LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2824-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 12, 1986 — THIS PERMIT EXPIRES

DEBBIE HUGHES — ISSUED TO

2345 PARK AVE. LINCOLN, NE 68502 — ADDRESS

T11N; R7E;o$ 6 PM; Sec 11; Bk 1; Lot 2; 8500 Pearle Rd., Finigans Sub.
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: MC — DATE: 5-13-86 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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: $60.00

FILE NO. 2324-C

DATE: _____

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 of 6PM; Section 11 ;
   Block 1 : Lot 2 : Addition Finigans Subdivision
   Street Address 8500 Pearle Rd.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: _____ ft.

Debbie Hughes
Signature of Applicant (Owner or Lessee)

2345 Park Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/12/86. Date Frwd. 5/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/13/86. Date Frwd. 5/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H. Lemmon

3. City or County Engineer: Date Rec'd. 5/13/86. Date Frwd. 5/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-6-86 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: NOV-6-86 By: Ron Maynard

2324-C

Nebraska State Health Department
Division of Housing & Environmental Health

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Subdivision Owner: Jesse Hughes
Location: Township Steele Finigan
Section & ¼ Sect. SW ¼ of 11N17 Address: 2345 Park Ave. Lincoln Nebr. 68502
Property Dimensions: 200 ft. x 200 ft.
Area: 2 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
Silty Loam ☐ ; Clay Loam ☒ ; Sandy Clay ☐
Dates of Tests: May 1-86 to May 2-86. Weather: Precip. 0 Temp. 70

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		Elapsed	Water Level	Percolation
Hole 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. Min.)	Water Level (in.)	Time (Min.)	Drop (in.)	Rates (Min./inch
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.75	30	1.25	24
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.5	30	1.5	20
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.5	30	1.5	20
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.5	30	1.5	20
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.25	30	1.75	17
28		5-1	11:30	5-2	9:30	5-2	9:45	9	10:15	7.5	30	1.5	20

Sum of Percolation Rates 121
Average of Rates: 20.16
Inches per minute: .0497 → .0497

Kenneth J. Vardeman
Signature of Person Conducting Test
Address Ashland Drilling Co.
1941 Birch
Phone Ashland Nebr.
68003 (Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

Approved Percolation Rate(s)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: MAY 7, 1986

Gerrold C. Hood
Signature of Reviewing Official

SW 1/4 of 11117

lot # 2 Block # 1



200 feet

#3 #2 #1

0 0 0

#4 0

#5 0

#6 0

Test site

Jesse Hughes

500 feet

23744-0

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

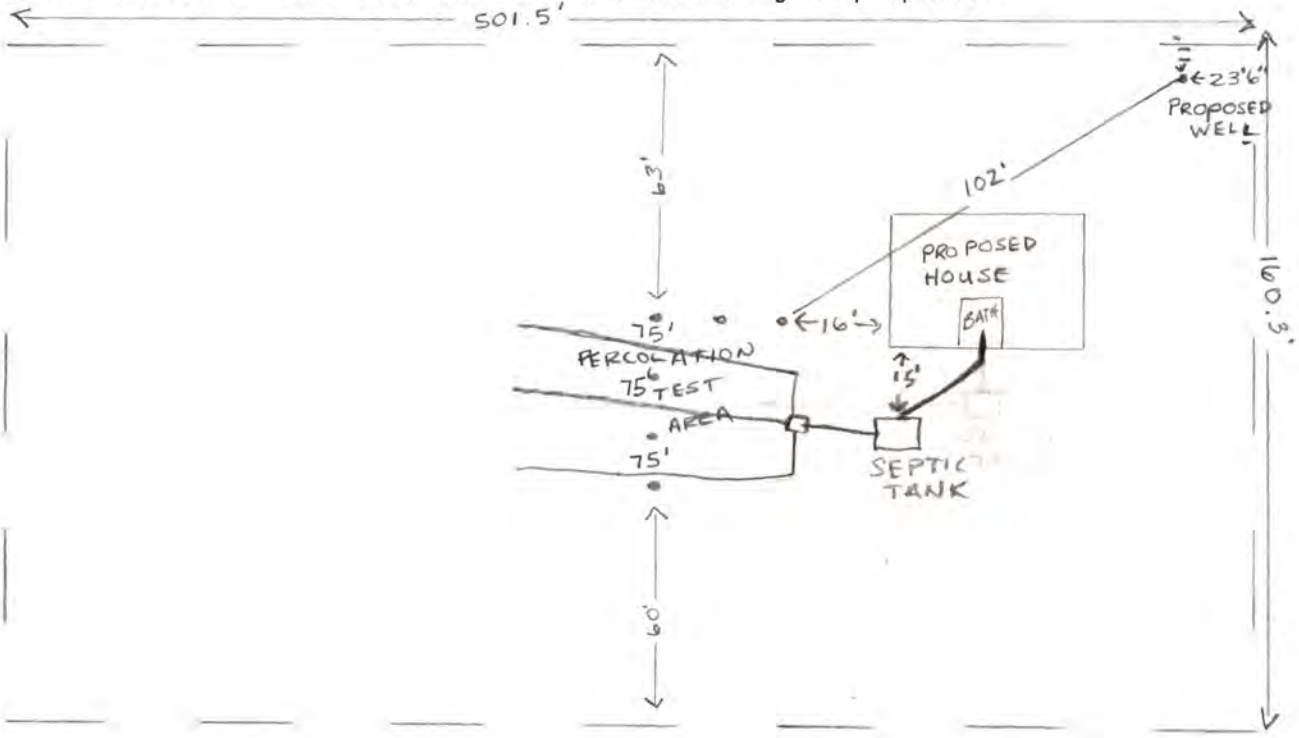
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2324-C

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



REVIEWING ACTION

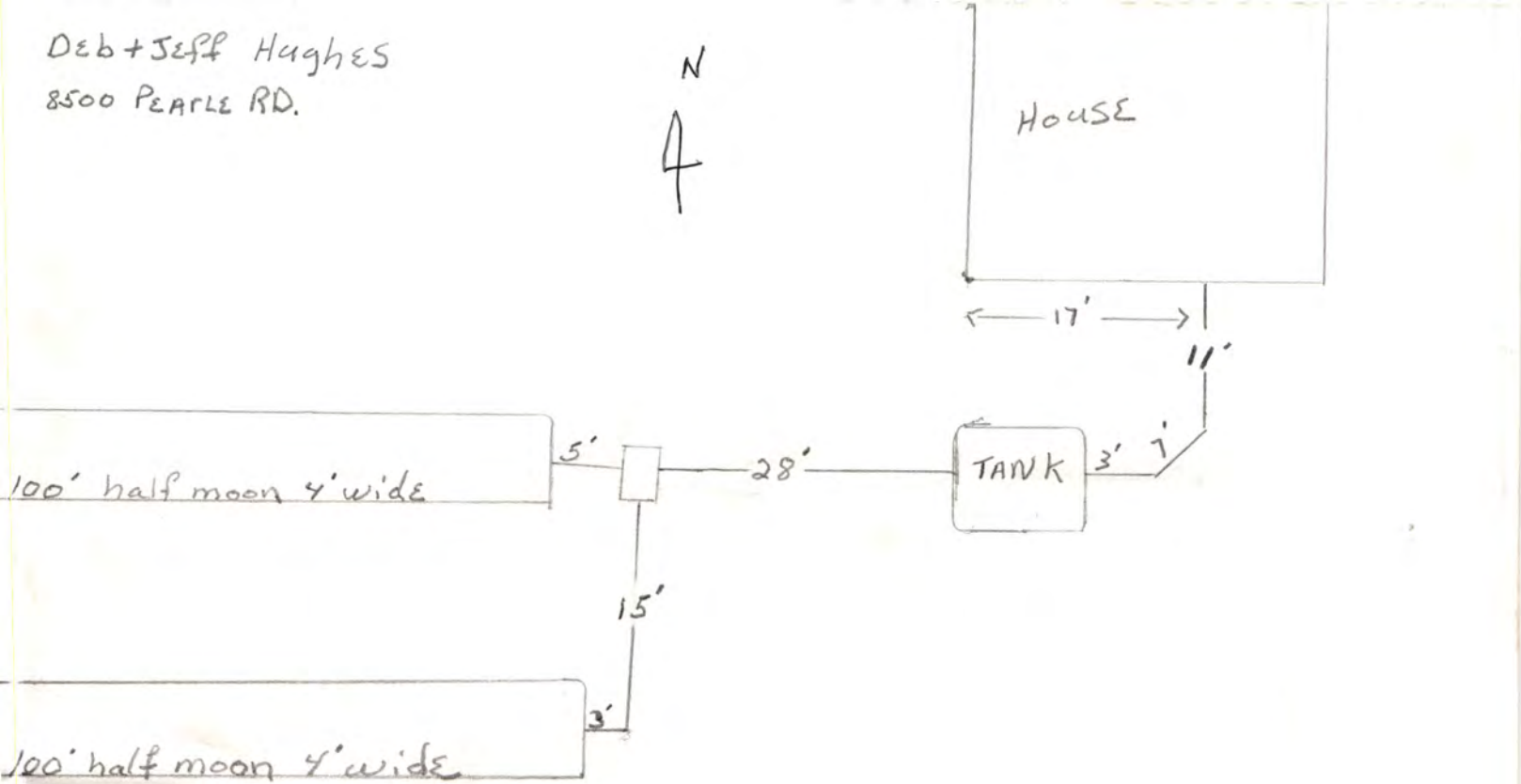
Remarks: _____

Date: MAY 12, 1986

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 210 sq.ft.

Gerrald C. Hood
Signature of Reviewing Official

Deb + Jeff Hughes
8500 Pearle Rd.



010

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

3303

Legal Description of Property: Street Address 8500 Pearle Rd

Twp 11N Range 7E Section 11 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition ___

Directions to Property Log Home

Location of Well North Back yard Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Jess & Deb Hughes	8500 Pearle Rd	466-3184
Tenant/Buyer:			
Return to:	Square D	1717 Centerpark Rd Lincoln NE 68512 Attn: Anna Marie Credit Union	421-4977

Signature of Applicant DBHughes Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 04 / 18 / 97

Initials ___

Amount 150 ⁰⁰

Check No. 5104

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4 / 21 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

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 Marquart, RS Date 4 / 24 / 97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95