LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2514-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 23, 1987 — THIS PERMIT EXPIRES

FRANK AERNI, c/o THOMAS ALTEN, 4533 COLFAX CIR., LINCOLN, NE 68504
ISSUED TO — ADDRESS

T11N; R7E; Sec 11; Bk 1; Lot 1; Finigan's Replat
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	6-23-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

JUN 2 2 1987

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
FILING FEE: $ 60.00	FILE NO. 2514-C

DATE: June 19, 1987

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. 11N ; Range 7E ; Section 11 ;
   Block 1 : Lot 1 : Addition Finigan's Replat
   Street Address _____

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.

Frank Aerni By Frank Aerni
Signature of Applicant (Owner or Lessee)

4533 Colfax Circle
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/22/87. Date Frwd. 6/23/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-23-87. Date Frwd. 6-23-87. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest Simmons
3. City or County Engineer: Date Rec'd. 6/23/87. Date Frwd. 11. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-23-87 by: mm only one lateral in need draining
Date: 9-23-87 by: mm 2nd 3rd laterals in need draining
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-17-87 By: Ron Mayer

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

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 JUN 11 1987

B

FILE NO. 2514-C

PROPERTY WHERE SOIL TESTED: Finnigan Estates

Location: Township 11N ; Range 7E ; Section & ¼ Section 14.
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 ☐ . Sharpsburg
Dates of Tests: 6-6 to 6-7. Weather: Precip. 0 Temp. 80's.

OWNER: Frank Aerne 464-0518

Address: 4533 Colfax Circle Lincoln, Ne 68504

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	32	6-6	8:00	6-7	11:15	6/6	1:15	21⅛	1:45	22¼	30	1⅛	
2			AM		AM			29⅛		30		⅞	
3								28¼		29¼		1	
4								25⅞		27		1⅛	
5								21		22		1	
6								28½		29⅛		⅝	
												5¾	
												.96	

Brad Southwick
Signature of Person Conducting Test

Address 701 E. 4th Hickman Phone 792-2462

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 11, 1987

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2514-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: JUNE 23, 1987

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 774 sq.ft.

Jerrold 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 ☐

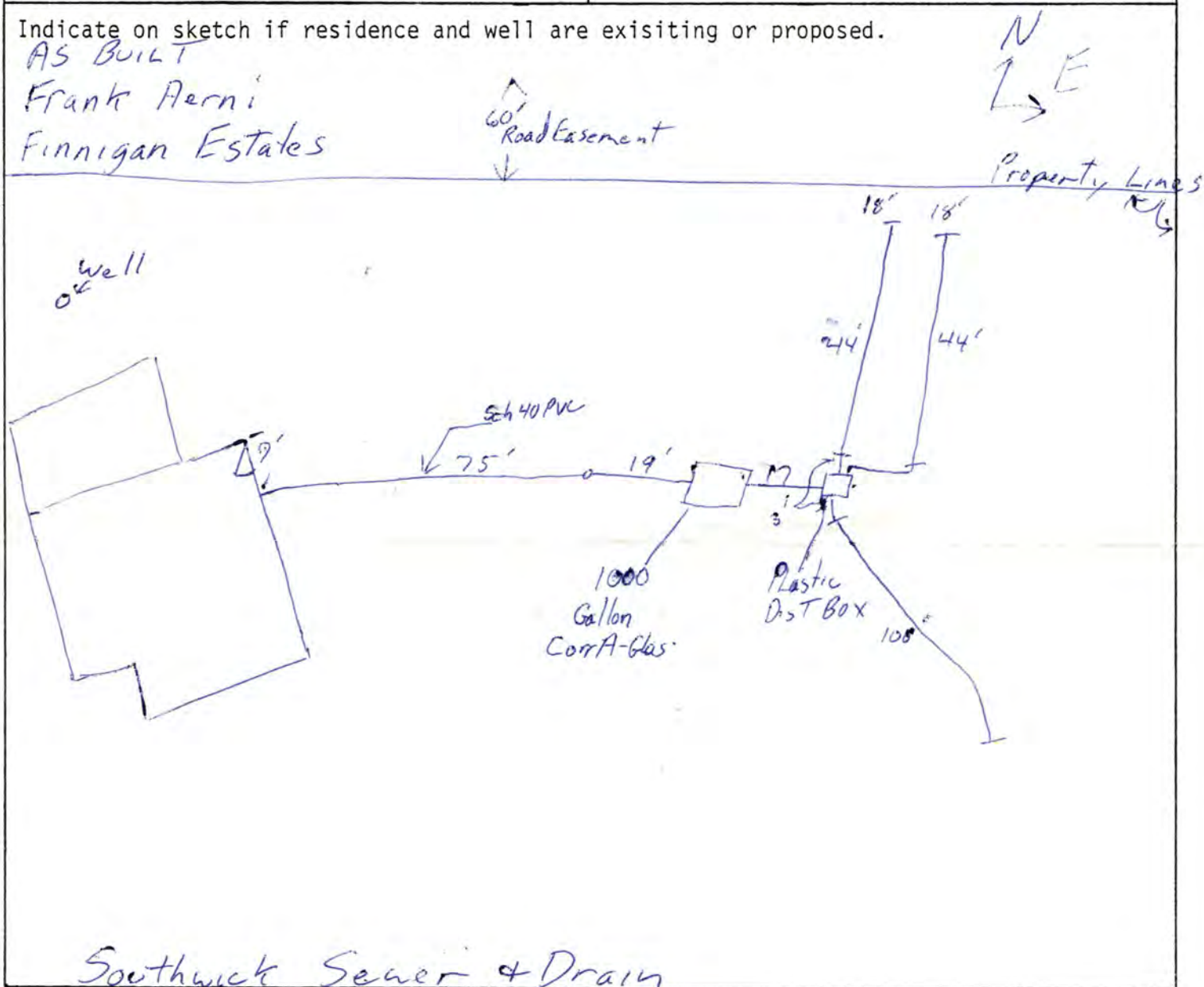
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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

RECEIVED JUN 0 8 1994

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: June 6, 94

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK 1

LOT 43; ADDITION FINIGANS REPLAT Street Address 12500 FINIGAN ROAD

Directions to Property N. OFF OF WAVERLY ROAD BETWEEN 84th & 98TH

lot 43 SW 11-11-7 LANCASTER COUNTY

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Frank Aerni (State title 434-5042)	12500 Finigan Rd.	464-0518
Tenant/Buyer:	James & Susan Ramey	8103 Northshore Drive	489-1198
Return to:	Mike Egan	111 Piazza Terrace Lincoln 68510	483-4663

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

Signature of Applicant Susan Ramey Address 8103 Northshore Drive

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 8, 1994 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-9-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-9-94 by rm
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Maynard RS DATE 6-20-94

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

010

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 2-28-92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK 1

LOT 1; ADDITION FINIGANS REPLAT; Street Address 12500 FINIGAN ROAD

Directions to Property NORTH ON 84TH TO WAVERLY RD - EAST ¼ MILE TO FINIGAN RD NORTH APPROX ½ MILE - 2 STORY HOUSE, RED ROOF, ARCHES ON FRONT

Location of Well NORTH OF HOUSE Tap Location: Inside ☑ Outside ☑

Location of Sewage System EAST OF HOUSE Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	FRANK D. AERNI	12500 FINIGAN RD	464-0518
Tenant/Buyer:	SAME - REFINANCE		
Return to:	FIRST COMMERCE SAV.	P.O. BOX 80036	434-4806

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

Signature of Applicant Frank D. Aerni Address 12500 FINIGAN RD

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 2, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-3-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 3-3-92	by RM
Bacteria	☒	☐	Provisional:	☐	Date	by
Nitrate	☒ 0.8	☐	Disapproved:	☐	Date	by

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Morgan RS DATE 3-9-92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832