LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380152901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 12/19/96
Expires 06/19/97
Revenue Code 18754

Establishment
MICHAEL TVRDY
T12N R7E SEC 2
9300 LITTLE SALT ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MICHAEL TVRDY
9300 LITTLE SALT RD
~~LINCOLN NE~~ 68521

Issued By M. Jane Ford
Health Director

2921

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 9638015 29

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 9300 LITTLE SALT ROAD (no rural route) City LINCOLN NE, Zip 68521

Legal Description SE (1/4) 2 (1/4) (Section) 12N (Township) 7E (Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name MICHAEL TVRDY (TVRDY) Signature NOT AVAILABLE

Address SAA City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name KEVIN WOLF Company Name WOLF CONST

Address NOT AVAILABLE City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name DON ANDERSON Firm AWS WELL CO MEAD, NE, 68041 Work Phone 402-624-3895

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12-16-96 Date frwd 12-16-96 ACTION ☒ Approved ☐ Disapproved Signature John E Mann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3133

Date Rec'd 12/16/96

Amt Paid 150.00

Rec'd By LS Cash/Check No. 1523

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

A

Permit Number: 96380 1529

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

3222

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 9300 LITTLE SALT ROAD (no rural route) City LINCOLN NE, Zip 68521

Legal Description SE 2 12N 7E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude — Latitude —

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name MICHAEL TURDY Signature NOT AVAILABLE

Address SAA City/State/Zip —

☐ Check if owner designed system Home Phone — Work Phone —

C. Contractor

Name KEVIN WOLF Company Name WOLF CONST

Address NOT AVAILABLE City/State/Zip —

☐ Check if contractor designed system Work Phone —

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name DON ANDERSON Firm AWS WELL CO MEAD, NE, 68041 Work Phone 402-624-3895

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify —

Design flow in gallons per day ____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12-16-96 Date frwd 12-16-96 ACTION ☒ Approved ☐ Disapproved Signature John E Munn
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved Signature —
3. **City or County Engineer** Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved Signature —

Installation Final Written Approval

By —

Date —

Business Office Use Only 3133

Date Rec'd 12/16/96

Amt Paid 150.00

Rec'd By LS Cash/Check No. 1523

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 9300 LITTLE SALT ROAD (no rural route) City LINCOLN NE, Zip 68521

Legal Description SE 2 12N 7E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude — Latitude —

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name MICHAEL TURDY Signature NOT AVAILABLE

Address SAA City/State/Zip —

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name KEVIN WOLF Company Name WOLF CONST

Address NOT AVAILABLE City/State/Zip

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name DON ANDERSON Firm AWS WELL CO MEAD, NE, 68041 Work Phone 402-624-3895

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12-16-96 Date frwd 12-16-96 **ACTION** ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-19-96 Date frwd 12-19-96 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12/19/96 Date frwd 12/19/96 **ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Ron Mayfield

Date 5-19-97

Business Office Use Only 3133

Date Rec'd 12/16/96

Amt Paid 150.00

Rec'd By LS Cash/Check No. 1523

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 12/16/96

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. 12 N ; Range 7E ; Section SE¼ of 2 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 9300 Little Salt Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2 upstairs 1 Downstairs

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

4. Distance to public sewer: N/A ft.

Michael J Forsh
Signature of Applicant (Owner or Lessee)

9300 Little Salt Road
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

12/16/96

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9300 LITTLE SALT ROAD (no rural route) City LINCOLN NE, Zip N/C

Owner MICHAEL TUROY Addresss 9300 LITTLE SALT ROAD

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: 16 min./inch

Date of Tests _____ to _____ Weather: Precipitation FREEZING RAIN 40°F Temperature 40 °F

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		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)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
		SEE				ATTACHED			FORM				
											12/16/96		

Person Conducting Percolation Tests

Name: Don Anderson
Phone: 624-3895
Address: Box 246, Maud, OK 68041

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 16

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official John Miner Date 12-16-96

FORM 23-101 10-96

M 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 7 ; Section & ¼ Section 2 .
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: 12/3/96 to 12/5 . Weather: Precip. 0 Temp. 40° .

OWNER: _____

Address: _____

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"	12/3	8:30 AM	12/4	10:00 PM	12/5	10:30 AM	30	11:30	34	60	4	15
2	"	"	"	"	"	"	"	"	"	35	"	5	12
3	"	"	"	"	"	"	"	"	"	33	"	3	20
4	"	"	"	"	"	"	"	"	"	34	"	4	15
5	"	"	"	"	"	"	"	"	"	34	"	4	15
6	"	"	"	"	"	"	"	"	"	33	"	3	20

Sum of Percolation Rates: 97
Average of Rates: 16.17
~~Mean of Rates:~~ 16

Don Emerson
Signature of Person Conducting Test

Address Box 246 Phone 624-3895

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: 12-16-96

Approved Percolation Rate (a)
A. 16 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

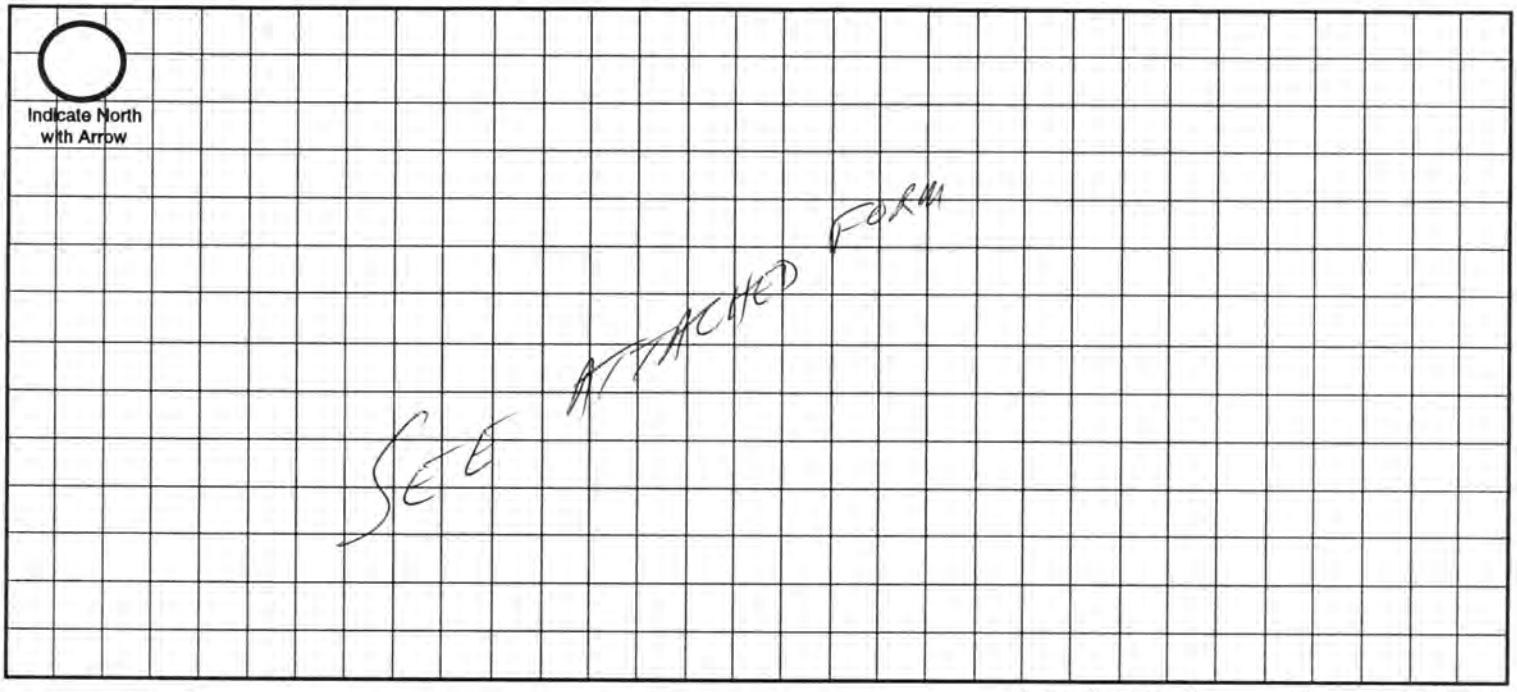
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9300 Little Salt Rd City Cerosco NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 16 (min. per inch) Soil Type: ~~Silty Clay loam~~ JUDSON SILT LOAM Land Slope: 1 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 528 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: ~~2~~ Number of Distribution Laterals per Bed _____

Total Length of Laterals 140 ft. Number of Trenches 2 Trench Width 4 ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☐	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

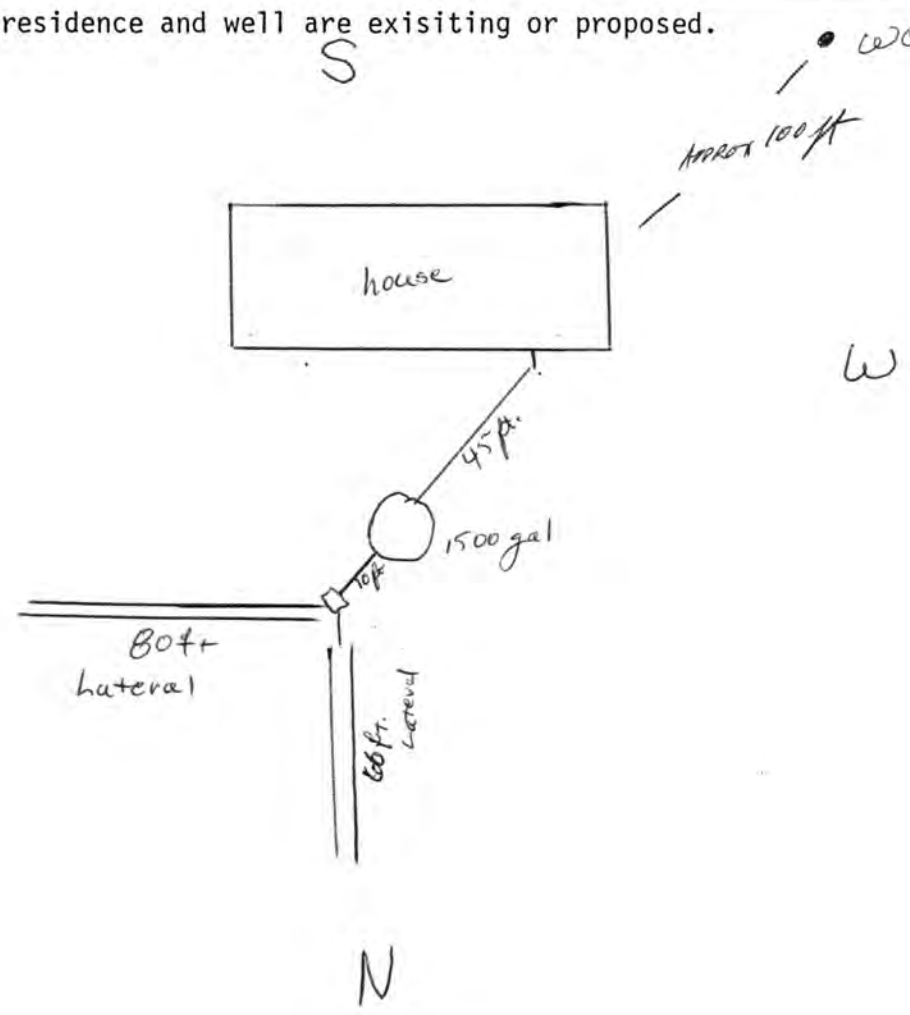
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Don Anderson Date 12/16/96

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 **3140 N Street** Lincoln NE 68510 (402)-441-8022 **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.



20 ACRES

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

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

D

Permit Number:

8030

Sewage Disposal System
As Built Plans & Specifications

Date 5/19/97 Mike Turdy Res.

System Location (Indicate correct number and street)
Address 9300 Little Salt (no rural route) City Waverly NE, Zip 68462

A. Building Sewer
1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☒ below grade 18 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

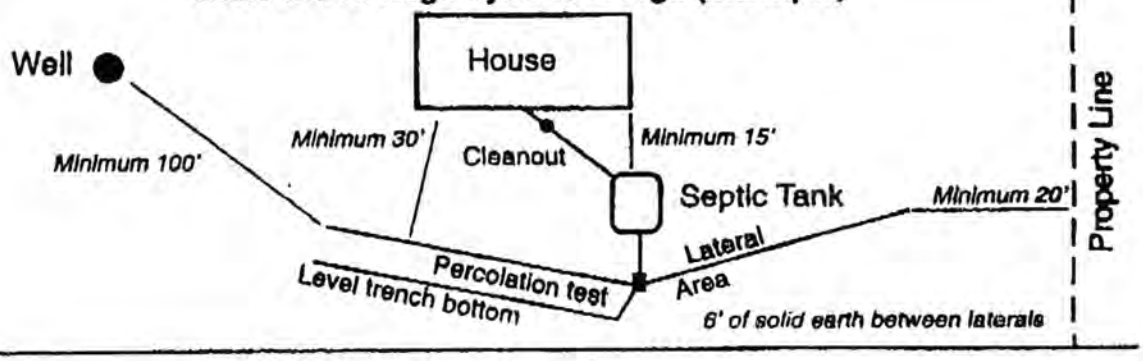
C. Distribution Box
1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 60 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 3½ in
4. Filter material: Road Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/16/96

System Location (Indicate correct number and street)

Address 9300 Little Salt Rd (no rural route) City Cerasco NE, Zip

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100+ ft.
   Pressure line 50+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Cement
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

(Provide as-built drawings on back of this form)

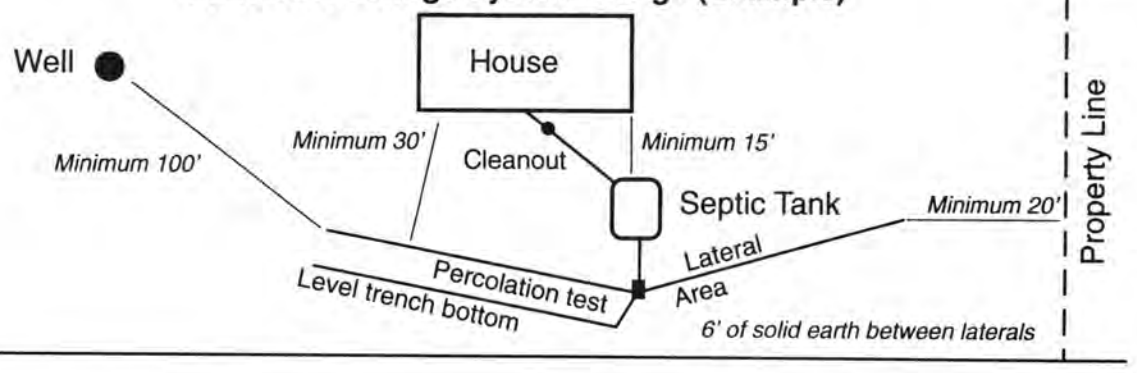
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 66 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 50+ ft.
   Property line 100+ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

12-16-96 RM

Individual Sewage System Design (Example)



FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 12/12/96

FILE NO: _____

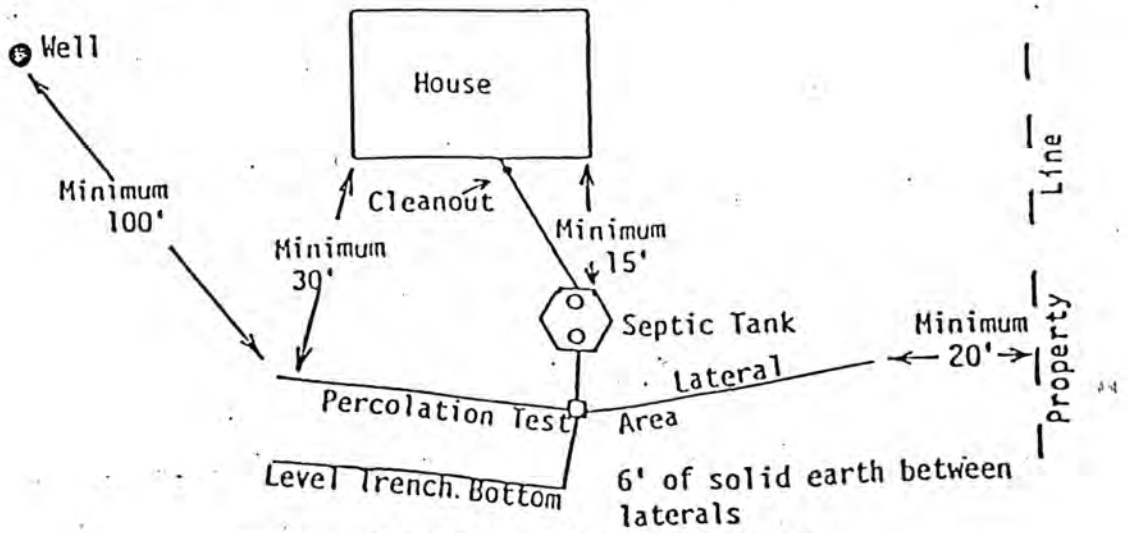
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sched 40 ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 45 ft.
4. Number of clean-outs —.
5. Distances to: Well or Suction Line 100+ ft.; Stream — ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Cement+ ; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐ (Company ARPS)
4. Manholes: Over Inlet; diam. 6 in. Over Outlet; diam. 6 in. Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 12 in.
8. Distances to: Well or Suction Line 100+ ft.; Stream — ft.; Pressure Line 60 ft.; Property Line 100+ ft.

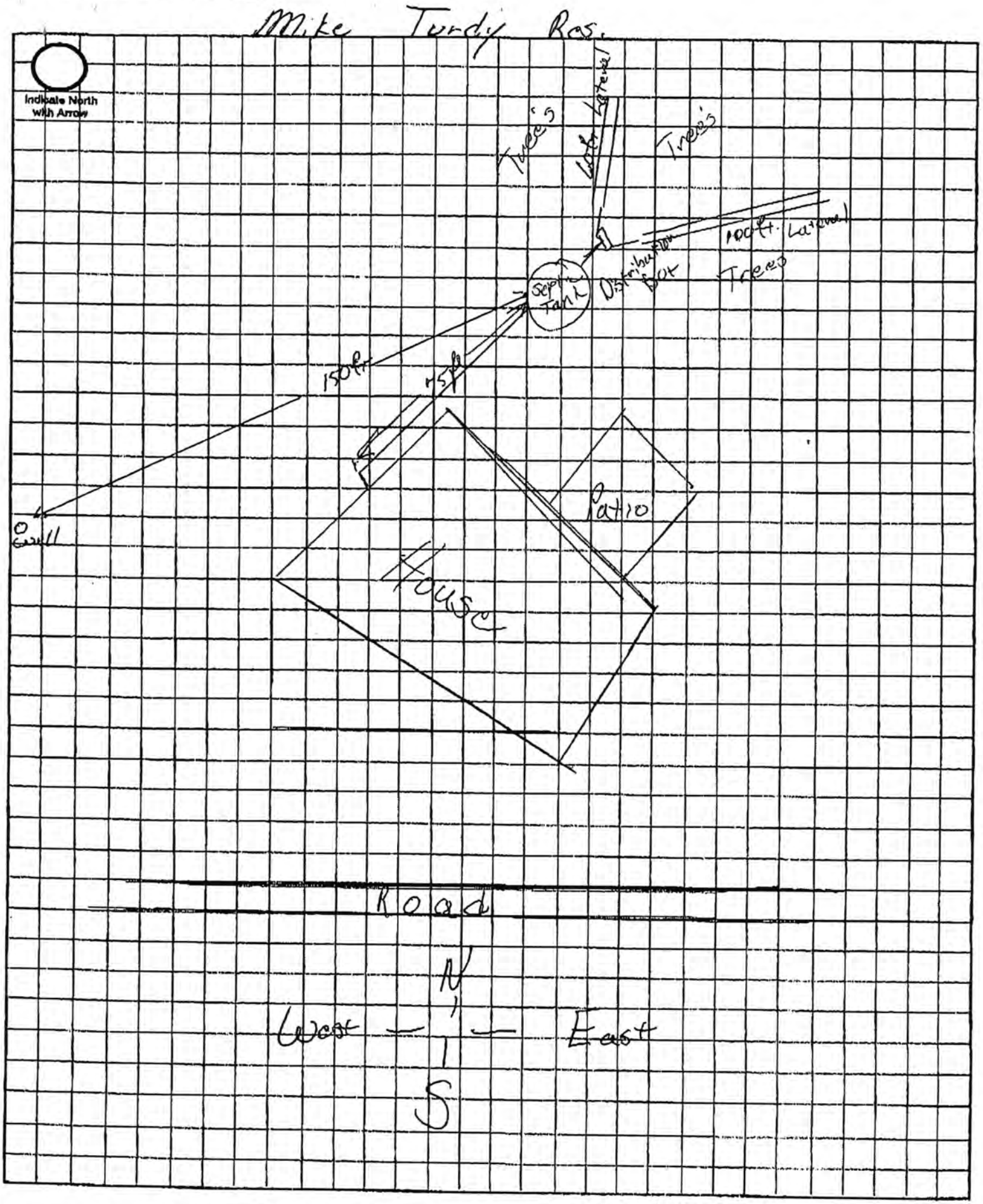
C. DISTRIBUTION BOX:
1. Material Cement+ ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐ (Company ARPS)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 12" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 80, 60, _____, _____, _____ ft.; Total length of laterals 140 ft.; Distance between lateral lines 30 ft.
3. Trench dimensions: Width 4 ft.; Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel Depth of Material 16 in.
5. Distances to: Well or Suction Line 100+ ft.; Stream — ft.; Pressure Line 100 ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

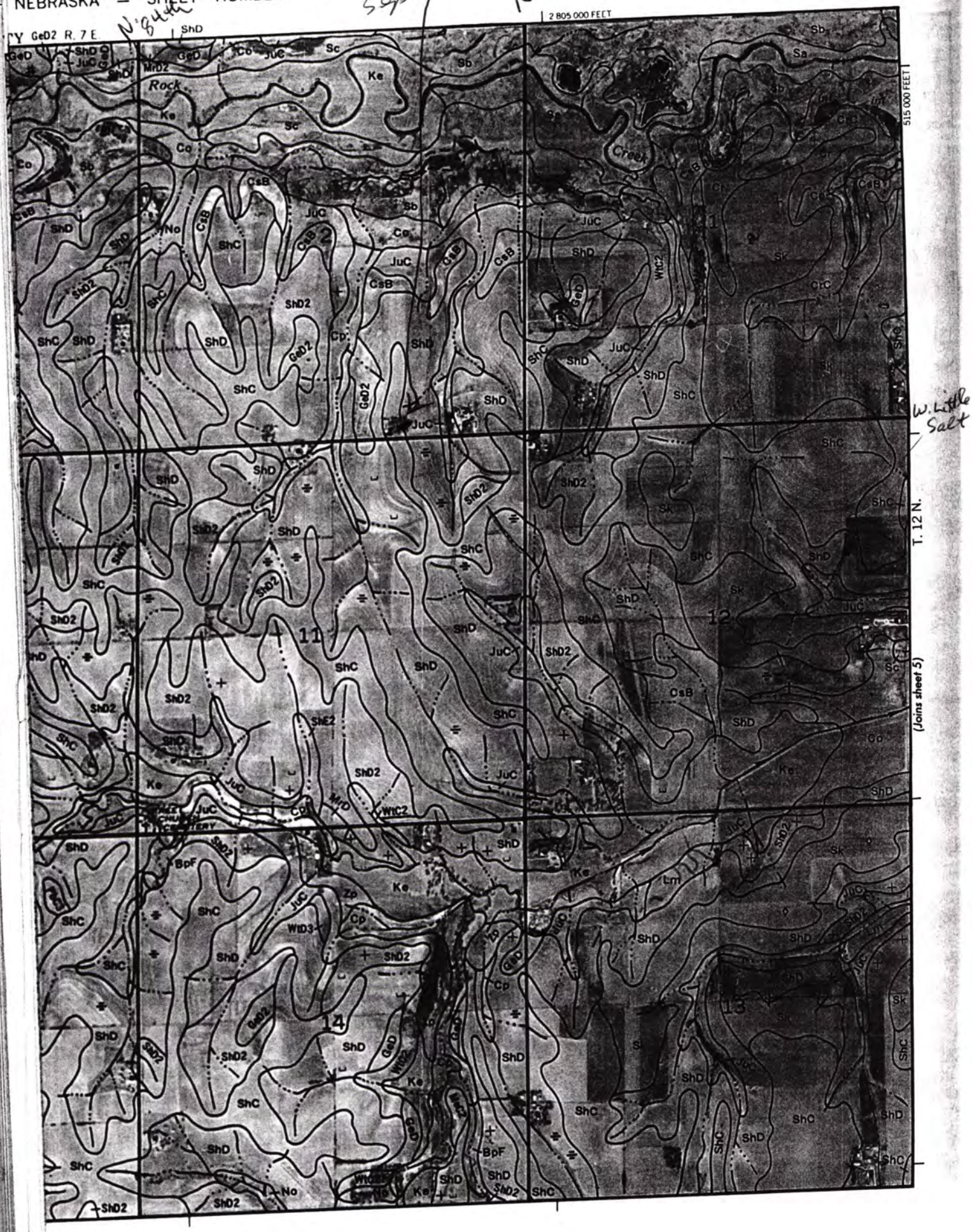
As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

TOTAL P.03

NEBRASKA — SHEET NUMBER 4




NOT TO SCALE
Lancaster Co. 1987 Photo K2
T-12-N R-7-E 160 Sect. 2
PC
FW
19.5 HEL
2 46.9 NHEL
3 10.4 NHEL
1910 T2906
1916 T2909
5.8 HEL/NW
3730 T2852
2 121.5 HEL/NW
1958 T2938
76.5 HEL/NW
76.7 HEL/NW
5.4
2 1.9
3 66.2 HEL/NW
Well
146' to SW. Corner of House
52' from NW Corner of House to Well
Well 230' to center of Pit

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 9300 Little Salt Road

Twp 12-N Range 7 Section 2 1/4 SE 1/4 ¼ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well West of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System east Year Installed 96

	NAME	ADDRESS	PHONE
Present Owner:	Michael J. Turdy	7300 Little Salt Road Waverly Nebraska 68462	785-2326
Tenant/Buyer:			430-8509 434-3121 Hardrock Road
Return to:	SAME		

Signature of Applicant Michael J Turdy Address 7300 Little Salt Rd Waverly, Nebr. 68462 Date 5 / 19 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 05 / 20 / 97
Initials ao
Amount 150 00
Check No. 1327

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5 / 20 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 7.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5 / 27 / 97

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

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

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MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9300 Little Salt Rd Waverly NE 68462

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 12N Range 7E Section 2 1/4 ____ 1/4 ____ Block ____ Lot ____ Addition ____

Directions to Property East off Hwy 77 to 9300 Little Salt Rd

Location of Well West Side of Home near ____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System Septic East Side Between Deck + Tree Laterals East into Wooded Area Year Installed ____

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Mike & Kathy Tvrdy	9300 Little Salt Rd	(H) 785-2326 (Cell) 304-1844
Tenant/Buyer:	____	____	____
Return to:	Robyn Kuhnel	RE/Max Real Estate Group 5960 Vandervoort #12 Lincoln NE 68516	(402) 441-4121 (Fax) PLEASE FAX

Signature of Applicant Robyn A. Kuhnel (AGENT) Address ____ Date ____/____/____

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/9/02 Amount $200.00 Check No. 4519 Initials ep

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Leon Marquart **DATE:** 4/9/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 6.3 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 4/11/02 by RM

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: Recommend checking septic tank for pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Leon Marquart Date 4/17/02

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: 9-00

P20374-20

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. G-91400 Sequence No. 105381 Registration Date: 5-16-97

Owner Code No. 48369 Receipt No. 90771 20-Lower Platte South NRD

1. Well Owner Michael J. Turdy Telephone Number (402) 785-2326
   Address 9300 Little Salt Road
   City Waverly State Nebraska Zip Code 68462 +

2. Drilling Firm AWS Well Co Telephone Number (402) 624-3895
   Address Box 246 Contractor's License No. 39008 Pump Installer License No.
   City Mead State Ne Zip Code 68041 +

3. Permit Number(s)

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger
   ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
   ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery
   ___Other
   (indicate one)

5. Replacement and abandoned well information.
   A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well:
   C. Replacement well is ___ feet from abandoned well. D. Abandoned well last operated ___, 19___
   E. Original well pump column size: ___ inches. F. Abandoned well plugged ___, 19___

6. A. Well location: SW¼ SE¼ of Section 2, Township 12-N North, Range 7 (East)/West, Lancaster County.
   B. The well is 200 feet from the North/South section line and 2040 feet from the East/West section line.
   (indicate one) (indicate one)
   C. Street address or block, lot and subdivision, if applicable: 9300 Little Salt Road
   D. Location of water use, if applicable (give legal descriptions):
   E. If for irrigation, the land to be irrigated is ___ acres.
   F. Well reference letter(s), if applicable:

7. Pump Information.
   Is pump installed at this time? X Yes ___No
   If yes, complete items A through E.
   If no, complete items A and D with estimated information for those wells in which pump will be installed.
   A. Actual pumping rate, if applicable: 10 gallons per minute. Measured ☑ or Estimated ☐
   B. Pump column diameter: 1¼ inches. C. Length of pump column: 55 feet.
   D. Pumping equipment installed: Oct, 1996. E. Brand/Type: Submersible

printed on recycled paper

8. Well Construction Information.

A. Total well depth: 66 feet, B. Static water level: 45 feet, C. Pumping water level: 50 feet.

D. Construction began: March, 19 96 E. Construction completed: Mar., 19 96

F. Bore hole diameter: 9 inches.

G. Casing: Diameter 4.072 ID 4.50 OD inches. Type of material: PVC

Wall thickness: .214 inches, Joints--Welded/Glued/Threaded/Other: _____ Guides at _____ ft.

Length(s) and placement(s) depth from 0 ft. to 56 ft. from — ft. to — ft.

H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC

Screen openings (slot size): .014 Trade name: Monoflex Guides at 56-66 ft.

Length(s) and placement(s) depth from 56 ft. to 66 ft. from — ft. to — ft.

I. Gravel pack interval(s) from 66 ft. to 45 ft. from 40 ft. to 12 ft. Grade size: A Pack

J. Grouted/Sealed from 40 ft. to 45 ft., with Bentonite (type)

from 12 ft. to 5 ft., with Bentonite (type)

K. Drilling method: Mud Rotary L. Drilling fluid: Water

M. Well development technique (total time and method): Air lift

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No

If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	Top Soil
2	5	Black Dirt
5	25	Fine Sand
25	50	Fine to Med Sand
50	62	Med Sand
62	66	Med Brownish to Reddish Sand

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

...miliar with the information submitted on this registration, and to the best of my knowledge it is true.

Water Well Contractor's Signature — Date 1/27/97

Water Well Owner's Signature — Date 5-7-97