LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2177-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 28, 1985 — THIS PERMIT EXPIRES

DUANE L. HARTMAN — ISSUED TO

P.O. BOX 2787 LINCOLN, NE 68502 — ADDRESS

T11N; R7E; Sec SW¼ 11; Bk 1; Lot 2; Finnigan Sub; 12550 No. 84 Street — 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

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. 2177-C

DATE: 2-28-85

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 SW1/4 11;
   Block 2 01 : Lot [illegible] : Addition Finnigan Sub
   Street Address 12550 No 84th

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. WILL PUT IN WHATEVER SOIL PERCOLATION TEST INDICATES

Signature of Applicant (Owner or Lessee)

Box 2787 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/28/85. Date Frwd. 3/1/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-1-85. Date Frwd. 3-1-85. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 3/1/85. Date Frwd. " . ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 7-23-84 by: rm
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-26-85 By: Ken Maynard

52 x 28 221.5 500.5

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. 2177-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 7 ; Section & ¼ Section SW ¼ Sec 11
Property Dimensions: 221.5 ft. x 501.5 ft. Area: 2 3/4± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. 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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(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 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: _____ to _____. 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	36	5/20	12:30			5/20					4 hr	6"	
2	36	5/20									4 hr	24"	
3	36										4 hr	10"	
4	36										4 hr	6.5"	
5	36										4 hr	6"	
6	36										4 hr	4½"	

Keith Muenchau
Signature of Person Conducting Test

Address 7331 Vine St Lincoln Phone 466-0426

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Little fast
Soil Type (SCS): Marshbrere Silty Clay Loam
Date: May 29, 1985

Approved Percolation Rate (a)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

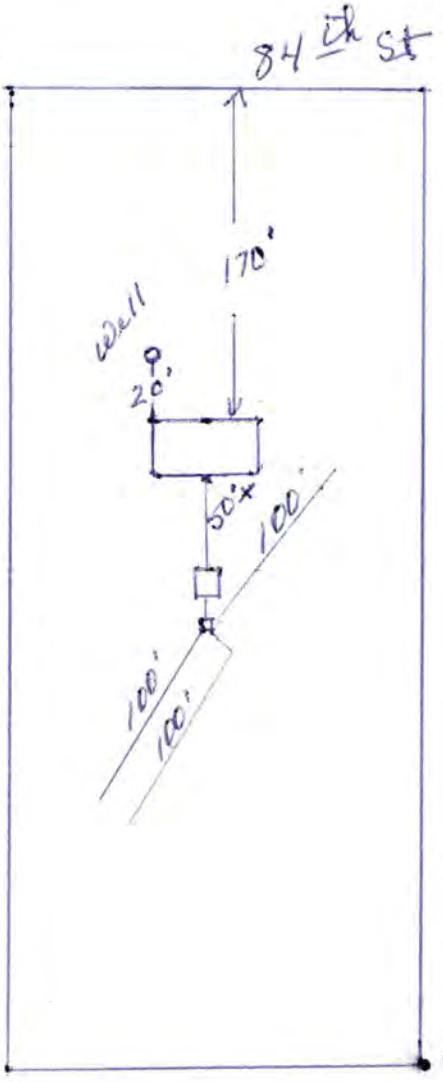
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2177-C

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



REVIEWING ACTION

Remarks: _____

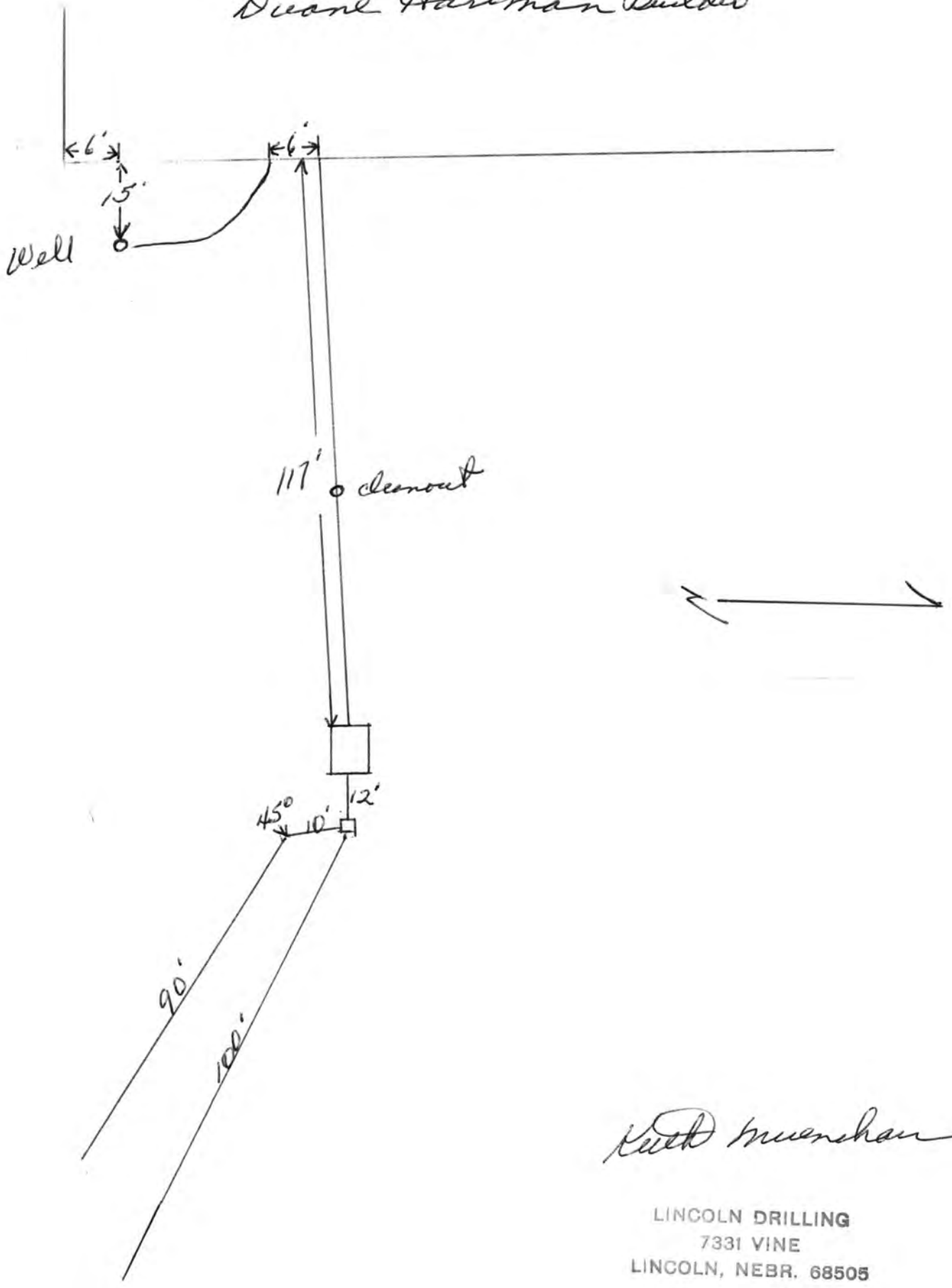
_____

Date: _____

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 543 sq.ft.

_____
Signature of Reviewing Official

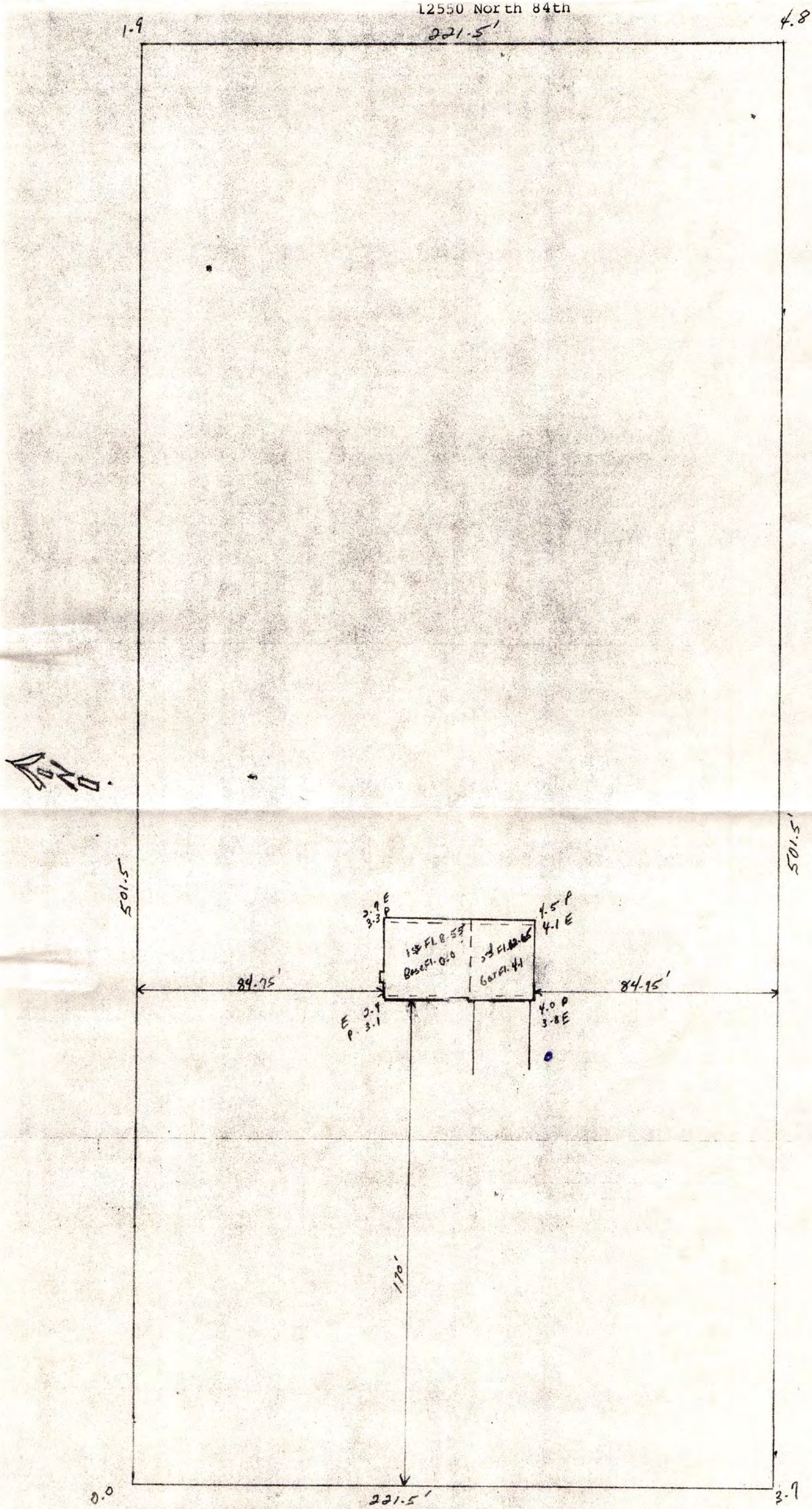
Hartland Homes
84th & Waverly Rd area
Duane Hartman Builder



Keith Buenahan

LINCOLN DRILLING
7331 VINE
LINCOLN, NEBR. 68505

12550 North 84th



LOT 1, BLOCK 2, Finnigan Subdivision in SW 1/4, Sec 11,T11, R7
Lancaster County, NE

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.

Legal Description of Property: Street Address 12550 No. 84th Street

Twp 11 Range 7 Section 11 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Finigans Subdivision

Directions to Property Hwy 77 Northto Waverly Road, east to 84th Street and North 1/4 mile to 12250 No. 84th

Location of Well Back yard (by house) (by bush) Tap Location: Inside ☐ Outside ☒

Location of Sewage System under split rail fench (back) Year Installed 85

Fence post east of that and laterals southeast of fence post

	NAME	ADDRESS	PHONE
Present Owner:	Dave Skomer	12550 No. 84th 68517	467-5849
Tenant/Buyer:			w/ 472-9333 ext. 334
Return to:	Dave/Deb Skomer	12550 No. 84th Lincoln, 68517	467-5849

Signature of Applicant Debbie Skomer Address 12550 No. 84 Date 6/17/97

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	06/17/97	Date	/ /
Initials	ls	Case No.	
Amount	150	Initials	
Check No.	10362		

PRELIMINARY STATUS--By Jim Bonke **DATE:** 6/19/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 1.3 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Bolts on well head require tightening. Recommend septic tank be checked for need of pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jim Bonke Date 6/23/97

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

009

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 2, 1993

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 #150.00

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK 2

LOT 1; ADDITION Finigan's Sub; Street Address 12550 No. 84th St.

Directions to Property 1/3 N of Waverly Rd, 60 Cut Hwy 77, 2 m. E 1/3N

Location of Well behind - to the East Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	12550 No. 84th St.	466-5641
Tenant/Buyer:	[illegible]	[illegible]	[illegible]
Return to:	[illegible]	[illegible]	[illegible]

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

Signature of Applicant [illegible] Address [illegible]

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received 6/7/93 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-7-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☒	Date 6-9-93 by [illegible]
Bacteria	☒	☐	Provisional: ☐	Date _____ by _____
Nitrate	☒ 1.2	☐	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 Daugherty DATE 6-16-93

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

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