FILE #2398

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 19, 1987 — THIS LICENSE OR PERMIT EXPIRES

LEE PESTER — LICENSEE OR PERMITTEE

ROUTE #13 LINCOLN, NE 68527 — ADDRESS

T10N; R7E; Sec 24; Lot 7 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

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

REC'D SEP 19 1986

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

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

FILE NO. 7398

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 7E; Section 34;
Block _____; Lot 7 I.T.; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Run new laterals and put in lift station.

5. Work to be done by: Owner ☐; or Contractor ☒, B & R Pump Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1800 00

Mrs. Lee Lester
Signature of Applicant (owner or lessee)

RR 13 Lincoln, Ne. 68527
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: Aug-86 by: _____
Date: 9/2/86 by: J.C.H.
Date: 9/8/86 by: J.C.H.

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/13/86 by: J.C. Hood

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. 2398

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.)
1	30"	5/21	7:45AM	5/21	1:30P	5/22	4:00P	22¼"	4:30	21	30	1¼	
2								22½		23½	30	1	
3								22¾		24¼	30	1¼	
4								23⅛		23¼	30	1⅛	
5								21¾		23	30	1¼	
6								23½		24½	30	1	

Mrs Lee Porter
Signature of Person Conducting Test

Address RR 13 Lincoln Phone 464-0889

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. 27 min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

west 5-22 2398

start at 1:00

1

(6) 19 3/4

1:30 – 22 3/4 = (3)
2:00 – 24 1/2 = (1 3/4)
2:30 – empty
3:00 – 22 1/2 = (2 3/4)
3:30 – 23 1/2 = (1)
4:00 – 24 1/2 = (1)
4:30 Empty

(1) 18 1/8

1:30 – empty = (6) +
2:00 – empty = (6)
2:30 – 23 then filled (5 7/8)
3:00 – 22 1/4 then filled (5 1/8)
3:30 – 22 1/8 then filled (4)
4:00 – 22 1/4 then filled (4 1/4)
4:30 – 21

(5) 18 1/8

1:30 – 20 3/8 = (2 1/4)
2:00 – 22 1/8 = (1 5/8)
2:30 – empty
3:00 – 19 3/4 = (1 5/4)
3:30 – 20 3/4 = (1)
4:00 – 21 3/4 = (1)
4:30 23

(2) 18 3/4

1:30 22 = (3 1/4) 2 3/4
2:00 – 23 1/2 = (1 1/2)
2:30 – empty
3:00 – 21 1/8 (2 3/8)
3:30 – 22 1/2 (1 3/8)
4:00 – 23 1/2 = (1)
4:30 Empty

(8) 20 1/8

1:30 21 7/8 = (1 3/4)
2:00 – 23 1/4 = (1 1/4)
2:30 – 24 1/8 (7/8)
3:00 – Empty
3:30 – 21 = (7/8)
4:00 – 22 1/8 (1 1/8)
4:30 – 23

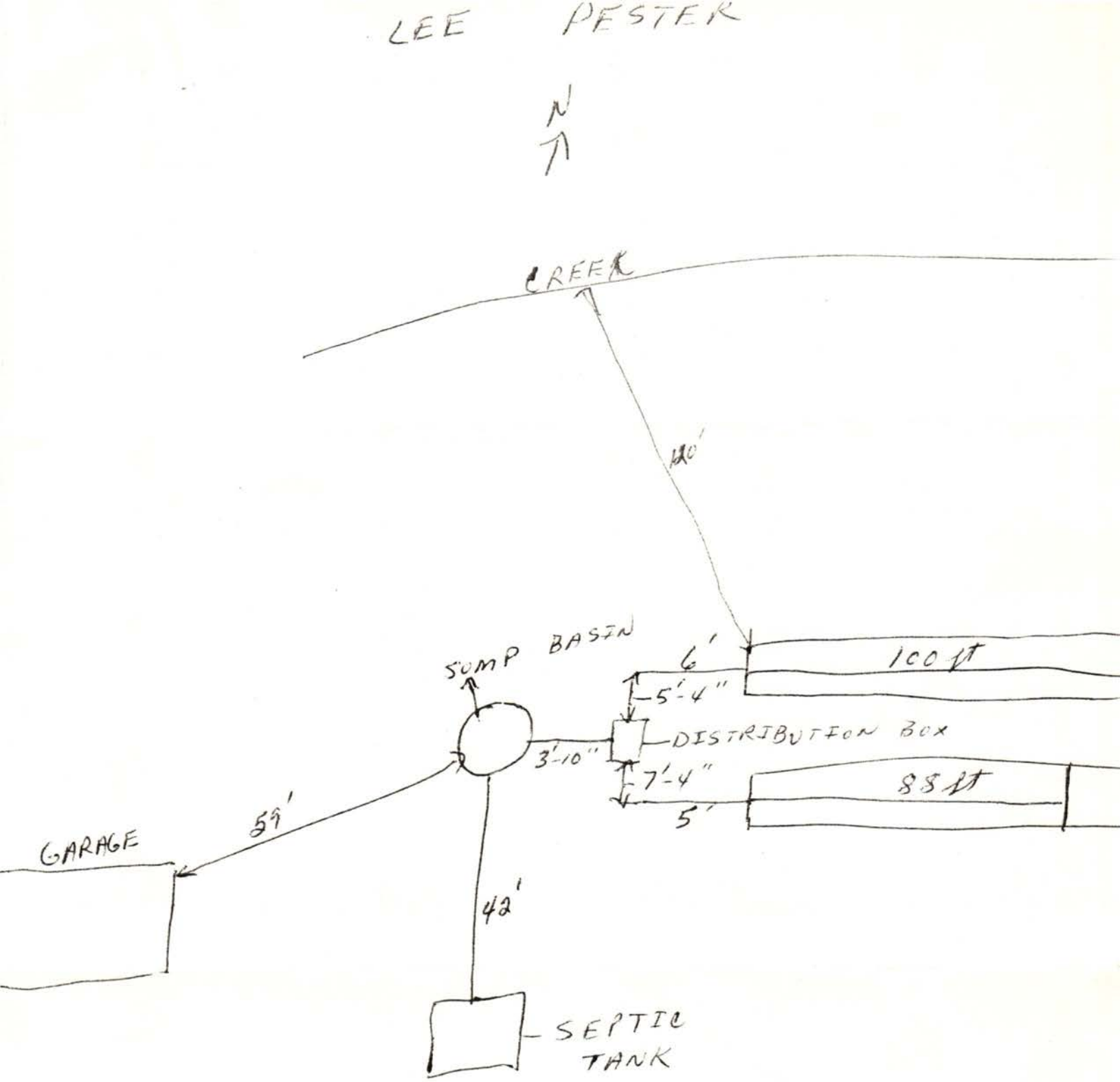
4:30 empty

(3) 19

½" overfill

1:30 – 22 1/4 = (3 1/4)
2:00 – 24 1/2 = (2 1/4)
2:30 – empty
3:00 – 21 1/2 = (2 1/2)
3:30 – 23 1/4 = (1 1/4)
4:00 – 24 1/4 = (1 1/2)

LEE PESTER



House

LATERAL HALF MOON
TRENCH 4' wide 30" DEEP
SUMP 4' WIDE 8' DEEP

⊗ well
- FOR YARD HYDRANTS

8-17-98

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 1201 No. 112

Twp 10 Range 7E Section 27 1/4 ___ 1/4 ___ Block ___ Lot 14 Addition ___

Directions to Property South of Holdrege + 112th St.

Location of Well ——— South of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of house + driveway Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	John Danielson	1201 No. 112	489-9893
Tenant/Buyer:			
Return to:	Lois Pasco	3910 South Firm Real Estate Lincoln, NE 68506	436-4663

Signature of Applicant Daniel J. Hans Address 525 Lakeshore Dr. Lincoln, NE Date 8/3/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/7/98 10 mail

Initials CW

Amount $150.00

Check No. 4159

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By J Bare **DATE:** 8/10/98

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: this property has a public water supply. Original septic tank & system latterals apparently violates County regulations thus a provisional approval. Recommend checking septic tank and pumping if needed. See Attached Letter ☐

FINAL STATUS

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

Approved by James Bare Date 8/17/98

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

012

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: 3-28-92

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

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 24 NE¼; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property 112th & Holdrege ¼ mi. south, west side of road

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of the House, 100 ft. Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	John Lawrence Danielson Lee Foster owns N of phone	1201 N 112 Lincoln RFD #13(27)	489-9893 464-3195
Tenant/Buyer:			
Return to:	John Danielson	1201 No. 112 Lincoln, Ne.	68527

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

Signature of Applicant John Danielson Address 1201 No. 112th Lincoln, Ne. 68527

==========

HEALTH DEPARTMENT USE ONLY

Date Received 3-30-92 Received $150.00 Check ☒ Cash ☐

RWD PRELIMINARY STATUS--DATE 3-31-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☐	Date 3-31-92 by mm
Bacteria	☒	☐	Provisional: ☒	Date 4-17-92 by mm
Nitrate	☒ 0.1 ppm	☐	Disapproved: ☐	Date _____ by ____

Comments: one engine, ~~three~~ hazardous car bodies, other car parts, and scrap metal need to be removed from Stevens Creek. Recommend checking to see if septic tank needs pumping. Original septic system apparently predates county regulations, thus a provisional approval owned by Lee Foster See Attached Letter ☐

FINAL STATUS Public Water Supply. Corrections completed 4-17-92

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

APPROVED BY Ron Mayfield, RS DATE 4-20-92

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

Terry Tucker - Please Schedule this inspection for this day if possible 4/7/89 — Urgent! Thanks. Lee

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: 4/7/89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 24; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property 1201 North 112th (Rt No 112 + Holdrege E. on west side

Location of Well So of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System No of House - Flie Septic + Year Installed _____

water system was inspected by your office 2-3 years ago & was told at that time

	NAME	ADDRESS	PHONE
Present Owner:	Lee Keeler	1201 No 112th	
Tenant/Buyer:	John Danielson		
Return to:	Lee DeJonge	165 wedgewood	489-4707

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

Signature of Applicant Lee DeJonge Address 165 wedgewood

==========

HEALTH DEPARTMENT USE ONLY

Date Received 4/7/89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE APRIL 20, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4/20/89 by JCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: MIGHT BE WISE TO CHECK TO SEE IF SEPTIC TANK NEEDS PUMPING.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John C. Hosek R.S. DATE MAY 1, 1989

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