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. 92380081201

Issued 03/25/92
Expires 09/25/92

ESTABLISHMENT

MICHAEL ANDERSON
T11N R6E SEC 19
LOT 21
4100 W. MCKELVIE RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MICHAEL ANDERSON
4100 W MCKELVIE RD
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
3/30/92	PAID

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: $ 150.00

FILE NO. _____

DATE: 3-17-92

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 6E ; Section 19 ; Block _____ ; Lot PART E½ OF SE¼ I.T. ; Addition _____
   Street Address 4100 W. McKELVIE RD.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe TRAILER HOUSE
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ LAGOON
4. Distance to public sewer: ——— ft.

Michael Anderson
Signature of Applicant (Owner or Lessee)

4100 W. McKELVIE RD.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/18/92. Date Frwd. 3/18/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/18/92. Date Frwd. 3/18/92. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 3-18-92. Date Frwd. 3-18-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Mahan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-23-92 by: [illegible]
Date: 4-20-92 by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-6-94 By: Ron Mayfield

FORM 23-43

TALKED TO JERRY HOOD AND HE SAID IF I SEAL THE LAGOON WITH BENTONITE CLAY, I DON'T HAVE TO HAVE THIS TEST. MIKE ANDERSON

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.)

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

RECEIVED APR 2 7 1992

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 11 ; Range 6 ; Section & ¼ Section 19 SE ¼
Property Dimensions: ~~1277.4~~ ft. x 722.72 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: 4/20/92 to 4/21/92. Weather: Precip. RN Temp. 60°

OWNER: Mike Anderson

Address: 4100 W. McKelvie
Lincoln, NE 68524

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	30"	4/20	5:PM	5/21	7:PM	5/21	7:00	29"	7:30	28 7/8	30	1/8	
2	"	"	"	"	"	"	"	"	"	"	"	0	
3	"	"	"	"	"	"	"	"	"	"	"	1/16	?

John Strohmyer
Signature of Person Conducting Test

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

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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

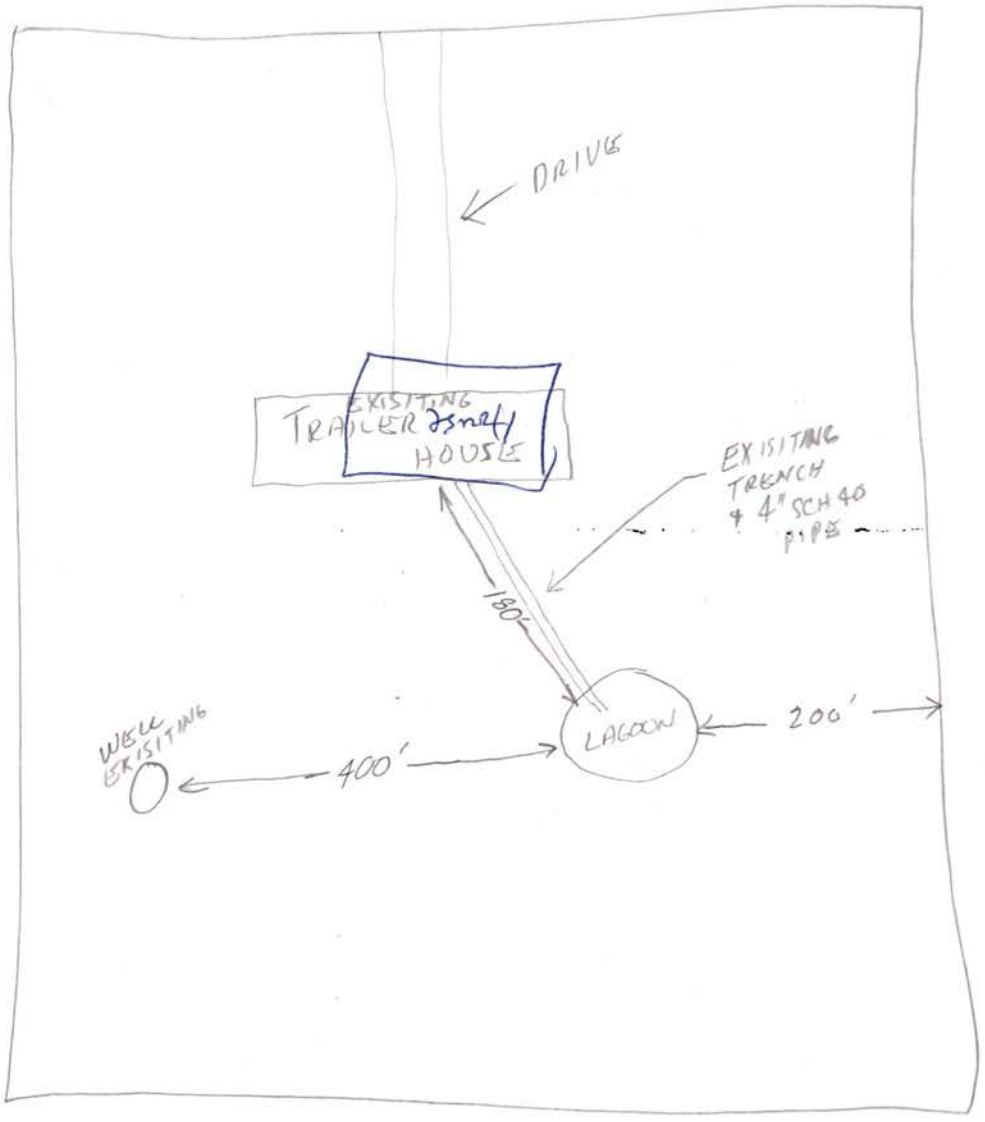
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

980210001

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.

CR 3566 6E

Legal Description of Property Street Address 4100 W. McKelvie, Lincoln, Ne. 68524-8936

Twp 11 Range 26 Section 19 1/4 S.E 1/4 Block ___ Lot 24 Addition ___

Directions to Property Hwy 34 West to N.W 40th north appx 1/2 mile to 1st Gravel Road "McKelvie" then West ½ mile - on north side of road

Location of Well North East of House appx 200' Tap Location: Inside ☒ Outside ☐

Location of Sewage System north West (Lagoon) Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Michael & Dianne Anderson	4100 McKelvie Rd	(402) 783-5005
Tenant/Buyer:	Richard & Susan Gustafson		
Return to:	Why USA Real Realty	5600 South 48th, Lincoln 68516	(402) 434-8490

Signature of Applicant Paul Reid Address 5600 S. 48th, Lincoln Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6 2 / 0 4 / 9 8

Initials ns

Amount 150 ⁰⁰

Check No. # 3428

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2 / 5 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ .03 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Be certain to remove the cattails growing in the lagoon water as soon as the ice melts.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 2 / 9 / 98

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

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 4100 W. MCKELVIE RD. LINCOLN NE 68524

Twp 11N Range 6E Section 19 1/4 SE 1/4 Block ___ Lot 21 Addition ___

Directions to Property WEST ON HWY 34 TO NW 40TH, TURN NORTH, GO TO FIRST MILE, TURN WEST GO ½ MILE, 2ND HOUSE FROM CORNER, NORTH SIDE OF ROAD.

Location of Well 350 FT NE OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System 250 FT NW OF HOUSE Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	MIKE & DIANE ANDERSON	4100 W. MCKELVIE RD.	783-2022
Tenant/Buyer:	SAME		
Return to:			

Signature of Applicant Mike Anderson Address 4100 W. MCKELVIE RD. LINCOLN, NE 68524 Date 12/01/94

HEALTH DEPARTMENT USE ONLY

Date Received 12/5/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 12/6/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ <0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquardt, R.S. Date 12/9/94

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 92400030701

Issued 03/25/92
Expires 09/25/92

ESTABLISHMENT

MICHAEL ANDERSON
T11N R6E SEC 19
LOT 21
4100 W. MCKELVIE RD

FEES: Permit 019851 $75.00

Total $75.00

PERMITTEE

MICHAEL ANDERSON
4100 W MCKELVIE RD
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
3/27/92	PAID

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

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: 471-8000

FILING FEE $ 75.00

FILE NO. _____

DATE: _____

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. 11 NORTH Range 6E : Section 19
   Block _____ : Lot PART 2/IT; Addition E½ OF SE¼
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe FOR HOME
3. Distance to Public Water Supply: — Ft.
4. Intended use of well RESIDENTIAL

Michael W. Anderson
Signature of Applicant (owner or lessee)

4100 W. MCKELVIE RD.
Address
LINCOLN, NE 68524

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 3/18/92. Date Frwd. 3/18/92. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoe
2. Supt. Bldg. Insp.: Date Rec'd 3/18/92. Date Frwd. 3/18/92. Action: Approved ☐ Disapproved ☐ Signature: Larry Spin
3. City or County Engineers: Date Rec'd 3-18-92. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: Larry M Hoe

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-12-94 by RM
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM chloride 228 ppm
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-29-94 By: Ron Maynard

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. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 19 T. 11N R. 6E Block ____ Lot ____ Addition _____

Owner MICHAEL ANDERSON Address 4100 W. MCKELVIE RD.

LOG OF WELL	
	Description
Depth Ft. 0 to 1	TOPSOIL
1-16	CLAY BROWN, SILTY
16-35	CLAY BROWN
35-44	CLAY BROWN, GRAVELLY
44-63	CLAY BROWN
63-77	CLAY TAN & GRAY
77-87	SAND & GRAVEL
87-92	CLAY TAN & GRAY

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level). Ft. 87
Date Completed 2-21-92

Casing: Length, Ft. 87 :Dia.In. 5"
Wall Thickness, Inc. ____ :type _____

Screen: Length, Ft. 10 Dia.In. 5"
Type SLOTTED PVC .slot Size .020

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

Water Level, Surface to top of water, Ft.:
Static 46 ft. Pumping _____

Yield: 25 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 HOLLY WELL (Signed)

REMARKS Bacterial sample is 0 for coliform
Nitrate nitrogen is <0.1
chloride is 228 ppm

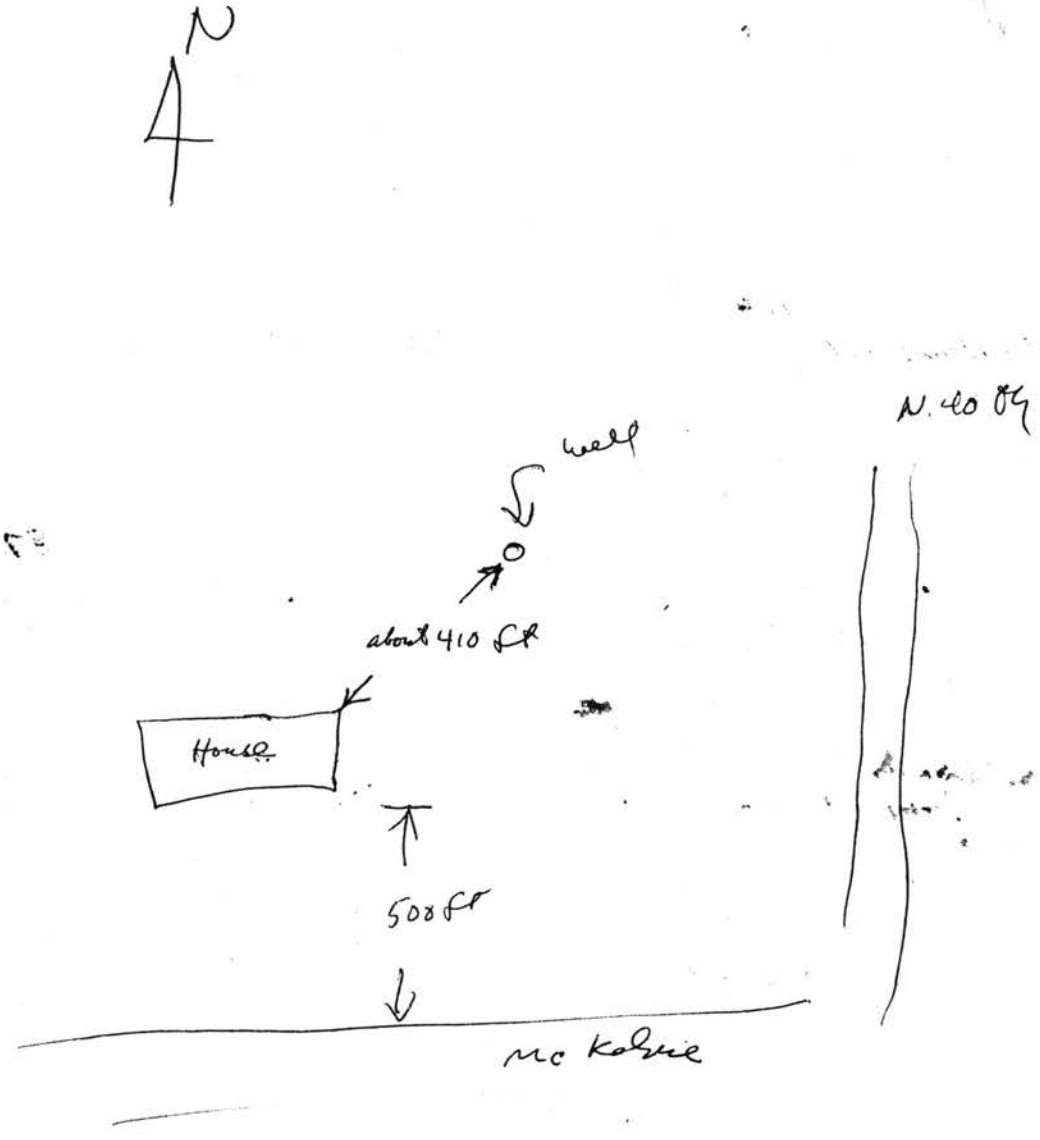
Address RT. #1, BOX 144A
DORCHESTER, NEBRASKA 68343

Date _____

DO NOT WRITE BELOW THIS DOUBLE LINE

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

Form 73-4


N
N. 40 Ft
well
about 410 Ft
House
508 Ft
Mc Kelvie