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

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

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

FILE NO. _____

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

DATE: 3-20-97

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 6E; Section 32;
Block _____; Lot 5; Addition LA MASTER
Street Address 1500 SW 40

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: R&R Cast iron pipes to Distribution Box — R&R Distribution Box

5. Work to be done by: Owner [ ]; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL Less than	$	400 00

Steve Oborney Brad Sattler
Signature of Applicant (owner or lessee)

RR 6 Lincoln 17201 So. 72
Address
Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 3/20/97 by: J.C.H.
Date: 3/20/97 by: J.C.H.
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/20/97 by: J.C.Hood

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 138

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — September 1, 1970

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

James L. Haught — 3540 Mohawk Street

LICENSEE OR PERMITTEE — ADDRESS

T 10N, R 6E, Section 32 — ADDRESS

NAME OF ESTABLISHMENT, IF ANY

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 138

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10 North; Range 6 E; Section 32.;
Block ____; Lot ____; Addition ____;
Street Address South West 40th St & County Road.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms 3. Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Distance to public sewer: ____ ft.

James L. Wright
Signature of Applicant (owner or lessee)

3540 Mahanna St Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/5/70. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 3/5/70. Signature: ____

2. Supt. Bldg. Insp.: Date Rec'd. 3/5/70. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 3/5/70. Signature: Chas Seale By Bob Skinner

3. City Engineer: Date Rec'd. ____. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 3-5-70. Signature: W Mayer

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: ____ Signature ____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 138

DATE: 3-2-70

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10 NORTH; Range 6 E; Section 32;
Block _____; Lot _____; Addition _____;
Street Address SOUTH WEST 40TH ST + COUNTY ROAD.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

James L. Haught
Signature of Applicant (owner or lessee)

3540 Mohawk St.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 6/26/70 by: J.C.H+L.W.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 3/5/70
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/26/70 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 138

PROPERTY WHERE SOIL TESTED:
Location: Township 10 NORTH
Section & ¼ Sect. ____
Property Dimensions: 220 ft. x 396 ft.
Area: 2.01 acres. (Attach sketch of property showing hole location).

Owner: James L. Haught
Address SOUTH WEST 40TH ST. & COUNTY ROAD.

Soil Type: Silty Clay [ ]; Silty Clay Loam [X]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Dates of Tests: 3-2-70 to 3-3-70. Weather: Precip. Cloudy LIGHT RAIN Temp. 40° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	3-2-70	8.00	3-3-70	8.00	3-3-70	9.00	6	9.30	5 ½	30	½	30 ½
2	30		8.05				9.05	6	9.35	5 ¼	30	¾	30 ¾
3	30		8.10				9.10	6	9.40	5 ½	30	½	30 ½
4	30		8.15				9.15	6	9.45	5 ¼	30	¾	30 ¾
5	30		8.20				9.20	6	9.50	5 ¼	30	¾	30 ¾
6	30		8.25				9.25	6	9.55	5 ¼	30	¾	30 ¾

Sum of Percolation Rates 30 - 4
Average of Rates: 4 ⅓
Mean of Rates: 4 ⅜

James L. Haught
Signature of Person Conducting Test

Address 3540 Mohawk St Lincoln Neb.
Phone: 477-2664 DAYS, EVENING 488-6107.

(Do not write below this line)

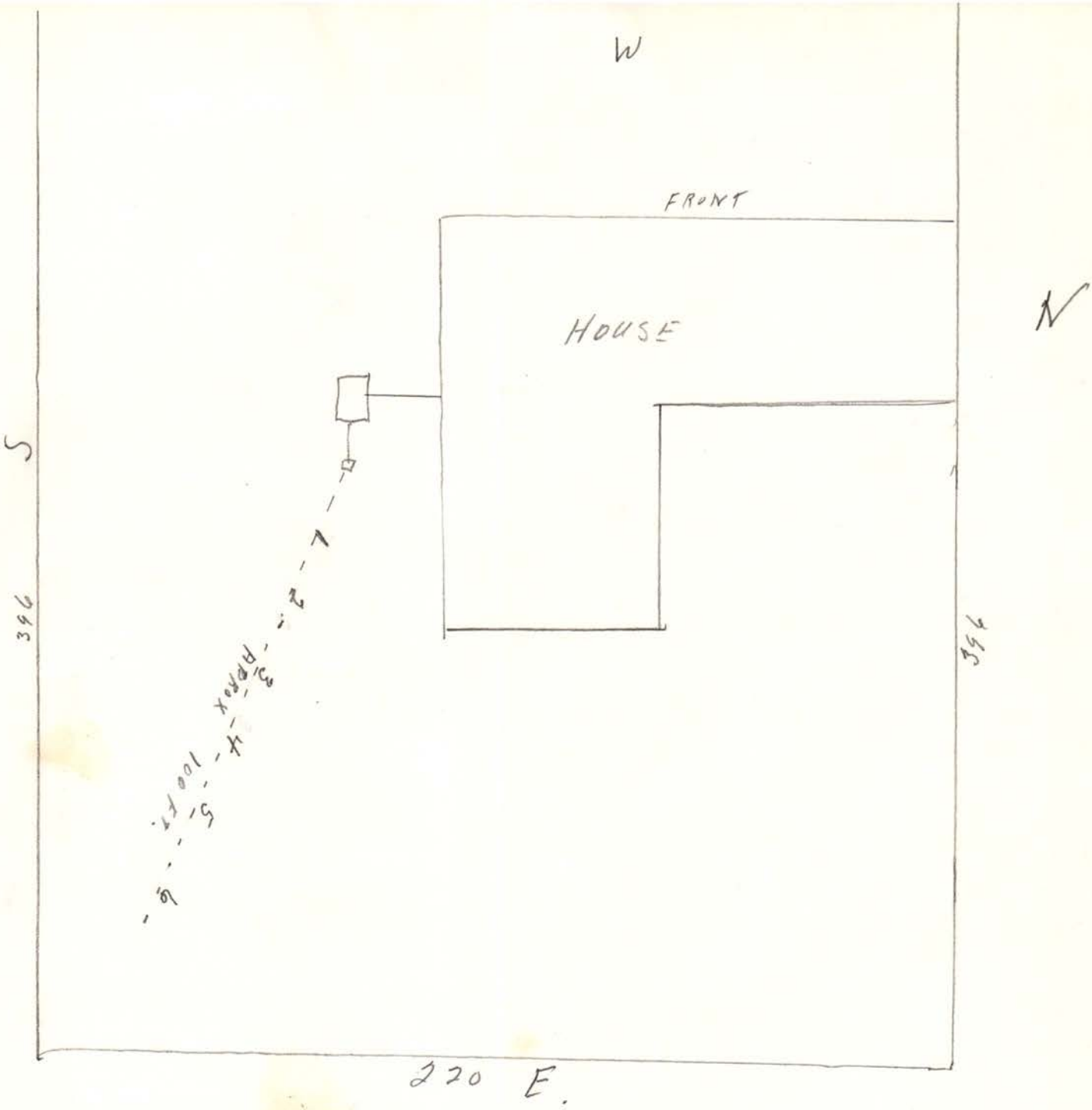
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 45 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: ~~February~~ March 4, 1970

Jerrold C. Hood
Signature of Reviewing Official


W
FRONT
HOUSE
N
S
396
396
220 E.
75 FT. - 4 - 3 - 2 - 1 -

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 138

SPECIFICATIONS

DATE: 3-2-70

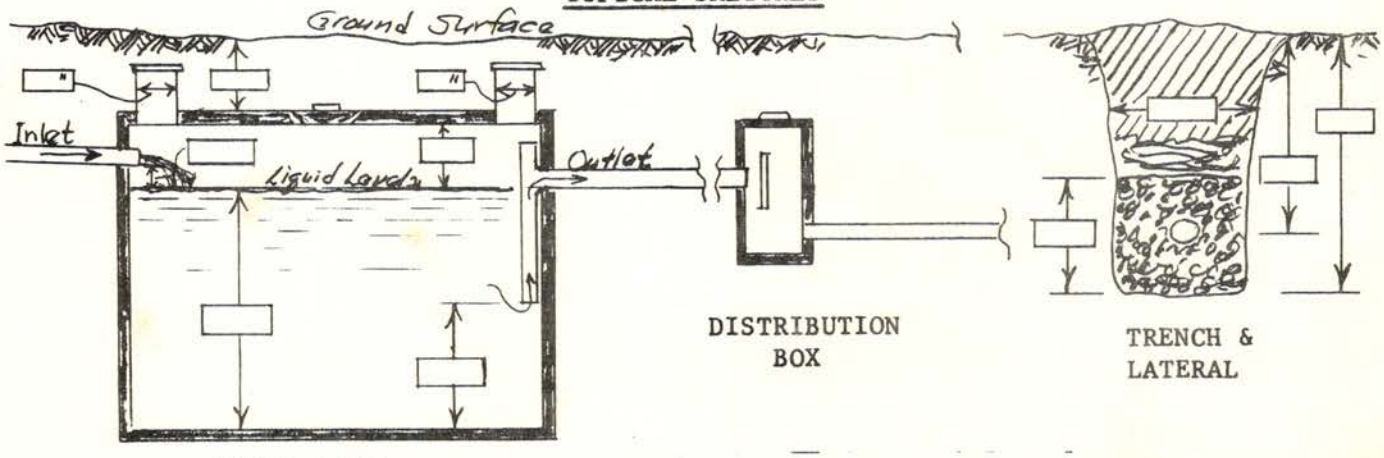
A. BUILDING SEWER:
1. Material Cast iron; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 6 in.
3. Distance between dwelling and septic tank 28½ ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line 50 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line 75 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ~~Concrete~~ FIBRE GLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 60 in.
3. Factory Built: Yes [X] (Company ~~Precast~~ CORRIGATED FIBRE GLASS)
   No [ ]
4. Manholes: Over Inlet; diam. 18 in.
   Over Outlet; diam. ___ in.
   Below Grade ___ in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
   Depth of outlet below inlet 3 in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
   Well or Suction Line 100 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line 125 ft.

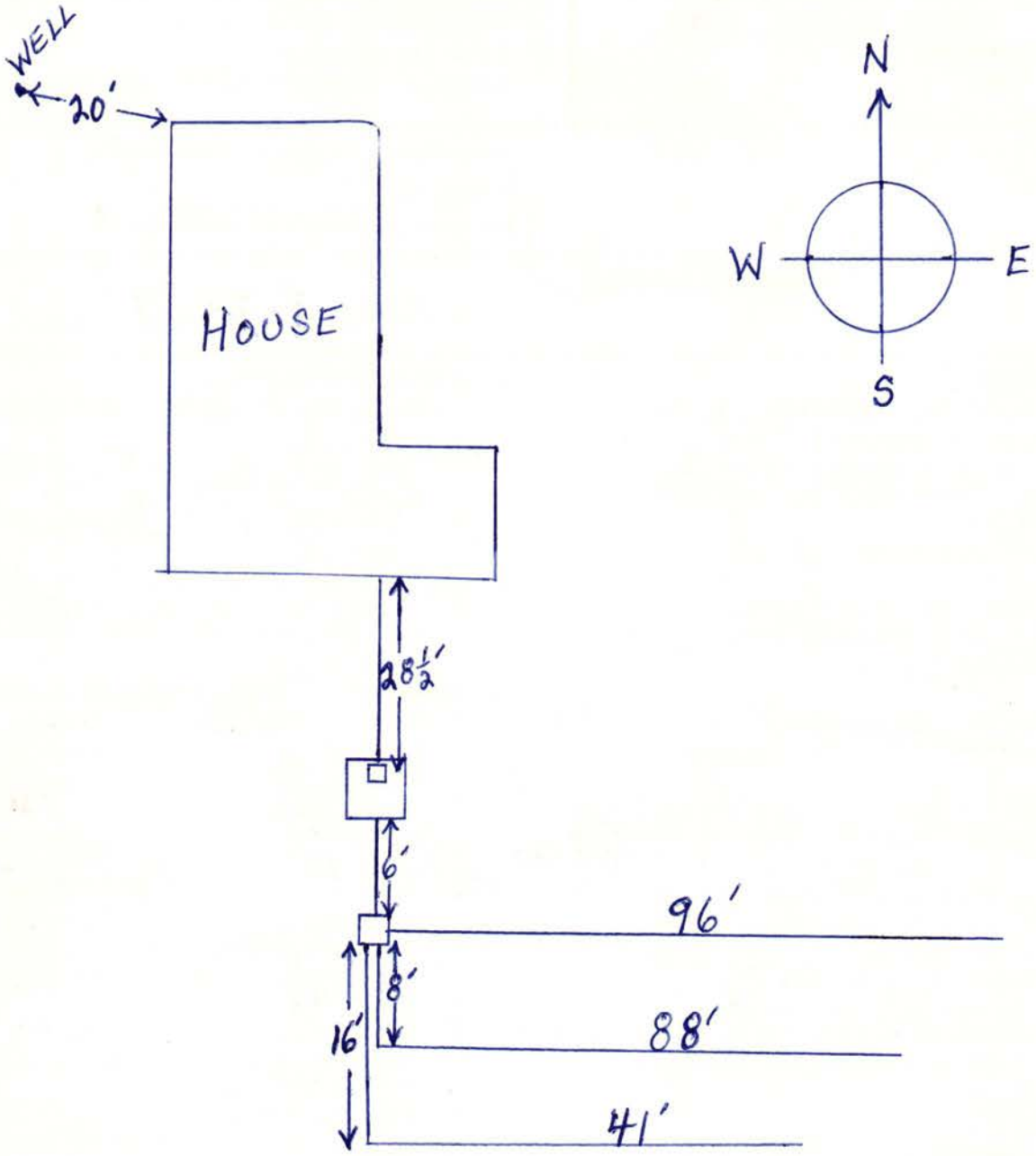
C. DISTRIBUTION BOX
1. Material ~~Concrete~~; No. available outlets 3.
2. Factory Built: Yes [X], (Company PRE CAST STEP No [ ]
3. Dimension: Length 12 in.; Width 8 in. Depth 8 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes [ ], No [X] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ~~Concrete~~ HALF MOON Laterals
2. Lateral Lines: Depth below grade 24 in. Number 3; Length of each line 75 ft Total length of Laterals 225 ft.; Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape Half-moon Material: concrete [X]; fiber GLASS asbestos [ ]; clay [ ]; other ___ Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 30 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 20 in.
5. Distances To:
   Well or Suction Line 105 ft.;
   Stream ___ ft.; Pressure Line ___ ft.
   Property Line 125 ft.
6. Percolation Rate: ~~45~~ minutes/inch

TYPICAL SKETCHES



Signature of Applicant


WELL
20'
HOUSE
N
W
E
S
28½'
6'
96'
8'
16'
88'
41'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98400071801

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 02/11/98
Expires 08/11/98
Revenue Code 3162

Establishment
MARILYN OBORNY
T10N R6E SEC 32
LA MASTER LOT 5
1500 SW 40 ST

FEES: $75.00

Permittee
MARILYN OBORNY
1500 SW 40 ST
LINCOLN NE 68522-8701

TOTAL $75.00

Gregg Wright MD
Issued By ~~M. Jane Ford~~
Health Director

5978

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ● Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit No. 98400018

I.D. #G096066

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 1500 S.W. 40th (No Rural Route Please) City Lincoln, NE Zip 68522

   Legal description of property:
   Twp 10N; Range 6E; Section 32; Block ____; Lot 5; Addition LaMaster Sub ~~lot 5~~

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: ____

3. Distance to Public Water Supply ____ feet.

Signature of Owner Marilyn L.H. Oborny

Print Name Marilyn Oborny
Current Address 1500 S.W. 40th

Current Home Phone 435-1949
Work Phone ____

Signature of Contractor ____

Print Name Earnest Well Drilling
Address ____
Milford
Home Phone ____
Work Phone ____
Cellular Phone ____

Sewage Permit Applied for: ☐ Yes ☒ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received 2/11/98 Date forwarded 2/11/98	ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Nord	
2.	Building & Safety	Date received 2/11/98 Date forwarded 2/11/98	ACTION ☒ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 2/11/98 Date forwarded 2/11/98	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: will require back flow preventer when ever connected to city water.

Site Visits:
Date: 3/19/98 By ____
Date: ____/____/____ By ____
Date: ____/____/____ By ____

Installation Final Written Approval
By: ____
Date: 3/25/98

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 0.6 mg/L
Chloride Level 38 mg/L
Bacteriological Analysis Satisfactory
Yes ☒ No ____
Other ____

Business Office Use Only
Date Rec'd: 02/11/98
Amt Paid: $ 75.00
Rec'd By ____ ~~Cash~~/Check No. 3952

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 984000718

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10N R. 6E Block ____ Lot 5 sublot Addition ____

Owner Stephen Oborny Address 1500 S.W. 40th Lincoln NE 68522

LOG OF WELL	
Depth Ft. to	Description
0-1'	TOP SOIL
1-63	BROWN CLAY
63-88	BLUE CLAY
88-96	DARK BROWN SAND
96-124	GRAY CLAY
124-140	BROWN AND RED CLAY
140-174	GRAY CLAY
174-185	SANDSTONE (GR, RED)

WELL COMPLETION RECORD

Drilling Method: ROTARY

Depth (from ground level), Ft. 185
Date Completed 2-24-98

Casing: Length, Ft. 175; Dia. In. 4"
Wall Thickness, Inc. .214; type PVC

Screen: Length, Ft. 10 Dia. In. 4"
Type SLOTTED PVC, slot Size .018

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

Water Level, Surface to top of water, Ft.:
Static 70, Pumping 80 EST.

Yield: 40 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 Rick Gelf
(Signed)
EARNEST WELL DRILLING
Address 2796 W. MILFORD RD
MILFORD, NE 68405
Date 2-24-98

REMARKS WELL SEALED WITH BENTONITE (HOLEPLUG) FROM 10'-20' 150'-160'

NITRATE NITROGEN 0.6 PPM. CHLORIDE 38 PPM.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-4

Ash
N
70 ft
of well
House
54 feet

entered 3-1-99

LLCHD -- Well Data Entry

Permit Number: 98400018 **ID Number:** G096066 **Date Abandoned:**

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

Township: 10 **Range:** 6 **Section:** 32 **Quarter:** **Quarter/Quarter:**

Blk: **Lot:** 5 **Addition:** LaMaster SubDiv.

House No: 1500 **Dir:** SW **St. Name:** 40th **St. Type:** St **Suf:**

Well Use: R **Applicant:** Marilyn Oborny

Owner: Marilyn Oborny **Drlr:** Earnest Well Drilling

Drl Method: Rty **Date Cmpltd:** 02/24/98 **Well Depth:** 185 **Cs Lngth:** 175 **Cs Dia:** 4

Cs. Type: PVC **Screen Length:** ~~185~~ 10 **Static Lvl:** 70 **Pumping Lvl:** 80 **Yield:** 40