LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 95380130101

Permit
SEWAGE INSTALLATION

Issued 06/05/95
Expires 12/05/95
Revenue Code 18754

Establishment
MIKE REZAC
T9N R8E SEC 19
MCGEE ADD BLK 1 LOT 3
11600 MIDDLEFORK ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MIKE REZAC
1830 W BURNHAM
LINCOLN NE 68522

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 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~~ Mail to:
~~Lincoln, Nebraska 68502~~
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5/21/95

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 8E ; Section S1/2 19;
   Block 1 : Lot 3 : Addition McGEE ADD
   Street Address 11600 MIDDLE FORK RD
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.

M Rezac
Signature of Applicant (Owner or Lessee)

1830 West Burchon
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/31/95. Date Frwd. 5/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd 5/31/95. Date Frwd. 5/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 5-31-95. Date Frwd. 5-31-95. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/31/95 By: Jerrold C. Hood

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

FORM 23-43

RECEIVED MAY 30 1995
#150.00
CK 001414
CW 5/30/95
Rezac Construction

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. _____

FOR 11600 MIDDLE FORK

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: 5-31-94 to 6-1-94. Weather: Precip. 0 Temp. 60°.

OWNER: Mary Lou Stone Burns

Address: 5845 Woodstock Ave
Lincoln NE. 68512 423-7445

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		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.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	5 1/4	30m	3/4	
2	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	5"	30m	1	
3	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	5"	30m	1"	
4	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	4 3/4	30m	1 1/4	
5	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	4 5/8	30m	1 3/8	
6	36"	5-31	7:00 pm	6-1	4:00 pm	6-1	4:00 pm	6"	8:00 pm	5"	30m	1"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE. Phone 467-2638
Precast

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): _____
Date: _____

_____
Signature of Reviewing Official

181' if half moon in 4' wide trench
242' if in 3' wide trench

RECEIVED MAY 30 1995

9810270006 ref closing date 10/30

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 11600 Middle Fork Rd CR 3815

Twp 9 Range 8 Section 20 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Magee

Directions to Property Hwy 2 to Yankee Hill road take a left go to 115th take another left follow windy road.

Location of Well in flower bed in driveway Tap Location: Inside ☒ Outside ☐

Location of Sewage System just south of the deck in back/side lawn Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Marylou Burns	11600 Middle Fork Lincoln, NE 68526	(402) 467-7080
Tenant/Buyer:	Mark Leitgeb	4200 Horizon N. Pkwy #1317 Dallas, TX 75287	(972) 980-1110
Return to:	State Title attn: Sheryl Oldham	1023 Lincoln Mall Lincoln, NE 68508	(402) 434-5020

Signature of Applicant Mark Leitgeb Address 4200 Horizon North Pkwy #1317 Dallas TX 75287 Date 10/19/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 10/20/98
Initials ds
Amount 150.00
Check No. CASH

DATA ENTRY

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 10/20/98

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: Septic tank sludge + scum levels should be checked by a licensed liquid waste hauler if the tank has not been pumped in the past 24 months

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 10/26/98

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