LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96390051601

SEWAGE SYSTEM REPAIR

Issued 08/29/96
Expires 03/01/97
Revenue Code 18751

Establishment

DAVE ROGERS
T10N R6E SEC 32
LOT 51
3703 W A STREET

FEES: $50.00

TOTAL $50.00

Permittee

DAVE ROGERS
3703 W A ST
LINCOLN NE 68522

2554

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]

County Resolution No. 2832 [ ]

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8/26/96

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 06E; Section 32;
Block _____; Lot _____; Addition _____
Street Address 3703 W. A ST

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 4 Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [ ]; Other [X] Lagoon

4. Description of proposed alteration, extension or repair: put in a tank and laterals

5. Work to be done by: Owner [ ]; or Contractor [X], Larry Schwarck
Contractor's Name

6. Estimated cost of project:

a. Materials	$	2,000 00
b. Labor	$	3,000 00
c. Other	$	
TOTAL	$	5,000 00

Signature of Applicant (owner or lessee)

3703 West A St Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50

2. Site Visits:
Date: 8-27-96 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Paul

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-27-96 by: Paul

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 6 ; Section & ¼ Section 32 .
Property Dimensions: 204 ft. x 1181 ft. Area: 5.25 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8/15 to 8/16 . Weather: Precip. 0 Temp. 85 .

OWNER: Dave Rogers

Address: 3703 W. A St Lincoln

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.)
						8/15					30	½	60 MIN/IN
						8/15					30	1	30 MIN/IN
											30	1 ½	20 MIN/IN
											30	1 ¾	17 MIN/IN
											30	1 ½	20 MIN/IN
											30	1 ½	20 MIN/IN
											30	3	10 min/in

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

Signature of Person Conducting Test

Address 3703 W. A St Phone 4776870

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

Gerrold 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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

3' = 333 4' = 250

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals # ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1000 sq.ft.

Ron Mayer
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. _____

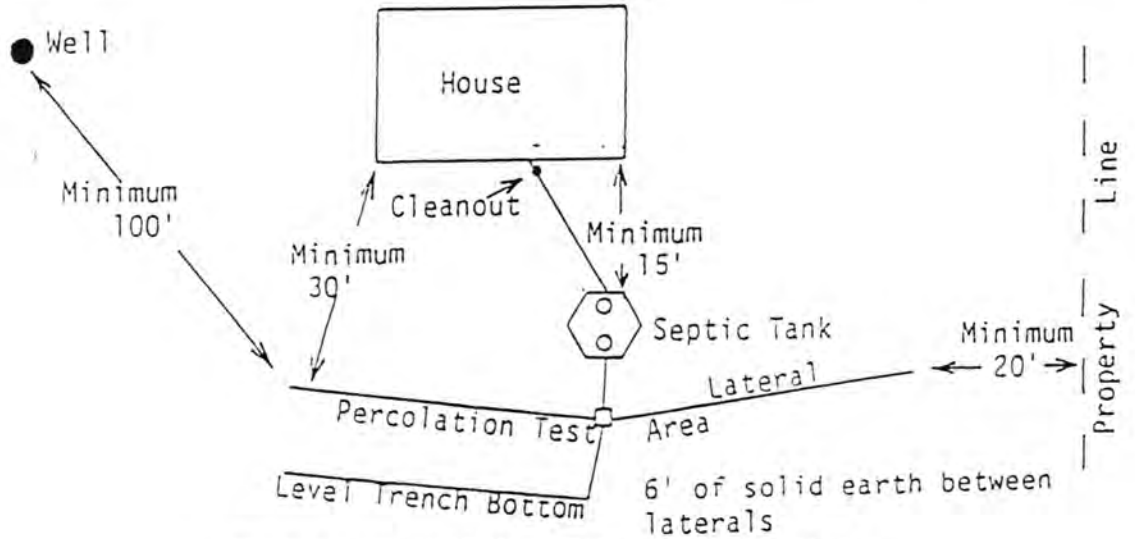
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Clay/160 Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 150' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 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 12" in.
8. Distances to:
Well or Suction Line — ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

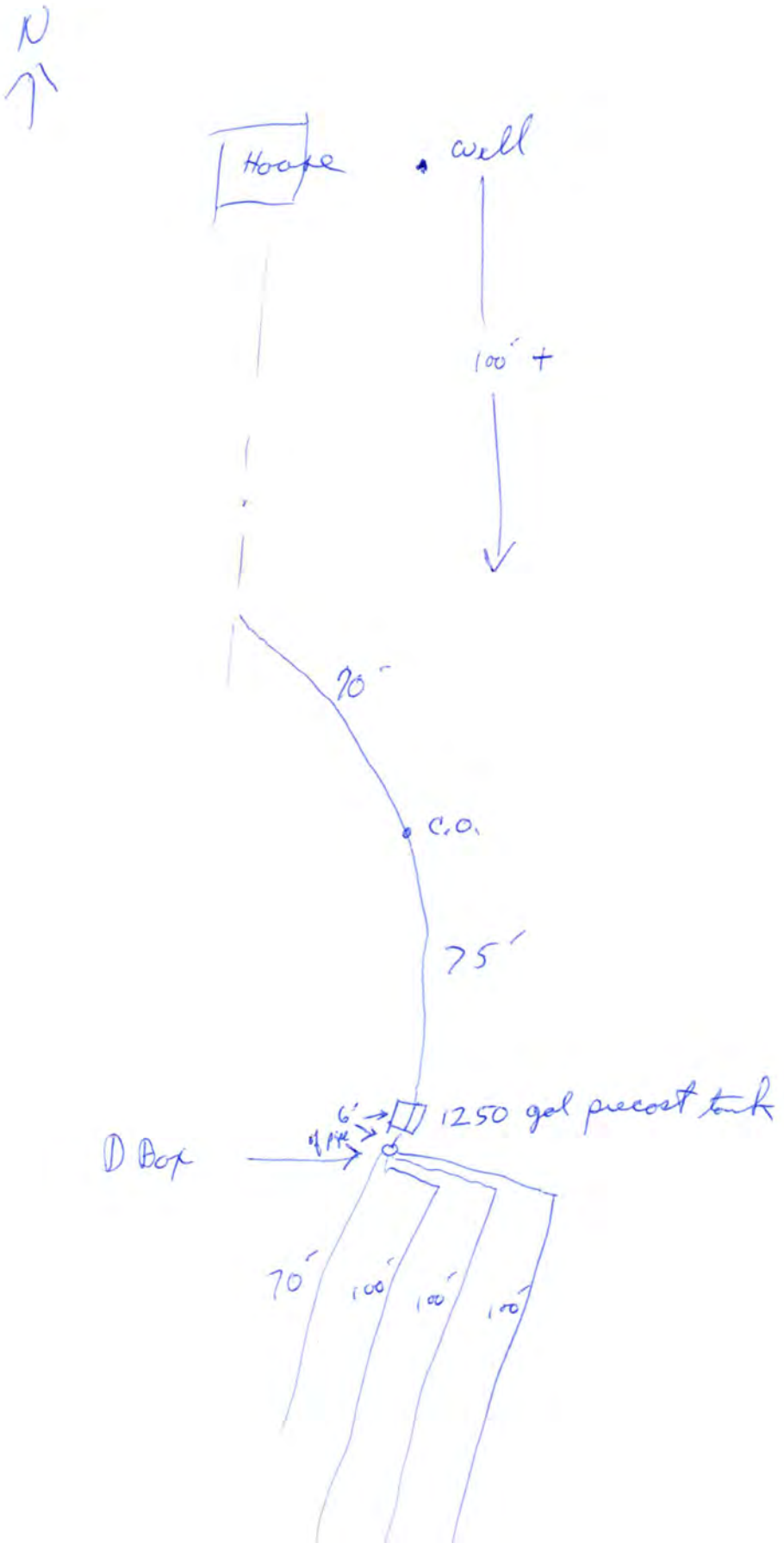
C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 12 ft.

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 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100, 100, 100, 70, _____ ft.;
Total length of laterals 370 ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 - to 4" in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line — ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

8-27-96 Larry Schwanck



FILE #2565

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 29, 1988 — THIS LICENSE OR PERMIT EXPIRES

LYNN MELSON, 5801 LILLIBRIDGE, APT #20 — LICENSEE OR PERMITTEE

LINCOLN, NE 68506 — ADDRESS

T10N; R6E of 6 PM; NW¼ Sec 32; Lot 51 IT; 3703 West "A" Street (unofficial) — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

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

FILE NO. 2565

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10 N ; Range 6 E of the 6th PM; Section Northwest ¼ of Section 32;
Block _____; Lot 5 1/2; Addition Irregular Tracts
Street Address 3703 West A Street (unofficial)

2. Property Use: Residential ✓ ☐; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: change to lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒, STROHMYER EXCAVATING
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Lynn Nelson by Lenaesue Calvert
Signature of Applicant (owner or lessee)

5801 Hillsbridge Apt #20
Address

(Do not write below this line)

REVIEWING ACTION

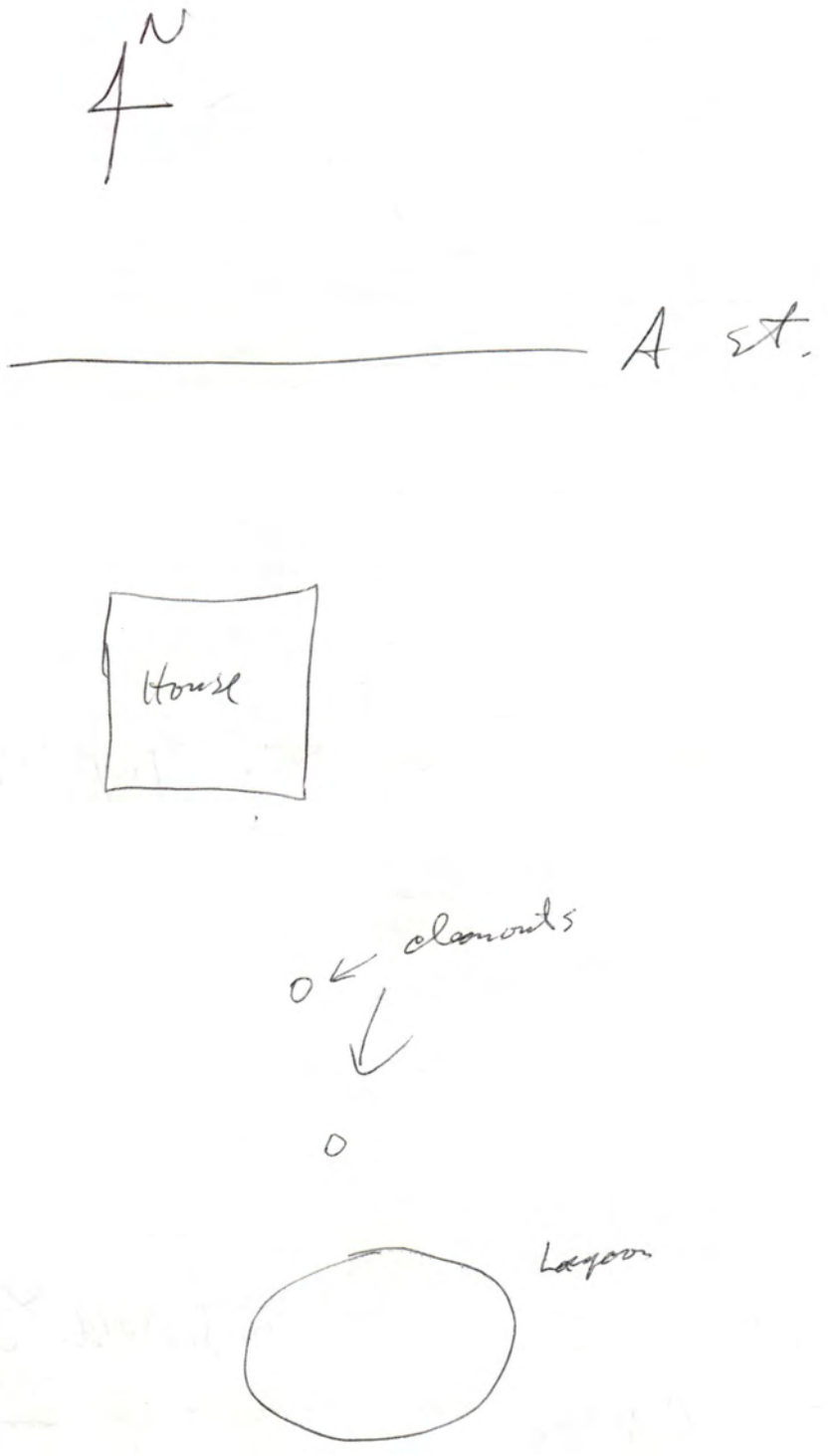
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 9/28/87 by: L. C. Hood cattle in water
Date: 4-21-88 by: mm no gate
Date: 4-22-88 by: mm

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood
PROVISIONAL *

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 4-22-88 by: Ron Maynard

* Sewer line covered without Health Dept. inspection


N
A st.
House
clamonds
Lagoon

FILE FW-217

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 23, 1988 — THIS LICENSE OR PERMIT EXPIRES

LYDEN A. WILSON — LICENSEE OR PERMITTEE

ROUTE #6, BOX 43-A LINCOLN, NE 68502 — ADDRESS

[illegible] 32; Lot 51 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

SEP 2 3 1987

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 $45.00

FILE NO. W-217

DATE: 9-21-87

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 NW 1/4 Section 32
   ~~Block~~ _____ : Lot 5 II; Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well residential — for one home - EXISTING

Lynn A. Melson
Signature of Applicant (owner or lessee)

R.R.6 Box 43A Lincoln 68502
Address

No City Water.

SW. 40th & W. "A"

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 9/23/87. Date Frwd. 9/23/87. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Nood
2. Supt. Bldg. Insp.: Date Rec'd 9/23/87. Date Frwd. 9/23/87. Action: Approved ☒ Disapproved ☐ Signature: Gary M. Stevens
3. City or County Engineers: Date Rec'd 9/23/87. Date Frwd. 9/23/87. Action: Approved ☒ Disapproved ☐ Signature: John D. Nissen

REMARKS OR REASONS FOR DISAPPROVAL _____

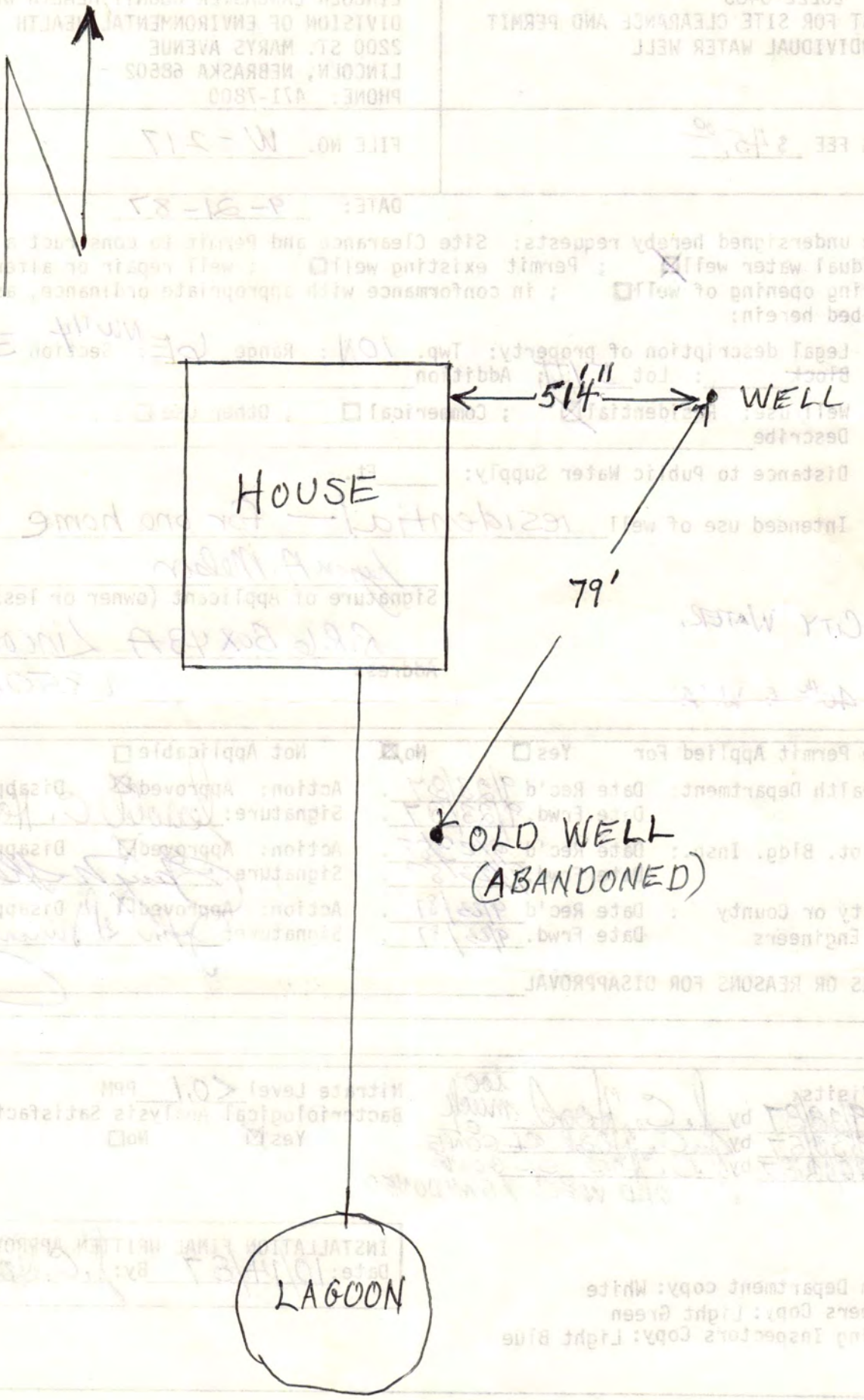
Site Visits:
Date: 9/28/87 by J. C. Nood too much Cl
Date: 9/30/87 by J. C. Nood Cl GONE
Date: 10/12/87 by J. C. Nood Cl GONE
OLD WELL ABANDONED

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/14/87 By: J. C. Nood

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

FORM 23-13


N
HOUSE
514'
WELL
79'
OLD WELL
(ABANDONED)
LAGOON

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-217

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6 ~~Block~~ Lot 51 ~ in NW 1/4 Addition

Owner Lynn A. Melson (aka Evans Address (3703 West A St - unofficial or R.R. 6 Box 43A Lincoln 68502

LOG OF WELL	
Depth Ft. to	Description
0-10	sandy tan c.
10-45	yell. c.
45-65	yell & tan c.
65-70	yell sand
70-95	blue c.
95-105	bluish/tan shale
105-140	red white & blue shs.
140-158	hard blue sh.
158-175+	med-coarse light yell. ss.

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 170
Date Completed 9-22-87

Casing: Length, Ft. 160 ; Dia. In. 4
Wall Thickness, Inc 200 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type PVC wire , slot Size 25

Drop Pipe: Length, Ft. 80 Dia. In. 1

Water Level, Surface to top of water, Ft.:
Static 65 , Pumping Some

Yield: 140 gpm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Melson (Signed)

REMARKS NITRATE NITROGEN < 0.1 p.p.m. BACTERIOLOGICAL O.K.

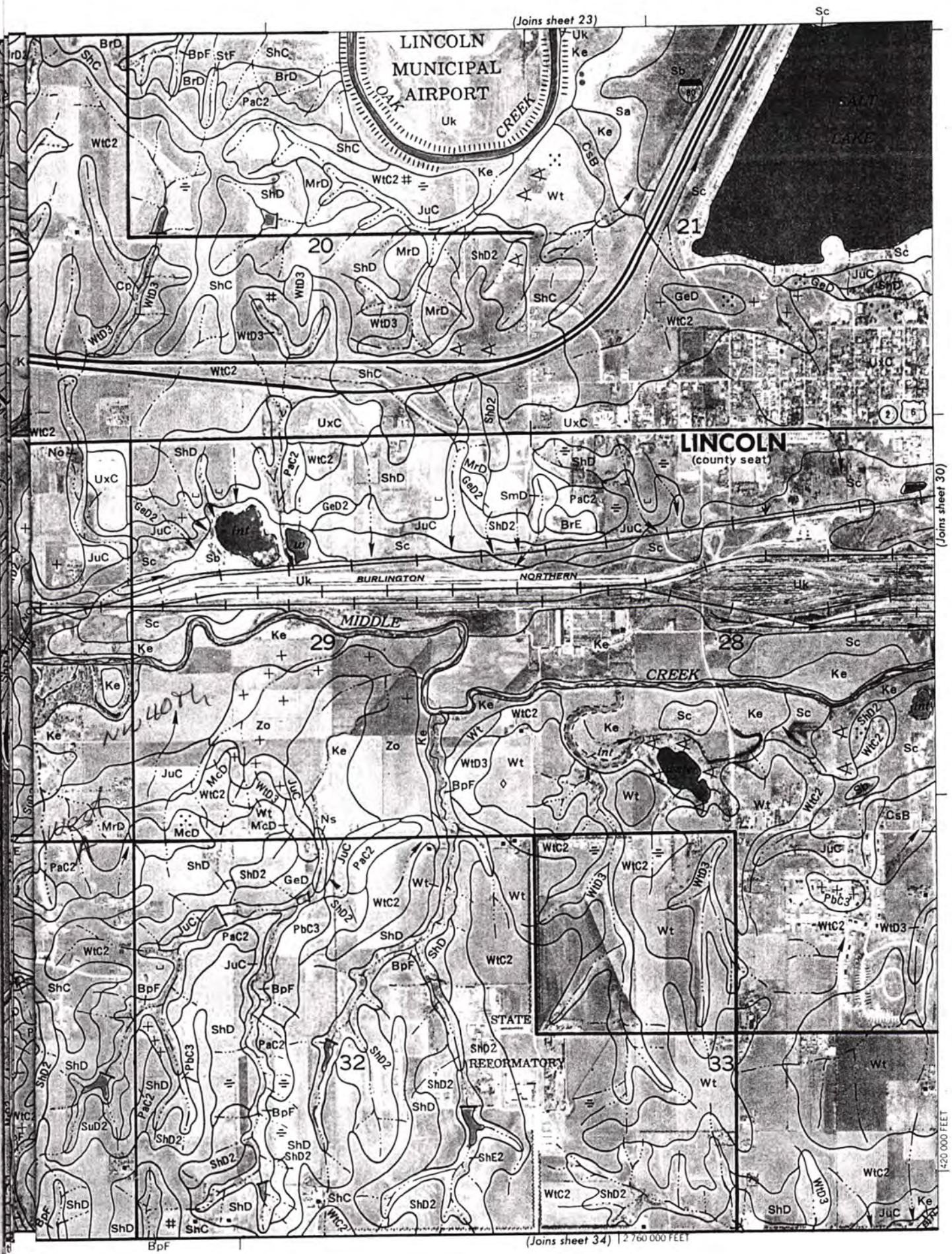
Address

Date 9-28-87

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4


(Joins sheet 23)
LINCOLN MUNICIPAL AIRPORT
OAK CREEK
SALT LAKE
LINCOLN
(county seat)
BURLINGTON NORTHERN
MIDDLE CREEK
STATE REFORMATORY
20
21
28
29
32
33
(Joins sheet 30)
(Joins sheet 34)
2 760 000 FEET
420 000 FEET
N
1 Mile
5000 Feet
Scale 1:20000

9209160002

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: 8/28/92

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 32; BLOCK ____

LOT 51; ADDITION _____; Street Address 3703 West A St Lincoln 68522

Directions to Property west on "A" st. 1 and 3/4 mi. E of ST Coddington. South side of Road Blue house

Location of Well East side of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South side of house Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	Dave + Vicki Rogers	3703 West "A" St	4776870
Tenant/Buyer:			
Return to:	Commercial Federal Bank	5555 "O" St Lincoln 68510	473 0800

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

Signature of Applicant _____ Address 3703 West "A" St Lincoln Ne. 68522

==========

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 28, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE AUGUST 30, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 8/30/92	by C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/15/92	by C.H.
Nitrate 0.1 ppm	☒	☐	Disapproved:	☒	Date _____	by ____

Comments: NEED WARNING SIGNS ON LAGOON FENCE
Corrected 9/15/92

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Wood R.E.H.S. DATE SEPTEMBER 15, 1992

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