LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96380140401

SEWAGE INSTALLATION

Issued 03/14/96
Expires 09/14/96
Revenue Code 18754

Establishment

BOB HOBACK
T10N R7E SEC 23
SUNRISE ESTATES 1ST BLK 3 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee

BOB HOBACK
1101 N LINWOOD ST
LINCOLN NE 68505

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: MAR. 6, 1996

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 3 : Lot 4 : Addition SUNRISE ESTATES 1ST ADD.
   Street Address 9400 E Ave. (8-13-96)

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: NONE ft.

Signature of Applicant (Owner or Lessee)

1101 NORTH LINWOOD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/96 . Date Frwd. 3/8/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/8/96 . Date Frwd. 3/8/96 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 3-8-96 . Date Frwd. 3-8-96 . ACTION: Approved ☒ Disapproved ☐ Signature: DD Mahan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-6-96 by: Ron Sewer Line Extension
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-15-96 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: _____ 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: 3/4/96 to 3/5/96. Weather: Precip. _____ Temp. _____.

Sunrise Estates

OWNER: Bob Hobeck

Address: 1101 No. Linwood 68505

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"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:30	4 3/4	30	1 1/4	24
2	30"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:32	4 1/2	30	1 1/2	20
3	24"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:34	4	30	2	15
4	30"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:36	4 1/2	30	1 1/2	20
5	24"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:38	4 1/4	30	1 3/4	17
6	30"	3/4/96	2:00	3/5/96	3:00	3/5/96	4:00	6"	4:40	4 3/4	30	1 1/4	24

John Stuhmer
Signature of Person Conducting Test

Address 9811 NW 40th LNK Phone 474-9811

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: MARCH 6, 1996

Approved Percolation Rate (a)
A. 20 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: March 11, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 840 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO.: _____

9400 E. Avon

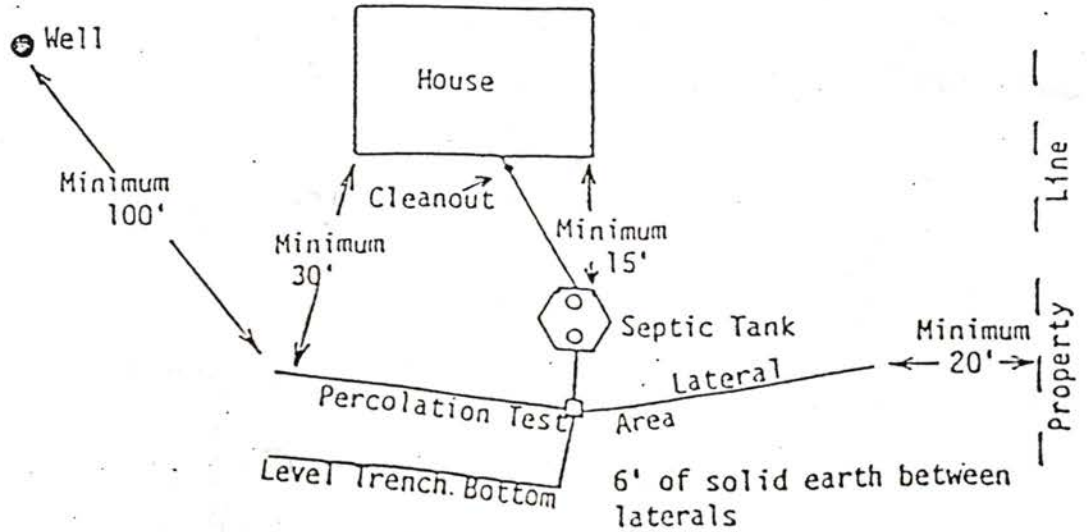
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 148 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100'+ ft.; Stream 100'+ ft.; Pressure Line ____ ft.; Property Line 70' ft.

B. SEPTIC TANK:
1. Material concrete ; No. of compartments one .
2. Capacity 1250 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 14" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream 100'+ ft.; Pressure Line ____ ft.; Property Line 60 ft.

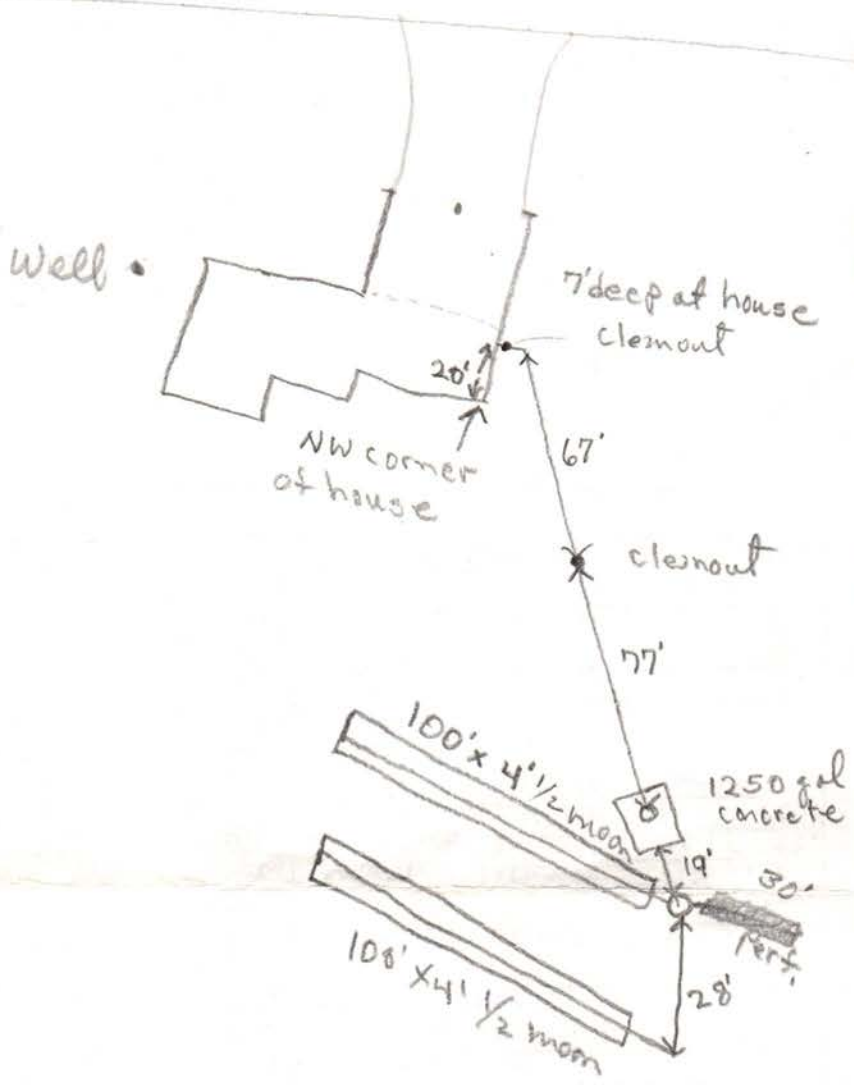
C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 19 ft.

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 30' .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other Polyurethane .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 30 , ____ , ____ ft.;
Total length of laterals 230 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 2" in/100 ft.; Average Depth 24 in.
4. Filter Material: Rd. Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream 100'+ ft.; Pressure Line ____ ft.; Property Line 30 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

East Avon


well
7' deep at house clenout
20'
NW corner of house
67'
clenout
77'
100' x 4' 1/2 moon
1250 gal concrete
19'
30'
Perf.
28'
108' x 41' 1/2 moon

N

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 964000540

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 23 T. 10N R. 7E Block 3 Lot 4 Addition SUNRISE ESTATES 1ST ADD.
Owner BOB HOBACK Address 1101 NORTH LINWOOD

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft.
Date Completed

Casing: Length, Ft. 165; Dia. In.
Wall Thickness, Inc. .214; type PVC

Screen: Length, Ft. 10 Dia. In. 4.026
Type PVC MONOFLEX, slot Size .018

Drop Pipe: Length, Ft. 120 Dia. In. 1¼

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

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 EARNEST WELL DRILLING
(Signed)

REMARKS NITRATE NITROGEN 0.3ppm, Address BOX H, MILFORD, NEBRASKA
BACTERIOLOGICAL O.K.

Date

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-A

LLCHD -- Well Data Entry

Permit Number: 94000540 ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 10 Range: 7 Section: 23 Quarter: Quarter/Quarter:

Blk: 3 Lot: 4 Addition: Sunrise Estates 1st ADD

House No: 1101 Dir: N St. Name: LINWOOD St. Type Suf:

Well Use: R Applicant: BOB HOBACK

Owner: BOB HOBACK Drlr: EARNEST WELL DRILLING

Drl Method: RTY Date Cmpltd: — Well Depth: — Cs Lngth: 165 Cs Dia: ~~6"~~ 4.026

Cs. Type: PVC Screen Length: 10 Static Lvl: — Pumping Lvl: — Yield: 20

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9400 Avon Lane

Parcel ID 17 - 23 - 203 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 23 1/4 ___ 1/4 ___ Block 3 Lot 4 Addition 1st Add Sunrise Estates

Directions to Property East on Holdrege from 84th ST turn right on Linwood Ln to Avon - turn right on Avon to property

Location of Well NE of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System NW of House Year Installed 1976

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Gary Janet Latimer	9400 Avon Lane Lincoln NE 68505	483-5349 450-7652
Tenant/Buyer:	Jeff Kelly Rhone	3636 Falcon Way Eagan MN 55123	651-994-0223
Return to:	Dave Vurovka	2550 Superior Lincoln, NE 68521	440-5234 323-6101 (Fax)

Signature of Applicant [signature] Address 2550 Superior Lincoln, NE 68521 Date 6/9/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/14/04 Amount 200.00 Check No. 1830 Initials JS

MAIL

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Moorman **DATE:** 6/15/04

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 0.4 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 [signature] RS Date 6/17/04

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: 9-00