LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION

No. 95380137601

Issued 11/17/95
Expires 05/17/96
Revenue Code 18754

Establishment
WELLMANN PLUMBING
T12N R6E SEC 30
LOT 21
17301 NW 40 STREET

FEES: $150.00

TOTAL $150.00

Permittee
WELLMANN PLUMBING
3301 S 6 ST
APT B
LINCOLN NE 68502

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 11/14/95

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. 12 N ; Range 6E ; Section 30 ;
   Block NE 1/4 : Lot 21 Irr. : Addition _____
   Street Address 17301 N. W. 40TH

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

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

4. Distance to public sewer: _____ ft.

Wellmann Plumbing
Signature of Applicant (Owner or Lessee)

3301 SOUTH 6TH STREET,
Address LINCOLN, NEBRASKA 68502

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/16/95 . Date Frwd. 11/16/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-16-95 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

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

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-22-95 by: rm needs fence
Date: 12-26-95 by: rm fence ok
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-26-95 By: Ron Marquardt

FORM 23-43

Wellmann

PLUMBING, INC. HEATING & AIR, INC.

3301 S 6th Street
Lincoln, Nebraska 68502

Phone (402) 434-2400
Fax (402) 434-2402

JUST THE FAX!!!

TO: Jerry Hood

FROM: Tim H

DATE: 11-15-95

JOB: 17301 N.W. 40

NUMBER OF PAGES INCLUDING THIS: 2

MESSAGE:

Perc Results.

The information contained in this facsimile message is confidential and may be privileged and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank You.

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

17301 N.W. 40th FILE NO.

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 6 E ; Section & ¼ Section 19 .
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: 8-28-95 to 8-28-95 . Weather: Precip. ☀ Temp. 98° .

all holes have water left in them from pre-saturation period

OWNER: Jim Russman
Address: 17301 N.W. 40th

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"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	6"	30 min	0	
2	36"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	5½"	30 min	½"	60
3	36"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	5¾"	30 min	¼"	120
4	36"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	6"	30 min	0	
5	36"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	6"	30 min	0	
6	36"	8-28	8 pm	8-29	5:30 pm	8-29	5:30 pm	6"	6:30 pm	6"	30 min	0	

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

Signature of Person Conducting Test

Address 2700 Van Ave. Phone 464-0638
Lincoln, Ne

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): ____
Date: ____

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

Signature of Reviewing Official

FORM 20104-0477
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

D

DATE: 11-22-95

FILE NO. _____

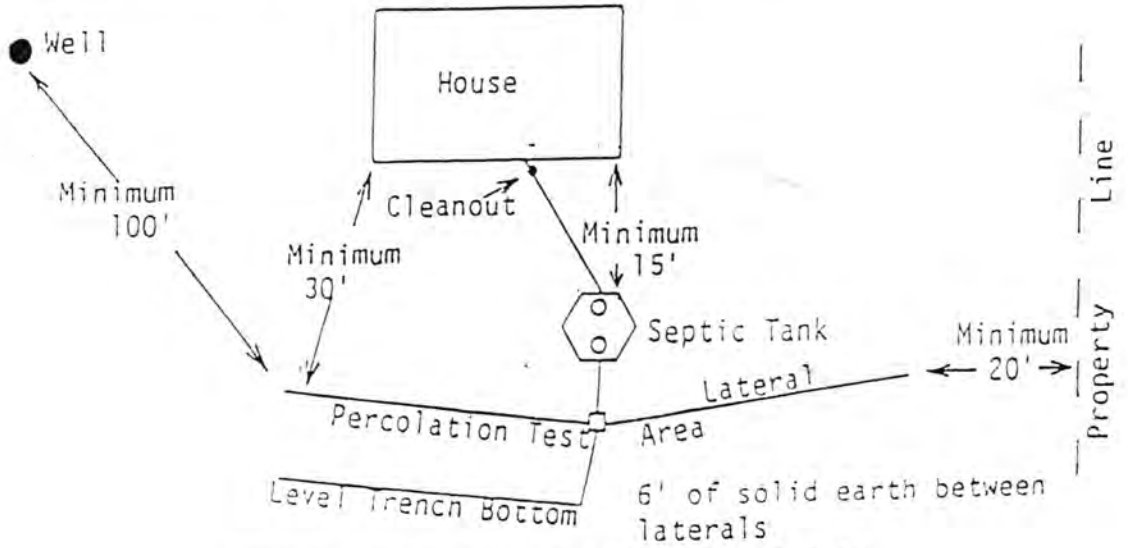
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Schedule 40; Diameter 4 in.
2. Distance above basement floor —— in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 250' ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line ? ft.; Stream _____ ft.; Pressure Line 3 ft.; Property Line ~~[illegible]~~ 150' ft.

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

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

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

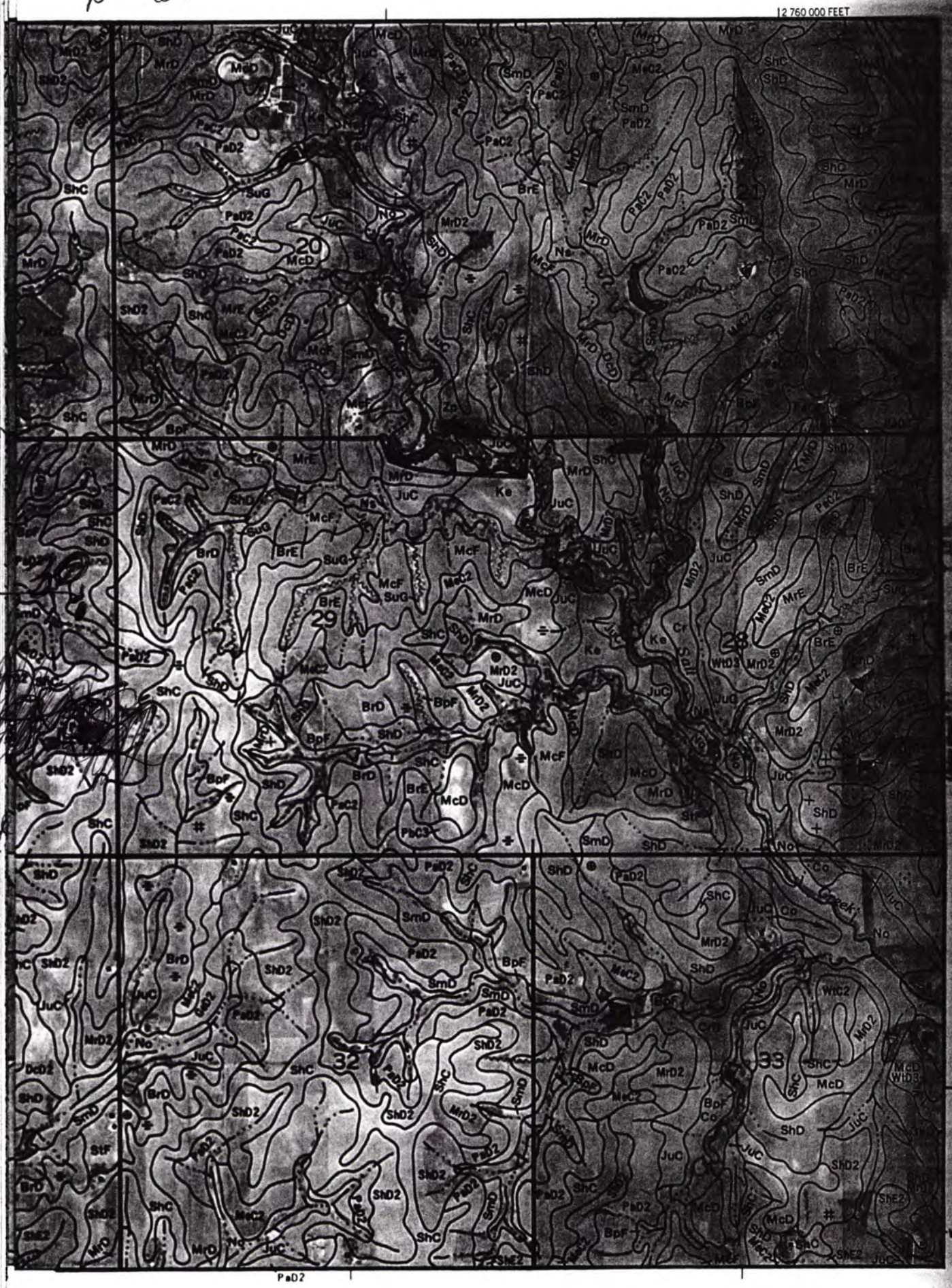


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N
House
1730' N.W. to S.E.
75'
75'
75'
Lagoon
LO
LO
LO
N.W. to S.E.

NEBRASKA — SHEET NUMBER 8

NW 40W



COPY

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

RECEIVED OCT 31 2005

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

Legal Description of Property: Street Address 17433 NW 40th, Raymond, NE

Parcel ID 13-30-200-009-000 (i.e. 99-99-999-999-999)

Twp 12N Range 6E Section 30 1/4 NE 1/4 Block 0 Lot 217 Addition

Directions to Property North 14th St to Raymond Road - west to NW 40th then north to 17433 NW 40th

Location of Well in bush 15' from front door Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon on SW side of house Year Installed 1995

Site Hazards (dogs, etc.) No

	NAME	ADDRESS	PHONE
Present Owner:	John Howard	17433 NW 40	783-9403
Tenant/Buyer:	John Davis	2807 NW 8th Lincoln, NE 68521	474-0972
Return to:	Steve Stueck	4501 So. 86th Lincoln, NE 68526	436-3156 436-3199 (Fax)

Signature of Applicant John R Davis Address 2807 NW 8th Lincoln, NE 68521 Date 10/28/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/31/05 Amount 200.00 Check No. 2026 Initials

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/1/05

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

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☒ (corrected)

Additional Site Visits

Date 11/14/05 by

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Cattails in lagoon need to be removed. (corrected 11-14-05)

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 11/15/05

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

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

RECEIVED AUG 25 2004

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

Legal Description of Property: Street Address 17301 NW 40 Raymond, NE 68428-4222

Parcel ID 13-30-200-009-000 (i.e. 99-99-999-999-999)

Twp 12N Range 6E Section 30 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Raymond Rd to NW 40th, then north 1½ miles

Location of Well front of house, south side of driveway Tap Location: Inside ☐ Outside ☒

Location of Sewage System See attached Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Valerie D Craig	17301 NW 40, Raymond	525-2229
Tenant/Buyer:	John F Howard	Staybridge Suites, 7301 Fletcher Ave	323-5182
Return to:	Gloria Aron	Woods Bros Realty 7141 A St. (10)	730-5921 434-3801 (Fax)

Signature of Applicant ___ Address ___ Date 08/24/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/25/04 Amount $200.00 Check No. 1151 Initials ___

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

PRELIMINARY STATUS--By K. Moravec **DATE:** 8/26/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 8/27/04 by ___

Date 8/13/04 by ___

Date ___/___/___ by ___

Comments: called deficiencies in to Ms. Aron on 8-30-04 for correction.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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

P 27-02 CR 0 ECR 0

P25834-75

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

Legal Description of Property: Street Address 17301 NW 40th St Raymond NE

Parcel ID 13-30-200-009-000 (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 30 1/4 ___ 1/4 ___ Block ___ Lot 21 Addition ___

Directions to Property 1½ Miles North of Raymond on NW 40th St. House is on west side of road.

Location of Well East side of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southwest of House Year Installed 1996

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	James & Tamara Russman	17301 NW 40th Raymond NE	___
Tenant/Buyer:	Valerie Craig	7701 W. Yankee Hill Rd Denton NE	402-797-5885
Return to:	Realty Center	6101 Havelock Ave Lincoln NE 68507	466-8181 / 466-7462 (Fax)

Signature of Applicant Valerie D. Craig Address 7701 W. Yankee Hill Rd Denton NE 68339 Date 5/22/02

2.00

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/23/02 Amount 200.00 Check No. 1368 Initials LS

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

PRELIMINARY STATUS--By Leon Marquart **DATE:** 5/30/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/12/02 by LM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: 1½

See Attached Letter ☐

3

FINAL STATUS

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

Approved by Leon Marquart Date 6/13/02

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

T-34640.PRM

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 17301 NW 40th

Twp 12N Range 6E Section 30 1/4 NE 1/4 ___ Block ___ Lot 21 Addition ___

Directions to Property ___

Location of Well in front of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System South west of House Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	James L. and Tamara J. Russman	5241 W. Chadderton Circle Lincoln NE 68516	438-4270
~~Tenant/Buyer~~ Builder:	Kent Apthorpe	2925 Raleigh Lincoln, NE 68516	423-6313
Return to:	State Title Services, Inc.	P.O. Box 85355 Lincoln, NE 68501	434-5020

Signature of Applicant Tamara J Russman Address 5241 W. Chadderton Circle Lincoln, NE 68516 Date 12/06/95

HEALTH DEPARTMENT USE ONLY

Date Received 12/7/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Marquart **DATE:** 12/7/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒ Corrected	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 12/26/95

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.