LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132701

Issued 07/28/95
Expires 01/28/96
Revenue Code 18754

Establishment
BOB HOBACK
T10N R7E SEC 23
SUNRISE ESTATES BLK 5 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
BOB HOBACK
1101 N 95 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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: JULY 28, 1995

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 5 : Lot 1 : Addition SUNRISE EST. 1ST ADD.
   Street Address 9431 F. Avon
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe SFR
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: NONE ft.

Bob Doback - 432-5871
Signature of Applicant (Owner or Lessee)

1101 NO. 95TH
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 7/28/95. Date Frwd. 7/28/95.	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hoos
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. _____ Date Frwd. 7/28/95.	ACTION: Approved ☒ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 7-28-95. Date Frwd. 7-28-95.	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-16-95 by: need drawing
Date: 2-5-96 by:
Date: ~~12-6-95~~ by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-6-95 By:

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

FORM 22 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: 9/8/95 to 9/9/95. Weather: Precip. dry Temp. 90°.

9431 East Avon Builder OWNER: Robert Habzda

Address: 1101 No. 95th LNK

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	28"	9/8	10:00	9/9	10:00	9/9	12:00	6	12:30		30	1	
2	"							6				1 1/8	
3	"							"				1 1/4	
4	"							"				1 1/4	
5	"							"				1 1/2	
6	"							"				1 3/4	

John Stuhmyer
Signature of Person Conducting Test

Address 9811 NW 40th 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): _____

Date: _____

Approved Percolation Rate (a)
A. 23 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: September 21, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 222 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ~~888~~ 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: 12/6/95

FILE NO. 9341

Robert Hobeck

SPECIFICATIONS AS BUILT

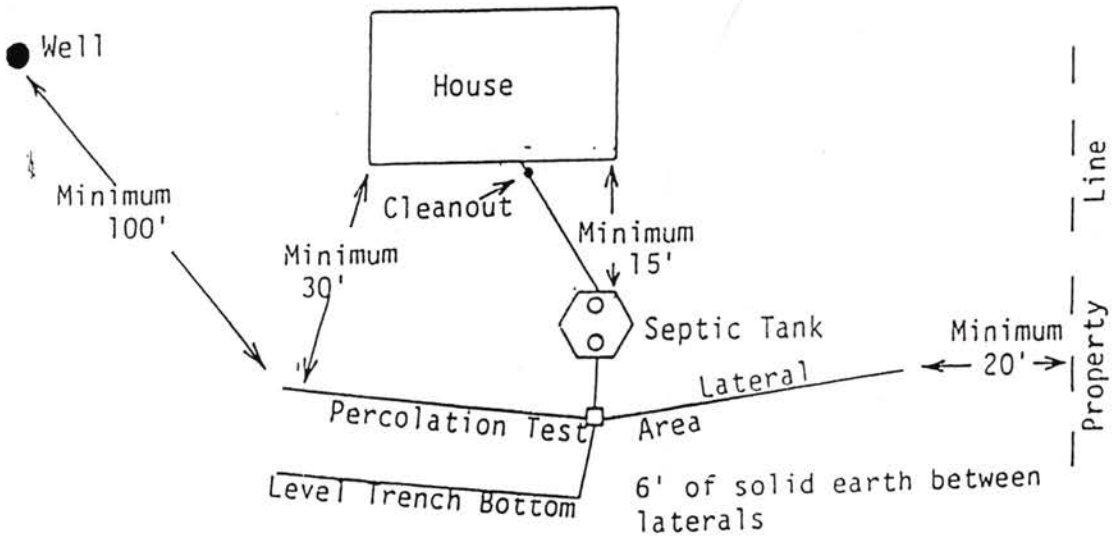
9431 East Avon

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 110 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line /ft.; Stream /ft.; Pressure Line /ft.; Property Line ____ft.

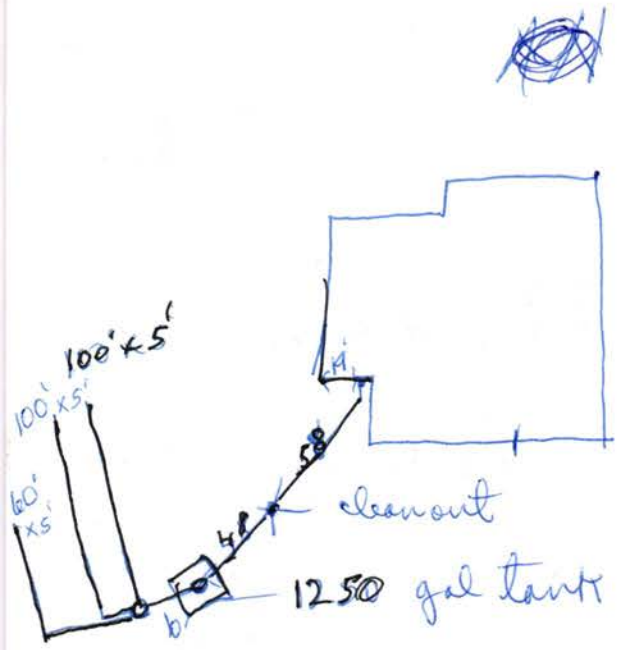
B. SEPTIC TANK:
1. Material concrete; No. of compartments ____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Riser Above ☐ Below ☐ Grade ____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade ____in. Riser to Ground Level
8. Distances to:
Well or Suction Line /ft.; Stream /ft.; Pressure Line /ft.; Property Line ____ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company ____)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round 15" or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 60, ____, ____ ft.;
Total length of laterals ____ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width ____ft.;
Slope 3 in/100 ft.; Average Depth ____in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line /ft.; Stream /ft.; Pressure Line /ft.; Property Line ____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


100' x 5'
100' x 5'
60' x 5'
58'
48'
cleanout
1250 gal tank

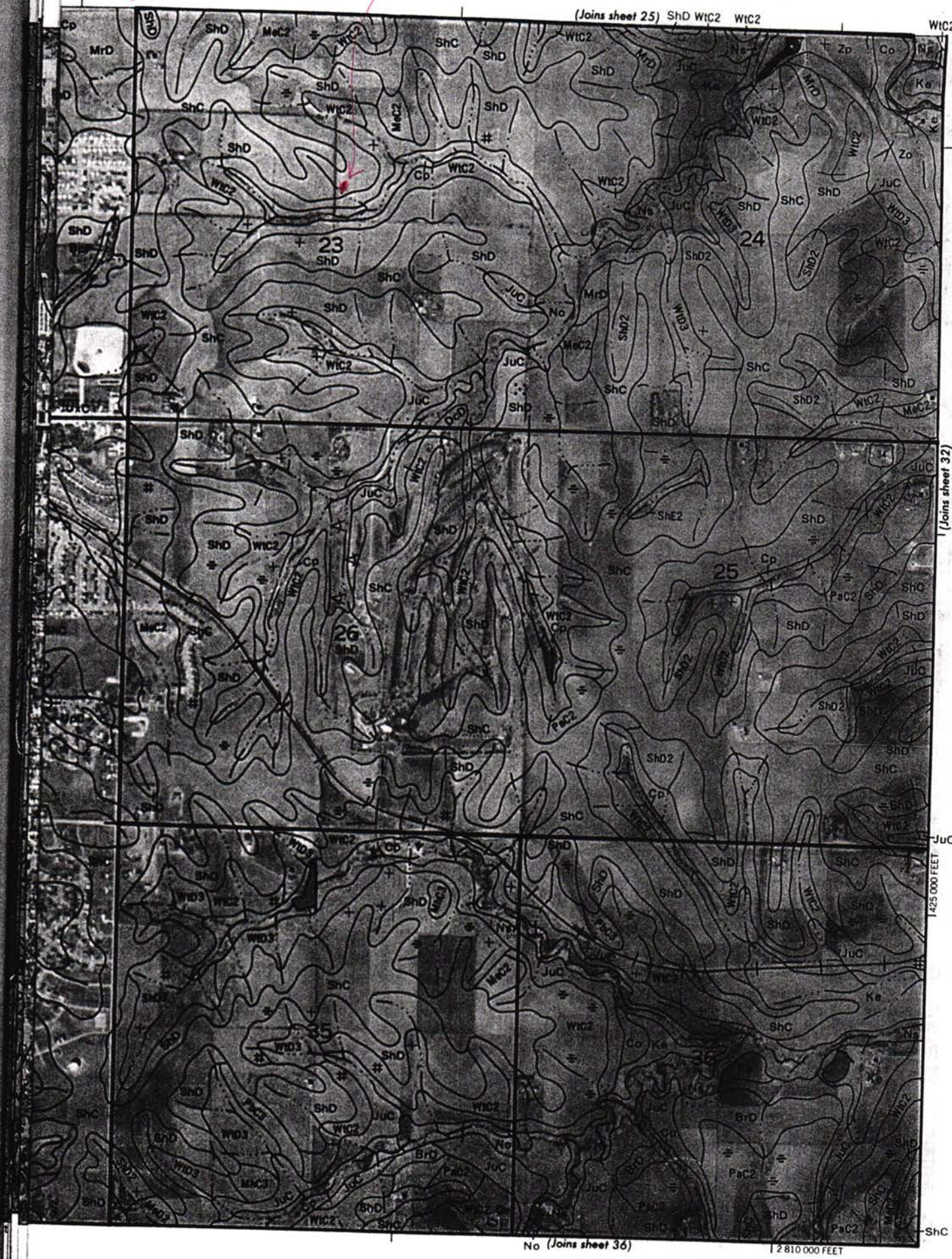


N — SHEET NUMBER 31

84th

new septic

Holdrege



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 9341 Avon Lane

Parcel ID 17-23-205-001-000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 23 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition Sunrise Estates 1st Addn

Directions to Property 84th St. North to Holdrege, South on Linwood to Avon Lane East to property

Location of Well ~~West Side of house~~ front of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Southeast of house & West side Year Installed 1995

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Mark & Tracy Stinson	9341 Avon Lane	430-1198
~~Tenant~~/Buyer:	Michelle Paxton	16010 Rolling Ridge Rd	402-315-0999
	Lance Schupback	Omaha, NE 68135	402-304-6524
Return to:	Diane Richters	3737 So. 27	560-3146
	Woods Bros.	Lincoln, NE 68522	434-3510 (Fax)

Signature of Applicant Michelle Paxton Address 16010 Rolling Ridge Rd Omaha NE 68130 Date 3/3/06

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/06/06 Amount 200.00 Check No. 468 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/7/06

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/8/06

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

970514007

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 9431 Avon Lane

Twp 10N Range 7E Section 23 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition Sunrise Est. 1st Addn.

Directions to Property E of 84th & Holdrege to No. Linwood Lane. South to Avon Lane.

Location of Well West of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of House by tires/white flags Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	David & Cheryle Jones	9431 Avon Lane Lincoln, NE 68505	486-1564
Tenant/Buyer:	Mark & Tracy Stinson	6410 So. 32nd Lincoln, NE 68516	
Return to:	State Title - Ann	1023 Lincoln Mall Lincoln NE 68508	434-5020

Signature of Applicant Jerry Fowler Home Real Estate Address 325 No. Cotner Lincoln NE 68505 Date 5/2/97

HEALTH DEPARTMENT USE ONLY

Date Received 5/5/97 Received $150.00 Check ☒ #1324 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/6/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.6 ppm	☐ ___ ppm	Disapproved ☐	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 Marquart, R.S. Date 5/13/97

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.