2 Lot 3 Addition Kensington ESTATES 1ST.
Owner DAVE ROLFE Address _____

LOG OF WELL	
	Description
Depth Ft. to	
0- 8	BRN & YLW CLAY
8- 24	SAND
24- 42	YLW CALY
42- 44	SAND
44- 70	BLUE & YLW CLAY
70-100	YLW, RED & BLUE SHALE
100-110	BLK & BLUE SHALE
110-120	RED & ORG SHALE SOME SS
120-185	FINE TO MED FINE SS
185-195	MED YLW SS
195-221	VRY CRS SS & GRAVEL
221-230	RED, YLW & BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 221'
Date Completed 4-8-94

Casing: length, Ft. 211' 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. ___ Dia. In. ___

Water Level, Surface to top of water, Ft.:
Static 125', Pumping ___

Yield: 15-20gpm, Measured ☐ , Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Driller /s/ Bill Moser
(Signed)

Address P. O. BOX 308
Hickman, Nebraska 68372

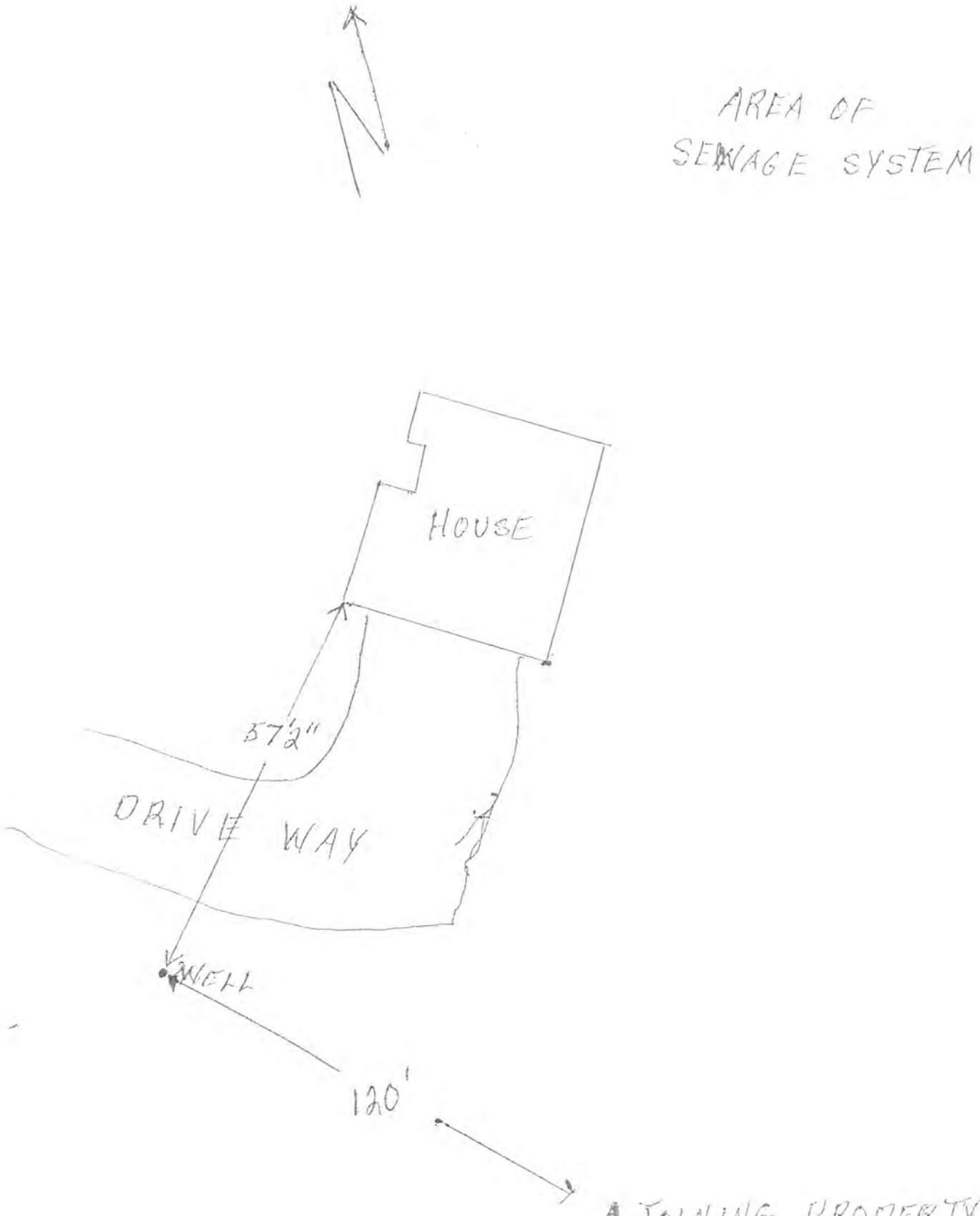
REMARKS NITRATE NITROGEN <0.1ppm
BACTERIOLOGICAL O.K.

Date _____

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
SEWAGE SYSTEM
HOUSE
57½"
DRIVE WAY
WELL
120'
ADJOINING PROPERTY
SEWAGE SYSTEM.