FILE #2456

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

AUGUST 24, 1987 — THIS LICENSE OR PERMIT EXPIRES

POE DEVELOPMENT CO. — LICENSEE OR PERMITTEE

241 NO. 86 STREET, LINCOLN, NE. 68505 — ADDRESS

T9N; R7E; Sec 32; Lot 1; Breezy Acres 1st Add; 10820 Pamona Ct. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 60.00

FILE NO. 2456

DATE: Feb-24-87

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. TQN ; Range R7E ; Section 32 ;
   Block ____ : Lot 1 : Addition Breezy Acres 1st Add.
   Street Address 10820 RAMONA CT.

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.

Roe Development Co.
Signature of Applicant (Owner or Lessee)

24 NO. 84
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/24/87. Date Frwd. 2/24/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. ____. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 2/24/87. Date Frwd. 2/24/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bratsberg

REMARKS OR REASONS FOR DISAPPROVAL ~~No WELL PERMIT~~ RURAL WATER DISTRICT

Site Visits:
Date: 5/18/87 by: J.C.H. Not capped on laterals (Done)
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/19/87 By: Jerrold C. Hood

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

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. 2456

PROPERTY WHERE SOIL TESTED:

Location: Township T 9N; Range R 7E; Section & ¼ Section 32.
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 ☐ . WTC 2
Dates of Tests: 2-5 to 2-6 87. Weather: Precip. .4 Snow Temp. 32+

OWNER: STEVE MERTENS

Address: 2800 WOODS BLVD #806 68502 421-2172

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	2/5	8:30	2/6	9:00	~~11:00~~	11:00	15¾	11:30	16¾	30	1	
2			AM		AM	2/6	AM	18½	AM	20		1½	
3								14¾		15		¾	
4								18		19		1	
5								14		14⅞		⅞	
6								20½		21⅜		⅝	
7								15		15⅞		⅞	
											7	6⅛	

Brad Southard
Signature of Person Conducting Test

Address 701 E 4 Hickman Ne Phone 792-2462

Sum of Percolation Rates: 6.125
Average of Rates: .88
Mean of Rates: _____
34 min/in

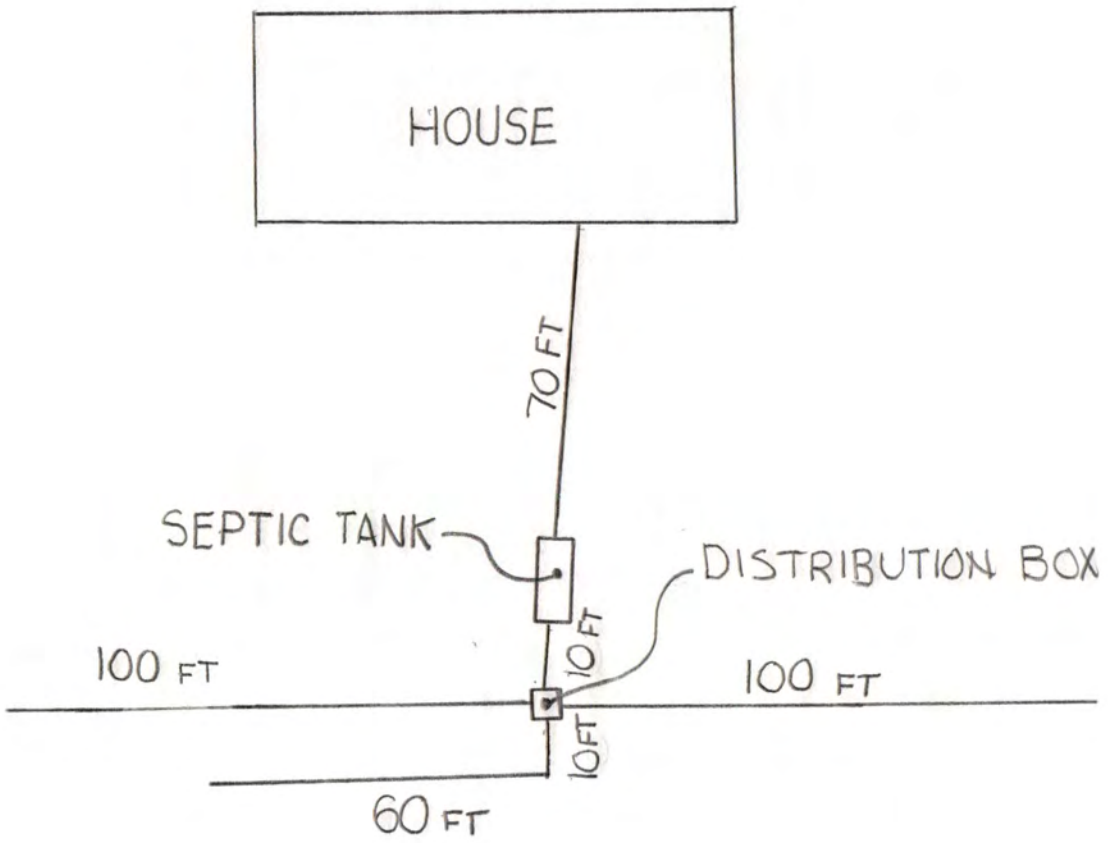
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Either Waymore or Sharpsburg
Date: February 24, 1987

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


HOUSE
70 FT
SEPTIC TANK
DISTRIBUTION BOX
10 FT
100 FT
100 FT
10FT
60 FT

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 [redacted] 10601 DAWN AVE

Twp 9N Range 7E Section 32 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Breezy Acres add to LLCN

Directions to Property 5 to SOUTH TO Liberty Lane west to DAWN Ave.

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1998

	NAME	ADDRESS	PHONE
Present Owner:	Wayne Fleming	10601 Dawn Ave	
Tenant/Buyer:	Jeff Brandl Kim Foreman	3509 Briarwood Ave	421-3458
Return to:	Kim Foreman	3509 Briarwood Ave 68516	421 3458

Signature of Applicant Kim Foreman Address same Date 5/21/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/21/98

Initials ___

Amount $150.00

Check No. 5004

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Chess **DATE:** 6/2/98

6-2-98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ <.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: No evidence of surface discharge. If the septic tank has not been pumped recently, it should be checked to see if it is necessary. System passes regulations, hence approval. Approval. Septic tank replacement with the next year - one permit obtained.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jol J Chess Date 6/8/98

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