LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390045901

Issued 07/28/95
Expires 01/28/96
Revenue Code 18754

Establishment
JAMES HENNESSEY
T9N R7E SEC 33 QTR SW
BLK 3 LOT 2
DEARHAVEN ACERS SW1/4

FEES: $50.00

TOTAL $50.00

Permittee
JAMES HENNESSEY
5757 DEERHAVEN DR
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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or 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: Twp. 9N ; Range 7E ; Section SW¼ 33 ;
Block 3 ; Lot 2 ; Addition DEERHAVEN ACERS
Street Address 5757 DEERHAVEN

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

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

4. Description of proposed alteration, extension or repair: REPLACE LAGOON WITH EXPERIMENTAL SEPTIC SYSTEM

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

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

James C Hennessy
Signature of Applicant (owner or lessee)

5757 DEERHAVEN
Address

(Do not write below this line)

REVIEWING ACTION

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

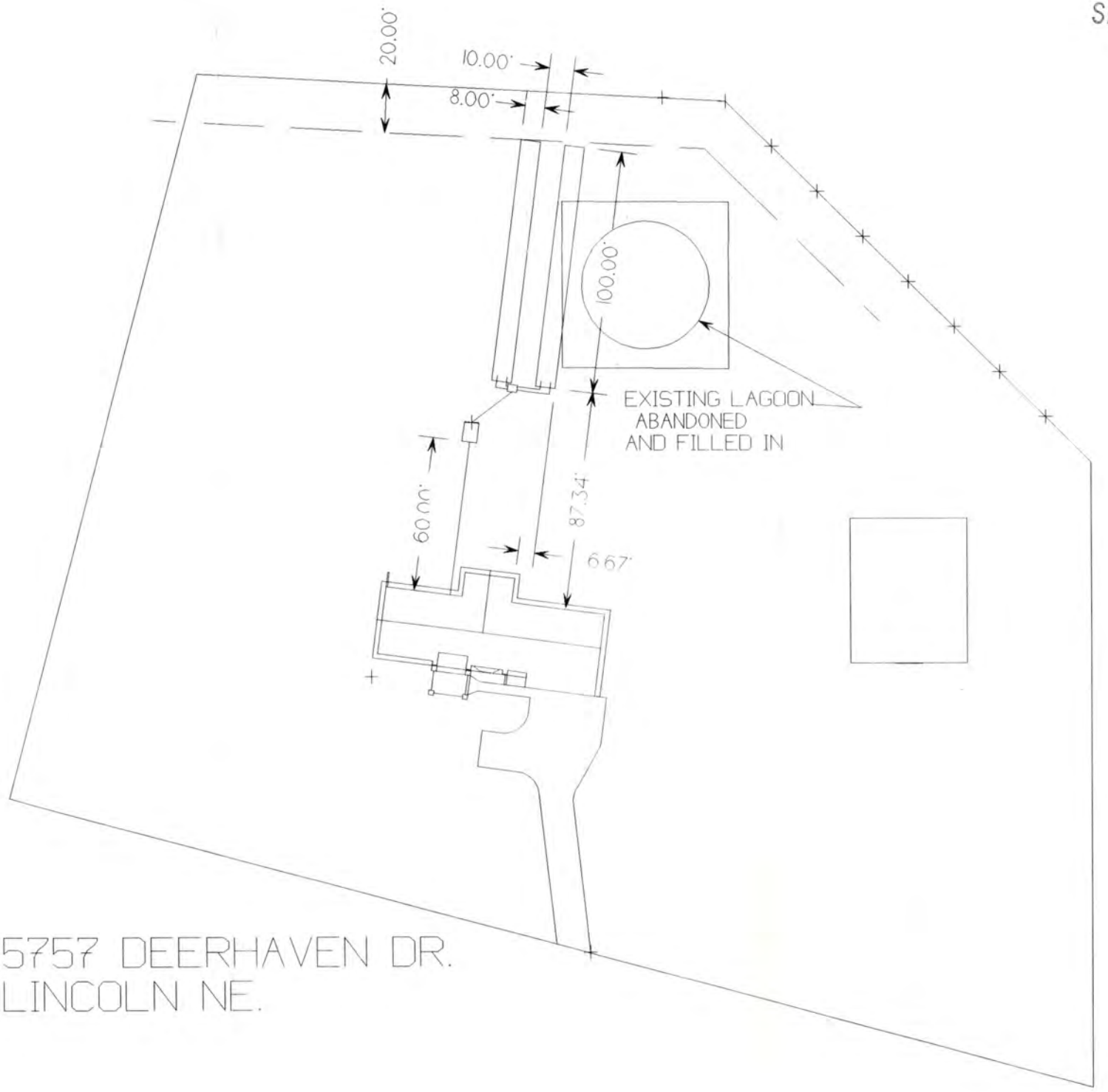
2. Site Visits:
Date: 8/8/95 by: J.C.H.
Date: 8/9/95 by: J.C.H.
Date: _____ by _____

Clark, topsoil, gravel material

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

SEP 1 1995



5757 DEERHAVEN DR.
LINCOLN NE.

As Built

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 8938D002101

Issued 08/10/89
Expires 02/10/90

ESTABLISHMENT

JAMES C HENNESSEY
T9N R7E SEC 33 QTR SW
BLK 3 LOT 2
DEARHAVEN ACERS SW1/4

FEES: Permit C18754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

JAMES C HENNESSEY
1222 S 32ND ST
LINCOLN NE 68510

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8 9380002 1

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. _____

DATE: 8-9-89

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 SW¼ 33 ;
   Block 3 : Lot 2 : Addition DEERHAVEN ACERS
   Street Address _____

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.

James C Hennessey
Signature of Applicant (Owner or Lessee)

1222 So 32 LINCOLN NE 68510
Address 477-8937

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/9/89. Date Frwd. 8/14/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/14/89. Date Frwd. 8/14/89. ACTION: Approved ☐ Disapproved ☐ Signature: Neil T Luers

3. City or County Engineer: Date Rec'd. 8/14/89. Date Frwd. 8/14/89. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Kabrich

REMARKS OR REASONS FOR DISAPPROVAL DON'T KNOW IF WELL GOING TO BE USED OR RURAL WATER DISTRICT.

Site Visits:
Date: 12/14/89 by: J. C. Hood need Drawing, fences, signs
Date: 6/4/90 by: J. C. Hood all ok need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-6-90 By: Ron Mangum

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

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

Test Taken So. 56th & Deer Haven Rd. 1st Lot in South Side of Deer Haven

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 2 Blk 3 DEERHAVEN ACRES

Location: Township T9N ; Range R7E ; Section & ¼ Section SW¼ SEC 33
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-12-89 to 7-13-89. Weather: Precip. 0 Temp. 95°.

All holes had water in From Pre-Test

JAMES C HENNESSEY
1222 50 32

OWNER: LAIR Enterprises
Address: 2222 SheridAN BLvd. 475-6611

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"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	5 3/4"	30m	1/4"	
2	36"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	5 3/4"	"	1/4"	
3	36"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	5 7/8"	"	1/8"	
4	36"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	5 7/8"	"	1/8"	
5	36"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	6"	"	0"	
6	36"	7-12	6:00 pm	7-13	5:30 pm	7-13	5:30 pm	6"	6:00 pm	5 7/8"	"	1/8"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAN Ave Phone 464-0638 Pre-Cast Step CO.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

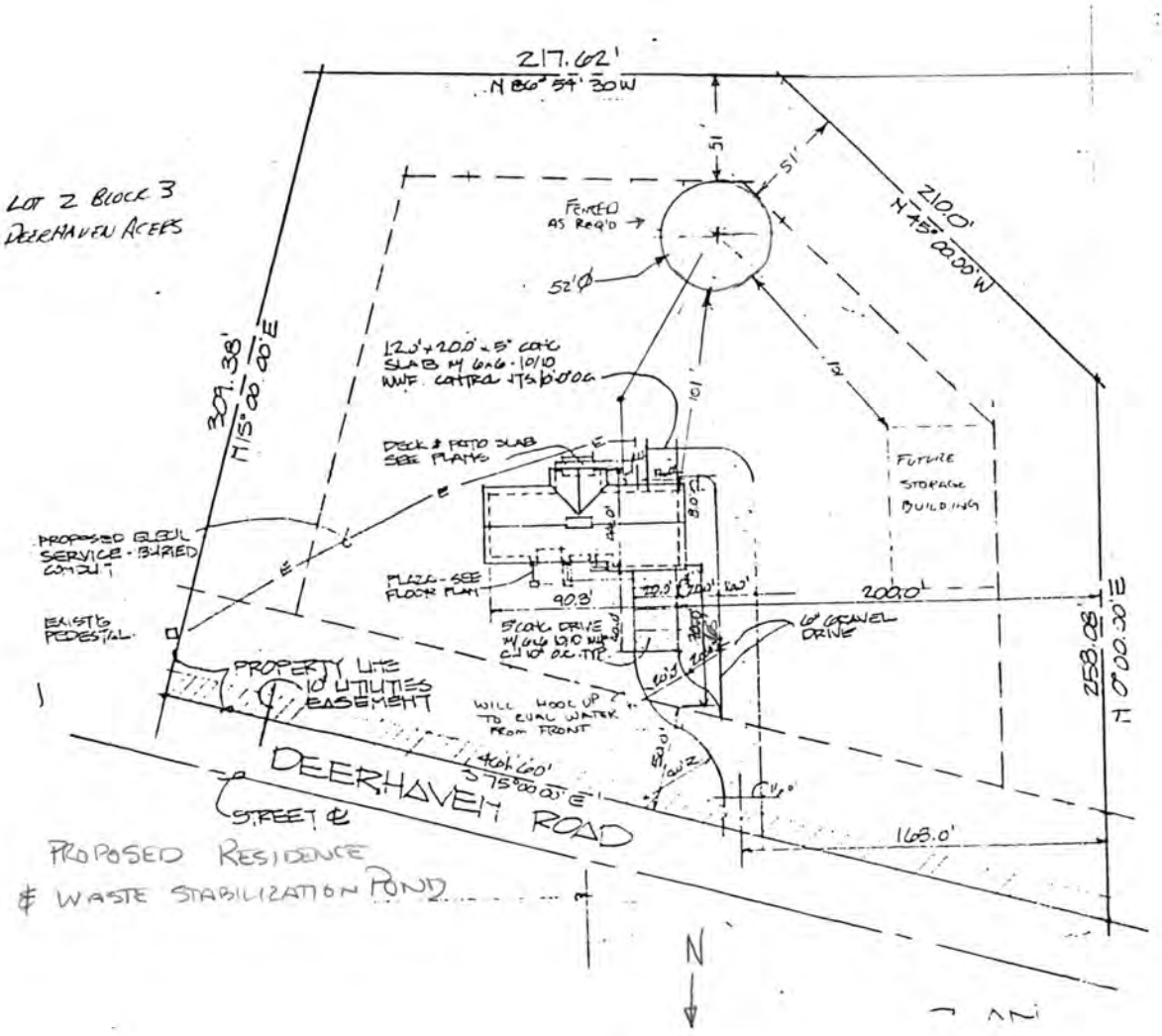
Soil Type (SCS): _____

Date: _____

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

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: _____

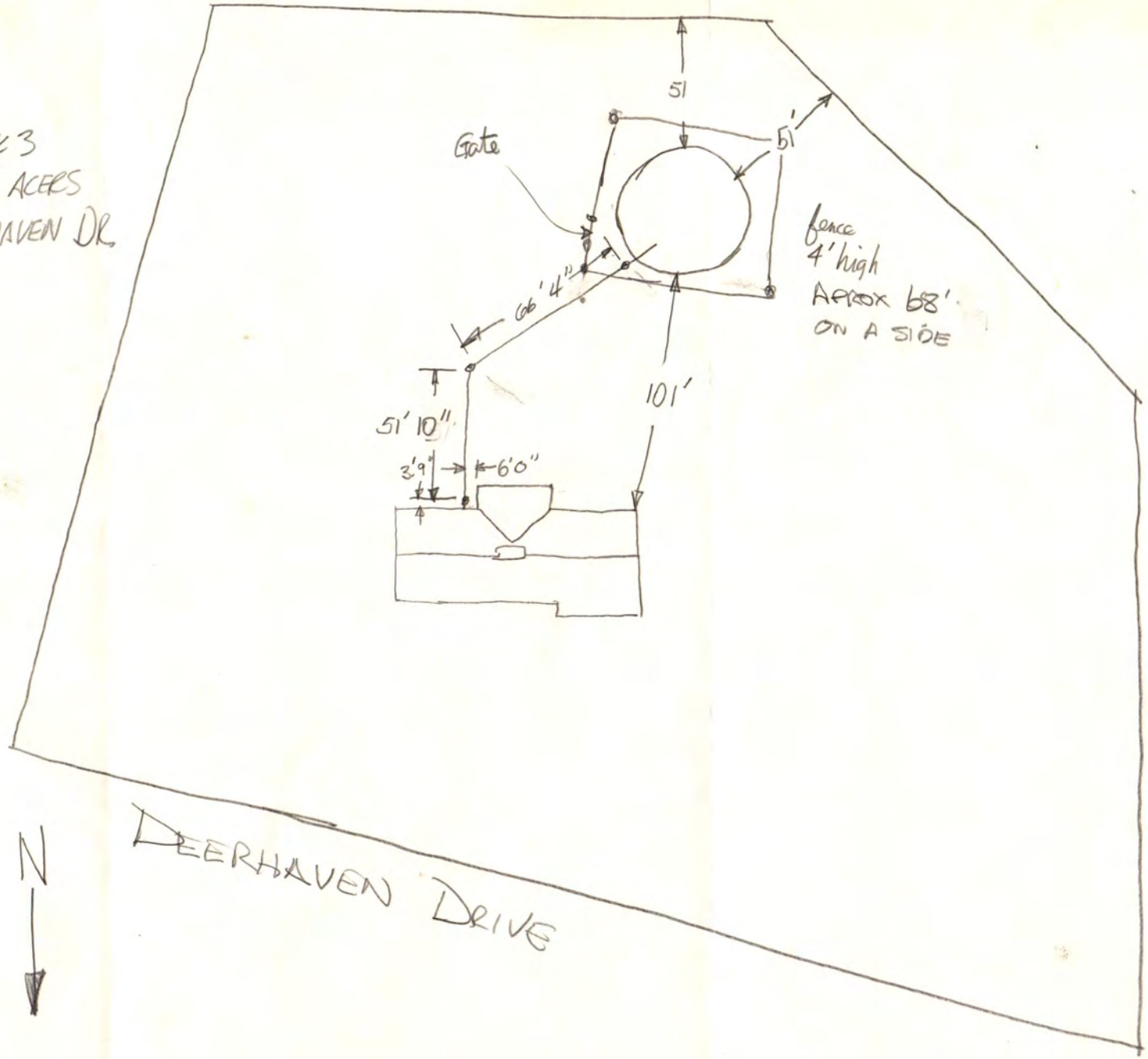
Minimum Design Requirement

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

LOT 2 BLOCK 3
DEERHAVEN ACRES
5757 DEERHAVEN DR.



Jim HENNESSEY
467 3664 WORK

012

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

PERMIT

REAL ESTATE TRANSFER / LOAN APPROVAL 2033.00

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: 3/10/92

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 33; BLOCK 3

LOT 2; ADDITION DEERHAVEN ACRES; Street Address 5757 DEER HAVEN DR

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH OF HOUSE Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	JAMES & JOYCE HENNESSEY	5757 DEERHAVEN DR	421 6191
Tenant/Buyer:	"		
Return to:	"		

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

Signature of Applicant James Hennessey Address 5757 DEERHAVEN DR

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 9, 1992 Received $150.00 Check ☒ Cash ☐

LANCASTER COUNTY RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 3/10/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 3/10/92 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: WHEN GROWING SEASON STARTS AGAIN KILL OUT OR REMOVE CATAILS FROM LAGOON. OTHERWISE THIS IS A VERY WELL MAINTAINED LAGOON.

See Attached Letter ☐

FINAL STATUS LANCASTER COUNTY RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 10, 1992

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