FILE NO. 1701

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 23, 1981 — THIS LICENSE OR PERMIT EXPIRES

Raymond Hernandez — LICENSEE OR PERMITTEE

1026 South 14, Lincoln NE 68508 — ADDRESS

T10N, R7E, Section 26, Block 3, Lot 5, Addition Hillcrest Heights — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABEE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
55877		60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1701

DATE: _____

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 26 ;
   Block 3 : Lot 5 : Addition Hill Crest Heights
   Street Address 512 Anthony Lane

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Raymond Hernandez
Signature of Applicant (Owner or Lessee)

1126 So 14th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/23/80. Date Frwd. 9/23/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nook

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/24/80. Date Frwd. 9/24/80. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City ~~or County~~ Engineer : Date Rec'd. 9-23-80. Date Frwd. 9-23-80. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/19/83 by: L.C.H.
Date: 4-20-83 by: nm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/28/83 By: Jerrold C. Nook

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: 474-1541

B

FILE NO. 1701

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: 230 ft. x 157 ft. Area: .8 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: Raymond Hernandez
Address: 1026 So 14th 476-2091

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	33	8/12	3:30 PM	8/13	10:30 AM	8/13	10:30 AM	5"	11:30	0	60	5"	240/13"
2	33	8/12	3:30	8/13	10:30	8/13	10:30 A.M	4"	11:30	0	60	4"	240/10½"
3	31	8/12	3:30	8/13	10:30	8/13	10:30 A.M	11"	2:30	6"	240	5"	240/5"
4	33	8/12	3:30	8/13	10:30	8/13	10:30 A.M	5"	2:30	3¼	240	1¾	240/13¾
5	34	8/12	3:30	8/13	10:30	8/13	10:30 A.M	9"	2:30	7½	240	1½	240/1½
6	33	8/12	3:30	8/13	10:30 AM	8/13	10:30 A.M	7"	2:30	4½	240	2½	240/2½
#1							11:30 AM	6"	1:00	0	90	6	
#1							1:00	6"	2:30	4"	90	2	(see on Back sheet)
#2							11:30	5¾	1:00	1½"	90	4¼	
#2							1:00	5¾	2:30	3½	90	2¼	

Sum of Percolation Rates: 240/34.25
Average of Rates: _____
Mean of Rates: _____

James Hruska
Signature of Person Conducting Test
Address Rt 1, Red Cloud Neb Phone 746-3664

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS):_____
Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

Hole

#1

5
0-6 5¼
3
0-6 4¾ } ¾" / 30min
4

#2

4
0-5¾
4½
1½-5¾
5¾
3¾
3½ } ¼"

#3

11
7¾
7½
7¼
6¾
6¼ } ¼"
6

#4

5
4½
4
3¾
3½
3½ } ¼"
3¼

#5

9
8¾
8
7¾
7¾
7¼ } ¼ / 30min
7½

#6

7
6
6
5¾
5½
4¾ } ¼ / 30min
4½

Times

10:30
11:15
11:45
12:30
1:15
2:00
2:30

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: 474-1541

B

Ray Hernandez

FILE NO. 1701

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	34	9/1	18:00	9-1	2200	9/2	1330	6	1400	5¾	30	¼"	
2	33	(	/	/	/	/	/	2¼	/	1¾	/	½"	
3	35	/	/	/	/	/	/	4½	/	4	/	½"	
4	32	/	/	/	/	/	/	4¾	/	4¼	/	¾"	
5	35	/	/	/	/	/	/	3¼	/	1	/	2¼"	
6	34	/	/	/	/	/	/	3¾	/	1	/	2¾"	

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

James [illegible]
Signature of Person Conducting Test

Address RT 1 Red Cloud Neb Phone 746-3664

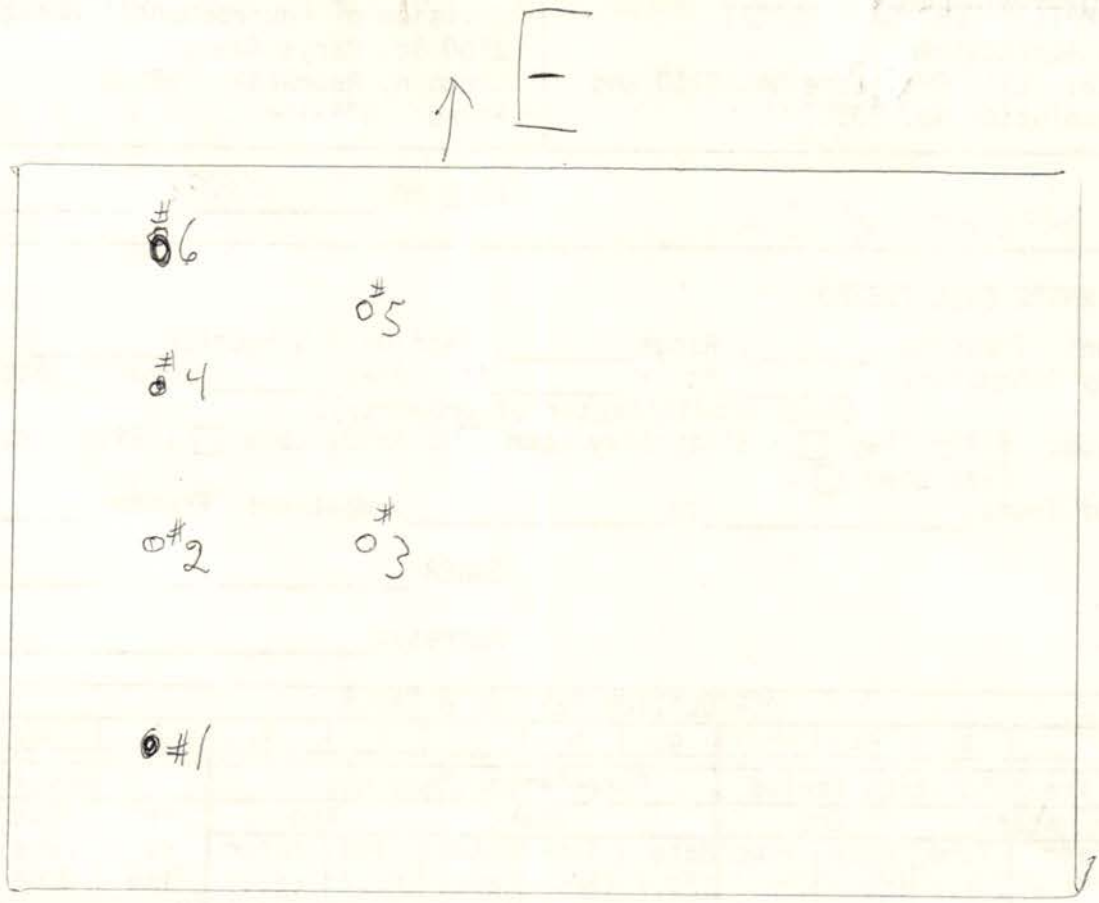
(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Shelby Silty Clay Loam
Date: September 12, 1980

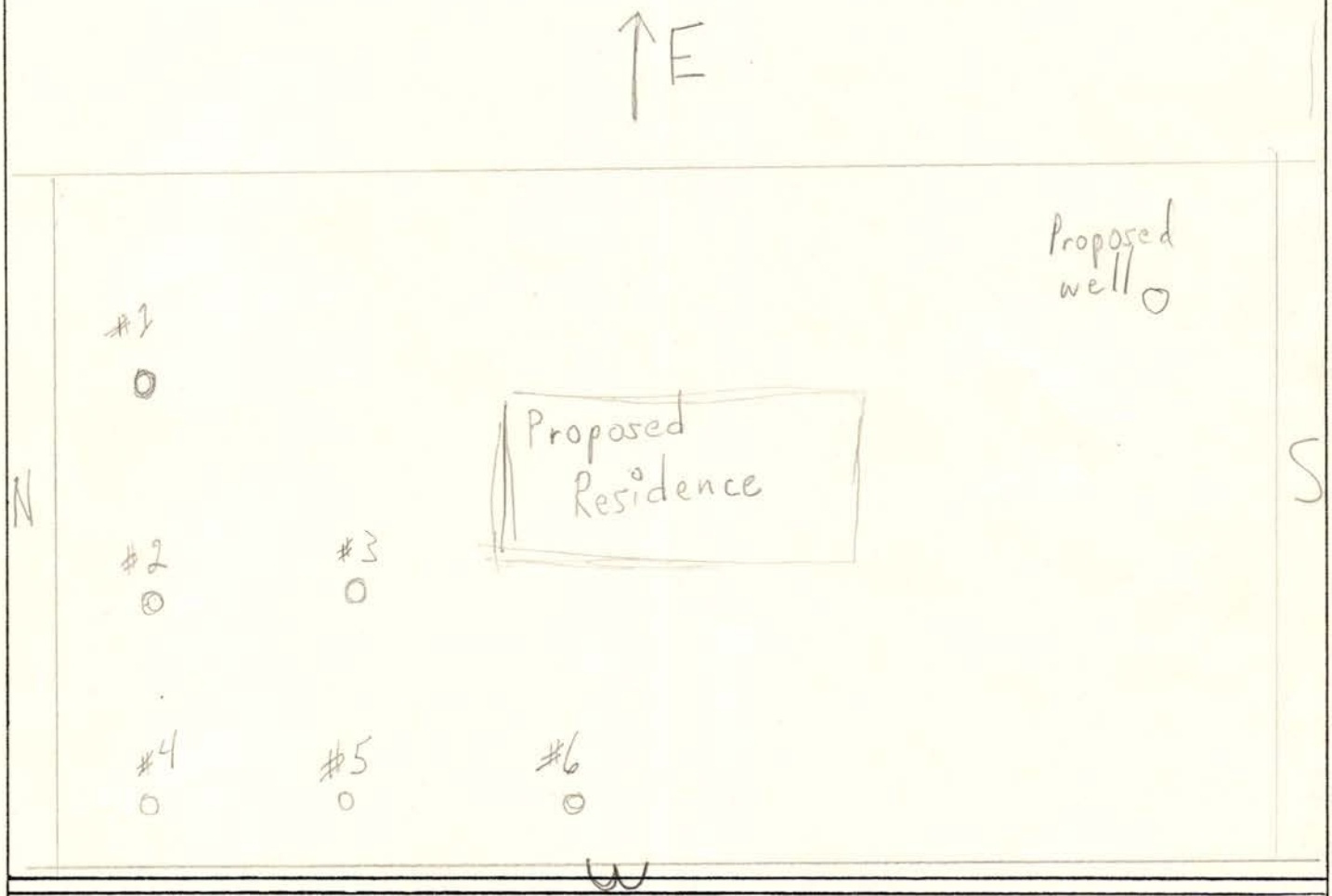
Approved Percolation Rate (a)
A. 27 min./inch
B._____ min./inch
C._____ min./inch

Gerrold C. Hood
Signature of Reviewing Official


E
#6
#5
#4
#2
#3
#1

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: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1701

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

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

_____

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 ☐

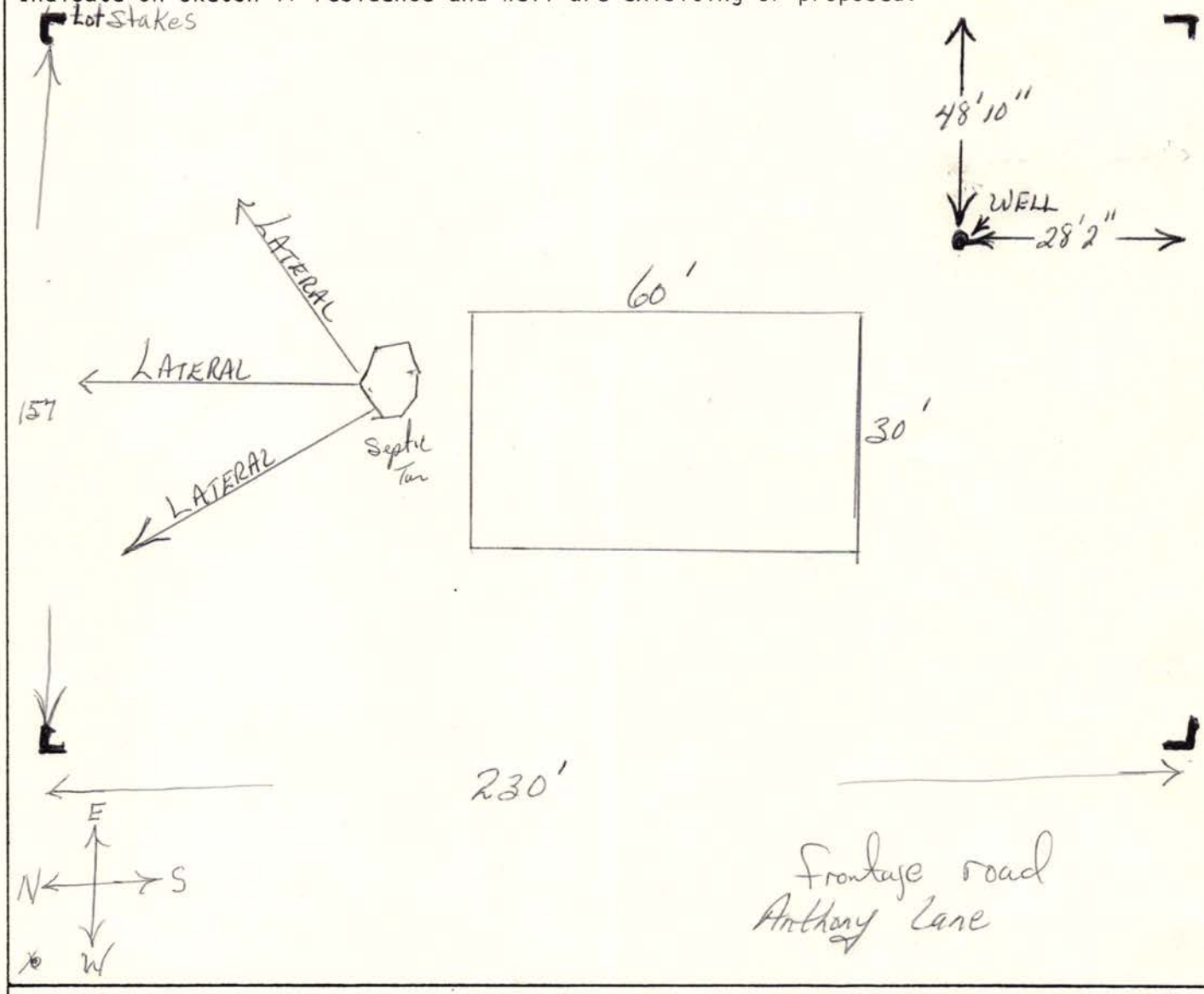
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1701

Indicate on sketch if residence and well are exisiting or proposed.



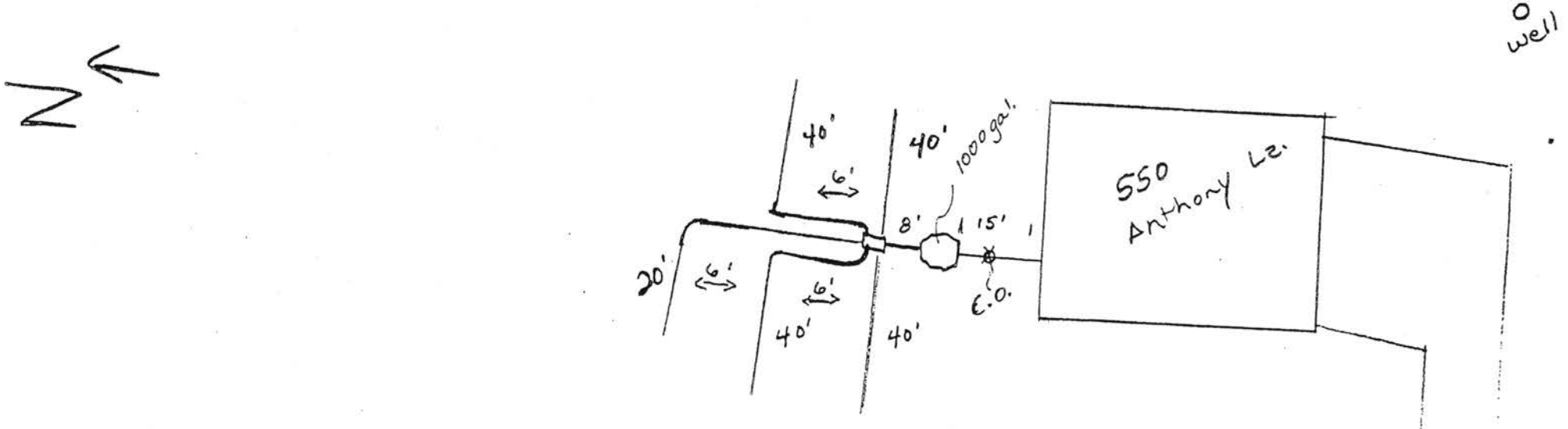
REVIEWING ACTION

Remarks: _____

Date: September 23, 1980

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 ~~951~~ 713 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



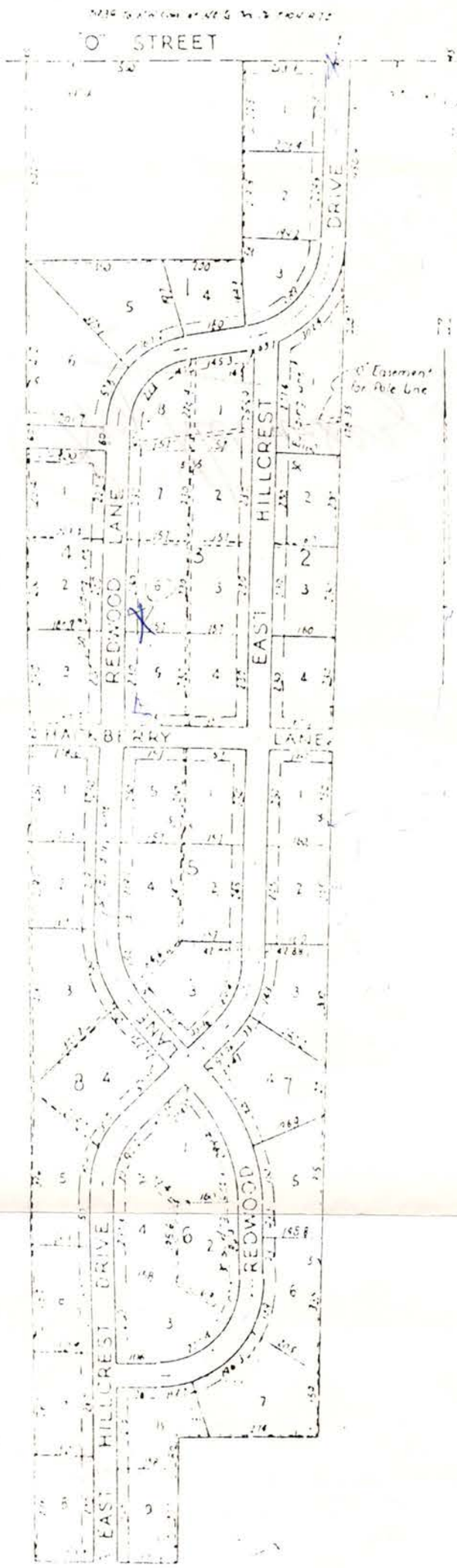
Anthony Ln.

467-4458

Bauwens Plumbing Co. Inc.

NEBRASKA TITLE COMPANY

HILLCREST HEIGHTS



Certified Copy of Plat:

NEBRASKA TITLE COMPANY
Bonded & Registered Abstracters

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 550 Anthony Lane

Parcel ID 17 - 26 - 202 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition Hillcrest Heights, LLCN

Directions to Property From 84th and O Streets, East approx. 1/2 mile. South on Anthony Lane

Location of Well Southeast of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest of house Year Installed 1983

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Don & Sue Bassler	550 Anthony Lane Lincoln, NE 68520	488-7462
Tenant/Buyer:			
Return to:	Marlene Neddenriep	1824 Brent Blvd. Lincoln, NE, 68506	(Fax)

Copies to Both

Signature of Applicant Marlene Neddenriep Address 1824 Brent Blvd Lincoln, Ne 68506 Date 12 / 16 / 03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12 / 17 / 03 Amount 100.00 Check No. 4836 2335 Initials cw

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

PRELIMINARY STATUS--By Jerold C. Hook **DATE:** 12 / 19 / 03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 1.4 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 Doug Smith Date 12 / 22 / 03

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

001

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 550 Anthony Lane

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition Hillcrest Hts., LLCN

Directions to Property O St. East to Hillcrest Dr., South on Anthony Lane

Location of Well Southeast of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of house Year Installed 1982-83

	NAME	ADDRESS	PHONE
Present Owner:	Ray Hernandez	5. 66th Lincoln, NE 68516	420 5414
Tenant/Buyer:	Don & Sue Bussler	3218 Lauderdale Ct. Lacrosse, WI 54603	608-783-5961
Return to:	Karen Schaeffer Home Real Estate	111 Piazza Terrace Lincoln, NE 68510	402-432-3471

Signature of Applicant Karen J. Schaeffer Address 111 Piazza Terrace Lincoln, NE 68510 Date 5 / 2 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5 / 5 / 97
Initials JS
Amount $150.00 ✓
Check No. 8046 ✓

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

PRELIMINARY STATUS--By P. DROTZMANN **DATE:** 5 / 5 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: No visible evidence of septic system malfunction. If septic tank has not been pumped in past 2 years, it should be checked by a licensed Liquid waste hauler to see if it is needed. Mound some soils around well head. See Attached Letter ☐
Water samples collected.

FINAL STATUS

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

Approved by Paul Drotzmann Date 5 / 12 / 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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95