LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380105401

Issued 08/25/93
Expires 02/25/94
Revenue Code 18754

Establishment
DENNIS DONNER
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 2
920 N 88 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS DONNER
BOX 94701
LINCOLN NE 68509

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 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: 8-22-93

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 23 ;
   Block 2 : Lot 2 : Addition SUNRISE ESTATES
   Street Address 920 NO 88th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe_____

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

4. Distance to public sewer: NA ft.

Dennis Donner
Signature of Applicant (Owner or Lessee)

Po Box 94701 LINCOLN NE 68509
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/93. Date Frwd. 8/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/25/93. Date Frwd. 8/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon
3. City or County Engineer: Date Rec'd. 8-25-93. Date Frwd. 8-25-93. ACTION: Approved ☒ Disapproved ☐ Signature: K.D. Murphy

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9-9-94 by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-12-94 By: Ron Marquardt

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: 280 ft. x 497 ft. Area: 3.42 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-21 to 8-22. Weather: Precip. ¼' Temp. 85-90.

OWNER: Dennis Donner

Address: P.O. Box 94701 Lincoln NE 68509

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	8-21	10:00AM	8-22	10:00	8-22	2:30	4"	3:00	3 5/8	30	3/8	
2	36	8-21	"	"	"	"	"	3 1/2	"	2 7/8	30	5/8	
3	36	8-21	"	"	"	"	"	6	"	4 5/8	30	1 3/8	
4	36	8-21	"	"	"	"	"	6	"	5 1/8	30	7/8	
5	36	8-21	"	"	"	"	"	6	"	4 1/2	30	1 1/2	
6	36	8-21	"	"	"	"	"	2 3/8	"	1	30	1 3/8	
7	36	8-21	"	"	"	"	"	1 3/8	"	1/2	30	7/8	

Refill
Refill
Refill

Dennis Donner
Signature of Person Conducting Test

Address PO Box 94701 Phone 786-3272

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 25, 1993

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

Jerrold C. Hoob
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: AUGUST 25, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1250 sq.ft.

Gerrold 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: _____

FILE NO. _____

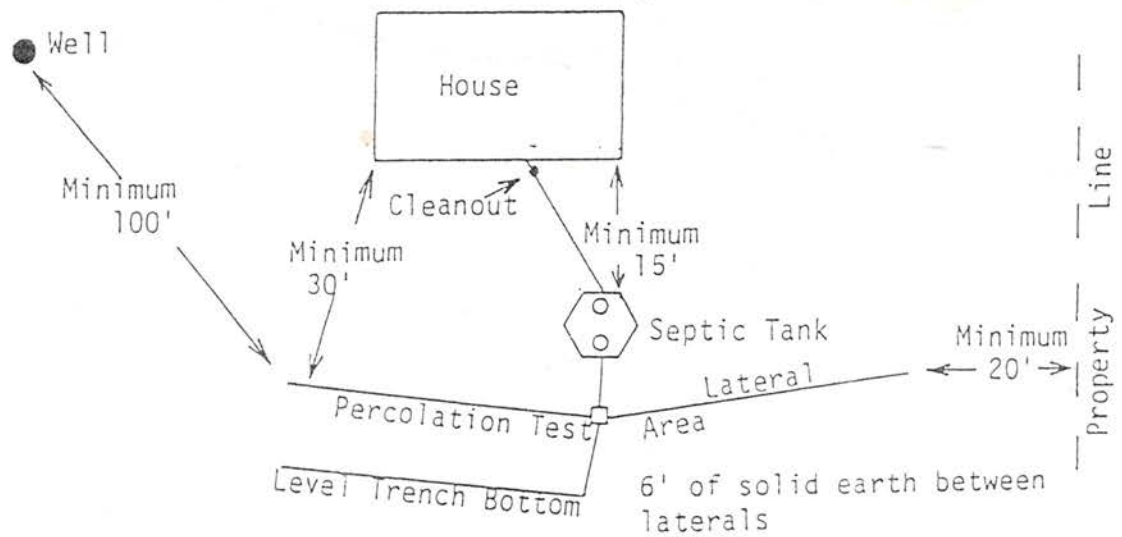
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 27 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 2 ft.

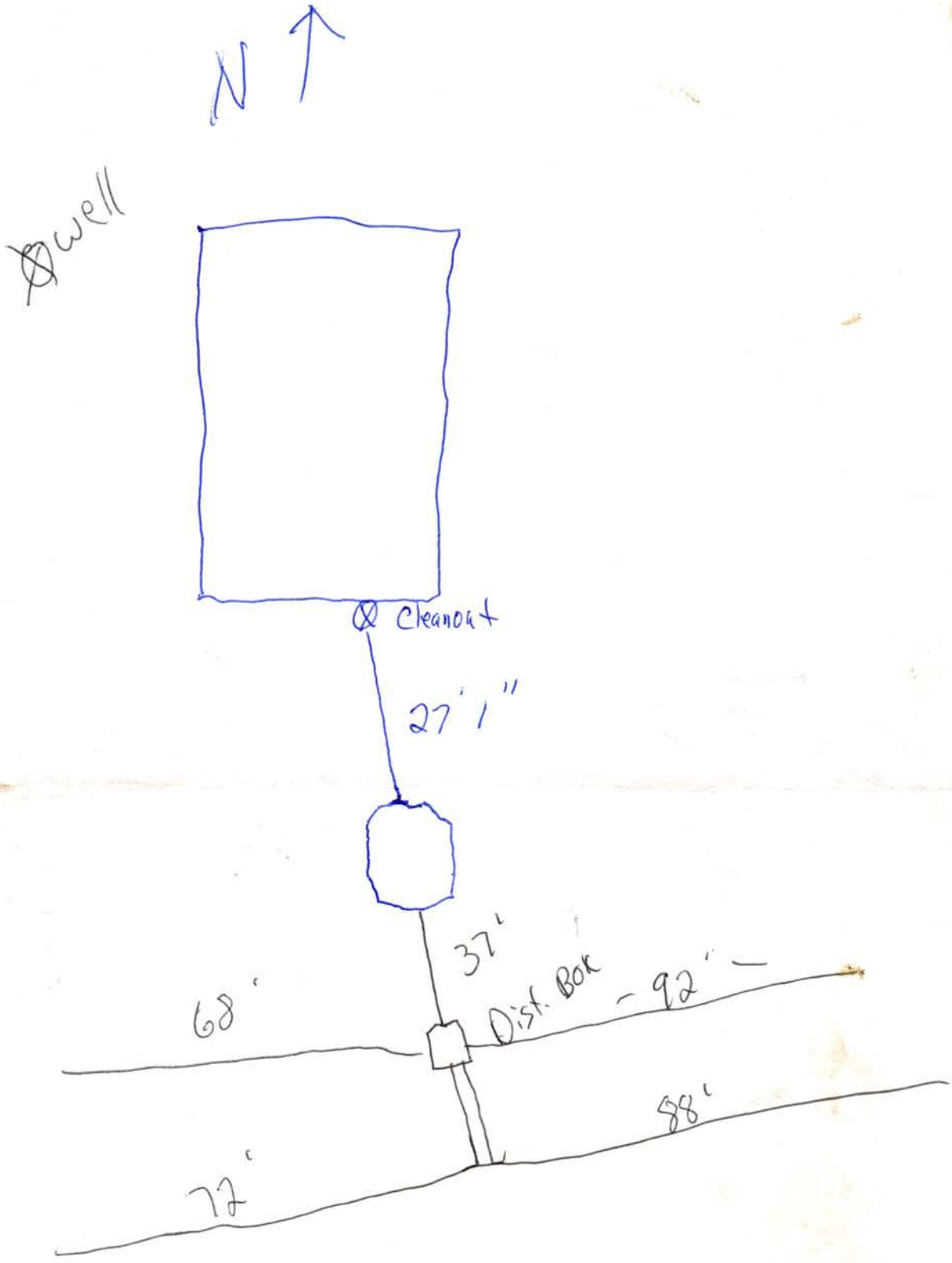
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 90 in.
8. Distances to:
Well or Suction Line over 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line over 100 ft.

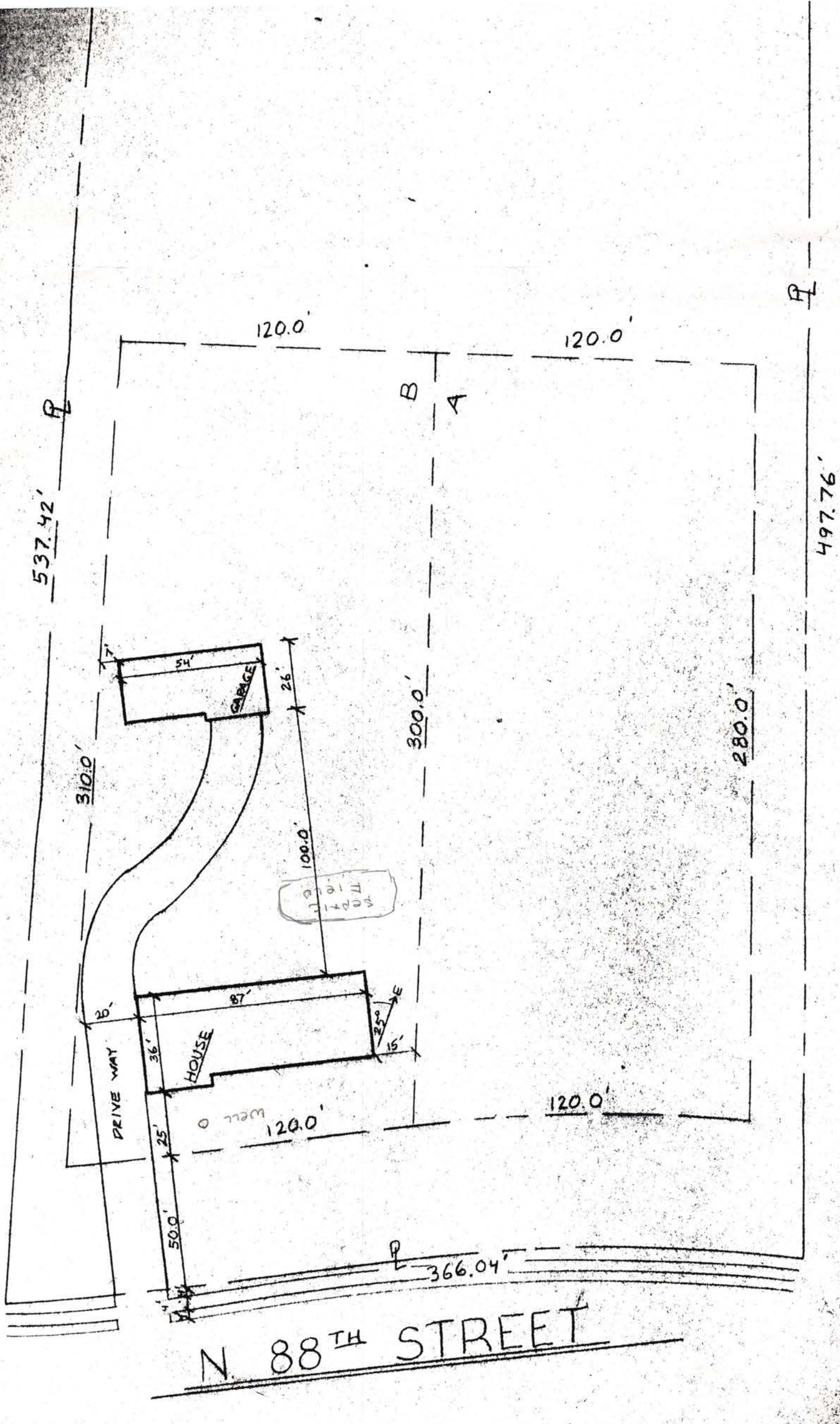
C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 37 ft.

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 4 ; Length of each line 92 , 88 , 68 , 72 , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope .2 in/100 ft.; Average Depth 3½ ft. in.
4. Filter Material: gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line over 100' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 20' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
well
Cleanout
27' 1"
37'
Dist. Box
68'
92'
88'
77'


120.0'
120.0'
B
A
537.42'
497.76'
310.0'
300.0'
280.0'
54'
GARAGE
26'
100.0'
87'
HOUSE
36'
25°
15'
20'
DRIVE WAY
25'
120.0'
120.0'
50.0'
366.04'
N. 88TH STREET

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.

Legal Description of Property: Street Address 920 No. 88th

Twp 10N Range 7E Section 23 1/4 ___ 1/4 ___ Block 2 Lot 2 Addition Sunrise Hills 2nd Add

Directions to Property 77 & 6 to Folsom Dr. East to 91.88th

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Dennis Bonnen		
Tenant/Buyer:	Sally & Ismail Bielkat	120 Butler Place W. Lafayette, Ind 47906	765-494-6350
Return to:	~~Norma Ellington~~ Angie Schwartz	PO Box 6155 68506	(327-9502)

Angie Schwartz 483-9773 (483-8154 FAX)

Signature of Applicant Norma Ellington for Address 2250 N. Cotner Date 6/3/99

Sally & Ismail Bielkat 68510

called 6-8-99 Paul Hart Home Realty Seattle St Address 436-4663 Cell 432-1970

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date	06/03/99
Initials	ss
Amount	150.00
Check No.	9187

DATA ENTRY

Date	___/___/___
Case No.	___
Initials	___

Bac. +WA +Cl 8299

PRELIMINARY STATUS--By Ron Maryanart **DATE:** 6/4/99

yard hydrant within 30 ft of drainfield laterals

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒ Corrected	☒ depression 6' + well casing	Approved	☐	Date 7/28/99 by
Bacteria	☒ 0 /ml	☒ + /ml (Corrected)	Provisional	☐	Date 8/2/99 by
Nitrate	☒ 11 ppm	☐ ___ ppm	Disapproved	☒ Corrected	Date 8/16/99 by CO2 >30 <0.2

8 17 99

Comments: Recommend checking to see if septic tank needs pumping

☐ See Attached Letter

Bac (outside) P11216-45 8-17-99 Bac (inside) P11216-38 8-17-99 Bac (inside) P11216-46 8-19-99 Bac (outside) P11216-44 8-19-99

FINAL STATUS

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

Approved by Ron Maryanart, R.S. Date 8/20/99

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

Bac outside P8525-101 8-5-99 Bac inside P8525-104 8-6-99 Bac outside P8525-80 8-6-99

Yellow - Environmental Health Pink - Business Office

Bac (outside) P8525-102 8-5-99 Bac (inside) P8525-100 Bac outside P8525-98