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. 95380129801

Issued 05/25/95
Expires 11/25/95
Revenue Code 18754

Establishment
BRYAN DARCY
T9N R7E SEC 29
KENNSINGTON EST 1ST BLK 4 LOT 5

FEES: $150.00

TOTAL $150.00

Permittee
BRYAN DARCY
5432 LOCUST ST
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150

FILE NO. _____

DATE: May 24, 1995

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 5 : Addition Kensington Estates 1st Add
   Street Address 5100 Johnson Road

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.

X _____
Signature of Applicant (Owner or Lessee)

5432 Locust
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/24/95 . Date Frwd. 5/25/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/25/95 . Date Frwd. 5/25/95 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 5-25-95 . Date Frwd. 5-25-95 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL System appears to be in area subjected to periodic flooding

Site Visits:
Date: 7-27-95 by: PD & J.H.
Date: 9-15-95 by: P.D.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-24-96 By: _____

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

* EXPERIMENTAL SYSTEM

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 _____; 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: 5-18- to 5-19-95. Weather: Precip. _____ Temp. _____.

OWNER: X _____

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.)
1	32	5/18	4:00	~~12:30~~	5/19	5/19	250	19	320	20	30	1	
2								18½		19½		1	
3								19½		19½		—	
4								16¼		17		¾	
5								14½		14½		—	
6								21¼		21½		¼	

L Schwanck trucking - clay
Signature of Person Conducting Test

Address 8200 Old Cheney Phone 489-7294

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. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

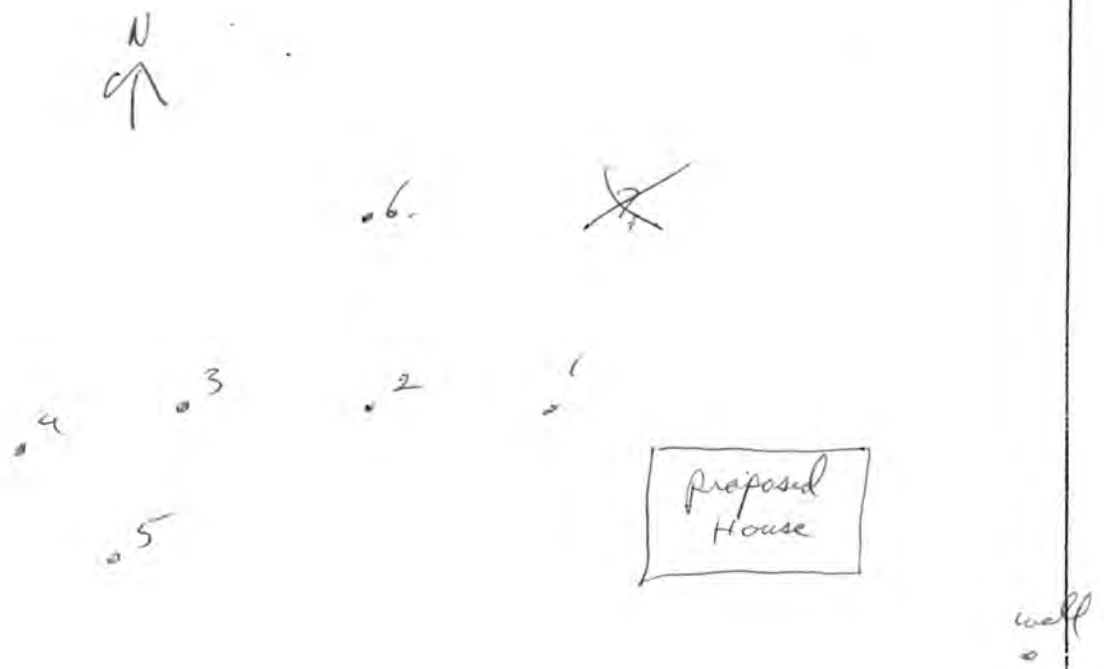
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

JAN 2 2 1996

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

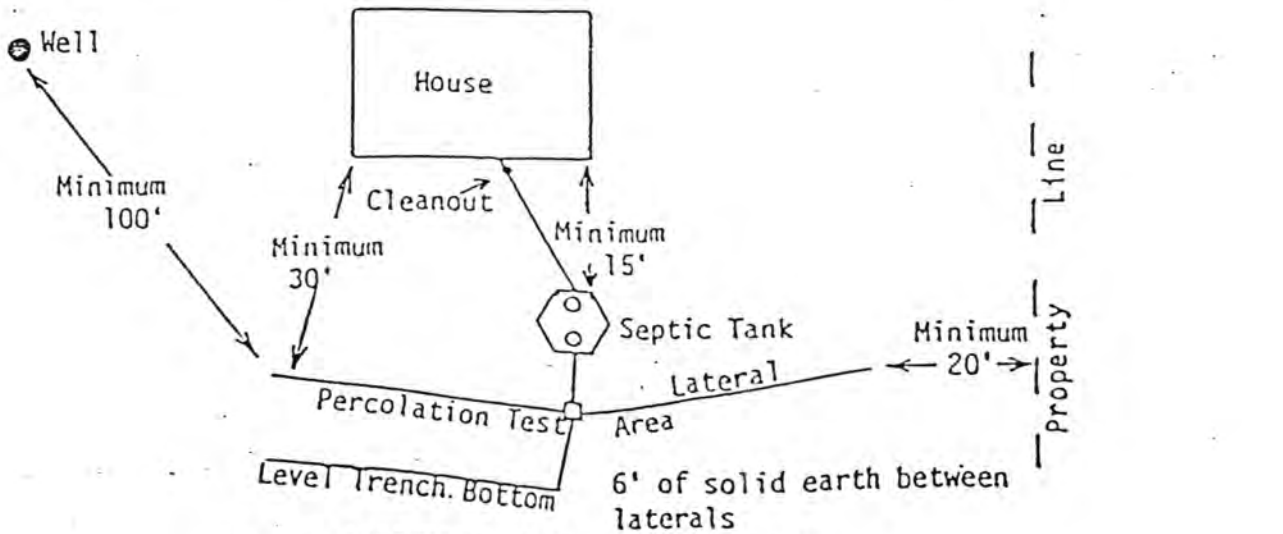
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 35 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 precast; No. of compartments _____.
2. Capacity _____ 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 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line _____, _____, 125' x 10' wide _____ ft.;
Total length of laterals 500' pipe ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 10 ft.; Slope _____ in/100 ft.; Average Depth 36 in.
4. Filter Material: 280 Ton Road Gravel
Depth of Material 24 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

980706004 rdf

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.

old LCR 2762 new LCR 3687

Legal Description of Property: Street Address 5100 Johnson Road 68516-9489

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 4 Lot 5 Addition KENSINGTON ESTATES 1ST ADD

Directions to Property SW of 56th & Yankee Hill Road

Location of Well FRONT / RIGHT SIDE OF DRIVEWAY / APPROX 60' FROM JOHNSON ROAD Tap Location: Inside ☒ Outside ☐

Location of Sewage System BACK / 30' BEHIND HOUSE / IN FLOWER BED Year Installed 1996

BOTH WILL BE FLAGGED

	NAME	ADDRESS	PHONE
Present Owner:	PETER WHURR	5100 JOHNSON RD.	420-2580
Tenant/Buyer:			
Return to:			

Signature of Applicant Kim Krueger Address 5100 Johnson Rd Date 6/8/98

68516-9489

HEALTH DEPARTMENT USE ONLY

Sample i.p. sent 6-11-98

RECEIVED		DATA ENTRY	
Date	06/09/98	Date	___/___/___
Initials	[illegible]	Case No.	
Amount	150.00	Initials	
Check No.	1780		

PRELIMINARY STATUS--By Chess, John **DATE:** 6/11/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☑	☐	Approved	☐	Date 6/17/98 by JC
Bacteria	☑ ___/ml	☐ 0 /ml	Provisional	☑	Date ___/___/___ by ___
Nitrate	☑ 2.1 ppm	☐ ~~___~~ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: If the septic TANK has not been pumped recently, it should be checked to see if it is needed. No evidence of surface discharge noted at the time of inspection. 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 REHS Date 6/17/98

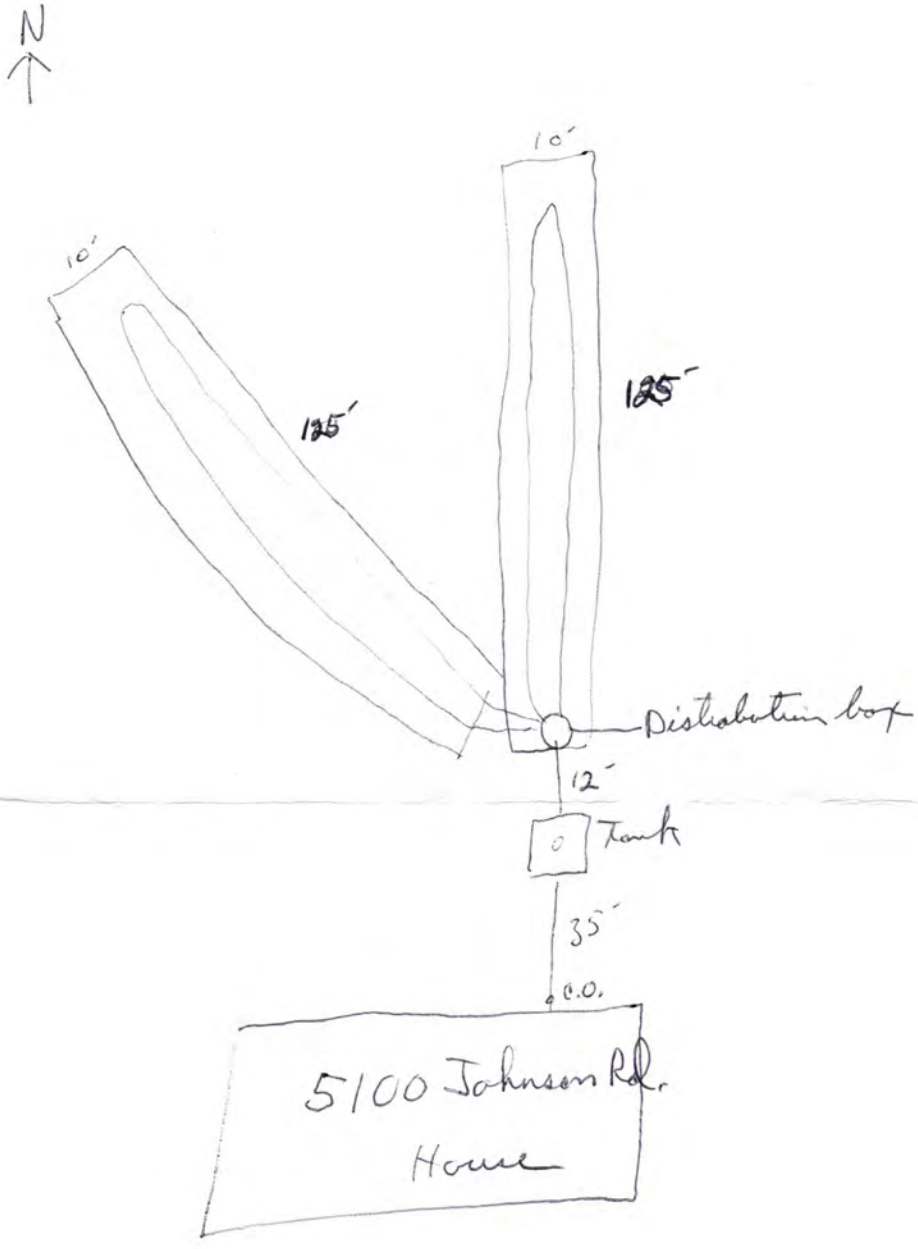
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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

Revised/Reprint: 10-95

Larry Schwoerk

8-22-95



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. 95400048501

Issued 05/25/95
Expires 11/25/95
Revenue Code 19851

Establishment
BRYAN DARCY
T9N R7E SEC 29
KENNSINGTON EST 1ST BLK 4 LOT 5

FEES: $75.00

TOTAL $75.00

Permittee
BRYAN DARCY
5432 LOCUST ST
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: May 24, 1995

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 5 : Addition Kennsington Estates 1st add
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ___ Ft.
4. Intended use of well Residennal Use

Bryan Dawes
Signature of Applicant (owner or lessee)

5432 Locust
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/24/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 5/25/95. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/25/95. Action: Approved ☒ Disapproved ☐
   Date Frwd. 5/25/95. Signature: [signature]
3. City or County Engineers: Date Rec'd 5-25-95. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/9/96 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/12/96 By: Jerrold Hood

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

FORM 23-13

AUG 2 1 1995

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

Legal Description: Sec. 29 T. 9 R. 6E Block 4 Lot 5 Addition KENSINGTON ESTATES 1ST ADD.

Owner BRYAN ~~DARCH~~ DARCY Address 5432 LOCUST, LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 10	BRN CLAY
10- 15	BLUE CLAY
15- 23	YEL/BRN CLAY
23- 25	YEL SHALE
25- 30	RED & YEL SHALE
30- 35	BRIGHT YEL SHALE
35- 45	BLUE SHALE
45- 60	DARK RED & BLUE SHALE
60- 70	SANDY RED & YEL SHALE
70-100	YEL SS W LAYRS OF SHALE
100-155	MED FINE TAN SS
155-183	CRS SS TRNG CRSR
183-186	DARK RED & YEL SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 183
Date Completed 8-2-95

Casing: Length, Ft. 168 ; Dia. In. 4"
Wall Thickness, Inc. 200#; type pvc

Screen: Length, Ft. 15' Dia. In. 4"
Type WOP & SLOTTED, slot Size .030 & .025

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

Water Level, Surface to top of water, ft.:
Static 82, Pumping _____

Yield: 15 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)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

REMARKS NITRATE NITROGEN < 0.1 PPM
BACTERIOLOGICAL O.K.

Date 18 AUGUST 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-A



AREA OF
SEPTIC SYSTEM

