LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2684-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 13, 1988 — THIS PERMIT EXPIRES

KENNETH E. HANNEMAN — ISSUED TO

3341 NO. 70 STREET LINCOLN, NE 68507 — ADDRESS

T12N; R6E; Sec 32; Bk 5; Lot 3; Willard Estates; 15331 N.W. 30 Street — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
PS.	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

RECEIVED JUN 10 1988

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.

FILE NO. 2684-C

DATE: _____

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. 12N ; Range 6E ; Section 32 ;
Block 5 : Lot 3 : Addition Willard Estates
Street Address 15331 N.W. 30

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.

K E Hanneman
Signature of Applicant (Owner or Lessee)

3341 No. 70 Lincoln 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/10/88 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoke

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/16/88 . Date Frwd. 6/16/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Clerk

3. City or County Engineer : Date Rec'd. 6/20/88 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Hanneman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-28-89 by: m need fence. South dike needs about 6-10" more height.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-12-89 By: Ron Mayer

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. 2684-C

PROPERTY WHERE SOIL TESTED: Willard Estates - Lot 3, Bl. 5
15331 N.W. 30

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 290 ft. x 420 ft. Area: 2.9 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 10-17-87 to 10-18-87. Weather: Precip. 0 Temp. 50°.

Holes - 4-5-6 had water in From Pre-test

OWNER: Ken Hanneman
Address: 3241 No. 70th 68507
466-3965

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"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 3/4"	30m	1/4"	
2	36"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 3/4"	"	1/4"	
3	36"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 5/8"	"	3/8"	
4	36"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 7/8"	"	1/8"	
5	36"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 7/8"	"	1/8"	
6	36"	10-17	11:30 Am	10-18	8:00 Am	10-18	8:00 Am	6"	9:00 Am	5 7/8"	"	1/8"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 Dan Ave. Pre-Cast Step Co. Phone 464-0638

(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

_____
Signature of Reviewing Official

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

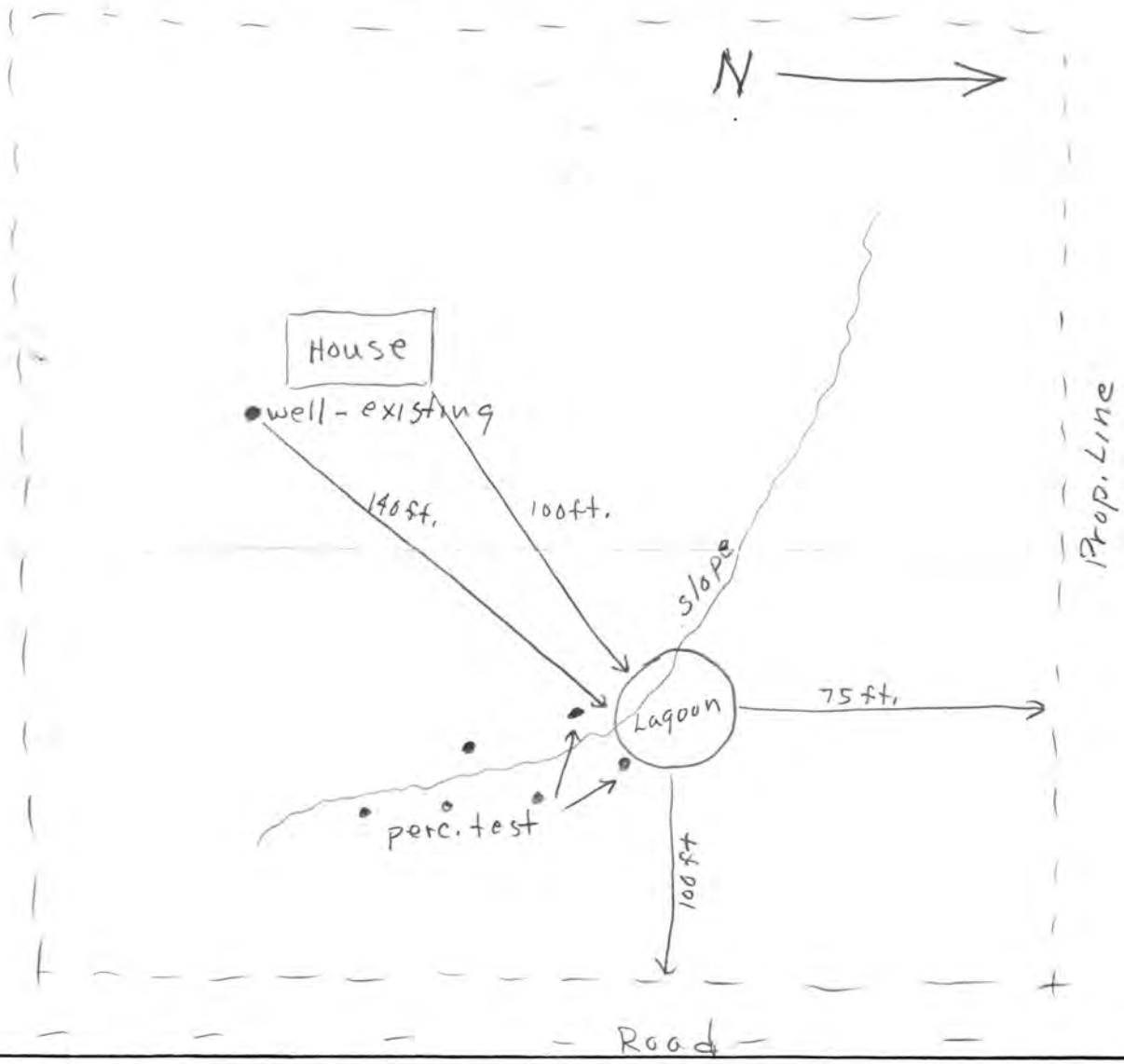
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

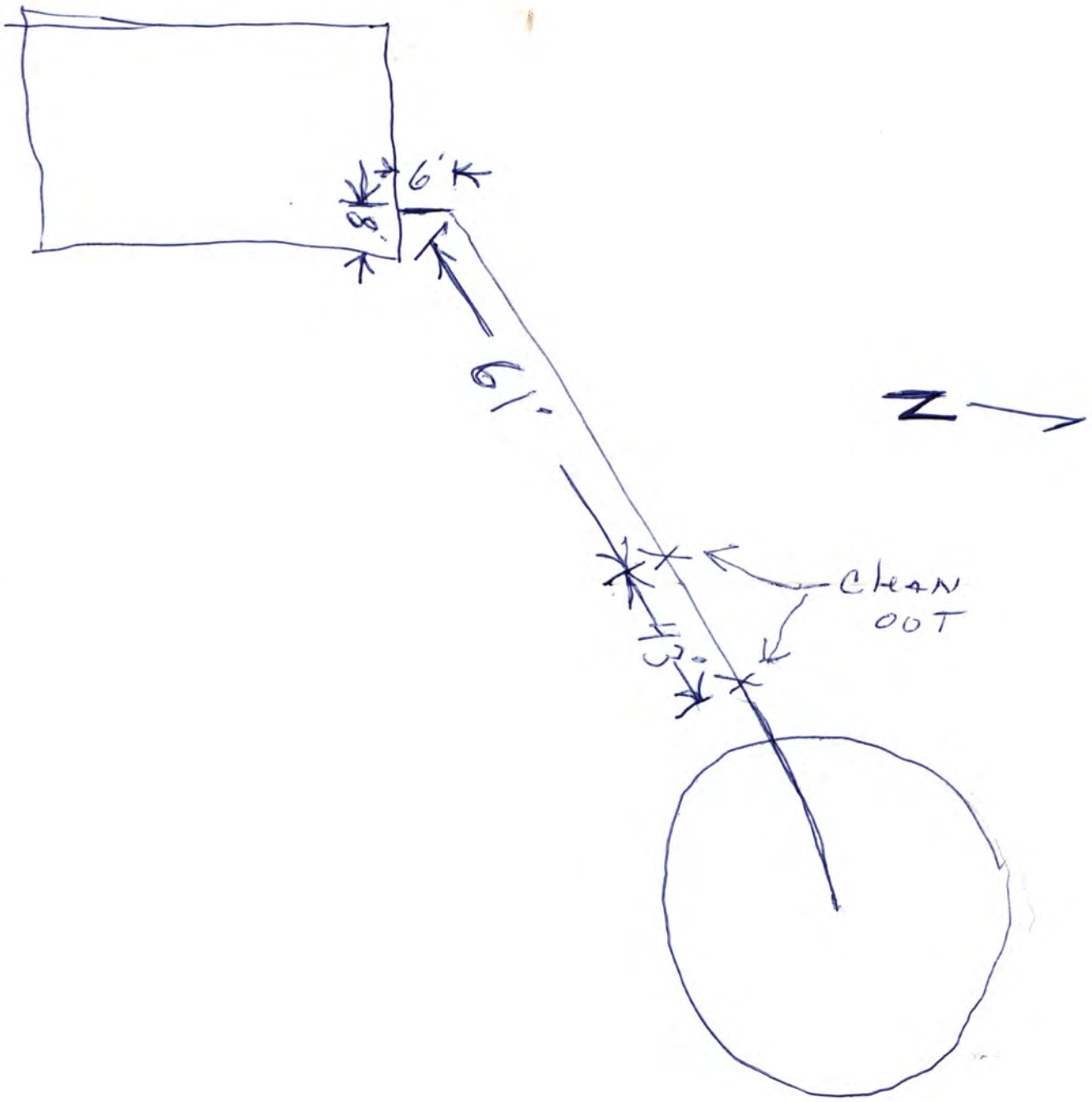
Remarks: _____

_____

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


6'-0"
8"
61'-0"
N
CLEAN OUT
13'-0"

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 2-1-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK 5

LOT 3; ADDITION _____; Street Address _____

Directions to Property W Pleas E 1 blk

Location of Well E [illegible] NE [illegible] Tap Location: Inside ☐ Outside ☒

Location of Sewage System NE Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	K.E. Hanneman	15331 NW 30 Raymond NE 68428	783-2271
Tenant/Buyer:			
Return to:	American Charter Attn Deb Holsing	3930 South	

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

Signature of Applicant K E Hanneman Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 2-1-89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-1-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 2-1-89 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY [signature] DATE 2-7-89

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