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. 90380066201

Issued 11/28/90
Expires 05/28/91

ESTABLISHMENT

TROY KASH-BROWN
T10N R5E SEC 35
LOT 30
8350 W VAN DORN

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

TROY KASH-BROWN
RR0002
BOX 00095
MILFORD NE 68405

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/3/90	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

FILE NO. _____

DATE: 11-8-90

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. 10N ; Range 5E ; Section 35 ;
   Block _____ : Lot 30 I.T. ; Addition _____
   Street Address 8350 West Van Dorn

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☒
   No. of Bedrooms #4 . Describe Agricultural

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

4. Distance to public sewer: _____ ft. must be sealed.

TROY L. KASH-BROWN Troy L Kash-Brown
Signature of Applicant (Owner or Lessee)

Box 95 R+2, Milford, NE 68405
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/8/90 . Date Frwd. 11/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-8-90 . Date Frwd. 11-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 11-8-90 . Date Frwd. 11-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/14/90 by: L. C. H ~~Line was covered Need drawing, fence, signs~~
Date: 4/15/93 by: L. C. H
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/15/93 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 10 ; Range 5 ; Section & ¼ Section 35 Lot 30
Property Dimensions: _____ ft. x _____ ft. Area: 36 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ ?
Dates of Tests: 10/31/90 to 11/2/90. Weather: Precip. 0/Trace Temp. 70°/50°

OWNER: Troy L. Kash-Brown
Address: Box 95 Rt. 2, Milford, NE

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	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	5 3/8	2 hrs	5/8"	192
2	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	5 1/4"	2hrs.	3/4"	160
3	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	4 1/4"	2 hrs	1 3/4"	68.57
4	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	4"	2hrs.	2"	60
5	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	5 1/2"	2hrs	1/2"	240
6	3 ft.	10/31	1:30pm	10/31	5:30pm	11/2	11:20	6"	1:20pm	5 1/2"	2hrs	1/2"	240

Sum of Percolation Rates: 960.57
Average of Rates: 160.1
Mean of Rates: _____

Troy L. Kash-Brown
Signature of Person Conducting Test

Address Box 95 Rt. 2 Milford, NE Phone 761-2096

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Pawnee Clay Loam
Date: _____

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

_____
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 ☒

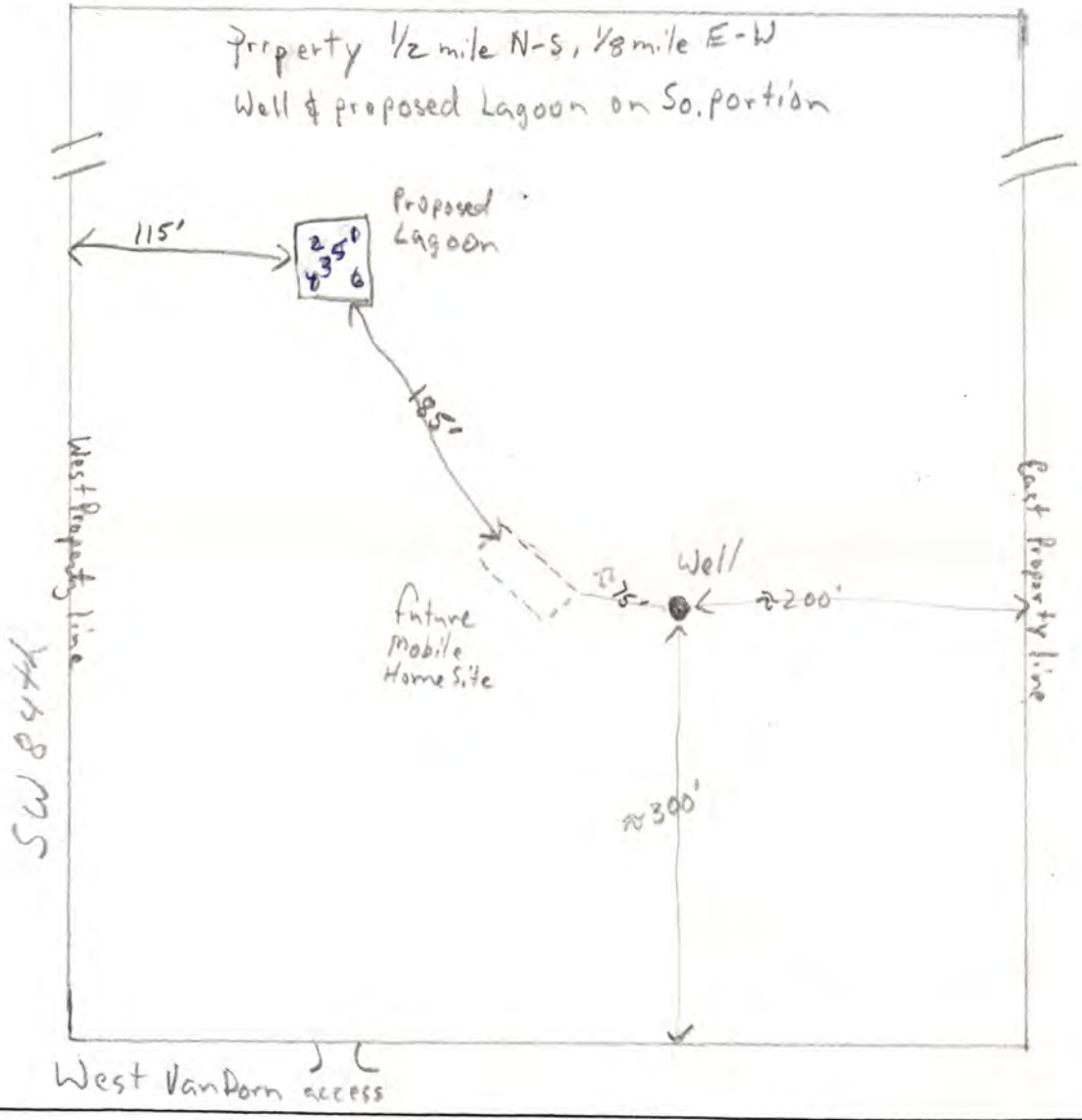
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

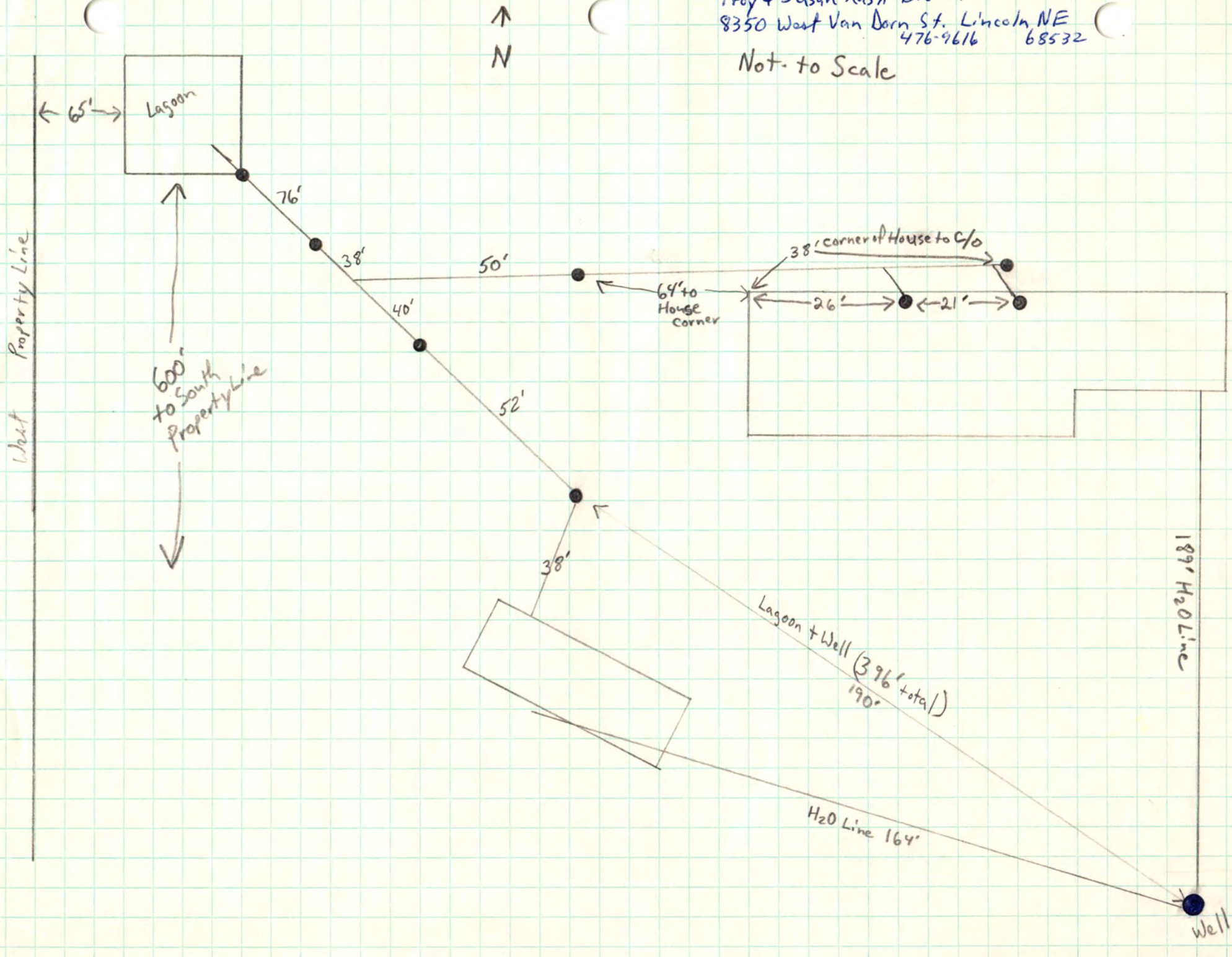
_____

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

Troy & Susan Kash-Brown
8350 West Van Dorn St. Lincoln NE 68532
476-9616



Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8350 West Van Dorn

Twp 10 Range 5 Section 35 1/4 ___ 1/4 ___ Block ___ Lot 30 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Susan & Troy Kash-Brown	8350 West Van Dorn Lincoln, NE 68532	476-9616
Tenant/Buyer:			
Return to:	Susan & Troy Kash-Brown	same	

Signature of Applicant Troy L Kash Brown Address 8350 West Van Dorn Lincoln, NE 68532 Date 4 / 15 / 93

HEALTH DEPARTMENT USE ONLY

Date Received 4 / 15 / 93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 4 / 15 / 93

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 4 / 23 / 93 by LCH

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Comments: DEPRESSION AROUND WELL. Corrected 4/29/93 LCH

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4 / 26 / 93

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.