FILE #2512

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 10, 1987 — THIS LICENSE OR PERMIT EXPIRES

RENDALL S. EVERSON — LICENSEE OR PERMITTEE

7300 LOGAN AVE. — ADDRESS

LINCOLN, NE 68507

T10N; R7E; Sec So. ½ 14; Lot 44 I.T.; 8920 Holdrege — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ [redacted]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

JUN 1 8 1987

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. 2512

DATE: June 16, 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. 10 north ; Range 7E ; Section 14 South 1/2 ;
Block _____ : Lot 44 I.T. : Addition _____
Street Address 8920 Holdrege

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

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
Will Install whatever meets the Perk test and Health Department Standards
4. Distance to public sewer: ? _____ ft.

Randall D. Evensen
Signature of Applicant (Owner or Lessee)

7300 Logan Ave. Lincoln Ne. 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/18/87 . Date Frwd. 6/19/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/19/87 . Date Frwd. 6/19/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Todd Mahn

3. City or County Engineer : Date Rec'd. 6/19/87 . Date Frwd. 6/19/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 10-28-87 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-28-87 By: Ken Mayer

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

Acct # 018754 FILE NO. _____

PROPERTY WHERE SOIL TESTED: 8920 Holdrege

Location: Township Lot 414 ; Range R7E ; Section & ¼ Section So ½ 14.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Oct. 5, 1987 to Oct. 6, 1987. Weather: Precip. no Temp. 75.

OWNER: Randall S. Everson

Address: 7300 Logan Ave. Lincoln, Nebr. 68507

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	37"	10-5	9:05A	10-6	12:15P	10-6	2:00P	6"	2:30P	5 5/8"		3/8"	30 3/8
2	37"	10-5	9:10A	10-6	12:15P	10-6	2:05P	6"	6:05P	5 1/2"	Last 30 min	1/2"	30 1/2
3	37"	10-5	9:15A	10-6	12:15P	10-6	2:10P	6"	2:40P	5 3/4"		1/4"	30 1/4
4	37"	10-5	9:20A	10-6	12:15P	10-6	2:15P	6"	6:15P	5"	Last 30 min	1"	30 1
5	37"	10-5	9:25A	10-6	12:15P	10-6	2:20P	6"	6:30P	5 3/8"	Last 30 min	5/8"	30 5/8
6	37"	10-5	9:30A	10-6	12:15P	10-6	2:25P	6"	6:25P	5 1/4"	Last 30 min	3/4"	30 3/4

Randall S. Everson
Signature of Person Conducting Test

Address 7300 Logan Ave Phone 464-7822

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 60 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 ☐

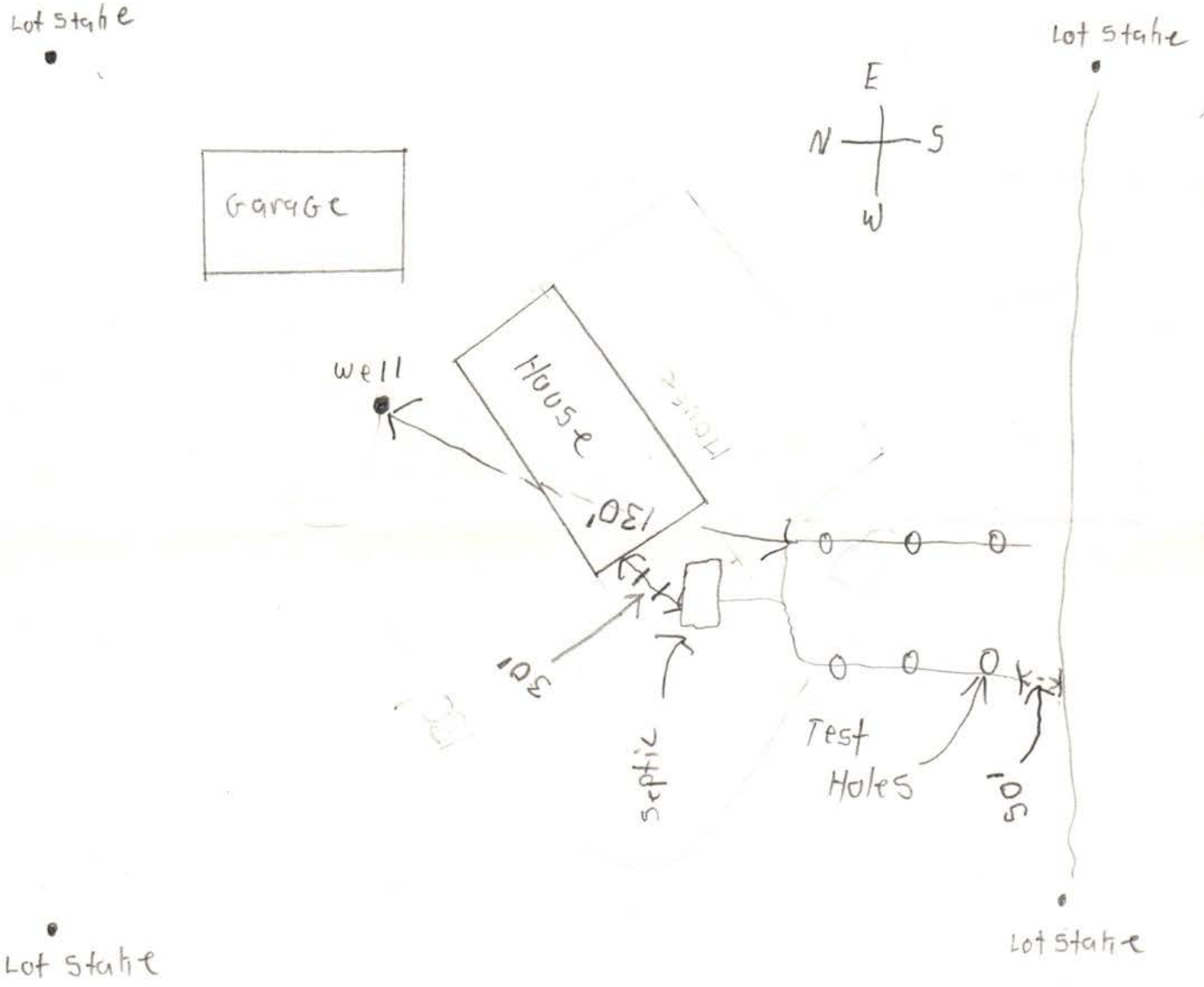
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

Date: OCTOBER 6, 1987

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 990 sq.ft.

Jerrold C. Hood
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: 10-29-87

FILE NO. _____

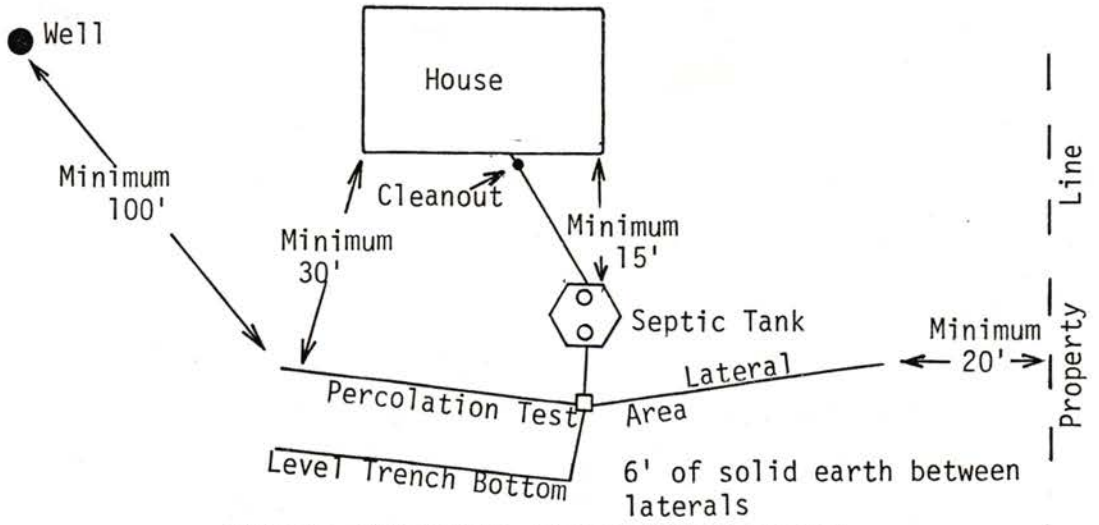
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor 7' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 38' ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments ____.
2. Capacity 1500 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 8" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

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

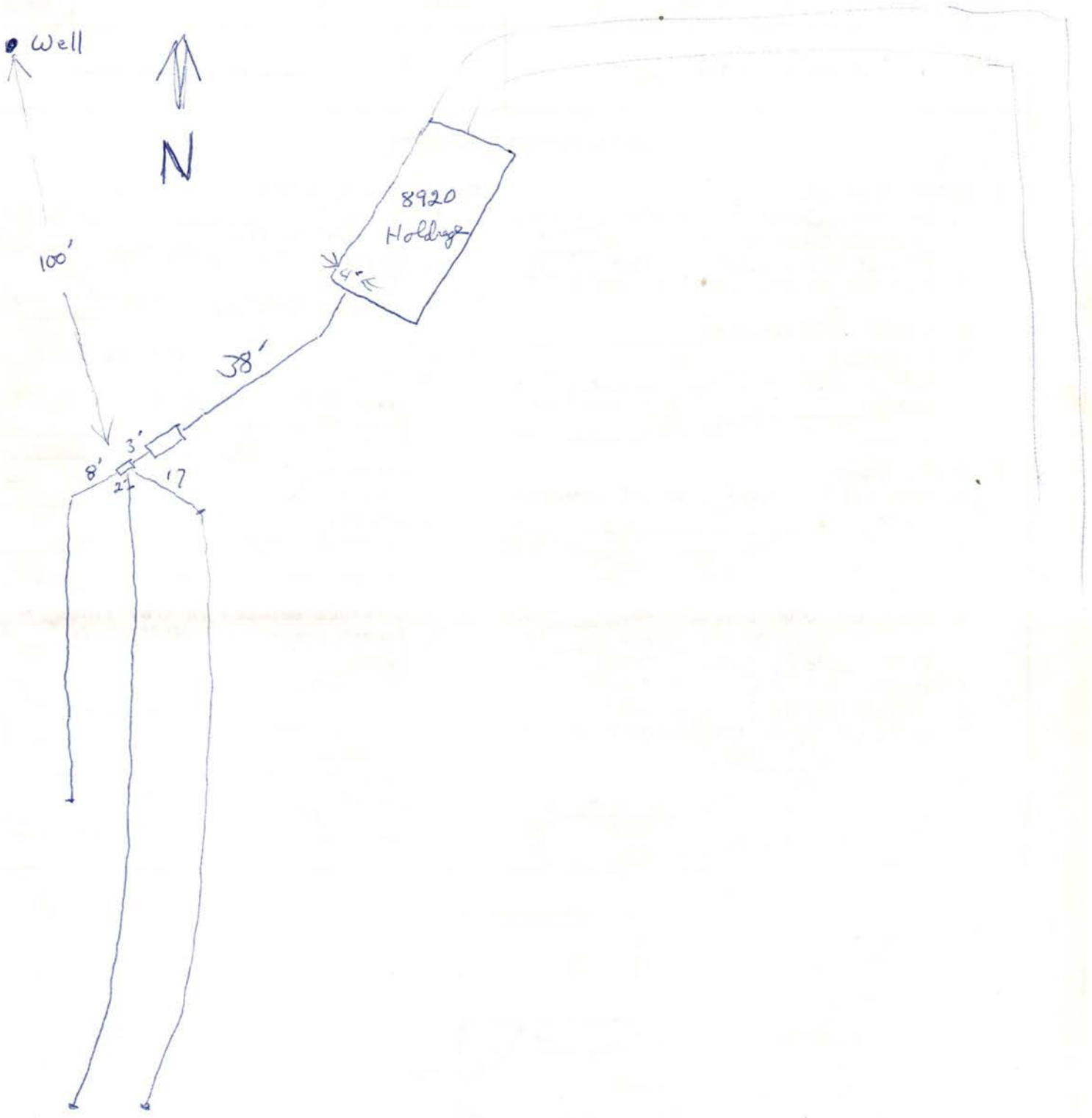
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals 248 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4' ft.;
Slope 5" in/100 ft.; Average Depth 36" in.
4. Filter Material: Road Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10-29-87

Larry Schwanek



DAO

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8920 Holdrege

Twp 10N Range 16 Section 14 1/4 SW 1/4 Block ___ Lot 44 Addition I T

Directions to Property North side of Street

Location of Well Close to propane tank Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of House about 20 yards Year Installed 9yrs ago

	NAME	ADDRESS	PHONE
Present Owner:	Randy Everson	8920 Holdrege 68505	488-4427
Tenant/Buyer:	Robert Sampson	6200 Randolph 68510	489-8578
Return to:	Nebraska Title Co Attn: Lane	5635 O St Ste 101 Lincoln NE 68510	486-4300

Signature of Applicant Lane Bert Address ___ Date 2/11/97

HEALTH DEPARTMENT USE ONLY

Date Received 2/13/97 Received $150.00 Check ☒ Cash ☐ #5666

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/13/97

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 Date 2/20/97

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.

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Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

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

Legal Description of Property: Street Address 8920 Holdrege St

Twp 10N Range 7E Section 14 1/4 ___ 1/4 ___ Block ___ Lot 44 Addition ___

Directions to Property North of Holdrege Blue unattached Double Garage

Location of Well By Propane tank Tap Location: Inside ☒ Outside ☒

Location of Sewage System tank under bird bath Laterals Go South Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Randall S. Everson	8920 Holdrege St	488-4437
Tenant/Buyer:			
Return to:	Columbus Federal Savings bank	Suite 125 770 N cotner 68505 Att: JO Lewis	464-4444

Signature of Applicant Randall S. Everson Address 8920 Holdrege St Lincoln, NE 68505 Date 3/2/93

HEALTH DEPARTMENT USE ONLY

Date Received 3/5/93 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By RM **DATE:** 3/5/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking every 2-3 years to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mayfield, R.S. Date 3/11/93

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.

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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: March 13, 1991

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

Legal Description of Property: TWP. 10N ; RANGE 7E ; SECTION 14 ; BLOCK ____

LOT 441 ; ADDITION _____ ; Street Address 8920 Holdrege St.

Directions to Property Ron knows

Location of Well East north of house 40' Tap Location: Inside ☒ Outside ☒

Location of Sewage System 30' South of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Randall S. and Lorie J. Everson	8920 Holdrege St	488-4437
Tenant/Buyer:	" " "	" " "	" "
Return to:	" " "	" " "	" "

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

Signature of Applicant Randall S. Everson Address 8920 Holdrege St

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 13, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-13-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date _____ by ____
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	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 Mangum DATE 3-13-91

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