LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2728-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JAMES (JAKE) KEHR — ISSUED TO

5120 EMERALD DR., APT. 2 LINCOLN, NE 68516 — ADDRESS

T12N; R6E; Sec 22; Box 8AC, Davey, NE — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
116	9-7-88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977

RECEIVED SEP 7 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: $_____

FILE NO. 2728-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. 12 North; Range 6 East; Section 22;
Block _____: Lot PART I.T.: Addition _____
Street Address Box 8 AC Davey Ne. ½ mile North of Davey Road on 1st Street

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. Lagoon

J. C. Kuhn
Signature of Applicant (Owner or Lessee)

5120 Emerald Dr #2 Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/7/88. Date Frwd. 9/7/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/7/88. Date Frwd. 9/7/88. ACTION: Approved ☐ Disapproved ☐ Signature: Walt Stutt

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

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: Sept-1-88 by: Dan sewer line only
Date: 10-3-88 by: Jim
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-3-88 By: Ken Wagner

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

Test taken ½ mi. N. of 1st + Davey Rd. West Side

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section E½ Sec.
Property Dimensions: _____ ft. x _____ ft. Area: 35.0 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-11-88 to 6-12-88. Weather: Precip. 0 Temp. 70°.

Holes 3-4-5-6 had water in from Pre-test

OWNER: Melissa E. Kehr
Address: 5120 Emerald Dr. Apt. 2
423-6272

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"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	10:00 Am	5 1/8"	30m	7/8"	
2	36"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	10:00 Am	5 5/8"	"	3/8"	
3	36"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	8:30 Am	5 7/8"	"	1/8"	
4	36"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	8:30 Am	5 7/8"	"	1/8"	
5	36"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	8:30 Am	5 3/4"	"	1/4"	
6	36"	6-11	1:00 Pm	6-12	8:00 Am	6-12	8:00 Am	6"	8:30 Am	5 3/4"	"	1/4"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 Dan Ave Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: MUST BE SEALED
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 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 ☐

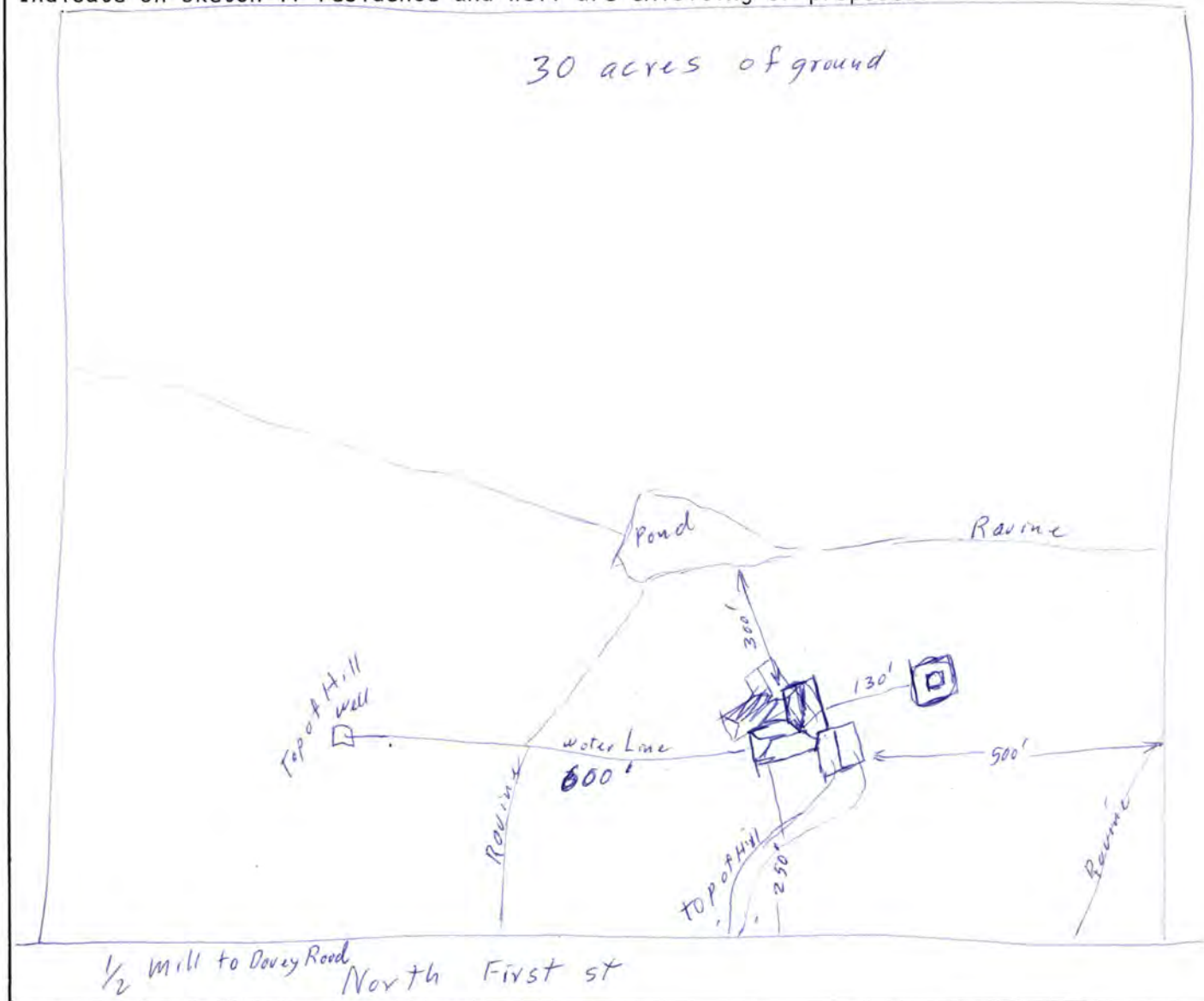
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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

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: _____

FILE NO. _____

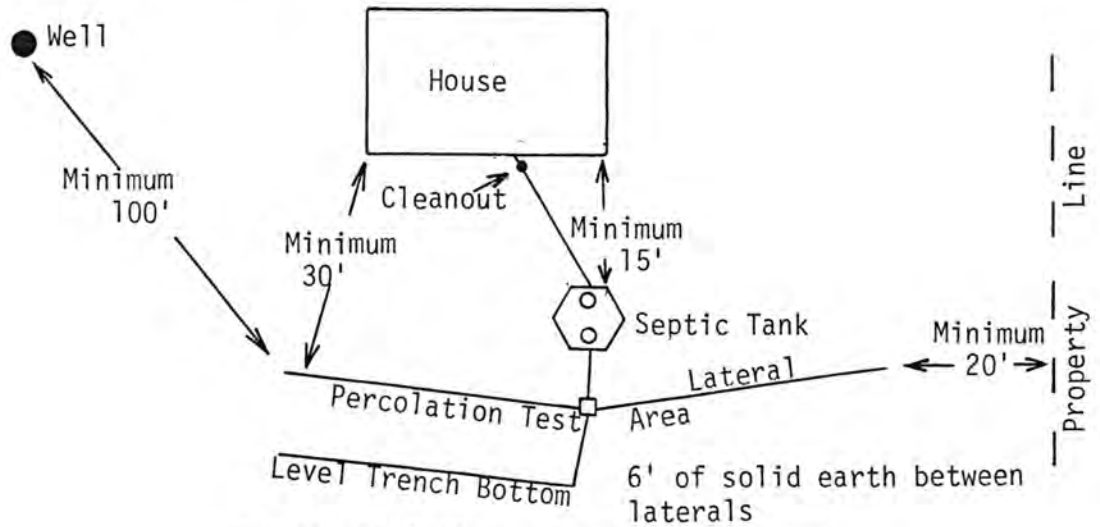
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Schedule 40
1. Material plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 10" in.
3. Distance between dwelling and septic tank 130' ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 700 ft.;
Stream 120 ft.; Pressure Line _____ ft.; Property Line 400 ft.

B. SEPTIC TANK:
1. Material Lagoon; 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.

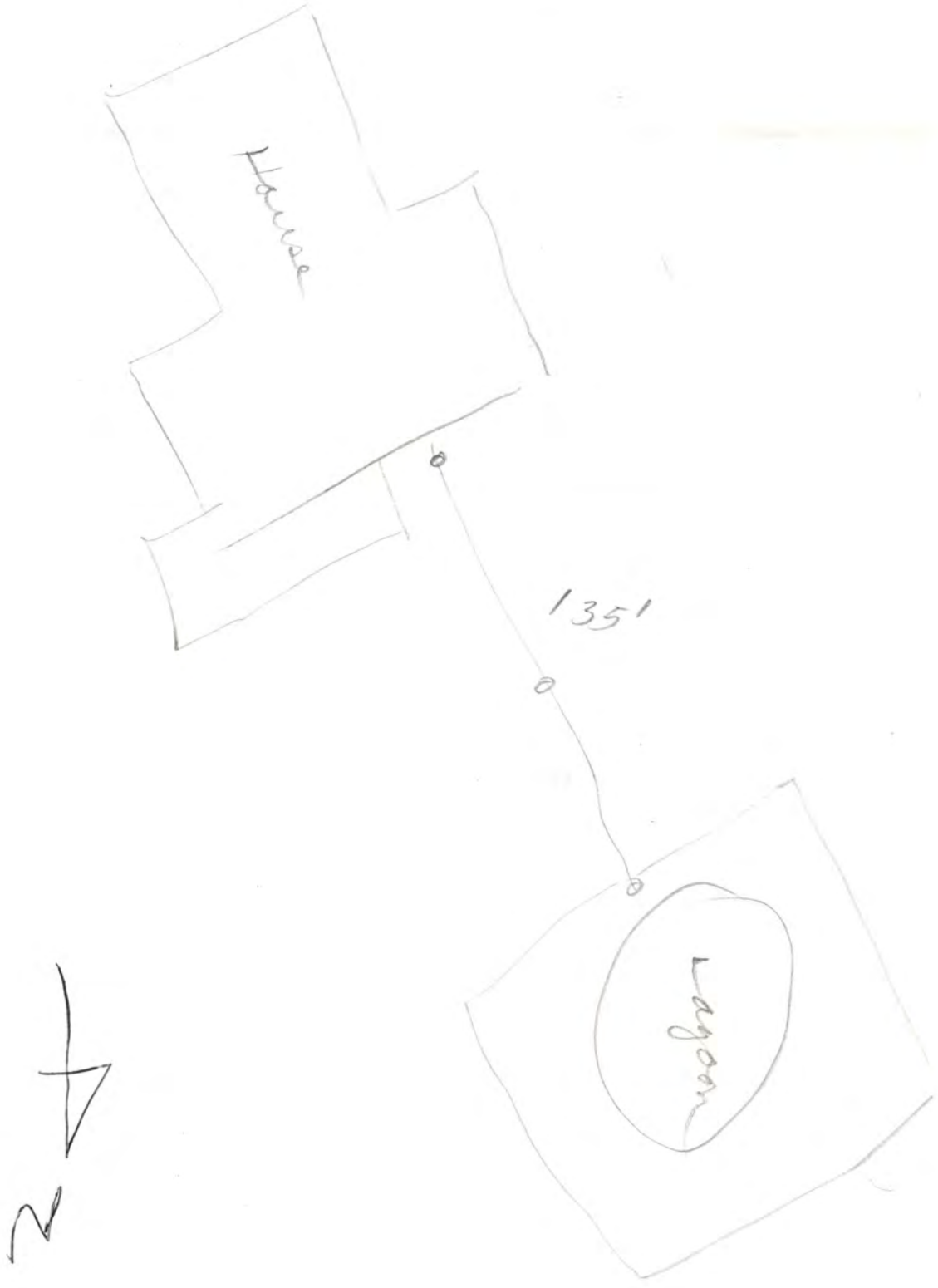
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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.

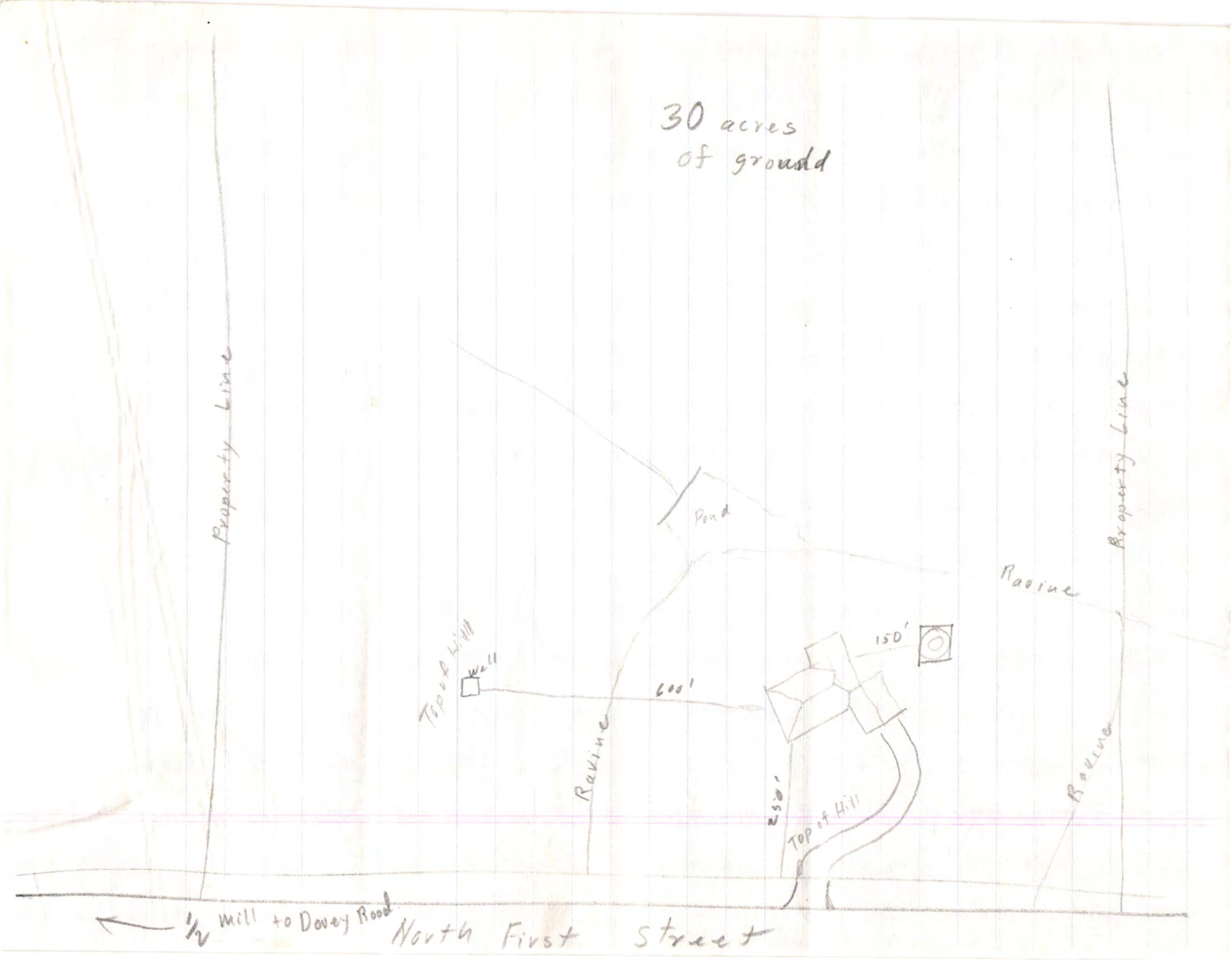


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-3-88 INSTALLER _____




30 acres
of groudd
Property Line
Pond
Ravine
Property Line
Top of Hill
Well
600'
150'
Ravine
Ravine
450'
Top of Hill
½ Mill to Dovey Road
North First Street

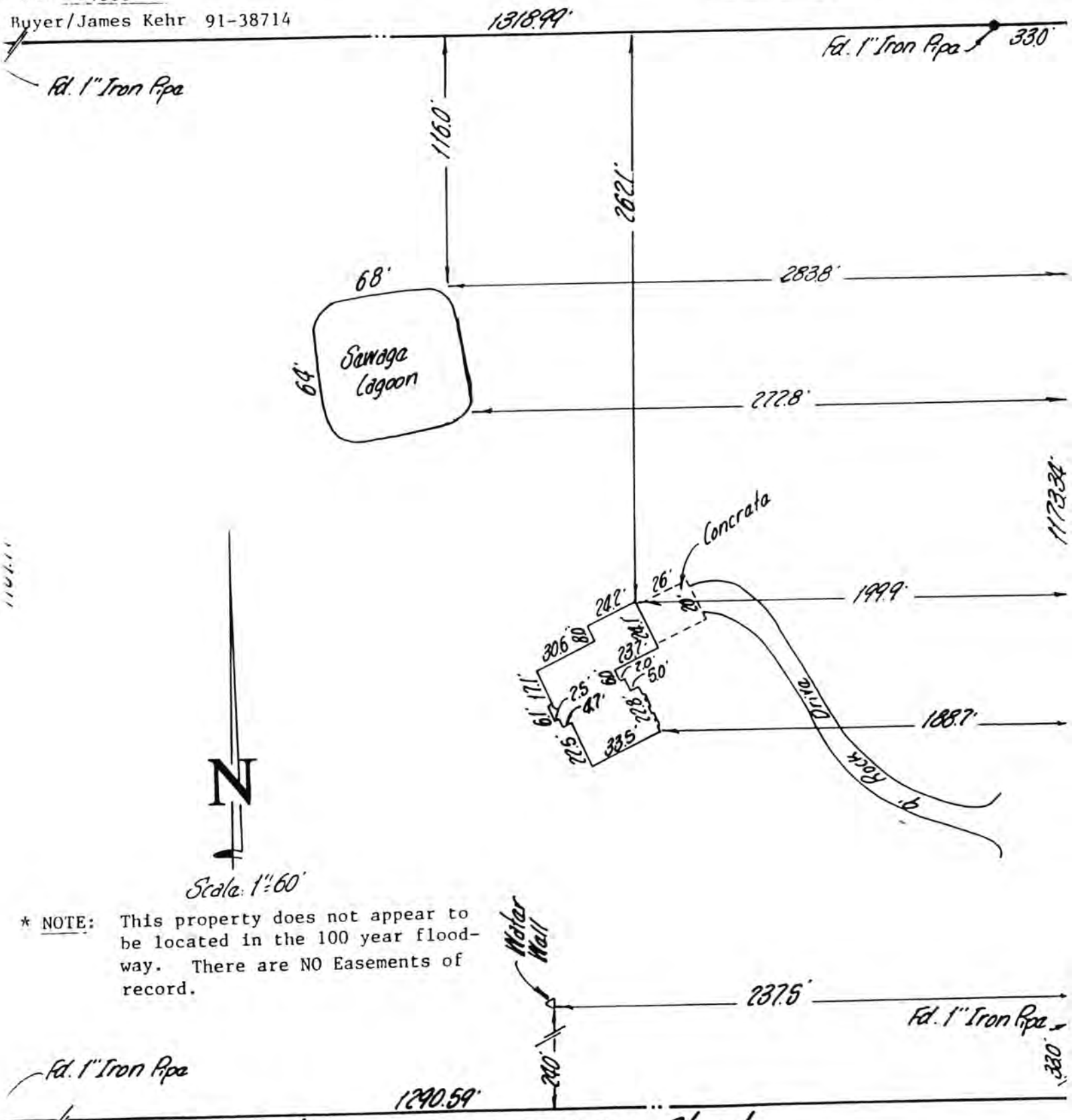
Part of Lot 4, Irregular Tracts in the East 1/2 of the East 1/2 of Section 22, Township 12 North, Range 6 East of the 6th P.M., Lancaster County, Nebraska more particularly described as follows: Referring the the East 1/4 corner, of said Section 22; thence 179°29'37" (assumed azimuth), in a Southerly direction, along the East line of said Southeast 1/4, a distance of 35.86 feet to the point of beginning: thence continuing 179°29'37", in a Sourtherly direction, a distance of 1173.34 feet; thence 270°11'02", in a Westerly direction, a distance of 1323.59 feet, to apoint on the West line of the said East 1/2 of the Southeast 1/4; thence 359°43'01", in a Northerly direction, a distance of 1169.17 feet to a point on the West line of the said East 1/2 of the Southeast 1/4; thence 90°00'00", in an Easterly direction, a distance of 1318.99 feet to the point of beginning.

18401 North 1st Street - Lot 16 of Irregular Tracts located in the Southeast Quarter of Section 22 T 12 N, R 6 E of the 6th P.M.

No. 14608

November, 19 91

Buyer/James Kehr 91-38714



* NOTE: This property does not appear to be located in the 100 year floodway. There are NO Easements of record.

LOCATION CERTIFICATION

This inspection and the accompanying plat are true and correct to the best of our knowledge and belief and were prepared for mortgage title insurance only. This does not constitute a boundary survey and is subject to any inaccuracies that a subsequent boundary survey may disclose. This property corners were set and is not to be used or relied upon for the establish-

PROFESSIONAL LAND SURVEYOR DENNIS D. SIMONUS COLORADO

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: 11-22-91

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 22; BLOCK —

LOT Ho; ADDITION —; Street Address Rt 1 Box 8AC Davey NE 68336

Directions to Property go No out of Lincoln on N. 14th St to Davey Rd. Turn left & go 1 mi West on Davey Rd to No 1st - turn Rt on No 1st & go ½ mi No — gray brick house west side of house approx 1/4 mi No of house 200 yds.

Location of Well Tap Location: Inside ☑ Outside ☑

Location of Sewage System No of house 200 yds. Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	James A & Melissa E Kohler	Rt 1 Box 8AC Davey NE 68336	785-3455
Tenant/Buyer:	Refinancing	Mortgage	
Return to:	Don Walker Real Estate Lending	First Nat Bank Box 81008 Lincoln NE 68501-1008	434-1036

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

Signature of Applicant Melissa E Kohler Address Rt 1 Box 8AC

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HEALTH DEPARTMENT USE ONLY

Date Received 11-22-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-22-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11-22-91 by RM
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 4.0 2.1	☐	Disapproved:	☐	Date ____ by ____

Comments: Recommend regular mowing of vegetation on dikes of Lagoon.

address — 14401 N. 1st See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard, R.S. DATE 12-2-91

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