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. 90380064701

Issued 10/10/90
Expires 04/10/91

ESTABLISHMENT
EUGENE BENES
T12N R5E SEC 8
LOT 4
12500 NW AGNEW RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
EUGENE BENES
12500 NW AGNEW RD
AGNEW NE 68428

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/12/90	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. _____

DATE: 10-7-90

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 8 ;
   Block _____ : Lot 4 I.T. : Addition _____
   Street Address 12500 NW. Agnew Rd.
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.

Eugene R Beem
Signature of Applicant (Owner or Lessee)

12500 NW. Agnew Rd
Address HM. 470-2998 WK. 466-7437
Pager; Contact Skytline 473-2023

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/9/90. Date Frwd. 10/10/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-10-90. Date Frwd. 10-10-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boeve
3. City or County Engineer: Date Rec'd. 10/10/90. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Eugene R Beem

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/16/90 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/2/91 By: Jerrold C. Hood

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 12 ; Range 5 ; Section & ¼ Section 8 .
Property Dimensions: 264 ft. x 165 ft. Area: 1 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐

Dates of Tests: 10-6-90 to 10-7-90 . Weather: Precip. 0 Temp. 60-70's

OWNER: Eugene Benes

Address: 12500 NW Agnew Rd.

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"	10-6	10:15AM	10-6	2:30PM	10-7	2:20PM	23 3/4	6:31PM	27 3/8	30	1/2"	
2	36"	10-6	10:16AM	10-6	2:30PM	10-7	2:22PM	22 1/2	6:31PM	27 1/2	30	5/8"	
3	36"	10-6	10:17AM	10-6	2:30PM	10-7	2:31PM	23	6:31PM	29	30	3/4"	
4	36"	10-6	10:18AM	10-6	2:30PM	10-7	2:32PM	22 5/8	6:31PM	27 3/4	30	5/8	
5	36"	10-6	10:20AM	10-6	2:30PM	10-7	2:33PM	21 3/4	6:31PM	24 3/8	30	5/8	
6	36"	10-6	10:22AM	10-6	2:30PM	10-7	2:35PM	24 1/8	6:31PM	29 1/8	30	5/8	

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

Eugene R Benes
Signature of Person Conducting Test

Address 12500 NW Agnew Rd. Phone 470 2998 Work 466-7437

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Ludson Silt Loam
Date: October 9, 1990

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 ☒

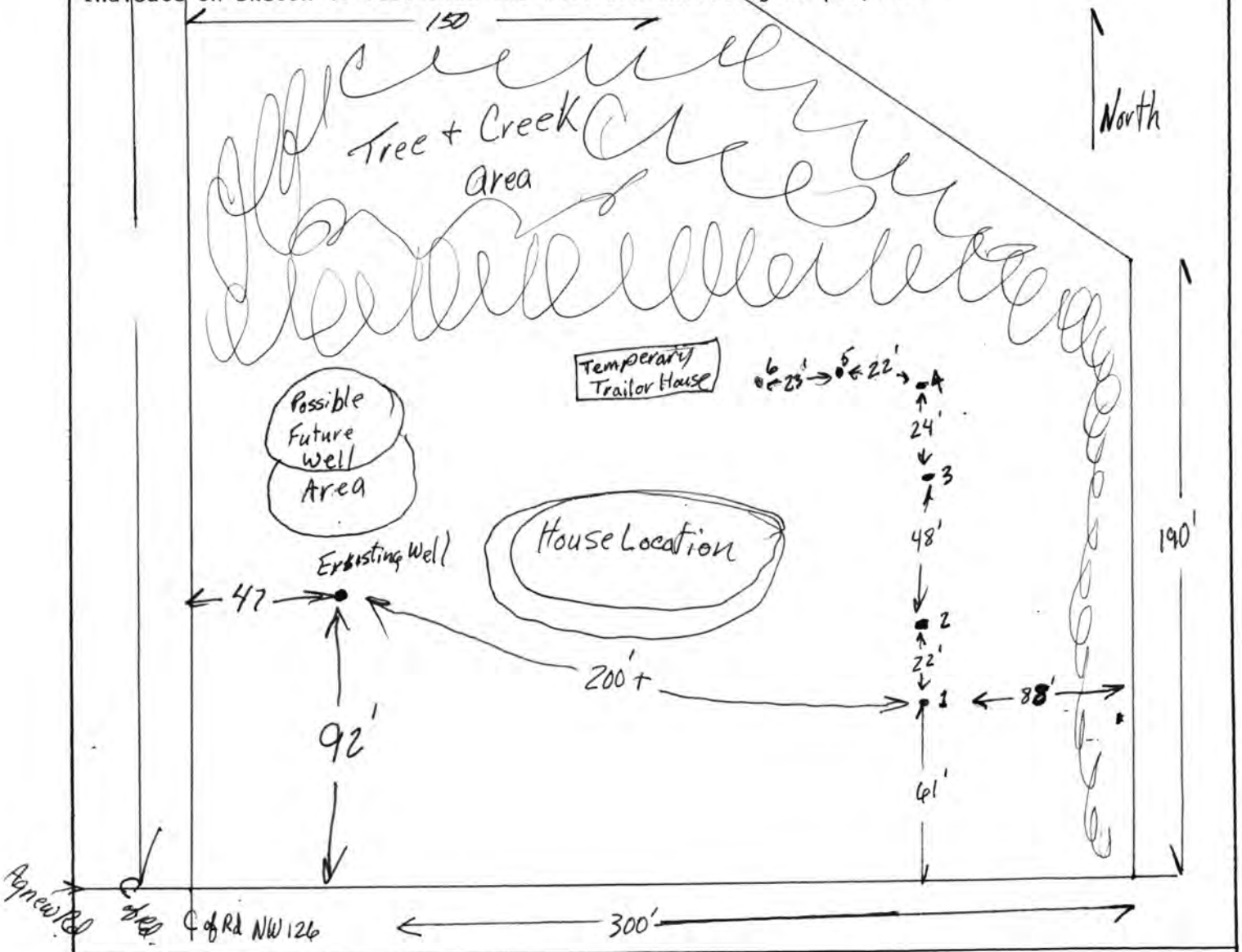
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

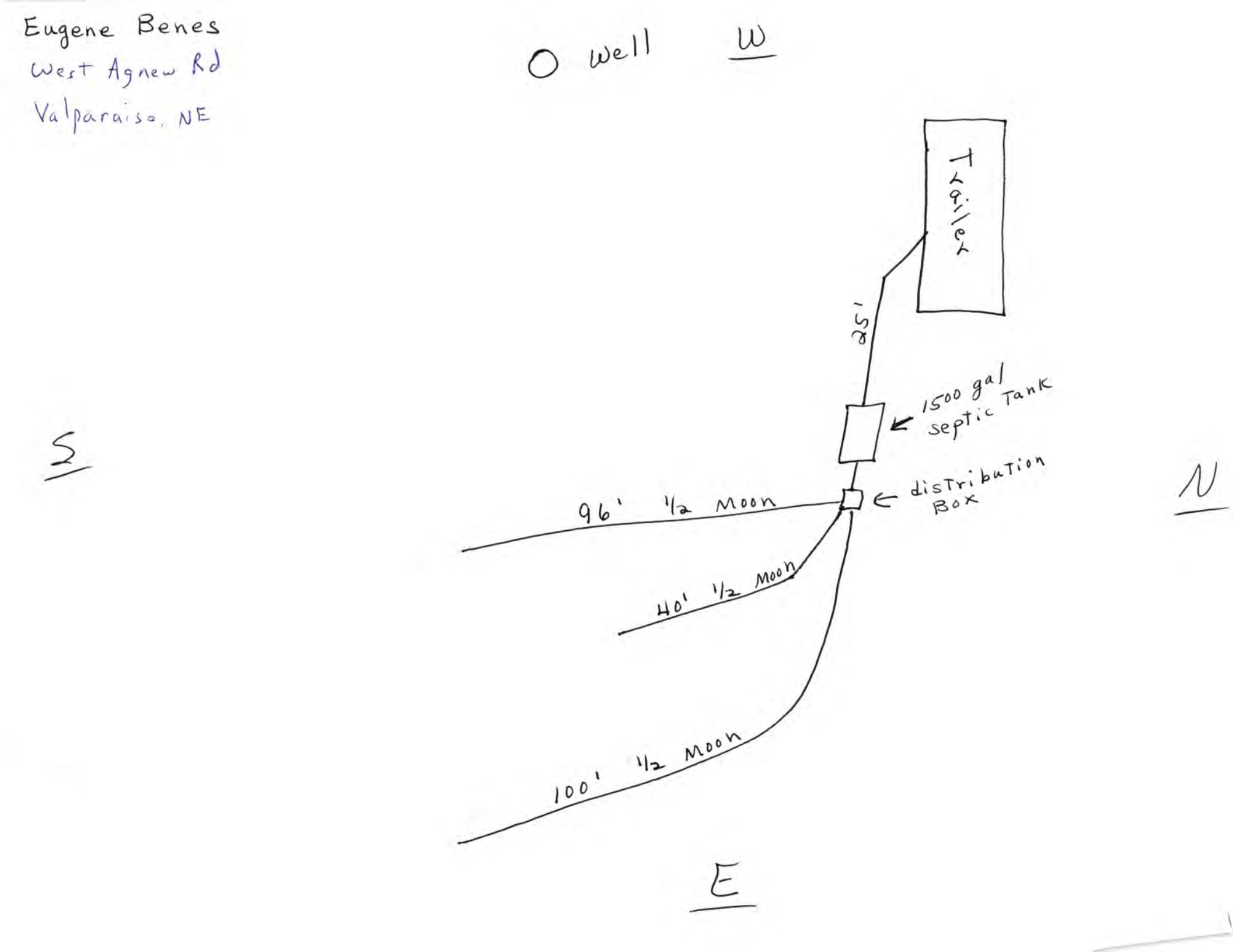
Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Eugene Benes
West Agnew Rd
Valparaiso, NE



004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: 6-23-92

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $45.00

Legal description of property: TWP. 12 N ; RANGE 5 East ; SECTION _____

BLOCK _____ ; LOT Pt 3 & 4 ; ADDITION SW1/4

Street Address 12500 West Agnew Road, Valparaiso, NE

Directions to Property 4 miles West of Agnew NE

Location of Well 12' East of west Prop line + 38 South of North Prop Line Tap Location: Inside ☐ Outside ☐

Location of Sewage System 70' East of well Running North & South Year Installed 90

	NAME	ADDRESS	PHONE
Present Owner:	Suzanne Mary Sykes	12500 W Agnew Rd, Valparaiso, NE	
Tenant/Buyer:			
Return To:	Dennis Sykes	Box 3-G, Lincoln, NE 68510	

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

Signature of Applicant Suzanne Sykes Address 12500 W Agnew Rd Valparaiso NE 68365

HEALTH DEPARTMENT USE ONLY

Date Received _____ Received $45.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 6-23-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 6-23-92 by _____
Bacteria	☐	☐	Provisional:	☐	Date 6-29-92 by _____
Nitrate	☐ 3 2	☐	Disapproved:	☐	Date 6-29-92 by _____

Comments: Passed Bacteria Nitrate Test Tank needs pumping Absorption Lines to be inspected at end of Septic Tank need pumping Absorption Lines to be inspected at end of Septic Tank

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☐

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☐

APPROVED BY _____ DATE _____

V 20215-1079R
M 23-9