LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1861-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

OCTOBER 8, 1982
THIS PERMIT EXPIRES

WILLIAM SANDERS 1741 NO 63 Lincoln NE 68505
ISSUED TO — ADDRESS

T12N, R5E, SECTION SE¼ OF NE¼ OF 18 LOT 13 I.T.
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. _____

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 N ; Range 5E ; Section 18 ; SE¼ OF NE¼
   Block _____ : Lot 13 : Addition _____
   Street Address 20005 NW 126 R 1 Box 32B VALPARAISO NEB. 68065
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ POND
4. Distance to public sewer: _____ ft.

Bartholomew Const.

William R Sanders
Signature of Applicant (Owner or Lessee)

1741 N. 63 LINCOLN NB 68505
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 4/7/82. Date Frwd. 4/8/82.	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 4-8-82. Date Frwd. 4-8-82.	ACTION: Approved ☒ Disapproved ☐	Signature: Paul Bouma
3. City or County Engineer :	Date Rec'd. _____. Date Frwd. _____.	ACTION: Approved ☒ Disapproved ☐	Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-26-82 by: JMN
Date: 6-4-82 by: JMN *
Date: 10/05/82 by: JMN

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/26/90 By: Jerrold C. Hood

* - West dike needs more reinforcement (3:1 slope need on)
- Need deeper cut on east side to prevent flood side also
remove & pond.

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 5 E ; Section & ¼ Section SE corner NE¼ Sec 18
Property Dimensions: 1181 ft. x 1065.52 ft. Area: 2½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: Dec 4 1981 to Dec 5 1981 . Weather: Precip. sunny Temp. upper 30's .

OWNER: William Sanders

Address: 1741 N. 63 Lincoln 68505
PH 464 5893

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"	Dec 4	12PM	Dec 5	9AM	Dec 5	9AM	10½	1:05PM	10	4:05	½ in	30 ✓
2	"							10		9½	"	½	✓
3	"							12		11	"	1	✓
4	"							10¼		9	"	1¼	✓
5	"							8		7½	"	½	✓
6	"							9⅝		9⅛	"	½	✓

Sum of Percolation Rates: ~~3~~
Average of Rates: ~~⅜~~
Mean of Rates: _____

William R. Sanders
Signature of Person Conducting Test

Address 1741 No 63 Lincoln Phone 464 5893

(Do not write below this line)

REVIEWING ACTION

Remarks: Results seem likely
Soil Type (SCS): Mayberry silty clay loam or Steinauer loam
Date: April 7, 1982

Approved Percolation Rate (a)
A. 240 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 ☒

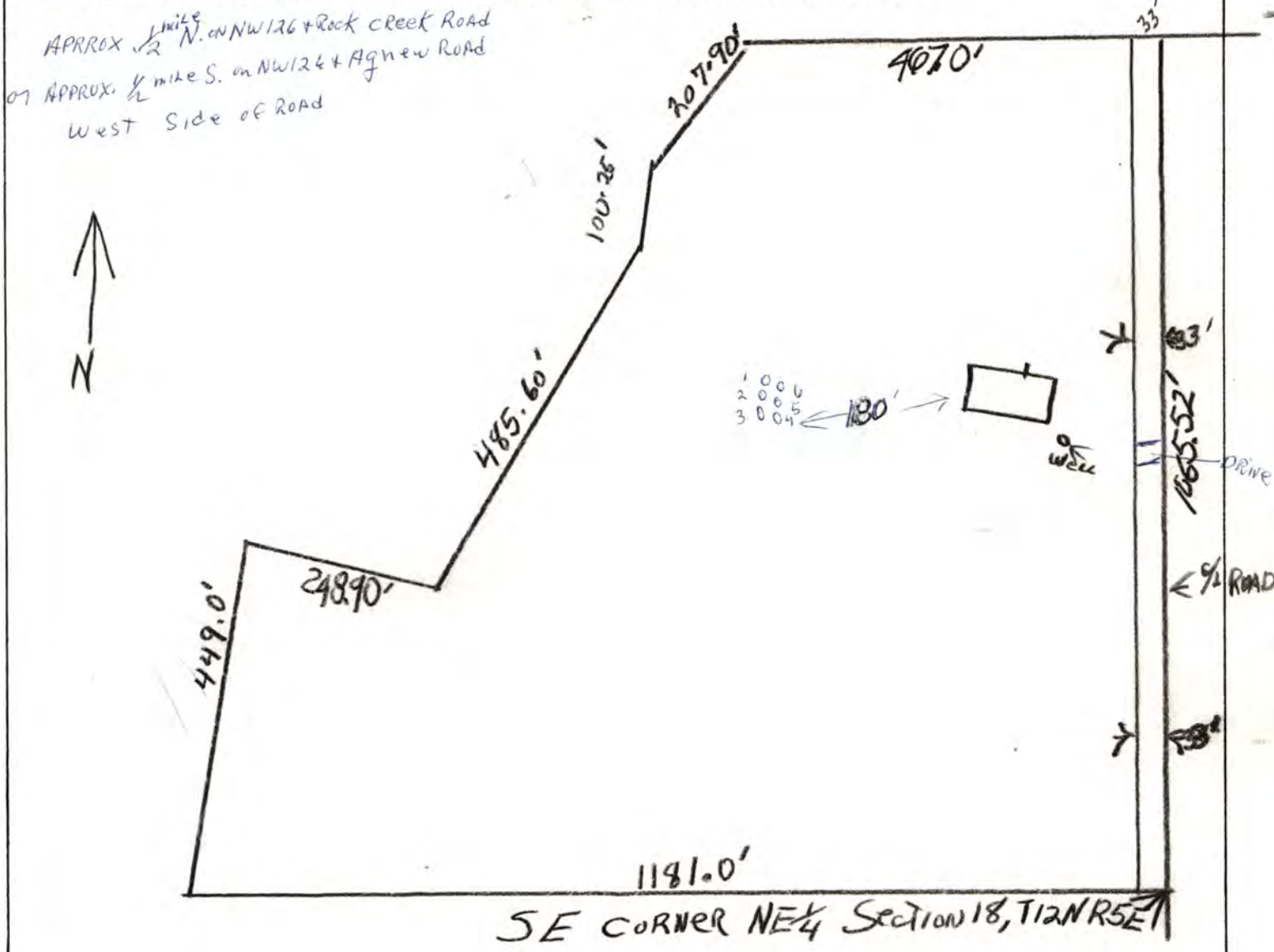
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



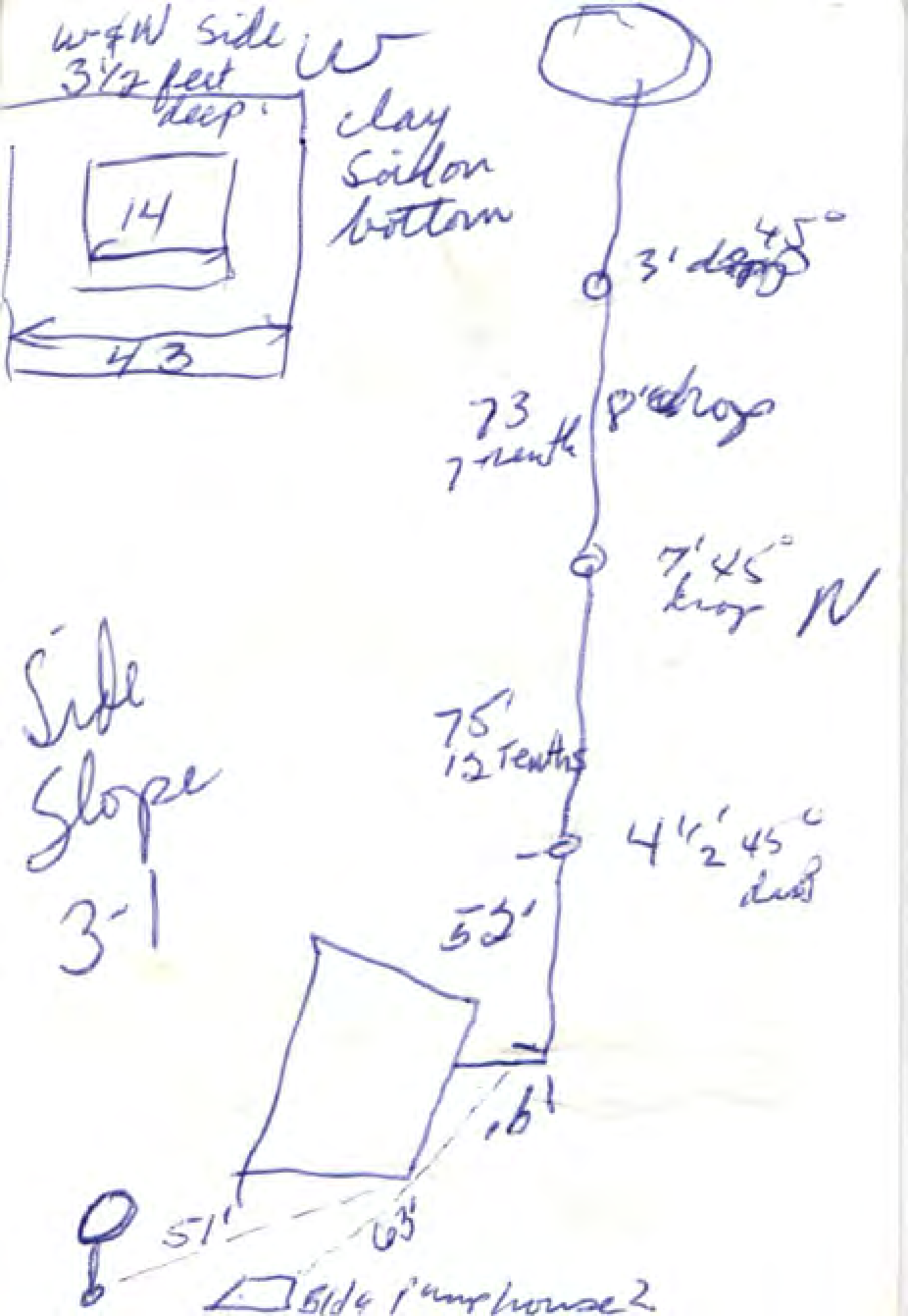
REVIEWING ACTION

Remarks:_____

Date: April 7, 1982

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.

Jerrold C. Hood
Signature of Reviewing Official


w & W side
3½ feet
deep
clay
soil on
bottom
14
43
3' drop 45°
73
7 tenth
8' drop
7' 45°
drop
Side
Slope
3-1
75'
12 Tenths
4' 1' 2 45°
drop
53'
.6'
51'
03'
Side pump house 2

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: 10/5/95

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

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION 18; BLOCK ____

LOT 13; ADDITION _____; Street Address 20005 NW 12th

Directions to Property go No. Across Branched Oak Lake's dam on W. Rock Creek Road To NW 12th go No. on NW 12th ½ mi. House on West Side

Location of Well Between House & detached ga. Tap Location: Inside ☐ Outside ☑

Location of Sewage System 150' West of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Joseph C Kutz	20005 NW 12 Valpar Aso	784-0220
Tenant/Buyer:	[redacted]	1131 Manchester	475 6749
Return to:	Dick Schott	3737 So 27th	430-4299

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

Signature of Applicant Richard E. Schott Woods Bros Realty Address 3737 So 27th Lncn

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 12, 1995 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-13-95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-13-95 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date 10-23-95 by [illegible]
Nitrate	☒ <10.1ppm	☐	Disapproved:	☒ Cont. stat	Date _____ by ____

Comments: willows or like need to be removed. (corrected)

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum RS DATE 10-24-95

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

Jerry Hood

003

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: April 8, 1994

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

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION 18; BLOCK ____

LOT 13IT; ADDITION _____; Street Address _____

Directions to Property Highway #34 Through Malcolm - Spark-ss To Raymond Rd - Follow Pavement Around Branch Oak Lake To North Side of Lake - Turn L at NW 126TH St.

Location of Well Front of House - Near Drive Way Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House - Beyond Stable Year Installed ____

	NAME	ADDRESS ASK PRESENT OWNER	PHONE
Present Owner:	Kevin & Nancy Vanneer	21005 NW 126TH ST	7-42-22
Tenant/Buyer:	Joseph C. Klutz	3001 Alamosa Dr. Lincoln NE	402 423-5611
Return to:	James A. Conelgan	Commercial Federal Bank 5555 "O" St. Lincoln NE 68510	402-473-0812

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

Signature of Applicant Joseph C. Klutz Address 3001 Alamosa Dr. Lincoln NE 68516

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 8, 1994 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-11-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☑	☐	Approved:	☒	Date 4-11-94 by [illegible]
Bacteria	☒ 0	☐	Provisional:	☐	Date 4-26-94 by [illegible]
Nitrate	☒ <0.1	☐	Disapproved:	☒ Corrected	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Morgan DATE 4-26-94

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

PLEASE RUSH - THANKS

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / I

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: 2-19-90

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION 18; BLOCK ____

LOT 13; ADDITION _____; Street Address 20005 NW 126 ST

Directions to Property TAKE HWY 79 TO FOUNDERS RD - WEST TO BENNINGTON CUT OFF CROSS DRAINAGE CONTINUE ON SAME ROAD TO NW 126 - TURN (R) APPROX 3 MI

Location of Well SE OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System LAGOON - OUT BACK Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	WILLIAM SCHROEDER		
Tenant/Buyer:	KEVIN VARNER		
Return to:	SUE THOMPSON	REMAX 6240 O ST. 68510	467-3000

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received FEBRUARY 20 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/21/90 3/26/90 by J.C.H

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 2/21/90 by ___
Bacteria	☒	☐	Provisional:	☐	Date 2/26/90 by J.C.H
Nitrate	☒ 2.1	☐	Disapproved:	☒	Date 3/2/90 by J.C.H

Comments: NEED FENCE STRAIGHTENED UP. WEEDS CUT. RECOMMEND REPAIR OF OUTSIDE OF WEST DIKE. Fence straightened up and weeds cut 3/26/90 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hoel R.S. DATE MARCH 26, 1990

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