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. 90380011501

Issued 05/02/90

Expires 11/02/90

ESTABLISHMENT

DAN KESTER
T10N R5E SEC 17
BLK 2 LOT 2
WORKMANS SUB.

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE DAN KESTER
5142 W VALE ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED APR 30 1990

9038001115

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:_____

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. 10 N ; Range 5E ; Section 17 ;
Block 4 : Lot 3 : Addition Workmans Sub.
Street Address 12301 Wendy Lane

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.
miles?

Dan Kestas
Signature of Applicant (Owner or Lessee)

Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/30/90. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5/4/90. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5-4-90. ACTION: Approved ☒ Disapproved ☐
or Village Clerk Date Frwd. 5-4-90. Signature: Paul Bauma

3. City or County : Date Rec'd. (illegible). ACTION: Approved ☒ Disapproved ☐
Engineer Date Frwd. 05/04/90. Signature: Ingrid Wagner

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6/7/90 by: L.C.H.
Date: 11-30-90 by: rm
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-11-90 By: Ron Maynard

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 10N ; Range 5E ; Section & ¼ Section 17.
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: 2-10-90 to 2-11-90. Weather: Precip. 0 Temp. 50°.

Hole-6-had water in From Pre-Test

OWNER: DAN Kester
Address: 5142 West VALE Lincoln NE. 470-2451

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

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 DAN Ave Lincoln Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

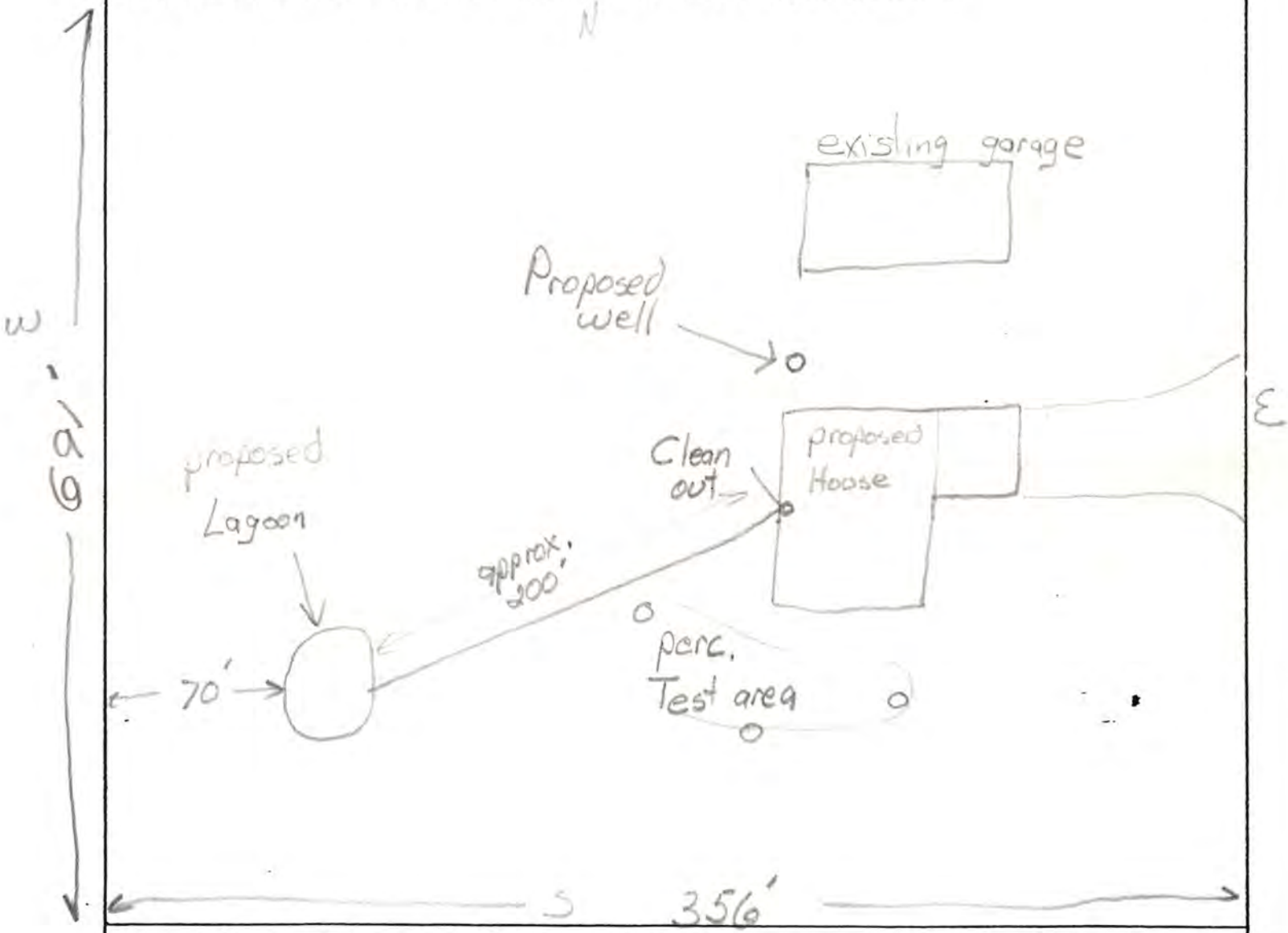
Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: February 16, 1990

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

Jerrold C. Wood
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. _____

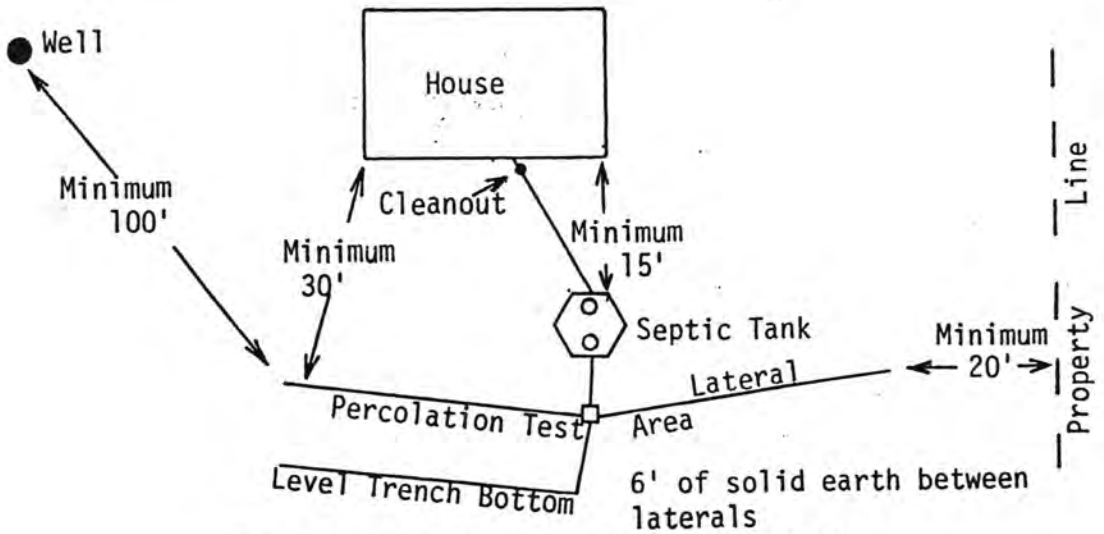
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Schedule
1. Material PVC 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 10 in.
3. Distance between dwelling and septic tank 200 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 240 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 70 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.

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.

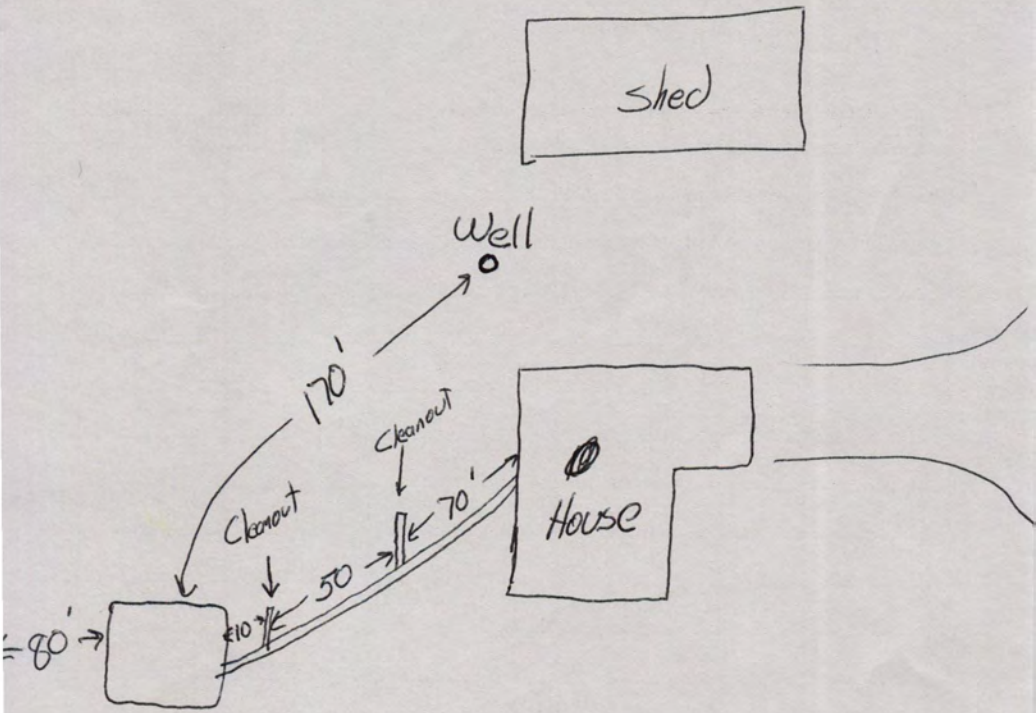


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

356' x 651' N

Dan + Lynda Kester 4

12301 Wendy Ln.

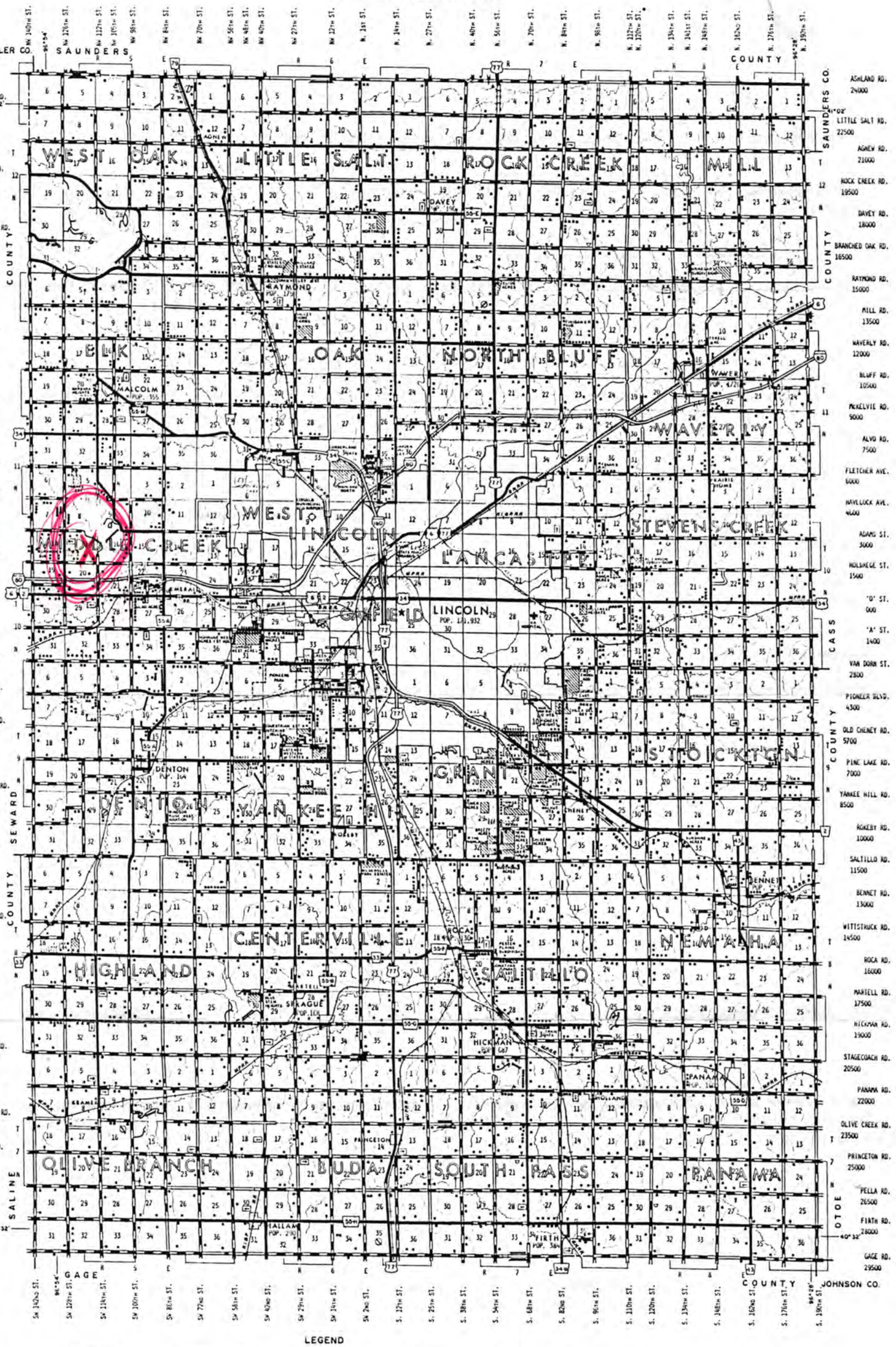


S

DON R. THOMAS
COUNTY ENGINEER

LARRY V. WORRELL
DEPUTY COUNTY SURVEYOR

LANCASTER COUNTY
NEBRASKA



010

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: 10-26-92

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 17; BLOCK 4

LOT 3; ADDITION Workman; Street Address 12301 W. Wendy Lane, Lincoln

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Daniel + Lynda KESTER	12301 W Wendy Lane, Lincoln	796-2451
Tenant/Buyer:	Work# 437-7596	or Lynda's	483-9518
Return to:	Security Federal Savings	P.O. Box 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela L. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 10-27-92 Received $150.00 Check ☑ Cash ☐

#3116(2)

PRELIMINARY STATUS--DATE 10-28-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10-28-92 by DM
Bacteria	☑	☐	Provisional:	☐	Date _____ by _____
Nitrate	☑ < 0.1	☐	Disapproved:	☐	Date _____ by _____

Comments: Recommend mowing the grass on the inside dike, also.

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayard, RS DATE 11-3-92

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 17-10-5 Location 12301 W. Wendyhouse

Owner/Requestor Daniel Koster

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
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS Water & Sewage ok Recommend mowing the grass on inside of the dike.

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 X 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: R Marquardt Received by: _____

Date: 10-28-92

WA1002

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: 11/29/90

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 17; BLOCK 4

LOT 3; ADDITION Wilkin Subdivision; Street Address 12301 W. Wendy Lane

Directions to Property West on O St. to 126th St. - turn N. on 126th Street 1/4 miles to Wendy Lane - turn E on Wendy Lane - 2nd house on South side of Road

Location of Well Northwest of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Linda Dan Kester	~~12301~~ 12301 W. Wendy Ln.	796-2451
Tenant/Buyer:	Linda Dan Kester	same	470-2451
Return to:	Linda Dan Kester	12301 W. Wendy Ln.	796-2451

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

Signature of Applicant Linda Kester Address 12301 W. Wendy Lane

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HEALTH DEPARTMENT USE ONLY

Date Received 11-29-90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-30-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11-30-90 by RM
Bacteria	☒	☐	Provisional:	☐	Date 12-10-90 by RM
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ___

Comments: Must have fence 4 ft high with gate & lock around lagoon. Need no trespassing signs on fence. Need final as-built drawing of waste stabilization lagoon system. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard DATE 12-10-90

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