LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

220[illegible] St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390024901

Issued 09/20/91

Expires 03/20/92

ESTABLISHMENT

JOE HERROD
T9N R7E SEC 33 QTR SW
DEERAC BLK 3 LOT 1
5601 DEERHAVEN ST

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

JOE HERROD
5601 DEERHAVEN DR
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
9/20/91	PAID

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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

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

FILE NO._____

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

DATE: Sept 4, 1991

The undersigned hereby applies for a permit to ALTER [X], EXTEND [X], or REPAIR [X] 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: Twp. 9N ; Range 7E ; Section 33 ;
Block 3 ; Lot 1 ; Addition DEER HAVEN ACRES
Street Address 5601 Deerhaven Dr.

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. Bedrooms 2
Describe_____
Other Use [ ]
Describe_____

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

4. Description of proposed alteration, extension or repair: Replace Distribution Box retie existing Lateral and Add 30 Ft of Pipe to New Lateral, put in 1 6 Ft wide x 50 Ft Long Perforated Pipe Lateral

5. Work to be done by: Owner [ ] ; or Contractor [X] , Big Clyde Sanitation, (Mark Southwick)
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL over	$	400 00

Joe Herrod
Signature of Applicant (owner or lessee)

5601 Deerhaven Dr.
Address
Lincoln, Nebr. 68516

(Do not write below this line)

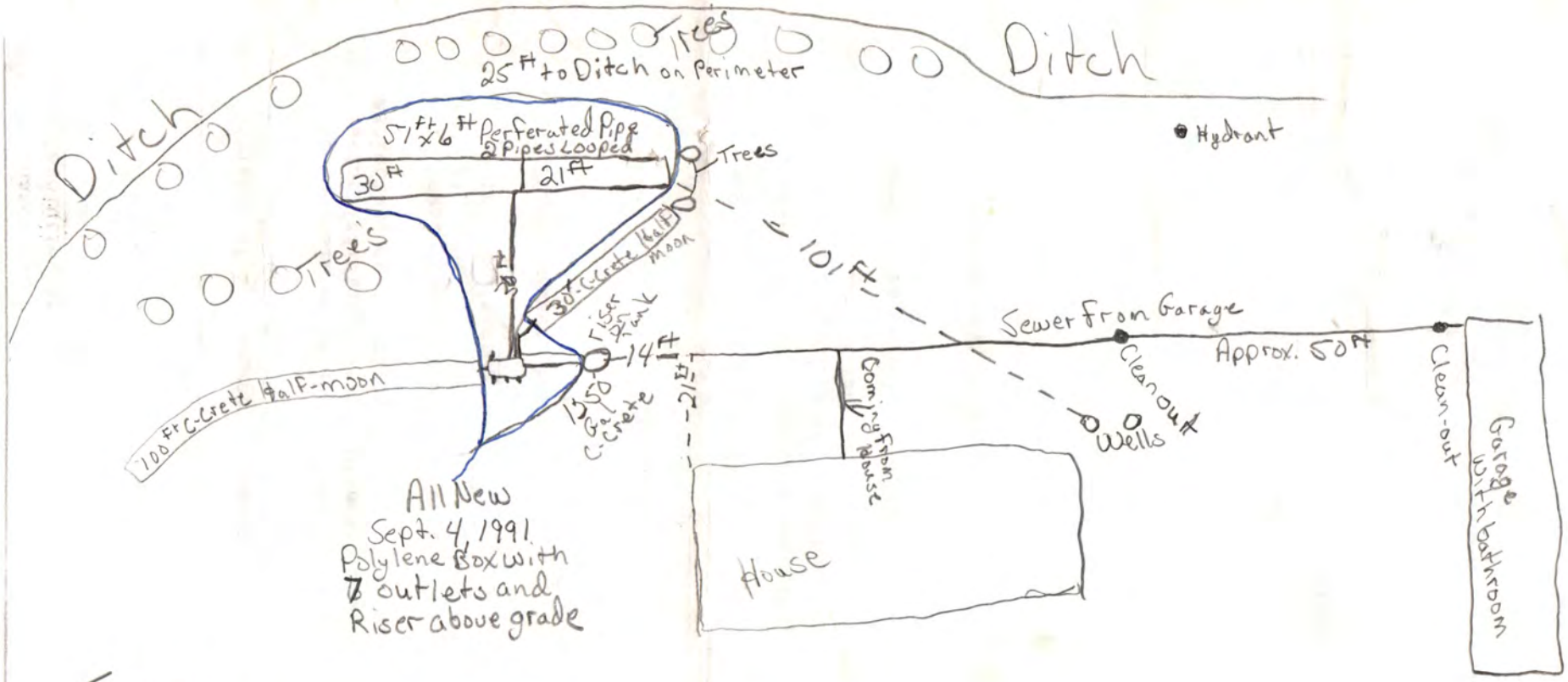
REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: Sept 4, 91 by: Paul Dhotzmann
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-24-91 by: Paul Dhotzmann



5601 Deerhaven Dr.

S 56

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description _____ Location 5601 Deerhaven Dr.
Owner/Requestor Joe Herrod / installer Big Clyde Southwick

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
X Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS 51' added (30' No. & 21' So.) loop type
x 6' trench = 300 sq ft. of lateral + existing
100' 1/2 moon existing to North and SE dogleg is
about 25-30' of 1/2 moon
1250 gal. septic tank
perforated pipe consists of (35) 3034 S+D
Cleanout over distribution box

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul D
Date: Sept 4, 1991

Received by: _____

WA1002

FILE NO. 1973

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 18, 1983 — THIS LICENSE OR PERMIT EXPIRES

WILMER R. OLSON 2610 S. 60TH ST., APT. 5 LINCOLN, NE 68506 — LICENSEE OR PERMITTEE / ADDRESS

T9N, R7E, SECTION 33, BLOCK 3, LOT 1, ADDITION DEERHAVEN ACRES — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NONTRANSFERABLE NEW

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	XXXXXX	XXXXXX	XXXX	
SERIAL NO.	DATE	AMOUNT		
63594	10.16	148.14	6-2	

APPLICATION HEALTH

63594 AF10 3 6000 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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-LANCAST[illegible] COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1973

DATE: 4-15-83

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 33 ;
   Block 3 : Lot 1 : Addition DeerHaven Acres
   Street Address 56 & Deerhaven

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

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

4. Distance to public sewer: _____ ft. ~~LAGOON MUST BE SEALED~~

Wilmer R Olson Owner
Signature of Applicant (Owner or Lessee)

2610 S 60th Ap & 5 Lincoln Ne 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/15/83 . Date Frwd. 4/18/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/18/83 . Date Frwd. 4/18/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris

3. City ~~or County~~ Engineer: Date Rec'd. 4-18-83 . Date Frwd. 4-18-83 . ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: ~~1-10-84~~ by:
Date: 7-31-84 by: Need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-10-84 By:

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. 1973

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: 11-25-83 to 11-26-83. Weather: Precip. 0 Temp. 32°.

Holes 3-4 was top soil

OWNER: Bill Wilmer R Olson
Address: 5601 - Deer Haven

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"	11-25	3:00 PM	11-26	7:30 AM	11-26	7:30 AM	6"	11:30 AM	5¼"	30 Min	¾"	
2	"	"	"	"	"	"	"	"	"	5¼"	"	¾"	
3	"	"	"	"	"	"	"	"	"	4¼"	"	1¾"	
4	"	"	"	"	"	"	"	"	"	4½	"	1½"	
5	"	"	"	"	"	"	"	"	"	5½	"	½"	
6	"	"	"	"	"	"	"	"	"	5½	"	½"	

Mike Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Lot 22 Phone_____

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

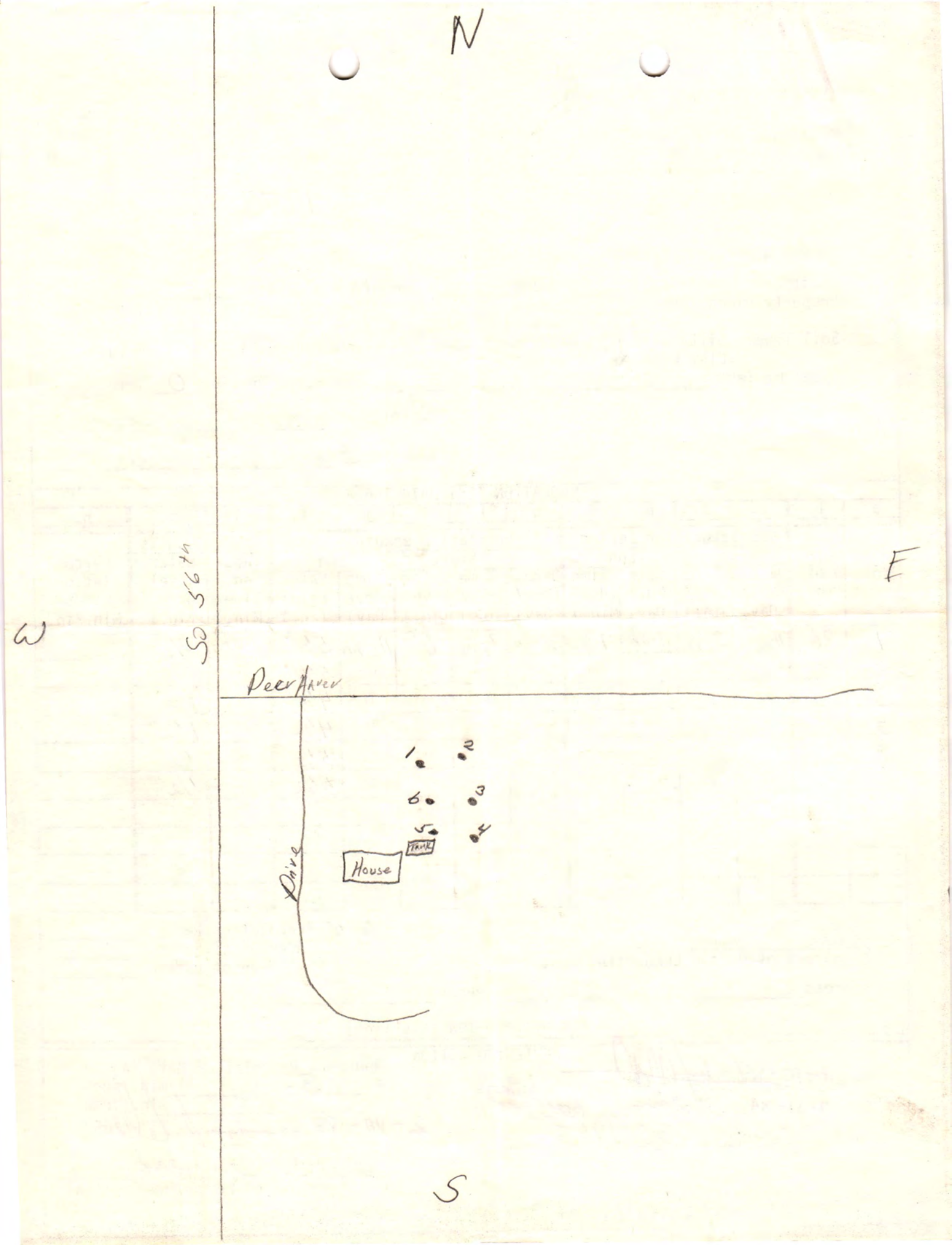
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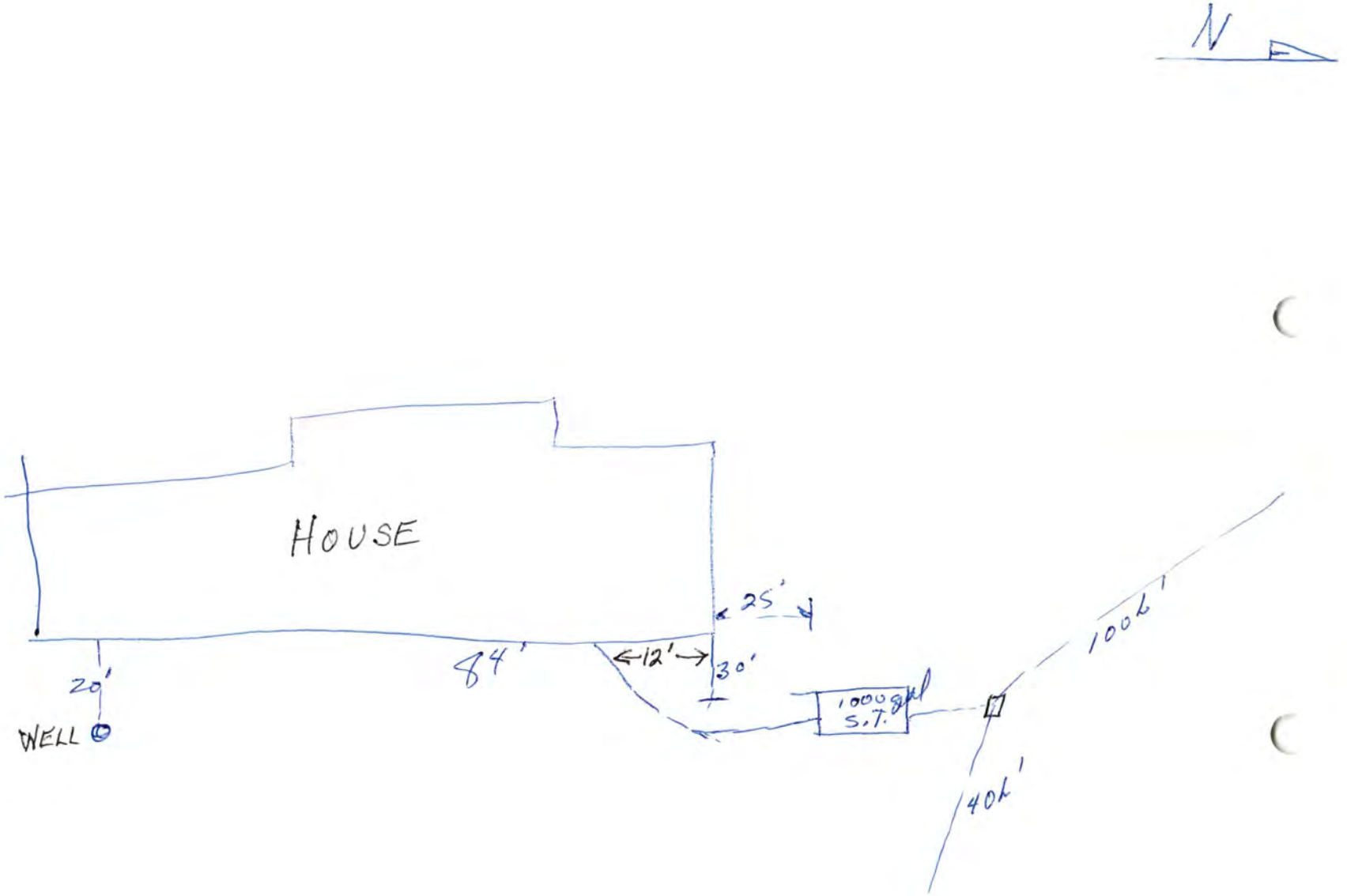
REVIEWING ACTION

Remarks: Described on inclusion
Soil Type (SCS): Pawnee Clay Loam
Date: November 30, 1983

Approved Percolation Rate (a)
A. 32 min./inch
B._____ min./inch
C._____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


N
W
E
S
56th
So
Deer Haven
Drive
House
TANK
1
2
3
4
5
6



William R Olson
5601 Deerhaven
Lincoln Ne. 68516