LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1030-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 14, 1977 — THIS PERMIT EXPIRES

Dennis E. Flesner — ISSUED TO

910 Sycamore Dr., Lincoln, NE 68510 — ADDRESS

T9N, R7E, Section 32, Block 4, Lot 5, Addition The Highlands

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1030-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 32
   Block 4 ; Lot 5 ; Addition THE HIGHLANDS
   Street Address 5041 BREAMER Rd.

2. Property Use: Residential ☒ ; Commercial ☐
   No. of Bedrooms 3 . Describe: _____
   Other Use ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: 4 mi. ~~ft.~~

No easement needed.

Dennis E. Flesner
Signature of Applicant (Owner or Lessee)

910 SYCAMORE DR. - LINCOLN, NEBR.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/13/77 . Date Frwd. 4/14/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4/15/77 . Date Frwd. 4/15/77 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 4/14/77 . Date Frwd. 4/14/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1030-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E. ; Section 32 ; Block 4 ; Lot 5 ; Addition _____.
Street Address 5041 BRAEMER Rd..

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms _____ Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Dennis E. Flesner
Signature of Applicant (owner or lessee)

910 Sycamore Dr. Lincoln, Neb.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 9-23-77 by: _____
Date: 9-26-77 by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 9/13/77
by: Jerrold E. Poos

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-26-77 by: _____

FORM HD- 43(73) 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 475-6221)

FILE NO. 1030-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: 4-2-77 to 4-3-77. Weather: Precip. T Temp. 40° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	4/2	2 PM	4/3	1 PM	4/3	1 PM	12"	2 PM	11 1/4	30"	1/4	
2										11 1/2		1/4	
3										12		0	
4										11 1/2		1/4	
5										10 1/2		1/2	
6										10 1/2		1/2	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 33rd
Phone: 432-3595

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

(Do not write below this line)

REVIEWING ACTION

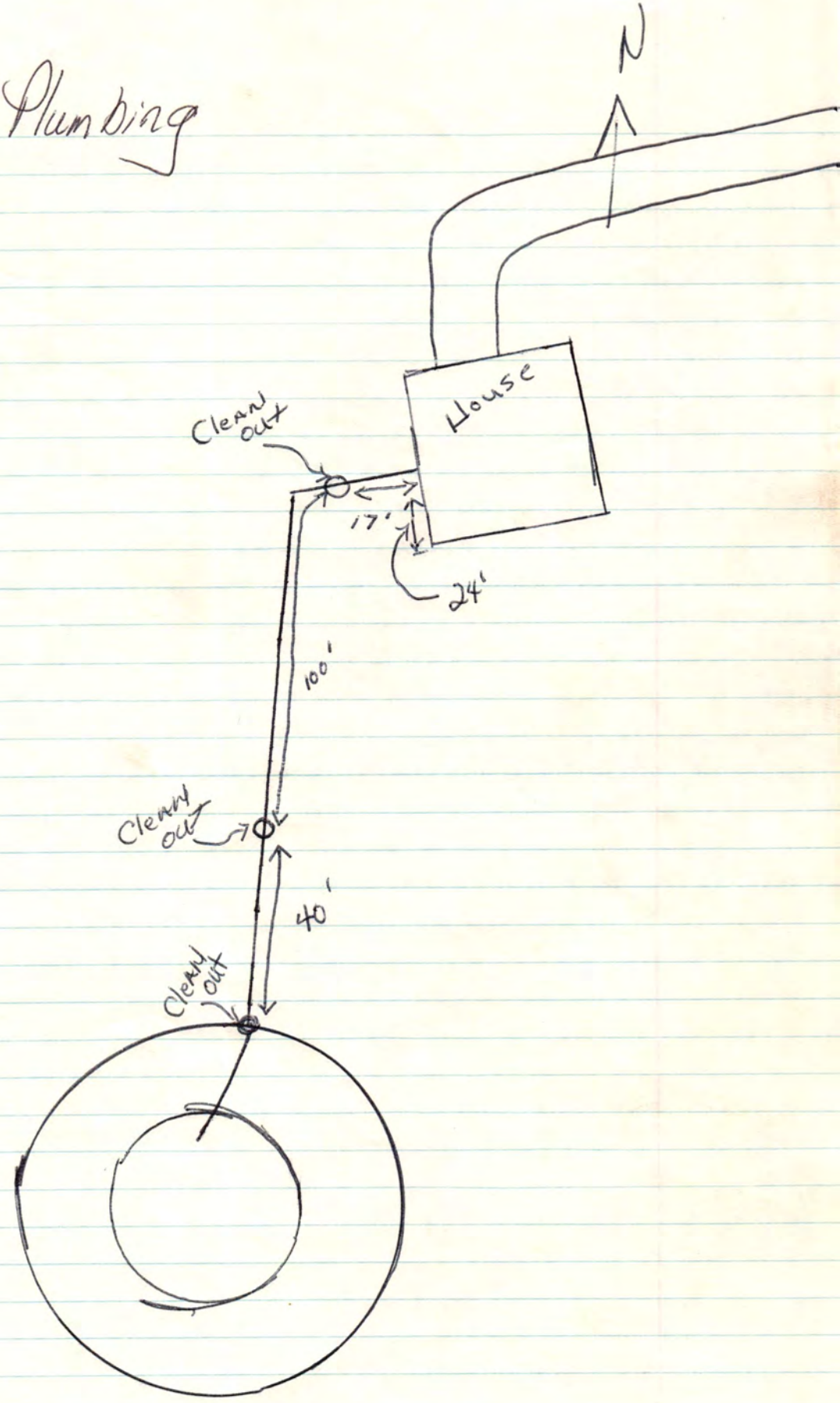
REMARKS: Lagoon indicated

DATE: April 13, 1977

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

Jerrold C. Hood
Signature of Reviewing Official

Bowens Plumbing



TO REPLACE LOST FORM

003

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 5041 BRAEMER RD. THE HIGHLANDS

Twp 9N Range 7E Section 32 1/4 ____ 1/4 ____ Block 4 Lot 5 Addition

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	JOHN PINARD	5041 BRAEMER RD. LINCOLN, NEBRASKA 68516	
Tenant/Buyer:			
Return to:	JOHN PINARD	5041 BRAEMER RD. LINCOLN, NEBRASKA 68516	

Signature of Applicant [signature] Address 5041 BRAEMER RD LINCOLN, NEBRASKA 68516 Date 10/2/95

HEALTH DEPARTMENT USE ONLY

Date Received ____/____/____ Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/2/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ _____ /ml
Nitrate	☒ 0.1 ppm	☐ _____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ____

Date ___/___/___ by ____

Date ___/___/___ by ____

Comments: WELL DEPRESSION FILLED IN.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 10/5/95

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.