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. 91380069701

Issued 05/06/91
Expires 11/06/91

ESTABLISHMENT

WILLIE LOMACK
T10N R6E SEC 30
CUSHION PARK LOT M
4700 W F STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WILLIE LOMACK
326 S 26 ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/7/91	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: $ 150.00

FILE NO. _____

DATE: May 6, 1991

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 6E ; Section 30 ;
   Block _____ : Lot M : Addition Cushion Park
   Street Address 4700 West 'F' Street

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: 1,000 ft.

Willis Fornark Jr
Signature of Applicant (Owner or Lessee)

326 South 26th St.
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 5/6/91 . Date Frwd. 5/7/91 .	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 5/7/91 . Date Frwd. 5/7/91 .	ACTION: Approved ☐ Disapproved ☒	Signature: Mel Goddard
3. City or County Engineer :	Date Rec'd. 5-7-91 . Date Frwd. 5-7-91 .	ACTION: Approved ☒ Disapproved ☐	Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL SEWAGE SYSTEM MUST BE OUT OF FLOOD PLAIN

Site Visits:
Date: 3/4/96 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

PROVISIONAL APPROVAL

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-2-96 By: _____

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 10N ; Range 6E ; Section & ¼ Section 30.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ (concrete Loam)
Dates of Tests: 1-17-90 to 1-18-90. Weather: Precip. 0 Temp. 35°

OWNER: Lomack, Jr Willie
Address: 326 South 26 street

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	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	35¾	30	¼	
2	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
3	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
4	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
5	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	35½	30	½"	
6	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	34¾	30	1¼"	
7	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
8	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
9	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	36	30	0	
10	36	1/17	9:00	1/18	9:00	1/18	10:00	36	2:00	35½	30	½	

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

General Excavating
BRAD WILLIAMS by Ron Zuck
Signature of Person Conducting Test

Address 4401 No 27 Phone 467-1627

(Do not write below this line)

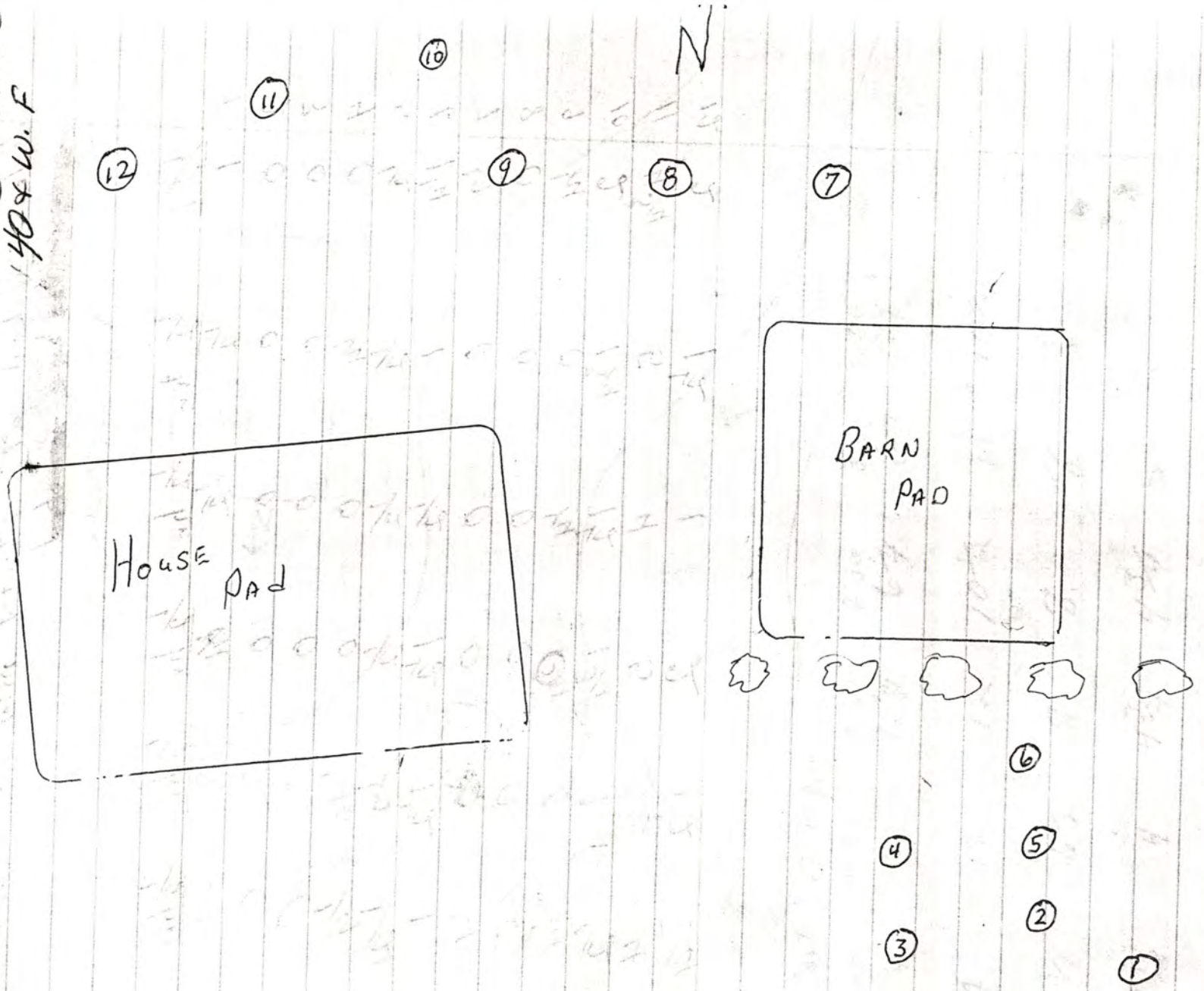
REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): _____
Date: _____

_____
Signature of Reviewing Official

1-18-90
Willie Lomac
140 W. F



FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 3-2-96

FILE NO.: _____

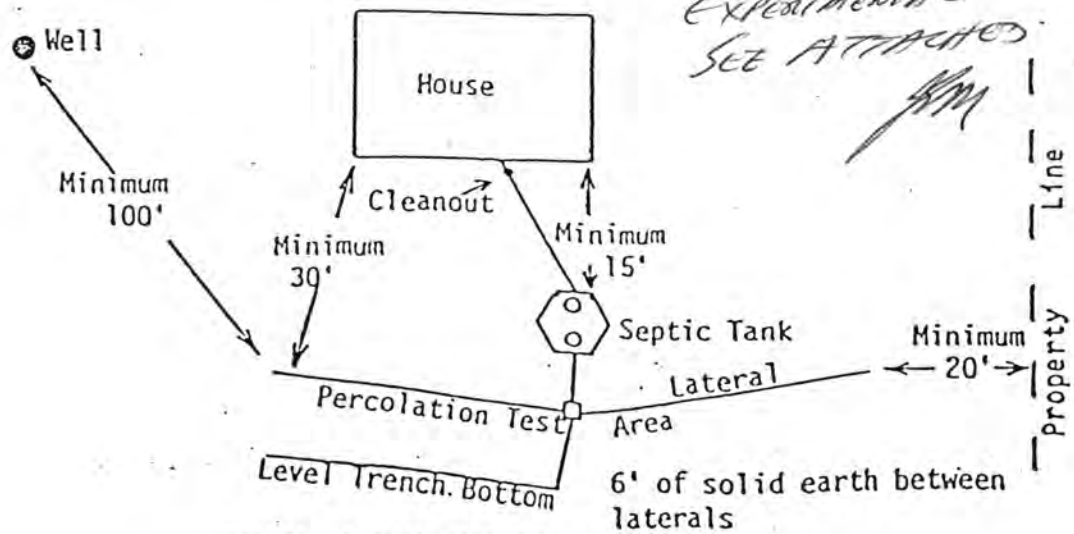
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
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 112 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



EXPERIMENTAL SEE ATTACHED

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Official Survey Record

LANCASTER COUNTY, NEBRASKA

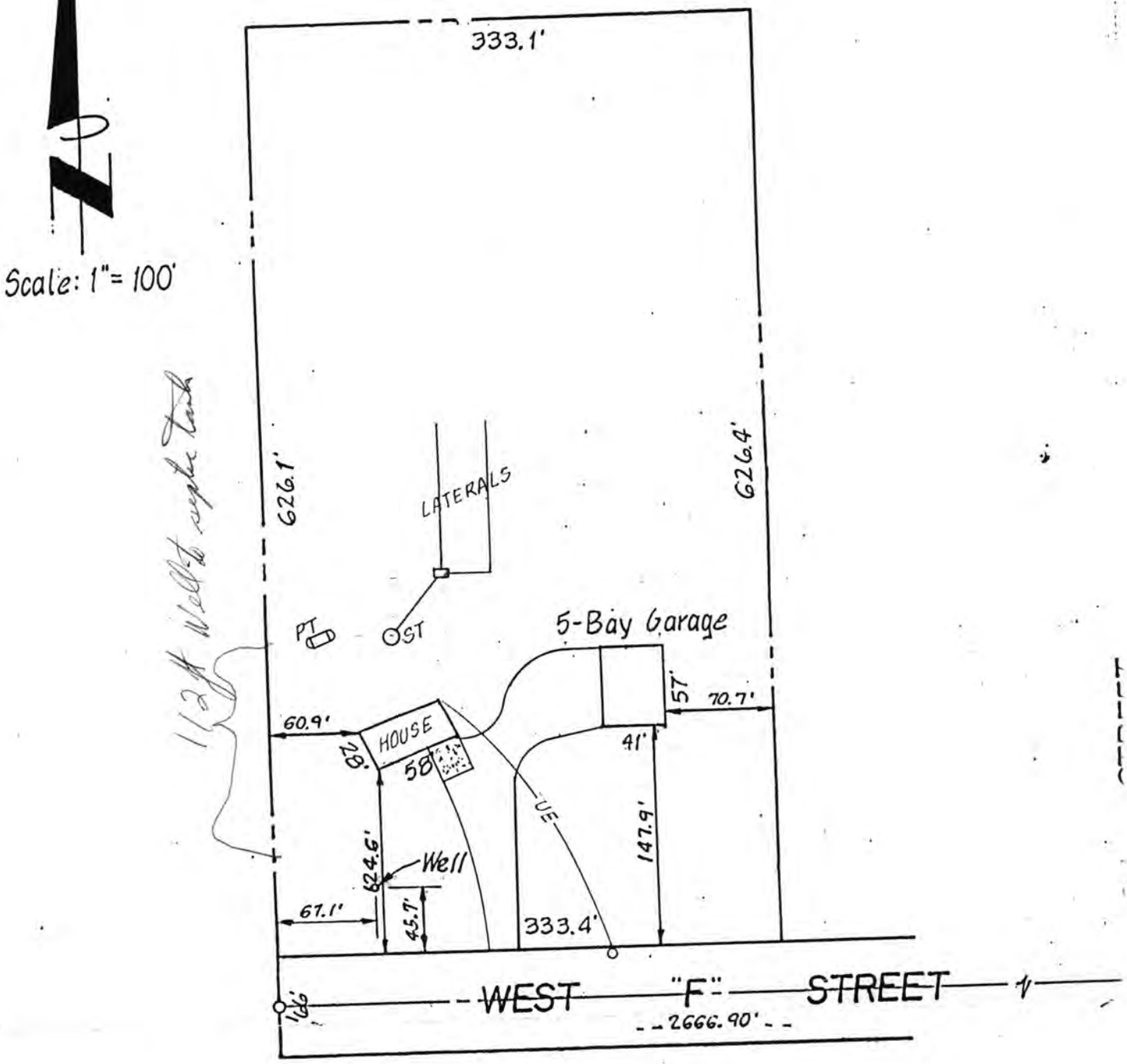
Survey of: Lot M, Cushman Park

S.E. 1/4, Section 30 T 10 N, R 6 E of 6th P.M.

Survey No. ..... (To be assigned by County Surveyor)

Date 12 - 10 1992 Weather .....

Scale: 1" = 100'



NEBRASKA REGISTERED LS-314 LAND SURVEYOR LYLE L. LOTH

Land Surveyor's Seal

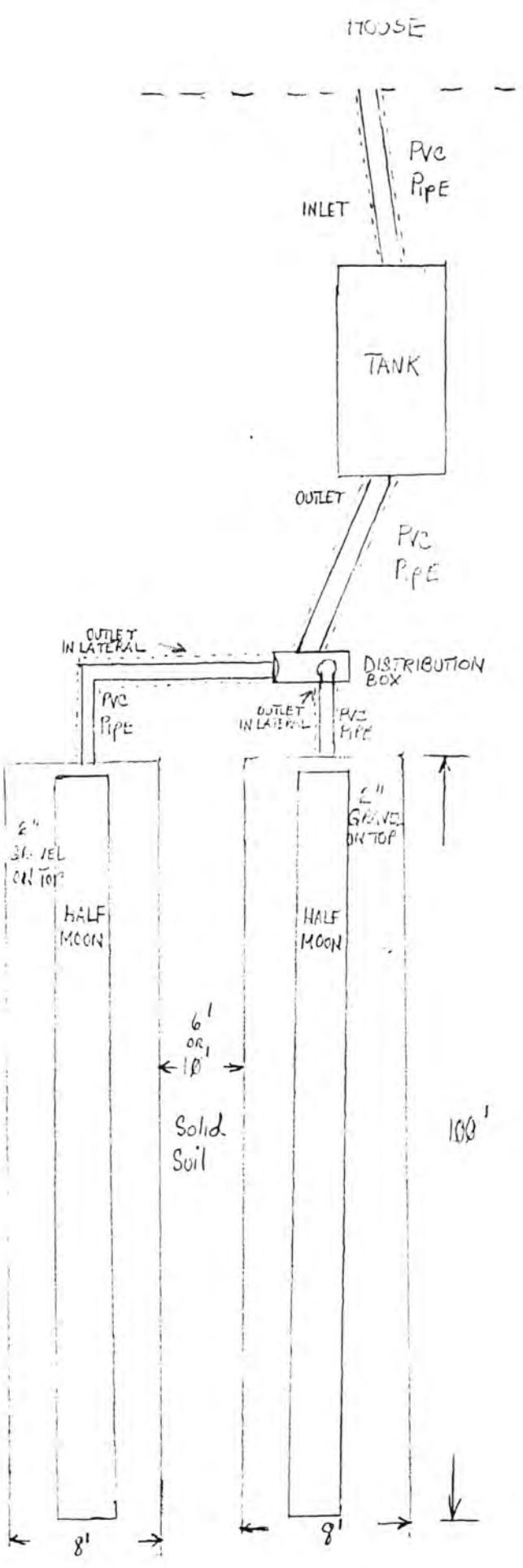
Signed this 15th day of July 1994

Name: Lyle L. Loth

Surveyor's license No. L.S. 314

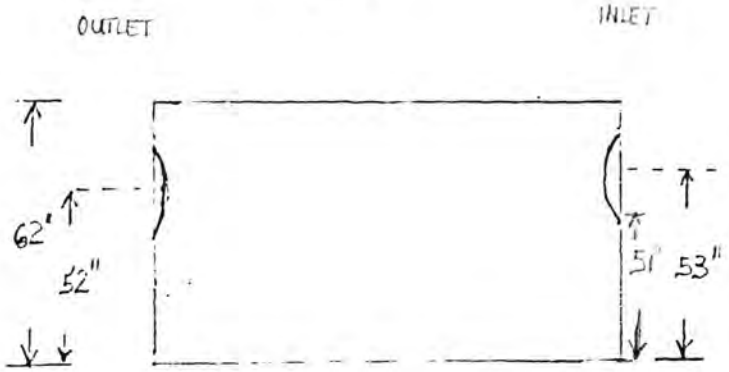
mack, Willie

772

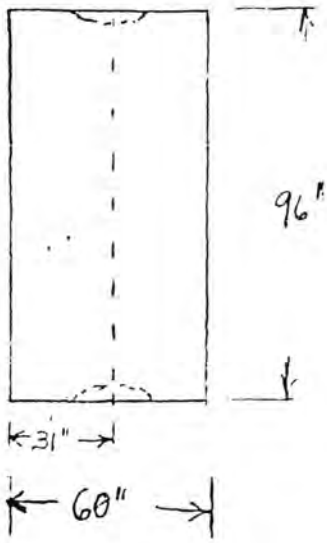


LATERALS
Through Tree LINES

SIDE

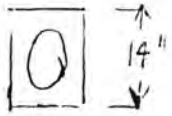


TOP

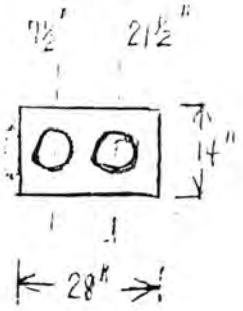


Septic Tank

FRONT

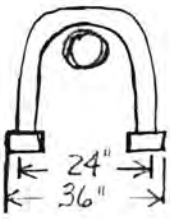


SIDE

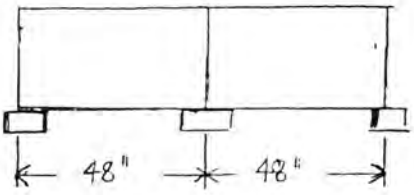


Distribution Box

FRONT



SIDE



Concrete Half Moon Laterals

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: May 6, 1991

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☐ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10N : Range 6E : Section 30
   Block _____ : Lot M : Addition Cushion Park
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 950 Ft.
4. Intended use of well _____

SW. 40th & W. "F"

Willie Romack, Jr
Signature of Applicant (owner or lessee)

326 South 26th Street
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 5/6/91. Date Frwd. 5/7/91. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 5/7/91. Date Frwd. 5/7/91. Action: Approved ☒ Disapproved ☐ Signature: Mel Goddard
3. City or County Engineers: Date Rec'd 5/7/91. Date Frwd. 5/7/91. Action: Approved ☒ Disapproved ☐ Signature: John D. Murray

REMARKS OR REASONS FOR DISAPPROVAL WELL MUST BE OUT OF FLOOD PLAIN.

Site Visits:
Date: ~~3-2-96~~ by ~~John E. Murray~~
Date: 3/4/96 by J. C. Hood Slight depression by well.
Date: _____ by _____

Nitrate Level <0.1 PPM CHLORIDE 28 PPM
Bacteriological Analysis Satisfactory Yes ☐ No ☐

~~Provisional Approval~~

INSTALLATION FINAL WRITTEN APPROVAL
Date: ~~3-2-96~~ By: ~~John~~

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

STRADER'S
BLUE VALLEY DRILLING

ALAN STRADER
Rt. 1 Box 89A
Pickrell, NE 68422
(402) 673-3465

Name Willie Lomack Jr. Date October 3, 19 91

Address 326 South 26th Street Phone 435-5008

Location Lincoln, NE 68510

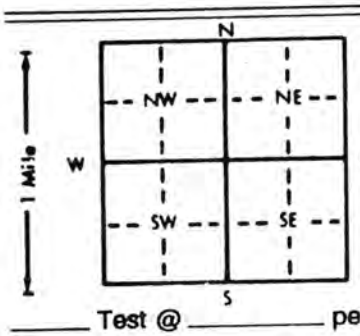
Location of well:	County	Fraction	Section No.	Township No.	Range No.
		1/4 1/4 1/4		T S	R E/W

Distance and direction from nearest town or city

Street address of well location if in city

Nearest source of possible contamination
ft. Direction Type

Well disinfected upon completion? Yes No



Well to be used as:

	Test @ per ft.	$
	Test @ per ft.	$
	Reaming @ per ft.	$
	Well @ per ft.	$
	Extra Casing @ per ft.	$
	Total ft. of casing used	$
	Perforations @	$
	Sand	$
	Cement Grout	$
	Cap Bottom	$
	Cap Top	$

☐ Cash ☒ Charge TOTAL $ 500.00

LOG OF WELL

Top	Bottom	
0	5	Top soil
5	12	Yellow clay
12	17	Brown clay
17	26	Brown fine sand
26	33	Medium sand
33	37	Red & yellow clay

Depth Drilled 37 Depth cased 37 Size of hole 9"

Method drilled Rotary mud

Size of casing 5" Grade 200# Guides Thickness

Feet of screen 10' Type PVC Slot size .015"

Depth screen set 27' to 37' & to

Bottom Cap X Type PVC Top cap Type

Type of gravel pack Concrete Amount 700# Height 12'

Seal X Type Bentonite & clay Depth 25'

Static water level Well tested 20 GPM Method Air

Plumber B & R Pump Service Recommended Pump setting

TERMS; CASH upon completion unless other arrangements have previously been made. Any invoice not paid when due subject to a Service Cahrge of 1 1/2% per month from date of invoice which is an Annual percentage of 18%.

PLEASE Pay From This Invoice - No Statement Will Follow

DRILLER: Alan Strader PURCHASER: