LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380114801

Issued 04/05/94
Expires 09/05/94
Revenue Code 18754

Establishment
TIM FENTON
T12N R5E SEC 9

FEES: $150.00

TOTAL $150.00

Permittee
TIM FENTON
RR0001
BOX 00084
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 4-5-94

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: SEE ATTACHED

1. Legal description of property: Twp. 12N ; Range 5E ; Section 9 ;
   Block_____: Lot_____: Addition_____
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms_____. Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ft.

Jim Jenda
Signature of Applicant (Owner or Lessee)
RT 1 Box 84
Raymond, Nebr. 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/94. Date Frwd. 4/5/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/5/94. Date Frwd. 4/5/94. ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spurr
3. City or County Engineer: Date Rec'd. 04/05/94. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Wayne Klemmer

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5-3-94 by: rm need Sense + drawing
Date: 2-20 98 by: rm need drawing
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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 N ; Range SE ; Section & ¼ Section W½ NW¼ of sec 9
Property Dimensions: _____ ft. x _____ ft. Area: 30 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-25-94 to 3-26-94 . Weather: Precip. 0 Temp. 40's .

OWNER: Timothy A Fenton
Address: Rt1 Box 84 Raymond, Nebr.

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	3-25	3:30 PM	3-26	3:41 PM	3-26	7:55 PM	6 3/8"	8:25 PM	6"	30	3/8"	80
2	36	3-25	3:33 PM	3-26	3:42 PM	3-26	7:58 PM	6"	8:28 PM	5 1/2"	30	1/2"	60
3	37	3-25	3:37 PM	3-26	3:43 PM	3-26	8:03 PM	6 1/8"	8:33 PM	5 3/4"	30	1/4"	120
4	36	3-25	3:40 PM	3-26	3:44 PM	3-26	8:09 PM	6"	8:39 PM	5 7/8"	30	1/8"	240
5	37	3-25	3:43 PM	3-26	3:45 PM	3-26	8:14 PM	6"	8:45 PM	5 3/4"	31	1/4"	120
6	37	3-25	3:46 PM	3-26	3:46 PM	3-26	8:18 PM	6"	8:48 PM	5 1/2"	30	1/2"	60

Sum of Percolation Rates: 680
Average of Rates: 113.33
Mean of Rates: 113.33

Tim Fenton
Signature of Person Conducting Test

Address Rt1 Box 84 Raymond Nebr Phone 783-3733

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): Mayberry Silty Clay Loam
Date: April 5, 1994

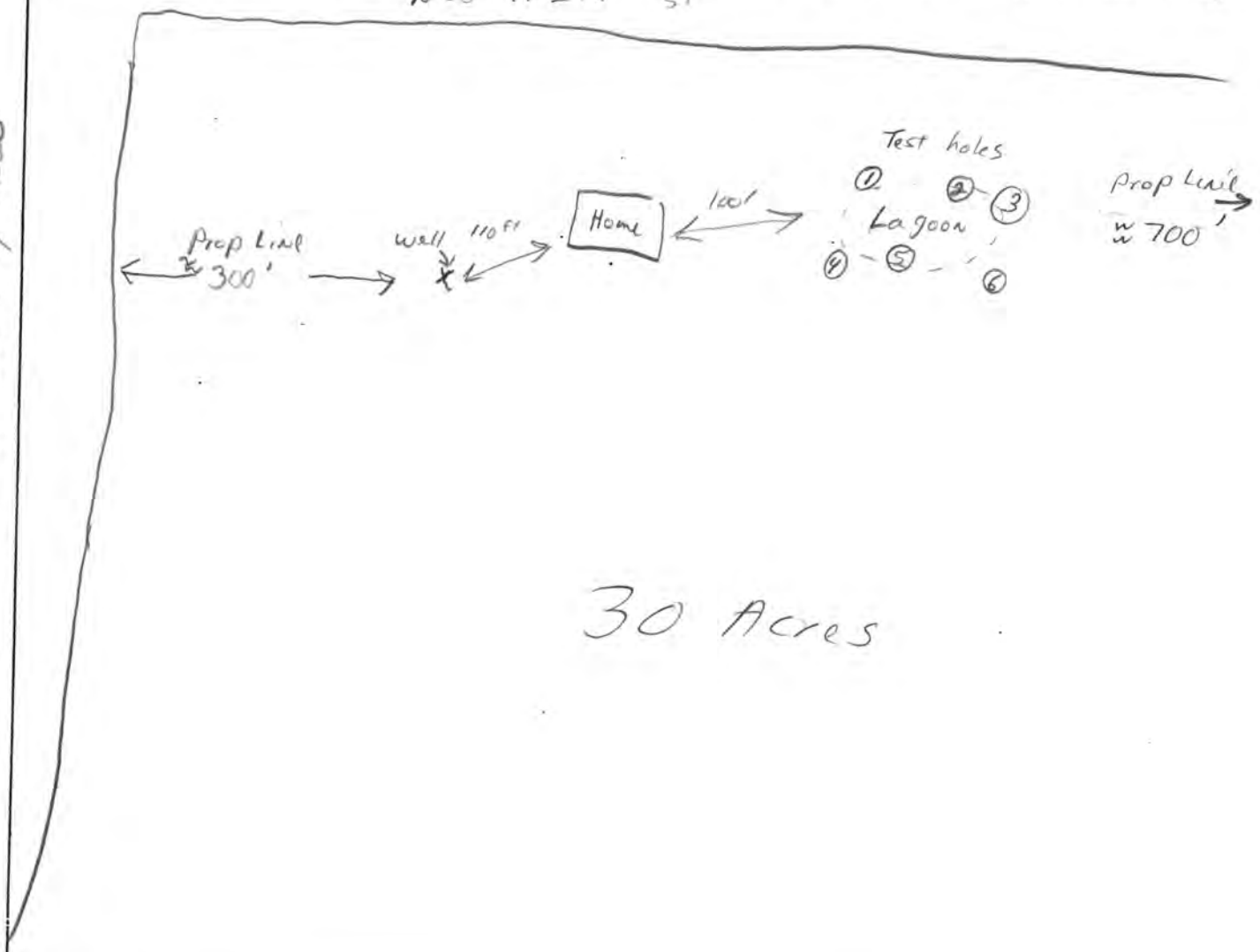
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoob
Signature of Reviewing Official

Location: Between Agnew Rd & Little Salt Rd on NW 112th Street; new house on East Side of Road

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. Test Holes = 0



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

A PART OF THE WEST HALF OF THE NORTHWEST QUARTER (W 1/2 NW 1/4) OF SECTION 9, TOWNSHIP 12 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE WEST QUARTER CORNER OF SAID SECTION, THENCE NORTHERLY ALONG THE WEST LINE OF SAID SECTION ON AN ASSUMED BEARING OF NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 974.94 FEET; THENCE NORTH 89 DEGREES 26 MINUTES 09 SECONDS EAST, A DISTANCE OF 1338.96 FEET, TO A POINT ON THE EAST LINE OF SAID WEST HALF OF SAID QUARTER; THENCE SOUTHERLY ALONG SAID EAST LINE, BEARING SOUTH 00 DEGREES 11 MINUTES 03 SECONDS EAST, A DISTANCE OF 974.91 FEET, TO THE WEST CENTER 1/16TH CORNER; THENCE SOUTH 89 DEGREES 26 MINUTES 09 SECONDS WEST, ALONG THE SOUTH LINE OF SAID NORTHWEST QUARTER, A DISTANCE OF 1342.03 FEET TO THE POINT OF BEGINNING.

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

OCT 25 2004

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 21800 N.W. 112th St

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 12N Range 5E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition Lot 5 NW 9-12-5

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) _____

CALL LIST Agent Patrick Nelson @ 202 5512 with 25

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Dan + Lillian Jerred	840 Old Cheney Rd	421 3823
Return to:			(Fax)

Signature of Applicant X Lillian Jerred Dan 467 0677 Address 840 Old Cheney Rd Lincoln, NE 68512 Date 10 / 21 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10 / 25 / 04 Amount $200.00 Check No. 3064 Initials GW

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10 / 27 / 04

WATER SYSTEM:	Approved	Disapproved
Construction	☒ Corrected	☒ well pit
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ [illegible] ppm	☐ ____ ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☐	
Provisional	☒ corrected	Date 11 / 2 / 04 by [illegible]
Disapproved	☒ overgrown	Date 12 / 3 / 04 by [illegible]
		Date 12 / 7 / 04 by [illegible]
		12-9-04 [illegible]

Comments: An onsite wastewater treatment permit for this waste stabilization lagoon could not be located in the files. There is no record of inspection of the components of this system. Thus, a provisional approval. The present lagoon appears to meet satisfactory requirements. See Attached Letter ☐

12-14-04 ok 0 Ecoli 0 P26797-52

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 12 / 15 / 04

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.

12-3-04 outside ok 0 Ecoli 0 P26797-50

12-7-04 outside ok 0 Ecoli 0 P26797-46

12-3-04 P26613-25

White - Revised/Reprint: 9-00 Yellow - Environmental Health

12-9-04 inside ok 0 Ecoli 0 P26797-51

12-9-04 inside ok + Ecoli - P26797-47

12-7-04 ok + Ecoli - P26797-43