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. 89380005201

Issued 10/17/89
Expires 04/17/90

ESTABLISHMENT

JOHN STROHMYER
T10N R6E SEC 32
LA MASTER LOT ?

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

JOHN STROHMYER
4235 NW 57 ST
LINCOLN NE 68524

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8938000052

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: $_____

FILE NO._____

DATE: Oct 6, 1989

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: 3901 West A

1. Legal description of property: Twp. 10N ; Range 6E ; Section 32 ;
Block _____ : Lot 2 : Addition LA MASTER SUBDIVISION
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.

John A Stuhmyer
Signature of Applicant (Owner or Lessee)

4235 West A
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/12/89. Date Frwd. 10/12/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/18/89. Date Frwd. 10/18/89. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Tidd

3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: B E Nicholson

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date:_____ by: Jerrold Hood
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/8/90 By: Jerrold C. Hood

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

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 _____; 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: 8/17 to 8/18. Weather: Precip. _____ Temp. _____.

OWNER: Jerry Trejo
Address: 3901 West A
Lincoln, Nebr

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												2	
2												1½	
3												1	
4												1¼	
5												1¾	
6												1¼	

John Strohmeyer
Signature of Person Conducting Test

Address 4235 NW 54th Phone 470-2262

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam & Sharpsburg Silty Clay Loam in area
Date: OCTOBER 20, 1989

Approved Percolation Rate (a)
A. 21 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: 471-7800

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: October 29, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 160 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 641 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Jerry Trejo 3901 West A RECEIVED OCT 12 1989

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. _____

30' of cast Iron Then class 160 PVC

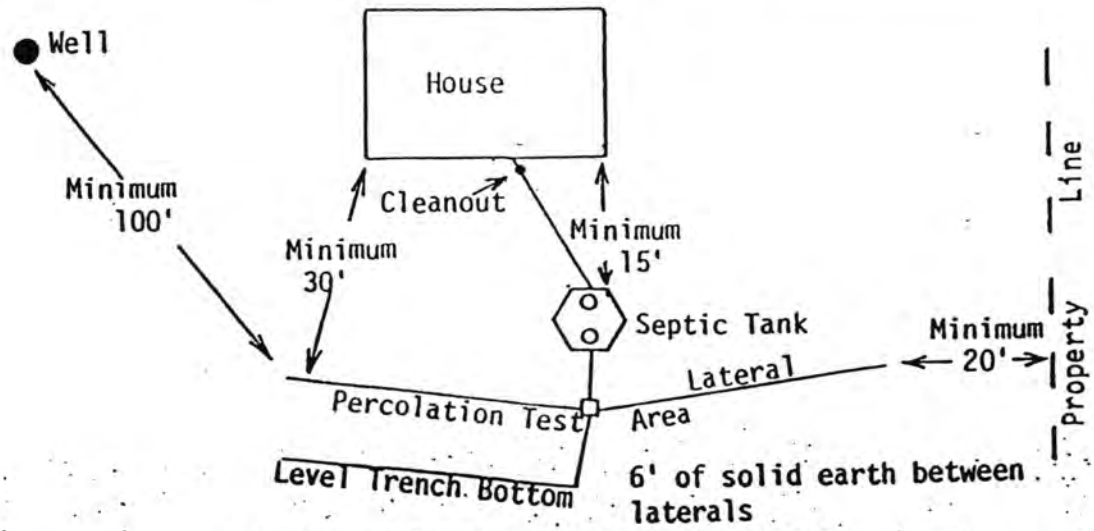
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

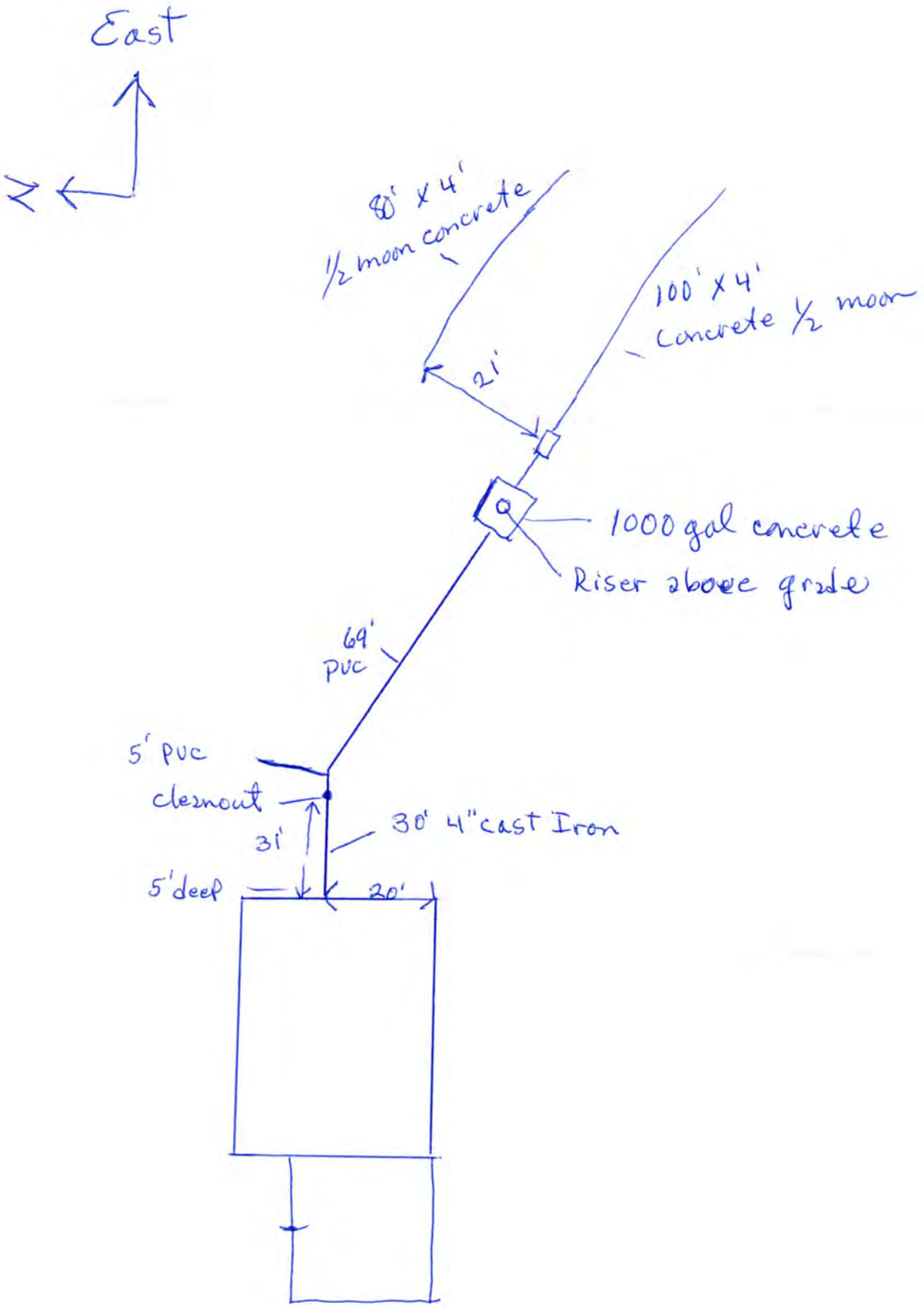
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade ___ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
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 18 or Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 80, _____, _____, _____ ft.;
Total length of laterals 180' ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


East
N
40' x 4'
1/2 moon concrete
100' x 4'
concrete 1/2 moon
2'
1000 gal concrete
Riser above grade
69'
PVC
5' PVC
cleanout
3'
30' 4" cast Iron
5' deep
20'

FILE # W-306

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

LINCOLN DRILLING — LICENSEE OR PERMITTEE

ADDRESS

T10N; R6E; Sec. 32; NW of NW at Corner — 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

RECEIVED NOV 1 4 1988

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 $ _____

FILE NO. W-306

DATE: 11-10-88

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 32
   Block _____ : Lot _____ : Addition NW of NW at corner
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Home

Jerry Trejo by Kurt Muenchau
Signature of Applicant (owner or lessee)

outside city

Address 7331 Vine St
Lincoln, Nebr 68505

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 11/14/88. Date Frwd. 11/15/88. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 11/15/88 Date Frwd. 11/15/88. Action: Approved ☒ Disapproved ☐ Signature: Gary Sherwood
3. City or County Engineers: Date Rec'd 11/15/88. Date Frwd. 11/15/88. Action: Approved ☒ Disapproved ☐ Signature: Jerome D. Obrist

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/14/89 by J. C. Hood
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/16/90 By: J. C. Hood

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

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-306

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

West ASt + 40th SE Corner

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10N R. 6E Block ____ Lot ____ Addition ____

Owner Jerry Trejo Address 240 "O" St Lincoln, ne 68508

LOG OF WELL	
	Description
Depth Ft. to	
0 - 1	Top Soil
1 - 10	yellow Clay Sandy
10-52	lite gray clay
52-81	blue Clay
81 - 119	25% Sand 75% gray
119-154	red, white, Sand
154-165	gray clay
165-185	Sandstone to Sand & gravel

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 185
Date Completed 11-25-89

Casing: Length, Ft. 185; Dia. In. 4
Wall Thickness, Inc. 160; type PVC

Screen: Length, Ft. 20 Dia. In. 4
Type PVC, slot Size .016

Drop Pipe: Length, Ft. ____ Dia. In. ____

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

Yield: 50 ggm, Measured ☐ , Est. ☑

Chlorination Completed Yes ☑ No ☐
air Pump

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

Driller Keith Muenchau (Signed)

Address 7331 Vine St

Date 1-16-90

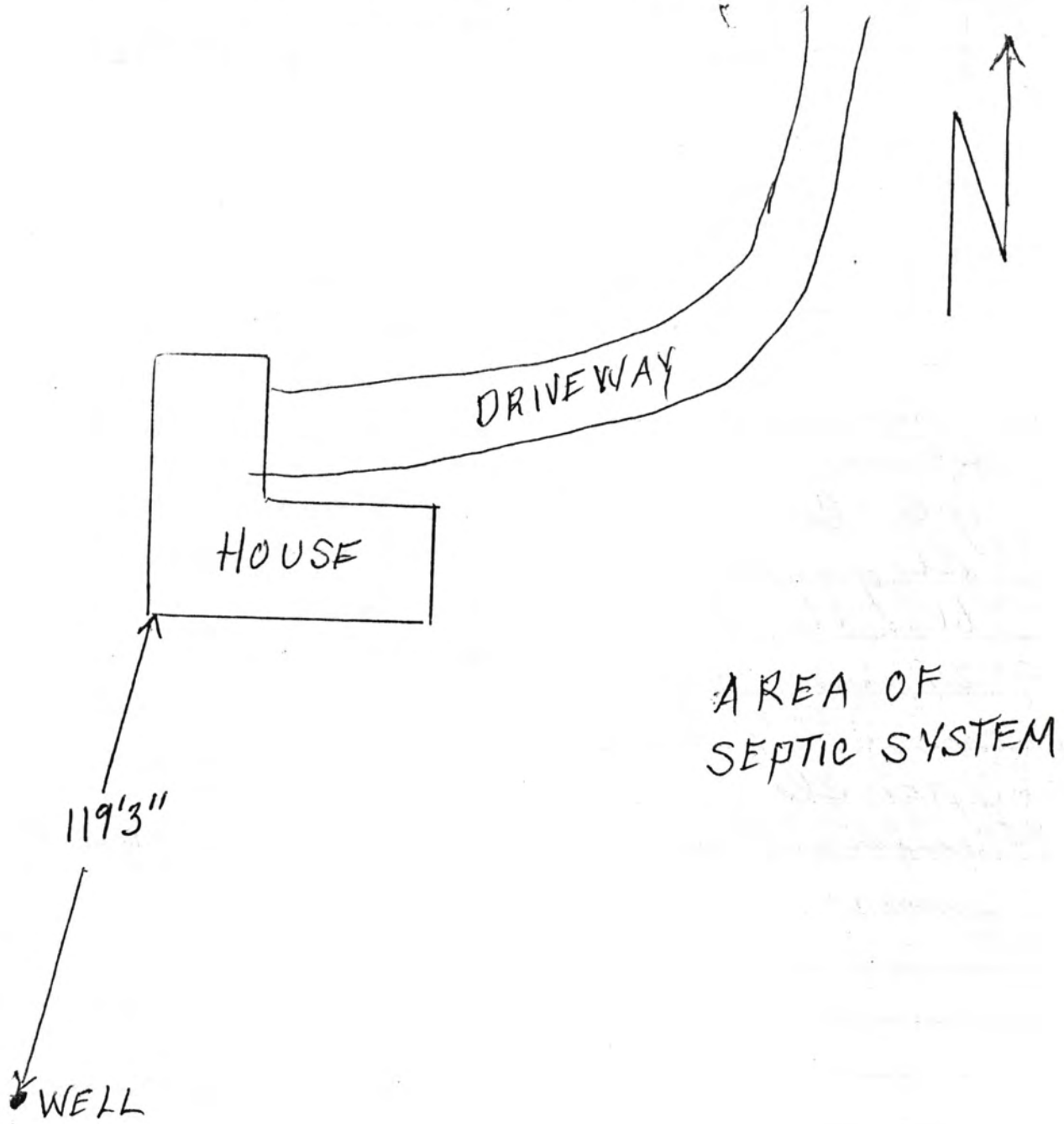
REMARKS NITRATE NITROGEN < 0.1 p.p.m.
BACTERIOLOGICAL O.K.

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

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.



Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LO

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to re

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.

☑ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 3901 WEST A

Twp 10N Range 10E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 2 Addition LEMASTER SUB

Directions to Property SE CORNER OF WEST A and SW 40TH

Location of Well South west of House APX 120 feet Tap Location: Inside ☐ Outside ☒

Location of Sewage System South east of House APX 100 feet Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Jenny L Trejo	3901 West A	475-8951 - work 476 6127 Home
Tenant/Buyer:	Jenny L Trejo	3901 west A	
Return to:	First Commerce Savings ATTN: BARBRA	P.O. BOX 80036 Lincoln NE 68501	

Signature of Applicant [signature] Address 3901 West A Lincoln Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 10/21/92 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By Gerrold Hood **DATE:** 10/22/92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☒ 3 /ml
Nitrate	☒ <0.1 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 10/26/92 by LCH

Date 10/28/92 by LCH

Date ___/___/___ by ___

Comments: RECOMMEND FILLING IN LOW SPOTS OVER SEWAGE LATERALS SO SURFACE WATER CANNOT STAND ON LATERALS

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerrold C. Hood R.E.H.S. Date 10/29/92

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.