LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 99380196801

SEWAGE INSTALLATION
SEPTIC-CHANGE AREA OF LATERAL FIELD

Issued 04/16/99
Expires 10/16/99
Revenue Code 3157

PAID

Establishment

MERLIN PAUL HAYES
T9N R8E SEC 29 QTR NW
NW QTR OF NW QTR
12801 YANKEE HILL RD-BENNET

FEES: $150.00

Permittee

MERLIN PAUL HAYES
12801 YANKEE HILL RD
BENNET NE 68317-2097

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009142

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: 99380196 8

Sewage Disposal System

Request for Site Clearance and Permit

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

☑ Septic System (CHANGE AREA OF LATERAL FIELD) ☐ 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 12801 YANKEE HILL RD (no rural route) City BENNET NE, Zip 68317

Legal Description NW 1/4 NW 1/4 Section 29 Township 9N Range 8 EAST Subdivision No. quarter corner 29 EXTENDING WEST 585' THEN S. 1903' 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 MERLIN HAYES Signature Merlin P Hayes

Address 12801 YANKEE HILL RD City/State/Zip Bennet ne 68317

☐ Check if owner designed system Home Phone 782 8040 Work Phone 430 5051

C. Contractor

Name DAVE VOGT Company Name VOGT CONST.

Address PO Box 181 City/State/Zip ELMWOOD NE. 68349

☐ Check if contractor designed system Work Phone 560-4267

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

Designer Name _____ Firm _____ Work Phone _____

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 4/16/99 Date frwd 4/16/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
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 _____

4-21-99, mm

Installation Final Written Approval

By Ron Mayhew

Date 2-2-00

Business Office Use Only

Date Rec'd 04/16/99

Amt Paid 150 ck

Rec'd By LS Cash/~~Check~~ No. 150 ck Cash

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

B

Permit Number: 993801968

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12801 YANKEE HILL RD. (no rural route) City BENNET NE, Zip 68317

Owner Same Addresss "

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 4-12-99 to 4-13-99 Weather: Precipitation None Temperature 60

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)
1	36	4-12	5:PM	4-13	5:PM	4-13	5 PM	6	4-13	5:30PM	30	1¼	24
2	36	"	"	"	"	"	"	"	"	"	"	1¼	24
3	36	"	"	"	"	"	"	"	"	"	"	1⅜	16
4	36	"	"	"	"	"	"	"	"	"	"	1⅜	16
5	36	"	"	"	"	"	"	"	"	"	"	2⅛	14.12
6	36	"	"	"	"	"	"	"	"	"	"	2	15

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

Sum of Percolation Rates: 109.12
Average of Rates: 18.19
Rate Used for Calculation: 18.19

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Leroldt C. Hood R.E.H.S. Date April 16, 1999

FORM 23-101 10-96

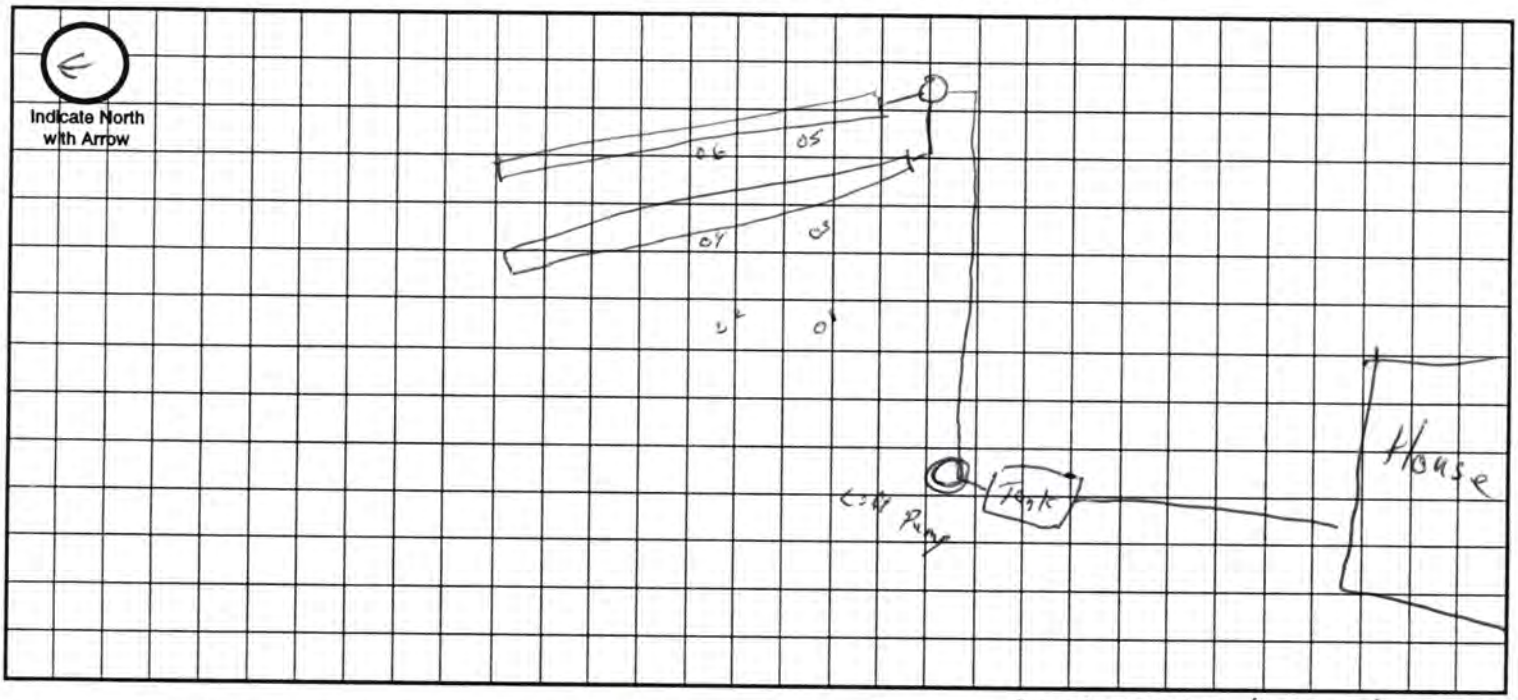
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12801 YANKEE HILL RD City BENNET NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other (Laterals only) & Pump Station

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

Percolation Rate 18.19 (min. per inch) Soil Type: _____ Land Slope: 10 %

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

Total Square Feet of Field Required: 645 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: In-Drighter

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 166 ft. Number of Trenches 2 Trench Width 48"

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

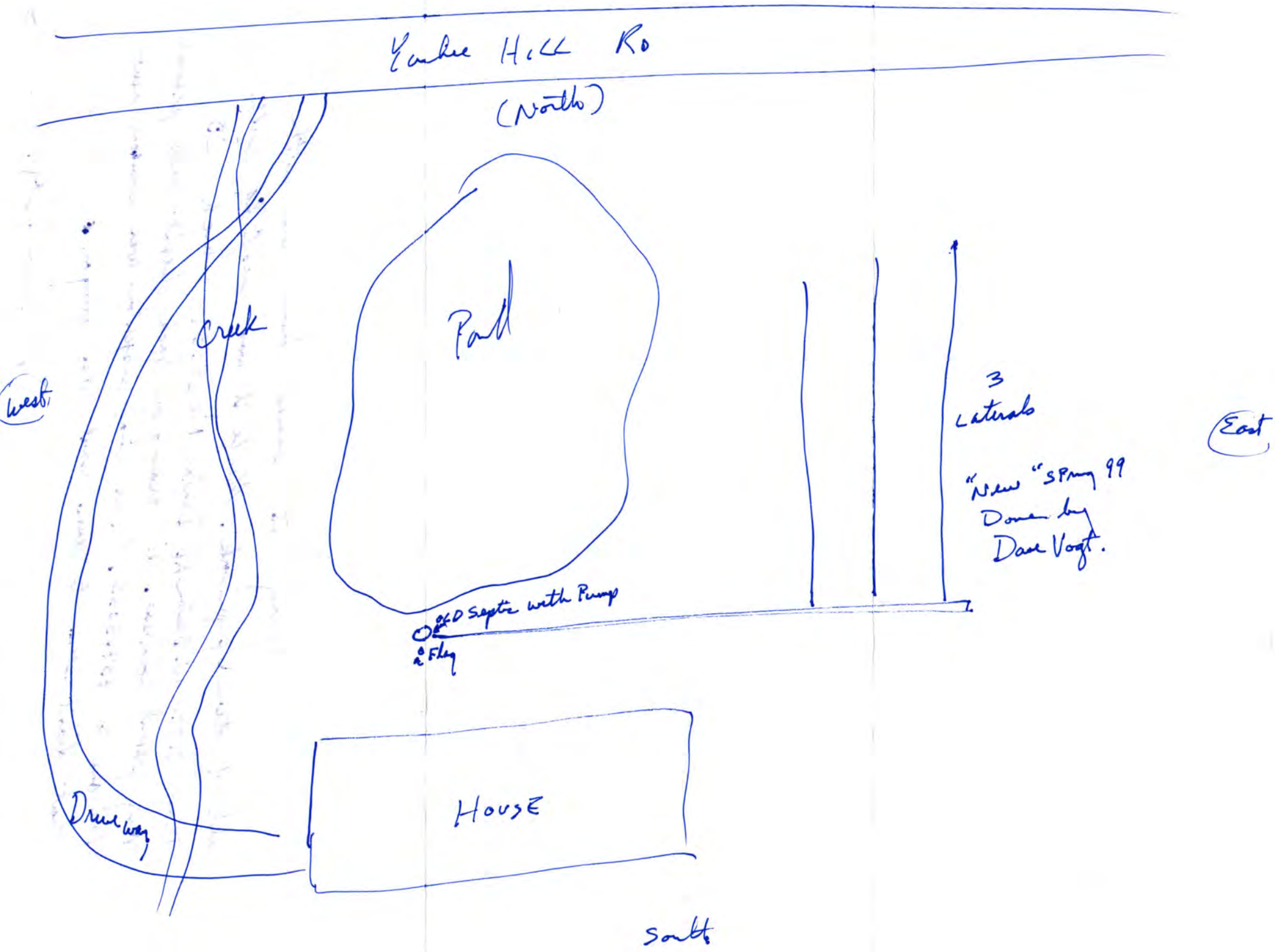
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor John P Mayo Date 4-15-99

Installer _____ Date 4-15-99

FORM 23-102 10-96


Yankee Hill Rd
(North)
Creek
Pond
West
3
Laterals
East
"New" SPring 99
Done by
Dave Voigt.
1500 Septic with Pump
& Flag
House
Driveway
South

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. 91380073601

Issued 08/03/91
Expires 02/03/92

ESTABLISHMENT

MERL HAYES
T9N R8E SEC 29
12335 YANKEE HILL ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MERL HAYES
6000 LILLIBRIDGE ST
APT 14
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/8/91	PAID

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: $_____

FILE NO._____

DATE: 7-19-91

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 SEE ATTACHED 29 ;
   Block_____ : Lot_____ : Addition_____
   Street Address 12335 Yankee Hill Rd

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: NA ft.

Merl Hayes by Brad Southwick
Signature of Applicant (Owner or Lessee)

Lincoln Ne 7019 Hickman, Ne 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/2/91 . Date Frwd. 8/5/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-5-91 . Date Frwd. 8-5-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumann

3. City or County Engineer: Date Rec'd. 8/5/91 . Date Frwd. 8/5/91 . ACTION: Approved ☐ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/13/91 By: Jerrold C. Hood

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 8 ; Section & ¼ Section 29 M/N/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: 2-27 to 2-28-91. Weather: Precip. _____ Temp. _____

OWNER: B C Const. (Merle Hays)

Address: Lincoln, Ne

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	2/27	9:30	2/28	11:00	2/28	3:15	24½	3:45	25⅛	30	⅝	
2			A		A		P	21⅜		22¼		⅞	
3								24¼		25¼		1	
4								22¼		23⅛		⅞	
5								24⅛		24¾		⅝	
6								23		23½		½	
7								26¼		27⅛		⅞	
8								23⅜		24⅜		1	

Brad Southard
Signature of Person Conducting Test

Sum of Percolation Rates: 6⅜
Average of Rates: .80
Mean of Rates: _____

Address Hickman, Ne Phone 791-2462

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

AS Built 7-17-91

FORM 20102-0477
~~PRELIMINARY~~ PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

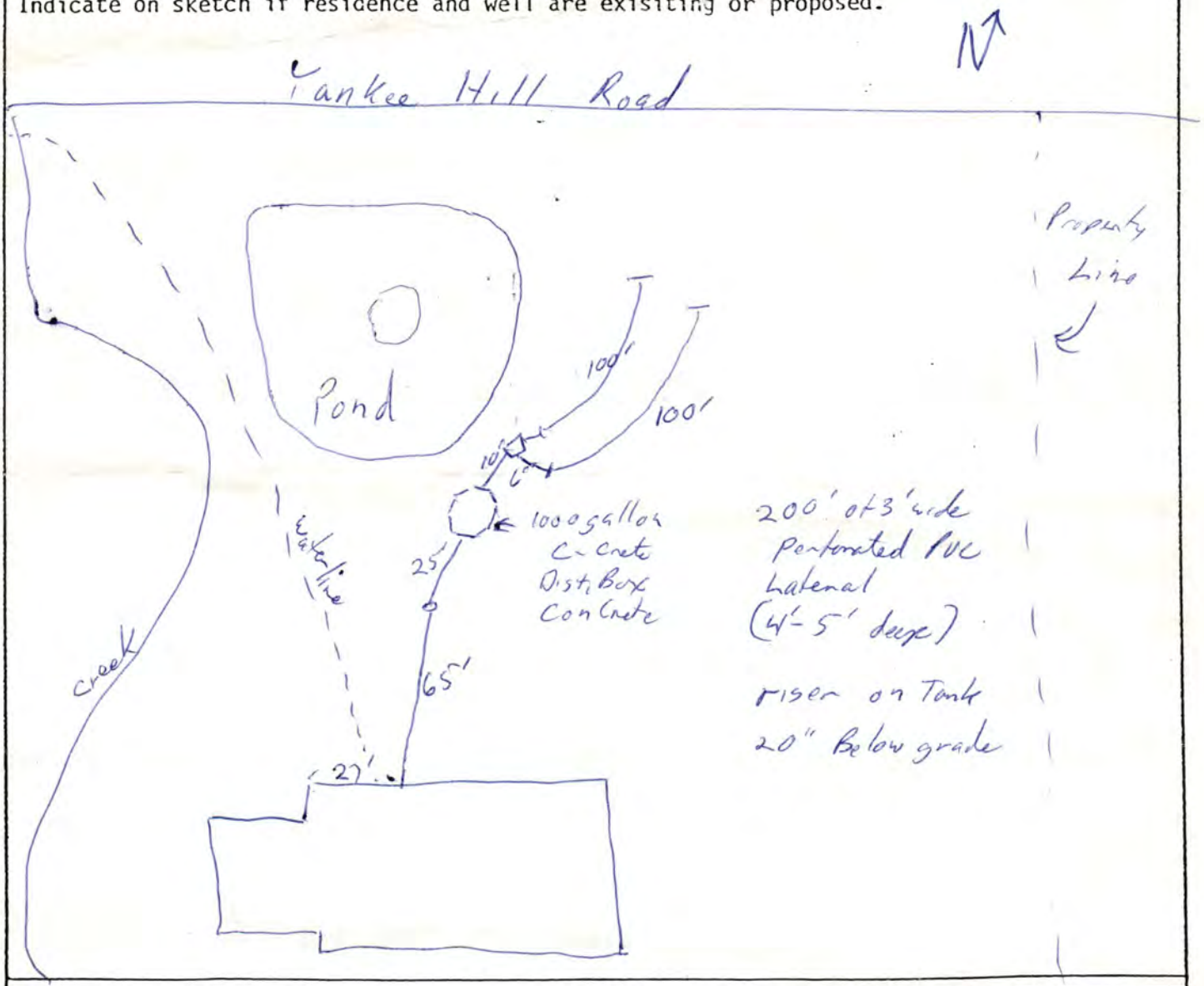
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 993801968

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

EXHIBIT 'A'

A TRACT OF LAND IN THE NE 1/4 OF THE NW 1/4 OF SECTION 29, TOWNSHIP 9 NORTH, RANGE 8 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTH QUARTER CORNER OF SAID SECTION 29, AND EXTENDING THENCE WEST ON THE NORTH LINE OF SAID SECTION 29, 585.00 FEET;

THENCE SOUTH ON A LINE 585.00 FEET WEST OF AND PARALLEL TO THE NORTH-SOUTH CENTERLINE OF SAID SECTION 29, 1503.00 FEET;

THENCE DEFLECTING LEFT 86-16'-24", 586.24 FEET TO A POINT ON THE NORTH-SOUTH CENTERLINE OF SAID SECTION 29;

THENCE NORTH ON SAID CENTERLINE, 1543.0 FEET TO THE POINT OF BEGINNING, CONTAINING 20.45 ACRES (INCLUDING RIGHT-OF-WAY), MORE OR LESS.

Legal description on land owned by:

Merlin & Mary Hayes
12345 Yankee Hill Rd
Box 88A
Bennet, Ne 68317
782-8040

Addendum #6

99032200 7
1 of

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.

LCR 3981

Legal Description of Property: Street Address 12801 Yankee Hill Rd - Bennet

Twp 9N Range 8E Section 29 1/4 NE 1/4 N.W 4 Block ___ Lot 14 Addition ___ of 6th PM

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

* Location of Sewage System Next to Flag pole in backyard Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Merlin & Mary Hayes	12801 Yankee Hill R 68317-2097	(782-8040 430-5051)
Tenant/Buyer:	William Zarnick		
Return to:	1713 Van Dorn 68502		423-0018

Signature of Applicant William Zarnick Kimberly D. Zarnick Address 1713 Van Dorn Lincoln, NE 68502 Date 2/2/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	2/4/99	Date	___/___/___
Initials	lc	Case No.	___
Amount	$150.00 ✓	Initials	___
Check No.	3013 ✓		

PRELIMINARY STATUS--By Paul Daffron **DATE:** 2/5/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 3/19/99 by JS

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Residence served by Rural Water District. Overflow pipe from septic tank extends to drainage way approximately 100' west of tank.
3-19-99 Overflow pipes plugged at both ends w/ concrete See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Daffron Date 3/19/99

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

RECEIVED MAR 19 1999