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. 91380071301

Issued 06/07/91
Expires 12/07/91

ESTABLISHMENT

TIM LINDSTROM
T12N R8E SEC 4
LOT 15
12705 RAYMOND RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

TIM LINDSTROM
5020 NW 8 ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/13/91	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: $_____

FILE NO._____

DATE: 6.3.91

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: SEE ATTACHED Twp. ~~10~~ 11 N ; Range 8E ; Section 5 ;
   Block _____ : Lot 15 I.T. : Addition _____
   Street Address ~~9705~~ 13001 RAYMOND ROAD

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: NONE ft.

Tim Luetchens
Signature of Applicant (Owner or Lessee)

9020 N.W. 8TH
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/4/91. Date Frwd. 6/4/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6-4-91. Date Frwd. 6-5-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowra
3. City or County Engineer: Date Rec'd. ~~06/04/91~~. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-29-91 by: [illegible]
Date: 7-22-92 by: [illegible] need fence
Date: 12-10-97 by: [illegible] Good

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-10-97 By: [illegible]

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

Part of this Property Lies in Zone "A" of Flood Plain

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: 4-29 to 5-30-91. Weather: Precip. _____ Temp. _____

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	30	4/29	10:30 AM	4/30	11:30 AM	4/30	11:30	19 7/8	12:00	21	30	1 1/8	
2	1							8		9 1/4		1/4	
3								9 7/8		10 1/8		1/4	
4	1							16 1/4		16 1/2		1/4	
5	1							17		17 3/4		3/4	
6								9 1/4		9 7/8		5/8	
7								12 1/2		12 3/4		1/4	
	1												

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

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

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 ☒

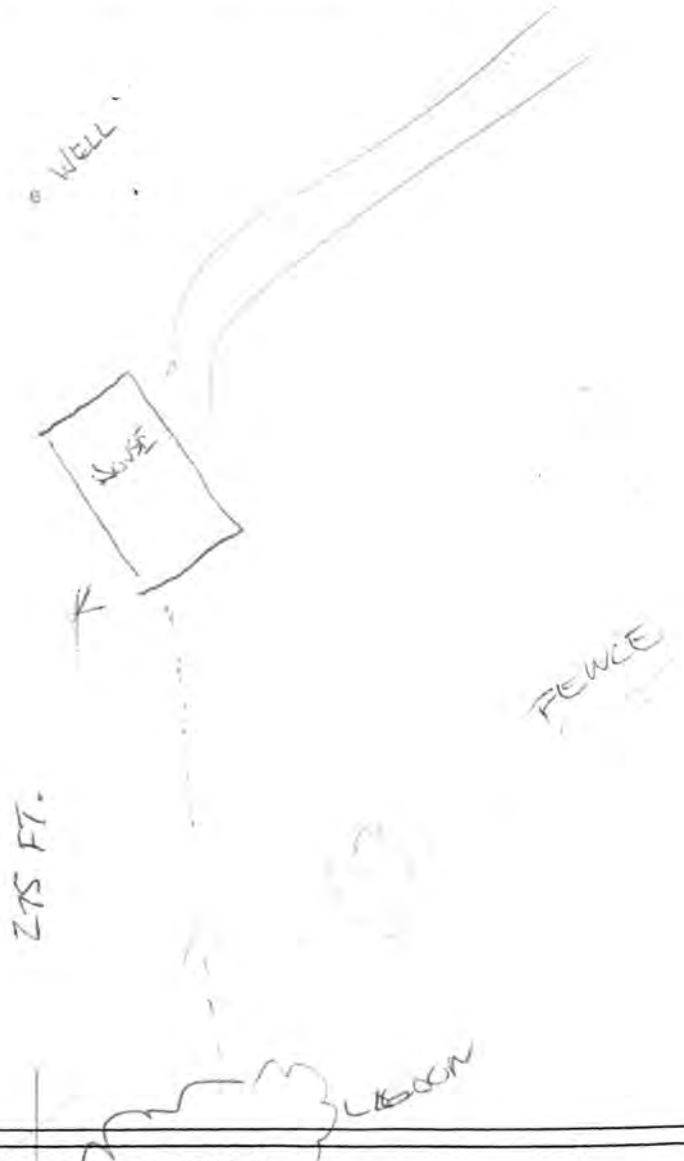
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

FORM 20104-0477
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

D

DATE:_____

FILE NO._____

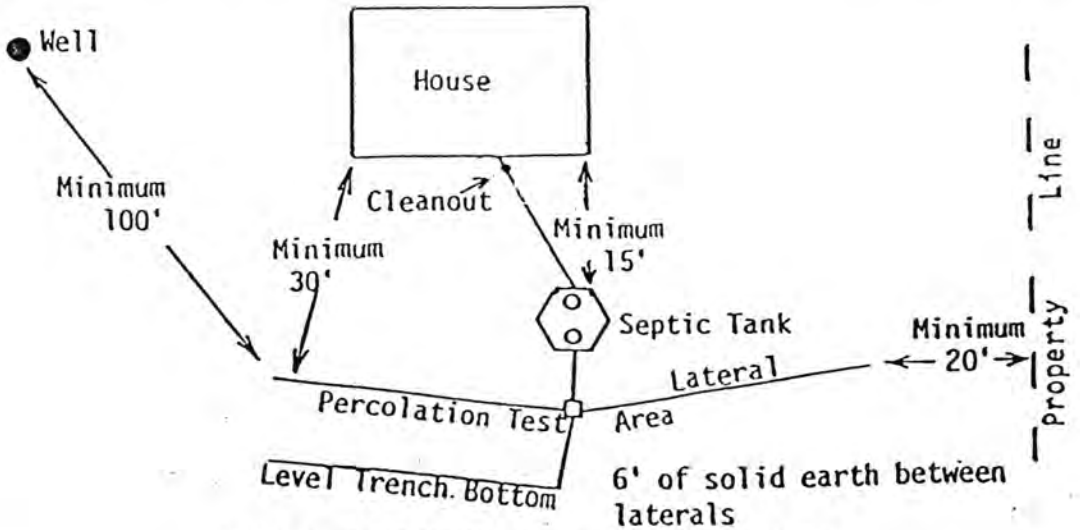
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class * 160; Diameter 4 in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 250 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line_____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade_____in.
8. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line_____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or
Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____,
_____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line_____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schubeck

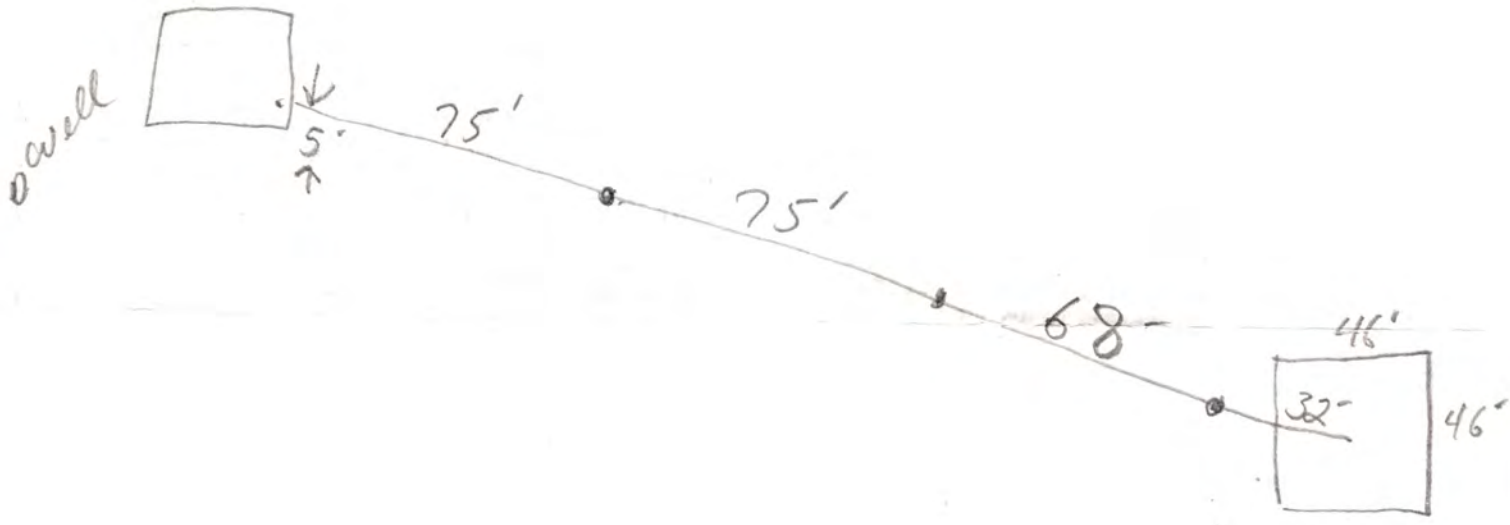
11-8-5

5-24-91

13001 Raymond Rd.

N

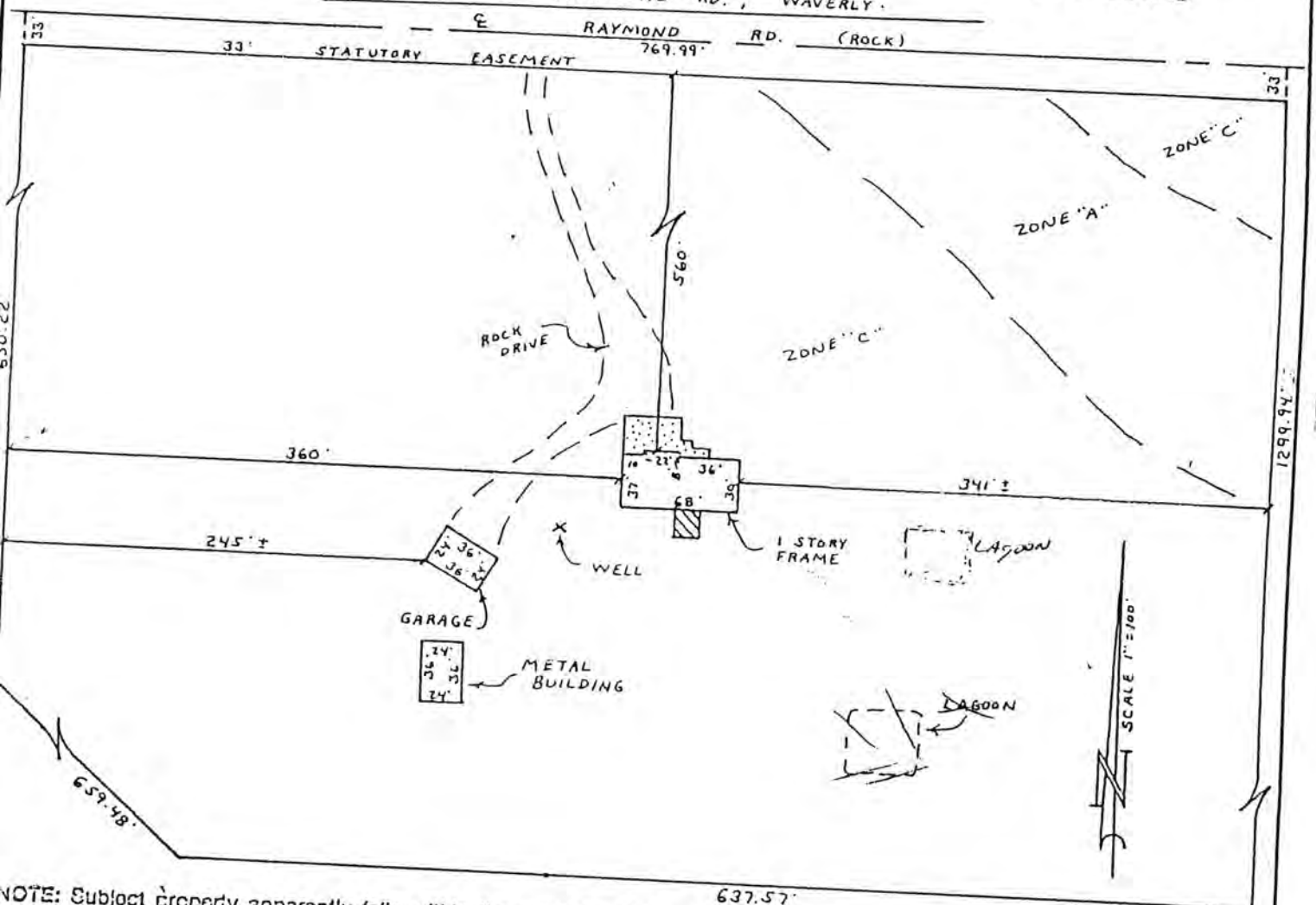
127th & Raymond Rd.



PROPERTY IMPROVEMENT LOCATION PLAT

RICHARD SUTTON
NTC 52848

13001 RAYMOND RD., WAVERLY.



NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA-FIA Flood Rate Map community 310134 panel 0045B, revised 2/3/82

EGAL DESCRIPTION: Lot 15, in the Northeast Quarter of Section 5, T11N, R8E of the 6th P.M., Lancaster County, Nebraska, more fully described in Title Commitment Number 52848, by reference a part hereof.

TE OF CERTIFICATE

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to

Midland Financial Mortgages and Nebraska Title Company

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Professional Surveyors, Inc.
JESSE W. WININGER, L.S. PRESIDENT
315 SO. 9TH - SUITE 10 • LINCOLN, NE 68508
402-477-5255 • FAX 402-477-7204 • 1-800-869-0385

PROJECT NO.
933452

912581 157-146

SURVEY RECORD

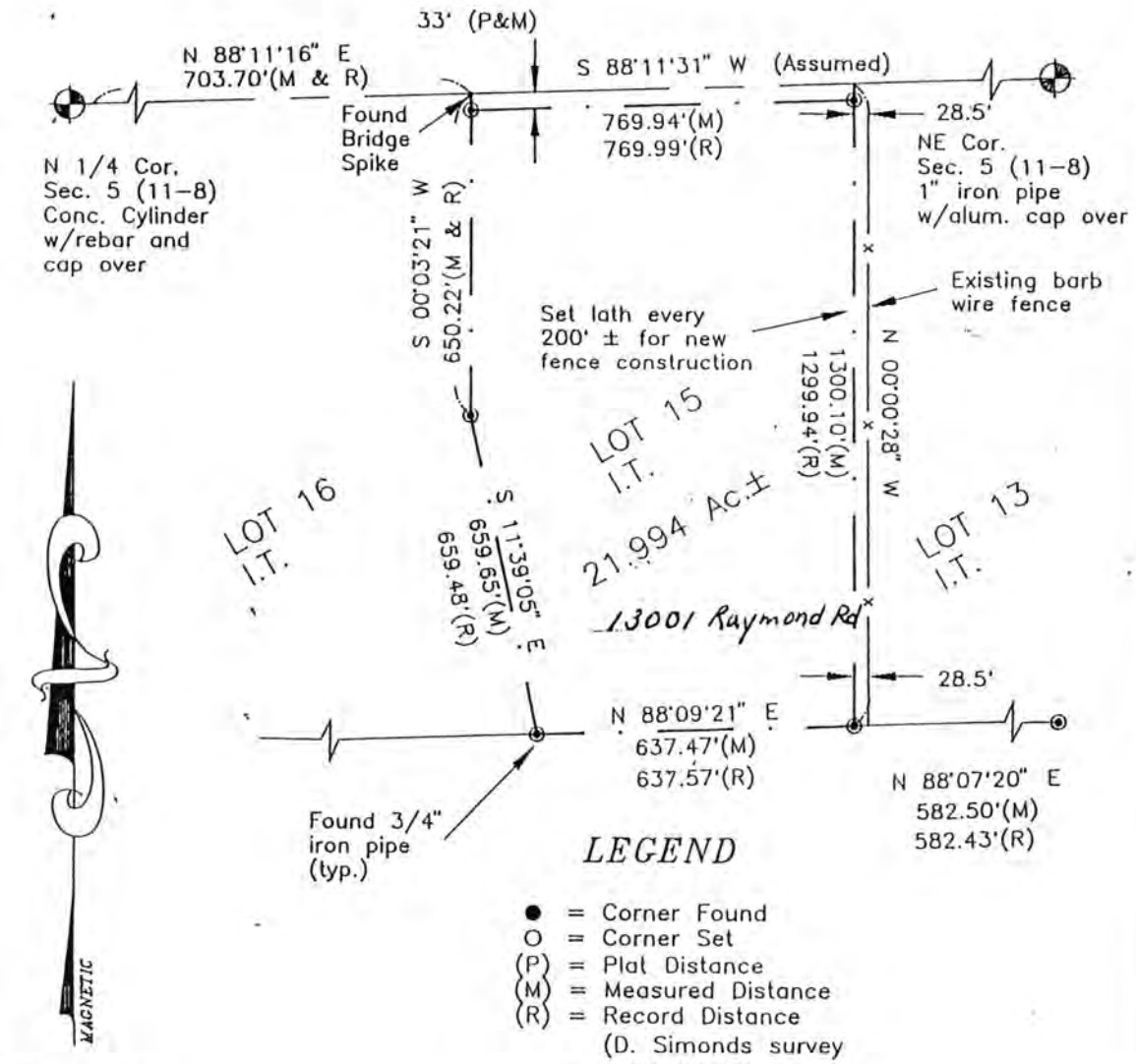
Compass Land Surveying
1209 Galloway Ave.
Lincoln, NE 68512

Survey of Lot 15 of Irregular tracts

Section 5 T. 11 N. R. 8 E. of the 6th P.M.

Lancaster County, Nebraska

Date of Survey May 15, 1993 Job No. 515-93



LEGEND

- ● = Corner Found
- O = Corner Set
- (P) = Plat Distance
- (M) = Measured Distance
- (R) = Record Distance (D. Simonds survey 8/25/1988)

Scale 1"=300'

Surveyor's Certificate

I, Jayme M. Malone, a Professional Registered Land Surveyor under the laws of the State of Nebraska, certify to the best of my ability and belief, the above survey was executed by me, or under my direct supervision, on the date shown. Permanent monument corners were placed at all missing or remonumented corners. Distances shown are measured in feet and decimals of a foot, unless otherwise noted.

Signed this 15th day of June, 19 93.

Jayme M. Malone

(Seal)

NEBRASKA REGISTERED LS-440 LAND SURVEYOR JAYME M. MALONE

Nebraska L.S. #440
Iowa L.S. #11807
Kansas L.S. #1113

Official Survey Record

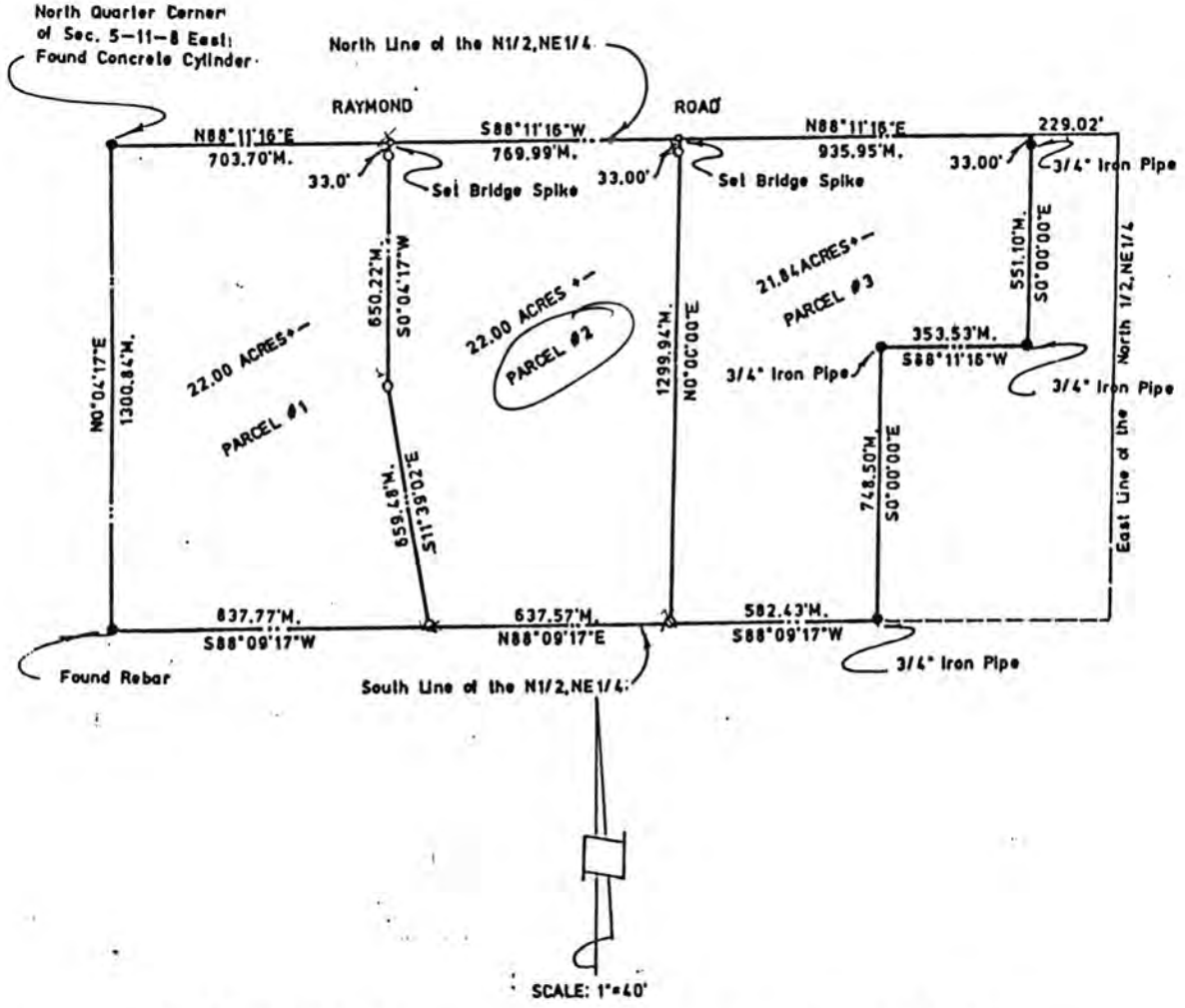
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Sheet 1 of 4

Survey of Survey of Two (2) 22.00 Acre ± Tracts and One (1) 21.84 Acre ± Tract of land located in Section 5 T 11 N, R 8 E of the 6th P.M.

Job No. 9652 & 9682 F. B. No. N.A. Date August, 19 88



o = Set 3/4" X 24" Iron Pipe

• = Monuments Found as shown

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron PIPE were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 25th day of August, 19 88

NAME DENNIS D. SIMONDS

Surveyor's License Nebraska L.S. 343

REGISTERED PROFESSIONAL LAND SURVEYOR DENNIS D. SIMONDS LS. 343 (SEAL) STATE OF NEBRASKA

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

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 13001 Raymond Rd, Waverly, NE

Parcel ID 24 - 05 - 200 - 010 - 000 (i.e. 99-99-999-999-999)

Twp 11N Range 8E Section 5 1/4 ___ 1/4 ___ Block ___ Lot 15ET Addition ___

Directions to Property Hwy 6 East to Waverly, North on 141st St to Raymond Rd, West on Raymond Rd, 1¼ miles, House on South side of Raymond Rd.

Location of Well Plot plan incld Tap Location: Inside ☐ Outside ☐

Location of Sewage System " " " Year Installed ? (1951) 1997

Site Hazards (dogs, etc.) Negative as far as I know

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Shirley MR & Mrs Sutton	13001 Raymond Rd, Waverly, NE	786-2355
Tenant/Buyer:	Eric Heninger	7408 Grand Oaks Dr, Lincoln, NE (16)	wk 467-8525
Return to:	Carl Brown	7141 A St, Lincoln, NE	(402) 466-0988 434-3801 (Fax) e-mail cbrown@woodebros.com
Signature of Applicant	Eric Heninger by Carl Brown Agent	Address " "	Date 6/5/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 6/6/02 Amount $200.00 Check No. 2114 Initials ___

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 6/12/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 4.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___ See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS. Date 6/10/02

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.

69-02

Ltr — P20608-14

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00