Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 00390066401

Issued 05/10/00
Expires 11/10/00
Revenue Code 3157

Establishment
WILL & NAEDO HENRY
T9N R7E SEC 31
SIEVERS LOT 11
10600 S 27 STREET

FEES: $50.00

Permitee
WILL & NAEDO HENRY
10600 S 27 ST
ROCA NE 68430

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013105

PID# 16-31-101-001-000
entered 5/16/00

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 5-8-00	File No.: 0039 006664

The undersigned hereby applies for a permit to: ❒ **ALTER** ☒ **EXTEND** ☒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9N Range ~~22~~ 7E Section 31 1/4 Section _____
   Block _____ Lot 11 Addition Sievers
   Street Address 10600 S. 27th St Roca 68430
2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 4 Describe 2 story
3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other
4. **Description of proposed alteration, extension or repair:** extend lateral lines
5. **Work to be done by:** ❒ owner ☒ contractor's name Emery Venis
6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name WILL + NAEDO HENRY Address 10600 S. 27th St Phone 421-9402
Applicant Signature (owner or lessee) Naedo Henry

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 5/8/00 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date 5/10/00 By DC
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 5/10/00 By Doug Smith

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 5/09/00 es
4449 $50

White - EH Pink - Business Office Revised 1/98

Doug Smith 441-8031 - dist. area Hood
or Jerry - Supervisor / sizing of system

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 0039 006664

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10600 S 270th St (no rural route) City Roca NE, Zip 68430

Owner Will & Naeda Henry Addresss SAME

Soil Type (SCS): Wymore Silty Clay Loam (close to Local Clay) Percolation Rate: _____ min./inch

Date of Tests 4/25 to 4/26 Weather: Precipitation overcast - minimal Temperature 50s - 60s

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results (1)		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Adj. Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in) Final Rate
1	~~24~~ 36	~~4/25~~	~~7 pm~~	~~4/25-6~~	~~overnight Filled~~	4/26	6:30 pm	12	4/26	11:10 pm	240	3 3/4	60 min 48
2	30	4/25			9 pm		6:40	12				4.0	80 min 22
3	24	4/25					6:45	12				3 1/2	60 min 16
4	36	4/25 *					6:50	12				3 3/4	60 min 16
5	36	4/25 *					7:00	6				10 1/8	24 min
6	24 36	4/25					7:00	6 1/4 **				1 1/4	240 min 16
7	36	4/25 *					7:15	6				17.5	15 min
8	24	4/25 *					7:05	6				4.0	60 min
9	24	4/25					7:05	6				8.0	24 min
10	24	4/25					7:15	6		11:20 pm		8.5	24 min

Line 1: 200' Line 2: 50'

* Filled overnight x 3

** standing water from overnight all others empty fill in morning after 10 hrs

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Will Henry

Phone: 402-421-9402 (H) 484-3021 (W)

Address 10600 S 270th

(1) Adj to 4 hr avg for total

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 8, 2000

FORM 23-101 10-96

RECEIVED APR 27 1990

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-~~7800~~ 8022 Lincoln, Nebraska 68502

after 3:00 PM Mike rent + utilities

REAL ESTATE TRANSFER

This form must be completed and returned to request a real estate transfer inspection.
MAKE CHECKS PAYABLE TO: *Lincoln-Lancaster County Health Department.*

☒ *Evaluation of the Individual Water System* Date: April 24, 1990
☒ *Evaluation of the Sewage Disposal System* ☐ *Enclosed is* ~~$45.00~~ $150.00

Legal description of property: TWP. 9N ; RANGE 7E ; SECTION 31
BLOCK ; LOT 1 ; ADDITION Sievers Addition, LLCN
Street Address 10600 South 27th Street
Directions to Property Approximately 3 miles South of Old Cheney Road on South 27th Street(2 story home on East side of Road).
Location of Well East of house, North of garden *Tap Location:* Inside ☐ Outside ☒
Location of Sewage System Outside kitchen window, west side of North portion of house *Year Installed* ?

	NAME	ADDRESS	PHONE
Present Owner:	Sneller, Robert & Juditn	Rt. #1, Box ~~440~~ 170 Roca, NE 68430	421-2901
~~*Tenant*~~/*Buyer:*	McGuire, Richard & Kathleen	4244 Ruthelma Pslo Alto, CA 94306	415/493-7498
Return To:	Tom Bowen, Woods Bros Realty	7141 A St., Lincoln, NE 68510	483-4741

NOTE: *Allow two weeks for processing. Incomplete information will delay processing.*

Signature of Applicant Richard McGuire Kathleen McGuire *Address* 4244 Ruthelma Palo Alto, CA 94306

HEALTH DEPARTMENT USE ONLY

Date Received APRIL 27, 1990 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE ~~4-30-90~~

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	*Approved:*	☐	*Date* 4-30-90 *by* rm
Bacteria	☒	☐	*Provisional:*	☒	*Date* ____ *by* ____
Nitrate	☐ 74.4 ppm	☒	*Disapproved:*	☐	*Date* ____ *by* ____

Comments: If old handpump well southwest of the house is not going to be used, it must be properly abandoned. Recommend checking to see if septic tank needs pumping. Recommend electrical wire into well be housed in a conduit. See Attached Letter ☒*

FINAL STATUS

WATER SYSTEM:*
Approved: ☒

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☒

APPROVED BY Ron Magnuson DATE 5-2-90

FN 20215-1079R
FORM 23-9

008

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 9-23-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00 75.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 31 ; BLOCK ____

LOT 11 ; ADDITION Sievers ; Street Address 10600 S. 27th

Directions to Property Go south on 27th. Approx ½ north of Saltillo Rd.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System N.W. of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Richard McGuire	10600 S. 27th	421-7812
Tenant/Buyer:	Will + Naedo Henry	3200 Willow Wood Ln.	483-5975
Return to:	Bob Chancellor	Cornhusker Bank, 56th & South	434-2220

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Naedo A Henry Address 3200 Willow Wood Ln.

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 23, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/24/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 9/24/91 by J.C.H
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SEWAGE SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.S. DATE SEPTEMBER 26, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

Stv Sievers Add Lot 1 9-7-31

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 10600 S 27th St Lincoln NE

Twp 9 Range 7 Section 31 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 10 Blks South of O street on 27th East side of Road 2 Story house in trees

Location of Well West of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	William + Naedo Henry	10600 S 27th St Lincoln NE 68512	421-9402 432-7321
Tenant/Buyer:	Kevin Mitchell	1318 S 48th St Lincoln NE 68510	483-0063 434-5196
Return to:	Mark Masek	8833 Edwin Lane Lincoln NE. 68517	560-4751

Signature of Applicant [signature] Address 1318 S 48th St Lincoln NE. 68510 Date 4/4/00

HEALTH DEPARTMENT USE ONLY

4/11/00 cw 150.00 204731

RECEIVED

Date 04/05/00 Receipt #1804 CR 4/11 Home & Away

Initials cw

Amount 150.00

Check No. 1804

DATA ENTRY

Date 04/11/00

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chess **DATE:** 4/13/00

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☑
Bacteria	☑ absent /ml	☐ /ml
Nitrate	☑ 1.7 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☑

Additional Site Visits

Date 5/10/00 by DC

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: 4/20/ Advised marker - fill in depression

5/10/00 Septic System has been replaced from tank on. Three new laterals added.

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Arnold Date 05/12/00

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