FILE NO. 1563

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 6, 1980
THIS LICENSE OR PERMIT EXPIRES

Harold Bishop by Paul von Willern — 5850 Fletcher, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

T10N, R5E, Section 11 NW¼, Parcel 10
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1563

DATE: 7-2-79

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. 10N ; Range ~~10~~ 5E ; Section 10 NW¼
   Block _____ : ~~Lot~~ PARCEL 10 : Addition _____
   Street Address _____

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: Miles ft.

Harold Bishop
Signature of Applicant (Owner or Lessee)
by Paul von Gillern
5850 FLETCHER AVENUE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/9/79. Date Frwd. 7/9/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/9/79. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Bruce N. Sherwood

3. City ~~or County~~ Engineer: Date Rec'd. 7-9-79. Date Frwd. 7-9-79. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/13/79 by: J.C.H.
Date: 9/17/79 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/8/79 By: Jerrold C. Hood

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

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: 474-1541

B

FILE NO. 1563

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 10 ; Section & ¼ Section NW ¼. SEC 5
Property Dimensions: _____ ft. x _____ ft. Area: 5.48 acres. (Attach PERP. AT 10 Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-29-79 to 6-30-79. Weather: Precip. 0 Temp. 85.

OWNER: Harold Bishop

Address: _____

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	24"	6/29	8:30	Am 6/30	8:30	6/30	8:30	6"	1:15	4 3/4	60	1 1/4	60 / 1 1/4
2										4 3/4		1 1/4	1 1/4
3										3 3/4		2 1/4	2 1/4
4										4 3/4		1 1/4	1 1/4
5										5 3/4		1/4	1/4
6										5 3/4		1/4	1/4
7										3 1/4		2 3/4	2 3/4
8										2 1/2		3 1/2	3 1/2
9										2 1/4		3 1/4	3 1/4
10										3 3/4		2 1/4	2 1/4

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

Signature of Person Conducting Test: Gary Gillespie

Address: 5308 N Antelope Valley Blvd Phone: 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: July 3, 1979

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official: Jerrold C. Wood

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

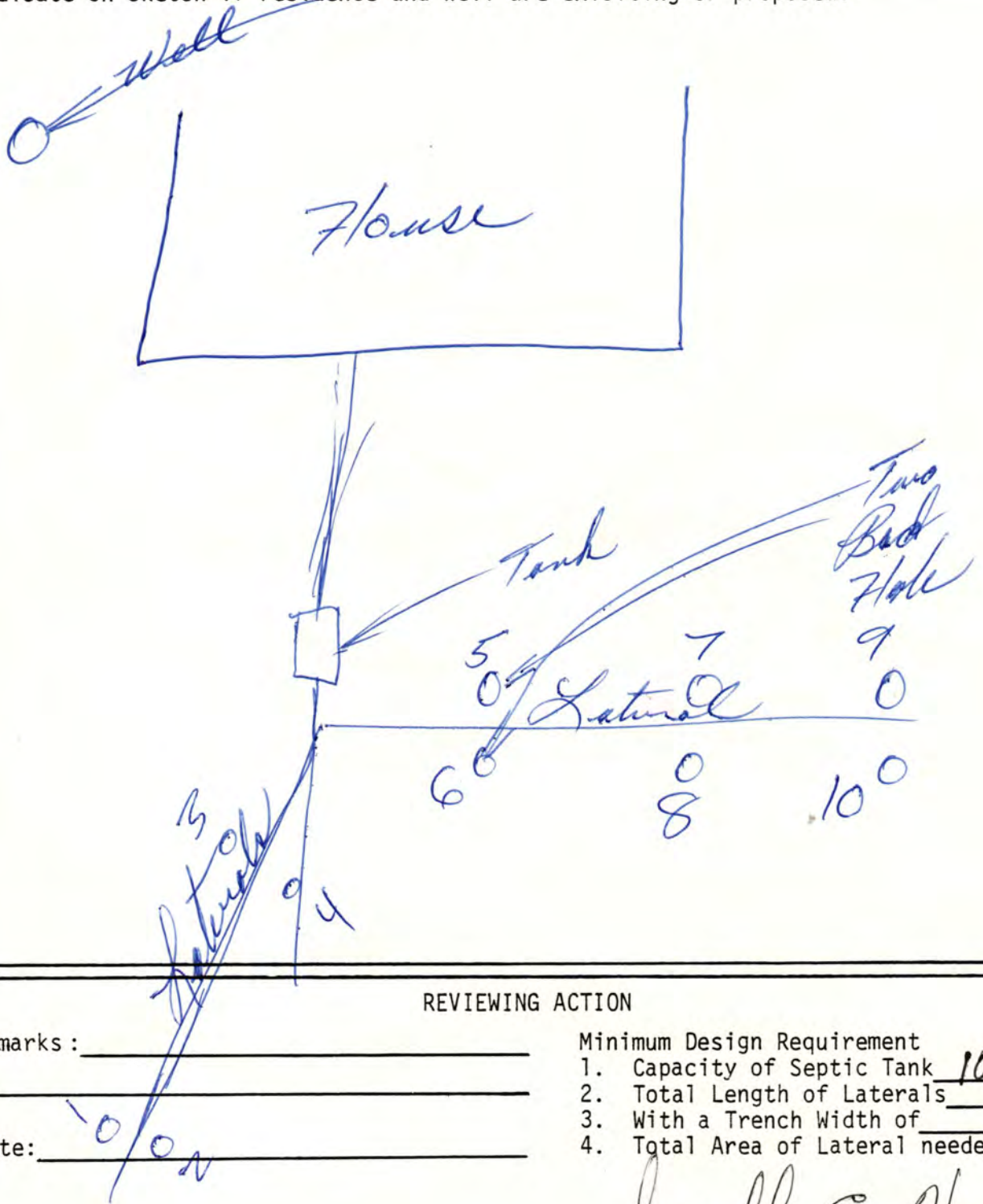
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1563

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



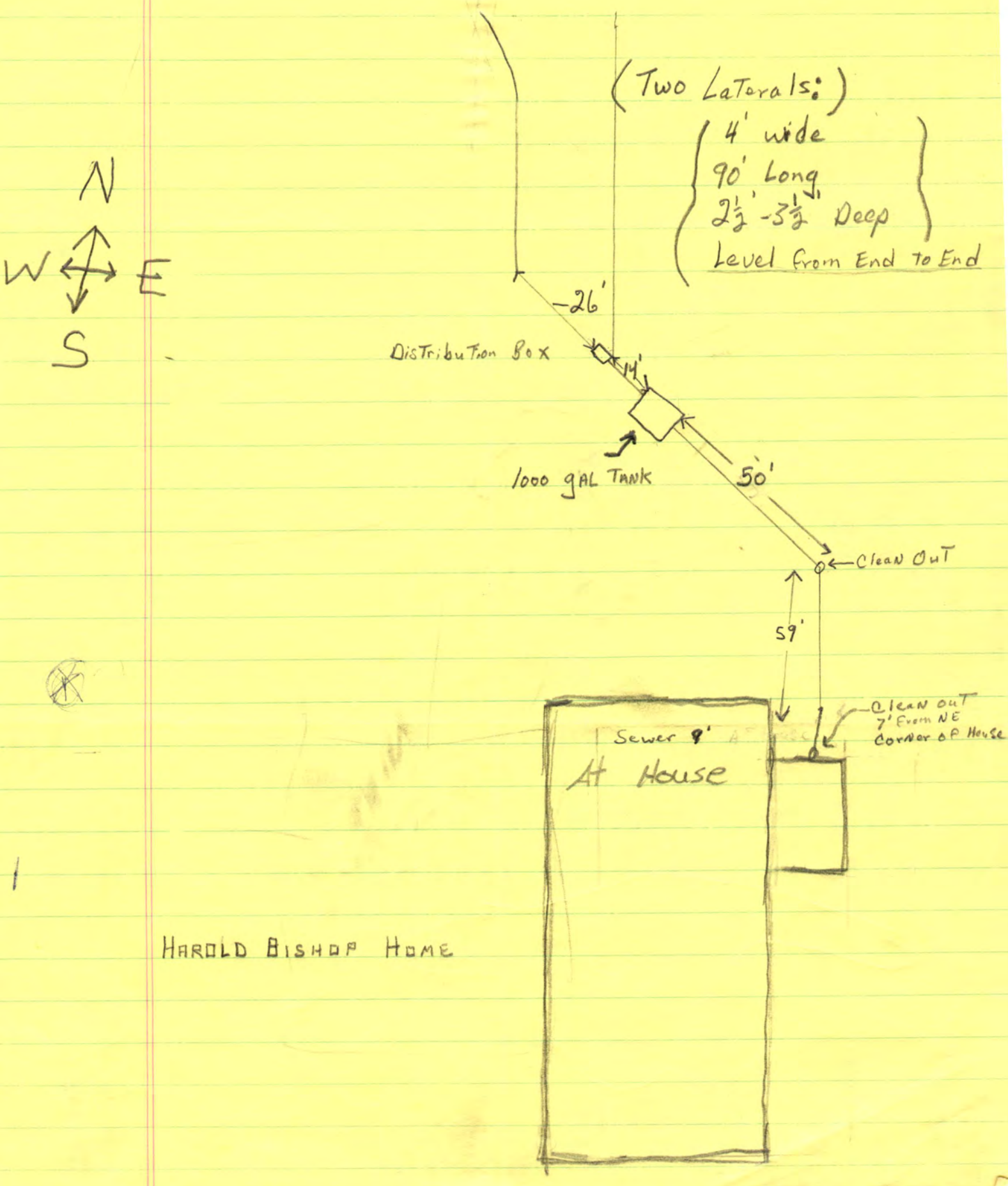
REVIEWING ACTION

Remarks: _____

Date: 10/20/71

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 178 ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 713 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



HAROLD BISHOP HOME

015

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 4240 N.W. 84th St. Lincoln

Twp 10 Range 5 Section 11 1/4 NW 1/4 Block ___ Lot 3 Addition ___

Directions to Property 4 miles South of Havac 34 on NW. 84th. or North on N.W. 84th off West O St. (East side of road. Look for Hoyne RG Sign

Location of Well E. of house. Between house & Bldg. Tap Location: Inside ☐ Outside ☒

Location of Sewage System NORTH of HOUSE Year Installed 1980 - 1979?

	NAME	ADDRESS	PHONE
Present Owner:	DAVID AND AUTUMN KOCH	4240 - NW. 84th St.	470-3158
Tenant/Buyer:	CHRISTOPHER HAYHOW	5977 Shady Lane Nazareth, PA. 18064-8643	
Return to: (Home Real Estate)	ERNESTINE LEIF	3910 South St. Lincoln, NE 68506	436-4663 432-4571

Signature of Applicant Ernestine Leif For Buyer Address 3910 South St Lincoln, NE 68506 Date 10/28/96

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	10/28/96	Date	___/___/___
Initials	ES	Case No.	___
Amount	150.00	Initials	___
Check No.	1481		

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/29/96

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☒ conduit 65' to corral	Approved	☒	Date 11/8/96 by P.D.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date 11/13/96 by PD
Nitrate	☒ 5.3 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Recommend continuing to check every 2-3 yrs. to see if septic tank needs pumping. 11-8-96 Conduit repaired, well too close to corral - PD. 11-13-96 Corral sectioned off. Animals in north section. Bacterial sample collected - PD. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Williams Date 11/18/96

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T10N R5E Sec. 11 Location 4240 NW 84th

Owner/Requestor Koch

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
✓ Loan approval
___ Consultation
___ Other (Specify)

REMARKS (6F) Well located 67' from corral fence and 81' from accumulation of manure. Horse water tank inside of this area (see reverse side)

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   (F.) Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

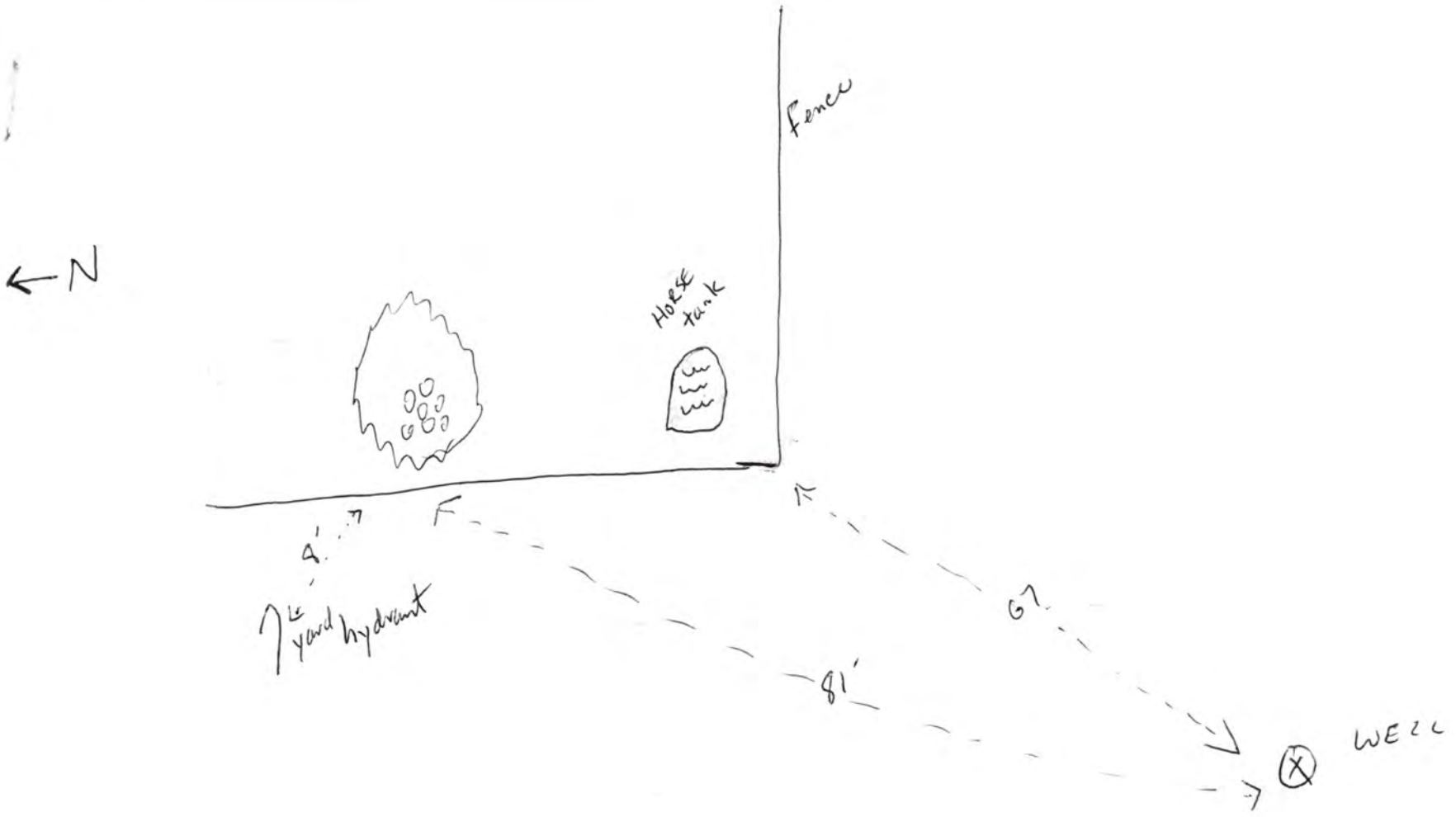
Sewage System ___ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____

Date: _____

WA1002


N
fence
Horse tank
4'
F
7½ yard hydrant
67'
81'
WELL

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 4240 NW 84TH ST Route 4 Lincoln NE 68524

Twp 10N Range 5E Section 11 1/4 NW 1/4 Block ___ Lot ___ Addition Lancaster County

Directions to Property North of Emerald 2 3/4 Miles Paved except last half Brown Brick Home East Side

Location of Well Behind House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Laterals North of House - Collection Pit Year Installed 1982
by Orange Fence Post

	NAME	ADDRESS	PHONE
Present Owner:	Koch, P. David & Autumn L	4240 NW 84TH ST Route 4 Lincoln Ne 68524	470-3158
Tenant/Buyer:			
Return to:	Kim Byrd Metropolitan Federal Bank	238 South 13TH ST Lincoln Ne 68508	435-7241 FAX 477-6485

Signature of Applicant Kim Byrd Address 238 South 13TH ST Lincoln Ne 68508 Date 7/22/93

HEALTH DEPARTMENT USE ONLY

Date Received 7/23/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron McCann **DATE:** 7/23/93 8/9/93 bf J.C.H. 8/10/93 bf J.C.H.

	WATER SYSTEM:	Approved	Disapproved
Construction		☒ Corrected	☒ too close to corral
Bacteria		☒ ____/ml	☒ 93 /ml
Nitrate		☒ 4.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 7/25/93 by ____

Date 8/5/93 by J.C.H/cl $60.00

Date 8/6/93 by J.C.H. 8.4

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/12/93

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.

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