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. 91380070001

Issued 05/13/91
Expires 11/13/91

ESTABLISHMENT

JON M EICHER
T10N R5E SEC 18
NW 126TH

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JON M EICHER
3752 MOHAWK ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/16/91	PAID

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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. 913800700

DATE: 10-2-91

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 5E; Section 18; S½ OF NE¼
   Block _____: Lot _____: Addition _____ 21 ACRES
   Street Address NW 126TH - ¼ mile south of Adams ST.

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: NA ft.

Jon M. Eicher
Signature of Applicant (Owner or Lessee)

3752 Mohawk Lincoln NE 68510
Address 796-2606 (~~488-6539~~) H
(~~434-7587~~) W

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/13/91. Date Frwd. 5/13/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-13-91. Date Frwd. 5-13-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne
3. City or County Engineer: Date Rec'd. 05/13/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-14-91 by: no power
Date: 10-1-91 by: Paul DROTZMANN
Date: 10-2-91 by: Paul DROTZMANN

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-2-91 By: Paul DROTZMANN

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: MAY 6-91 to MAY 7 91. Weather: Precip. 0 Temp. 64°

OWNER: _____

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	36	5/6	11 AM	5/6	3 PM	5/7	9 AM	15 1/2	1:30P	16 7/8	30		
2	36	5/6	11 AM	5/6	3PM	5/7	9 AM	17 3/4	1:30	18 7/8	30		
3	36	5/6	11 AM	5/6	3PM	5/7	9 AM	18 1/2	1:30	19 3/8	30		
4	36	5/6	11 AM	5/6	3 PM	5/7	9 AM	16 1/2	1:30	17 5/8	30		
5	36	5/6	11 AM	5/6	3 PM	5/7	9 AM	18	1:30	19	30		
6	36	5/6	11 AM	5/6	3 PM	5/7	9 AM	17	1:30	18	30		

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

Signature of Person Conducting Test

Address 4300 Knox Ave Phone 488-3128

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: May 13, 1991

Gerrold C. Hood
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: _____

_____

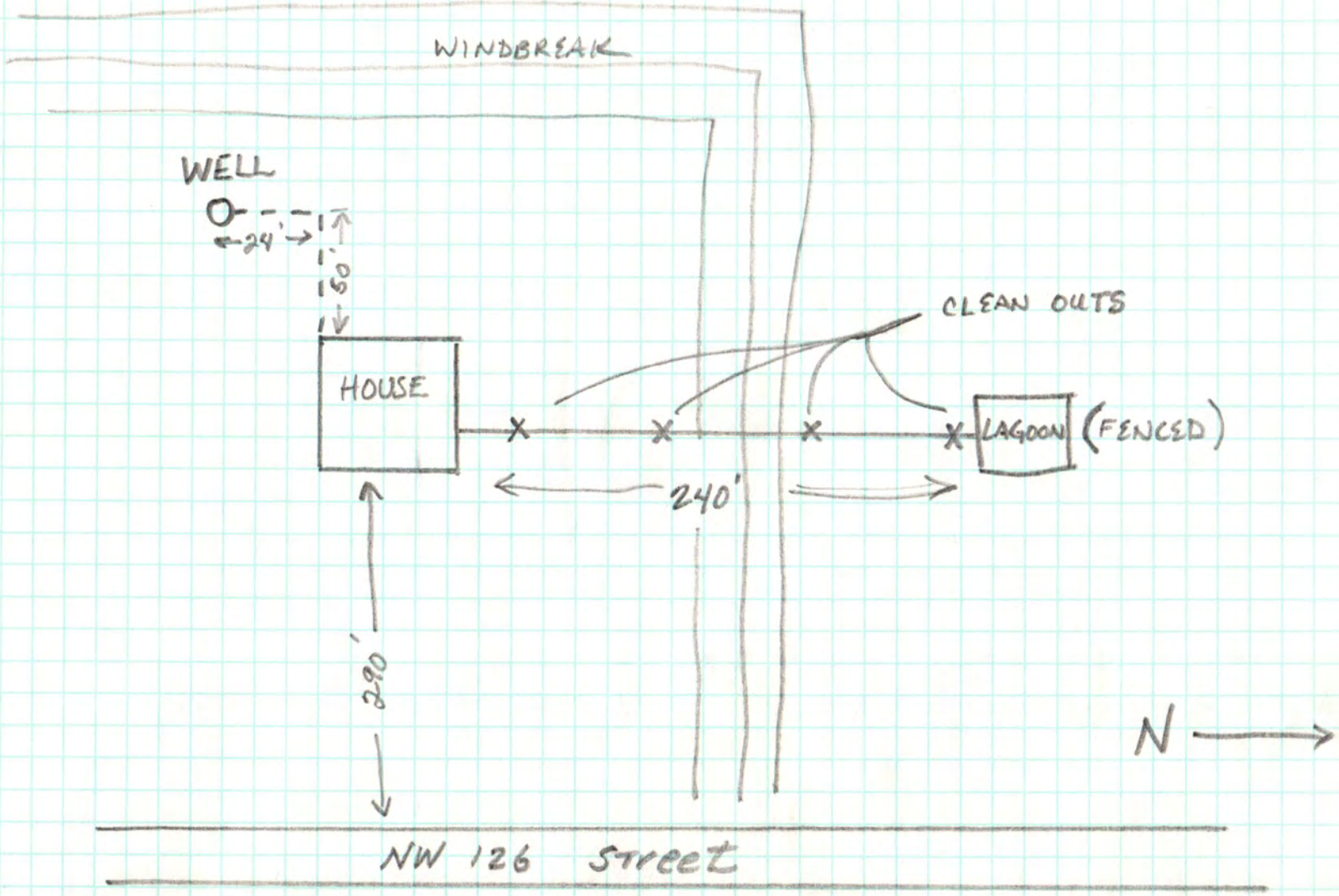
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1000 sq.ft.

Gerald E. Hoff
Signature of Reviewing Official

JON EICHER
3601 NW 126th
LINCOLN NE 68528

T10N R5E SEC 18



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

Legal Description T10N R5E, Sec 18 Location 1/4 mi South of W. Adams on NW 126th
Owner/Requestor Jon Eicher

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

REMARKS 8(A) Gate needs to be mounted
(B) Need warning signs placed on fence
(C) Need lock on gate
11(A) Parts along sewer line need to be filled in
(B) Need scaled drawing for department records

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. Leach 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: PAUL DROTZMANN Received by: _____
Date: 10-1-91

WA1002

007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 441-7800 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: 7/15/93

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 18; BLOCK ___

LOT 2; ADDITION _____; Street Address 2601 NW 126th St. Lincoln, NE 68521

Directions to Property West on West "O" (Hwy 6) to NW 126th St (3 mi West of Emerald). North on NW 126th 1 1/2 mi. Property on West side of 126th first home north of Church.

Location of Well SW corner from house. Water line in on north side of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon straight north from home 250' Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Jon M. & Joann K. Eicher	2601 NW 126th St. Lincoln, NE 68521	
Tenant/Buyer:	Refinance	Home 796-2606 Wk 476-7587	
Return to:	Commercial Federal 5555 "O" St. Lincoln, NE 68510 Fax 473-0802		

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

Signature of Applicant Jon Russo - Joan Eicher 413-0805 Address Commercial Federal - 5555 O St Lincoln, Ne 68510

Please bill Commercial Federal

HEALTH DEPARTMENT USE ONLY

Date Received 7-26-93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-21-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7-21-93 by rm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒ 3.8	☐	Disapproved:	☐	Date _____ by ___

Comments: Must remove cattails & Reed Canary grass from water's edge. Recommend building up the bike in the northeast corner of the lagoon to prevent possible overflow. (Corrected) See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Morgnat, RS DATE 7-30-93

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

190

Fax # 441-8323

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: OCTOBER 8 1991

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 18; BLOCK ____

LOT ____; ADDITION _____; Street Address 2601 NW 126th

Directions to Property 3 miles west of EMERALD NE, 1½ NO. on NW 126

¼ mile South of Adams Str. & 126th

Location of Well SW Corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of House Approx 280' Year Installed 91

	NAME	ADDRESS	PHONE
Present Owner:	JON M. EICHER	2601 NW 126th±	796-2606
Tenant/Buyer:	SAME	work	466-1114
Return to:	SAME Barb Kohl	Columbus Federal Box 5866 Lincoln, NE 68505	464-4444

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

Signature of Applicant Jon M. Eicher Address 2601 NW 126

Need To Close Loan ASAP - Please!

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 8, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-9-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10-9-91 by JM
Bacteria	☒ 0	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date _____ by ____

Plans Please Green card + the cal #68

Comments: Be sure to seed sides of lagoon with grass and maintain a min of 2 Ft of effluent level in lagoon

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Kaynak RS DATE 10-14-91

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

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property T10 R5 Sect. 18
Directions to Property 3 miles of Emerald NE 1½ mile North-west Side

Land Owners
Name: Jon Eicher
Address: 2601 NW 126
Phone: 796-2606
466-1114

Send Results to:
Name: SAME
Address:
Phone:

Land Owners Signature Jon M. Eicher

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well 160'
Casing Material
Casing Diameter 4"
Is well located in a pit NO
Type of pump Submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	60' (distance)	FEET	(U)/D
CESSPOOL	NA	FEET	U/D
SEPTIC TANK	NA	FEET	U/D
SEWAGE DISTRIBUTION FIELD	NA	FEET	U/D
WASTE STABILIZATION LAGOON	300 +	FEET	(U)/D
BARN YARD	NA	FEET	U/D
NEAREST WELL	NA	FEET	U/D
NEAREST PASTURELAND	300 +	FEET	U/(D)
NEAREST CROPLAND	150	FEET	(U)/D
SHOP	NA	FEET	U/D
GRAINERY	NA	FEET	U/D
FUEL TANKS	NA	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

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

Legal Description T10N, R5E, 18 Location 2601 NW 126th
Owner/Requestor Jon M. Eicher

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 Be sure to maintain a 2 ft min. of water level in lagoon. Be sure to seed dikes with grass to prevent erosion of dikes.

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. Leach 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: Ron Maravart Received by: _____
Date: 10-9-91

WA1002