FILE #2580

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 16, 1988 — THIS LICENSE OR PERMIT EXPIRES

RONALD F. UEBERRHEIN — LICENSEE OR PERMITTEE

130 CHERRY HILL BLVD., SUITE #1 LINCOLN, NE 68510 — ADDRESS

T10N; R7E; Sec 14; Lot 34; SE¼ I.E. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 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. 2580

DATE: October 14, 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. 10N ; Range 7E ; Section 14 ;
   Block _____ : Lot 34 : Addition Irregular Tracts of SE1/4
   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: N/A ft. TO BE DETERMINED BY SOIL PERCOLATION TEST.

Ronald J Hilbert
Signature of Applicant (Owner or Lessee)

130 Cherry Hill Boulevard, Suite One
Lincoln, Nebraska 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/16/87. Date Frwd. 10/16/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nook

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/16/87. Date Frwd. 10/16/87. ACTION: Approved ☐ Disapproved ☐ Signature: Wel T Stutz

3. City or County Engineer: Date Rec'd. 10/16/87. Date Frwd. 10/16/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-21-87 by: [illegible] west lateral going yellow bed at 3" Need drawing
Date: 12-16-97 by: [illegible]
Date: _____ by: [illegible] drawing sent to [illegible]

Experimental

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 12-31-97 By: Ron Maynard

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

FORM 23-43

9420 Holdrege

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: 11-14-87 to 11-15-87. Weather: Precip. 0 Temp. 50°.

Holes - 1-6 - had water in From Pre-test

OWNER: Action Plumbing

Address: 5608 So. 50th 423-6960

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"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	±6"	9:00 Am	5 3/4"	30m	1/4"	
2	36"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	6"	9:00 Am	5 1/4"	"	3/4"	
3	36"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	6"	9:00 Am	5 7/8"	"	1/8"	
4	36"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	6"	9:00 Am	5 3/8"	"	5/8"	
5	36"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	6"	9:00 Am	5 3/8"	"	5/8"	
6	36"	11-14	10:00 Am	11-15	7:00 Am	11-15	7:00 Am	6"	9:00 Am	5 3/4"	"	1/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Pre-Cast-Step Co. Phone 464-0638

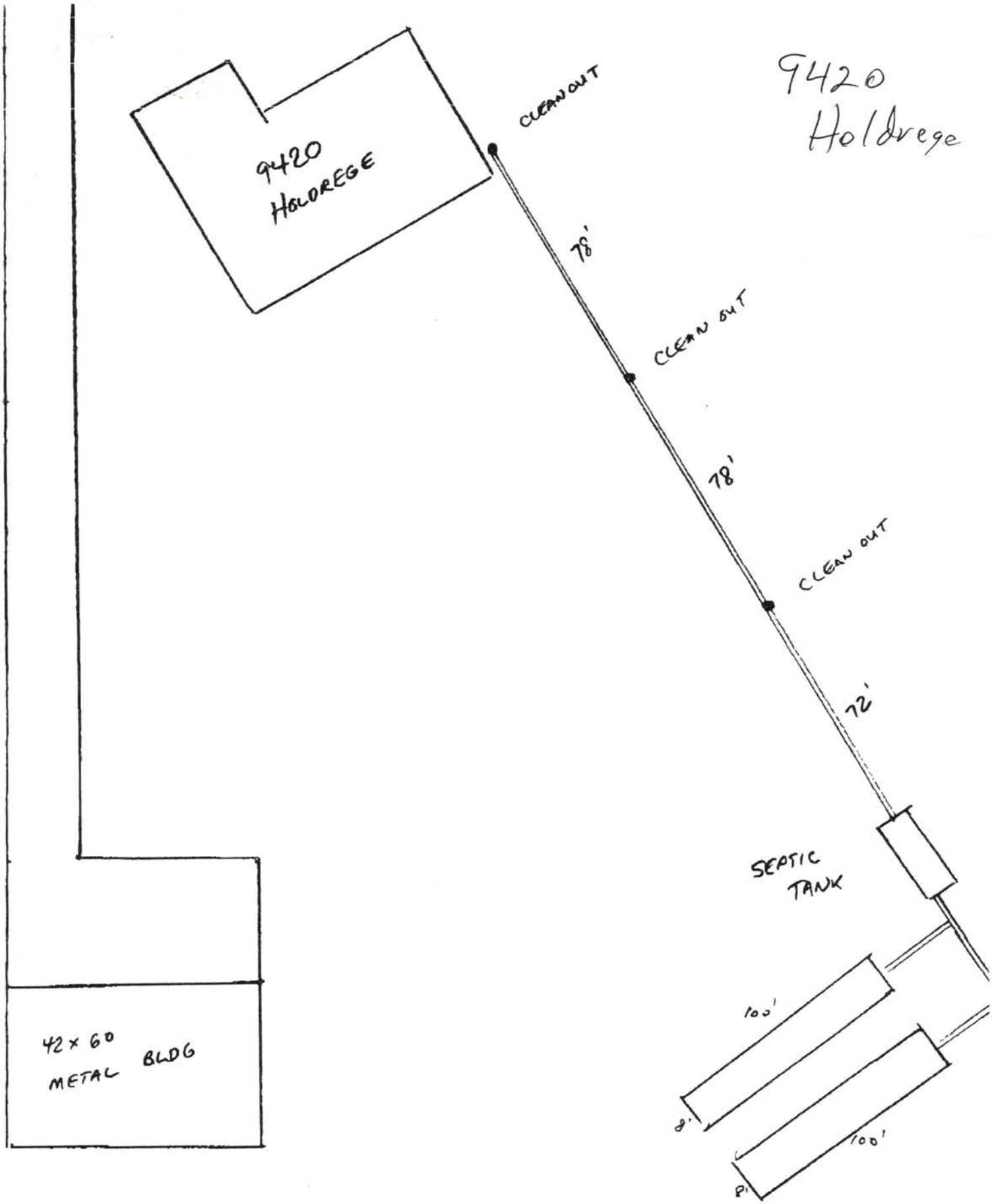
(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic system
Soil Type (SCS): _____
Date: November 17, 1987

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official



9420 Holdrege

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-222

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

DATA SHEET FOR WATER WELLS 9420 E Holdrege

Legal Description: Sec. 14 T. 10N R. 7E Block ___ Lot 34 IT Addition ___

Owner Ronald Uebernham Address Suite 1 130 Cherry Hill Blvd Lincoln, Nebr. 68510

LOG OF WELL	
	Description
~~Depth Ft.~~ ~~to~~ ~~Ft.~~	top Soil
2-64	~~Blue~~ Yellow clay
64-95	blue clay
95-105	Orange col. Clay
105-115	layers Sandstone & Clay
115-125	White Clay
125-172	75% Sandy Clay
172-183	white Clay
183-188	Gravel
188-198	Sandstone
198-206	white Clay

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 198'
Date Completed 12-18-87

Casing: Length, Ft. 193; Dia. In. 4
Wall Thickness, Inc. 160; type PVC

Screen: Length, Ft. 40 Dia. In. 4
Type PVC, slot Size .016"

Drop Pipe: Length, Ft. 100 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 66, Pumping 75

Yield: 20 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Driller Keith Monahan (Signed)

REMARKS Supply Well
air Plump approximately
20 gal per minute
NITRATE NITROGEN 0.5 p.p.m.
BACTERIOLOGICAL O.K.

Address 7331 Vine St

Date 2-26-88

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 WE
AND SOURCES OF CONTAMINATION. INDICATE NORTH.

