FILE #2491

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 4, 1987 — THIS LICENSE OR PERMIT EXPIRES

JOYCE S. JOHNSON — LICENSEE OR PERMITTEE

ROUTE #1, BOX 21 EAGLE, NE 68347 — ADDRESS

T10N: R7E: Sec NW¼ 36: Lot 19 I.T.: So. 98 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2491

DATE: 5/1/87

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 NW¼ 36;
   Block ~~A~~ : Lot 19 I.T. : Addition
   Street Address 1950 So. 98 ~~S 97th~~

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: miles ft.

Joyce S Johnson
Signature of Applicant (Owner or Lessee)

Box 21 RR1 Eagle 68347
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/1/87. Date Frwd. 5/4/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/4/87. Date Frwd. 5/4/87. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 5-4-87. Date Frwd. 5-4-87. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

OK's
Site Visits:
Date: 11-13-87 by: mm need cleanout & vent (need drawing)
Date: 11-17-87 by: mm
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: By:

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

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FILE NO. 2491

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7 E ; Section & ¼ Section Lot 19 NW¼ Sec. 36
Property Dimensions: 347.79 ft. x 634.02 ft. Area: 5.37 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 4-29-87 to 5-1-87 . Weather: Precip. 0 Temp. 80's.

OWNER: Joyce Johnson
Address: Box 21 RR1 Eagle Ne

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	4-29	8:30	5-1	8:45	5-1	12:15	22½	12:45	23½	30	1"	
2	30	4-29	8:30	5-1	8:45	5-1	12:15	20½	12:45	21½	30	1"	
3	30	4-29	8:30	5-1	8:45	5-1	12:15	22¾	12:45	21⅝	30	1⅛"	
4	30	4-29	8:30	5-1	8:45	5-1	12:15	24⅝	12:45	26	30	1⅜"	
5	30	4-29	8:30	5-1	8:45	5-1	12:15	18⅜	12:45	19	30	⅝"	
6	30	4-29	8:30	5-1	8:45	5-1	12:15	18⅞	12:45	19⅞	30	1"	

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: MAY 1, 1987

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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 ☐

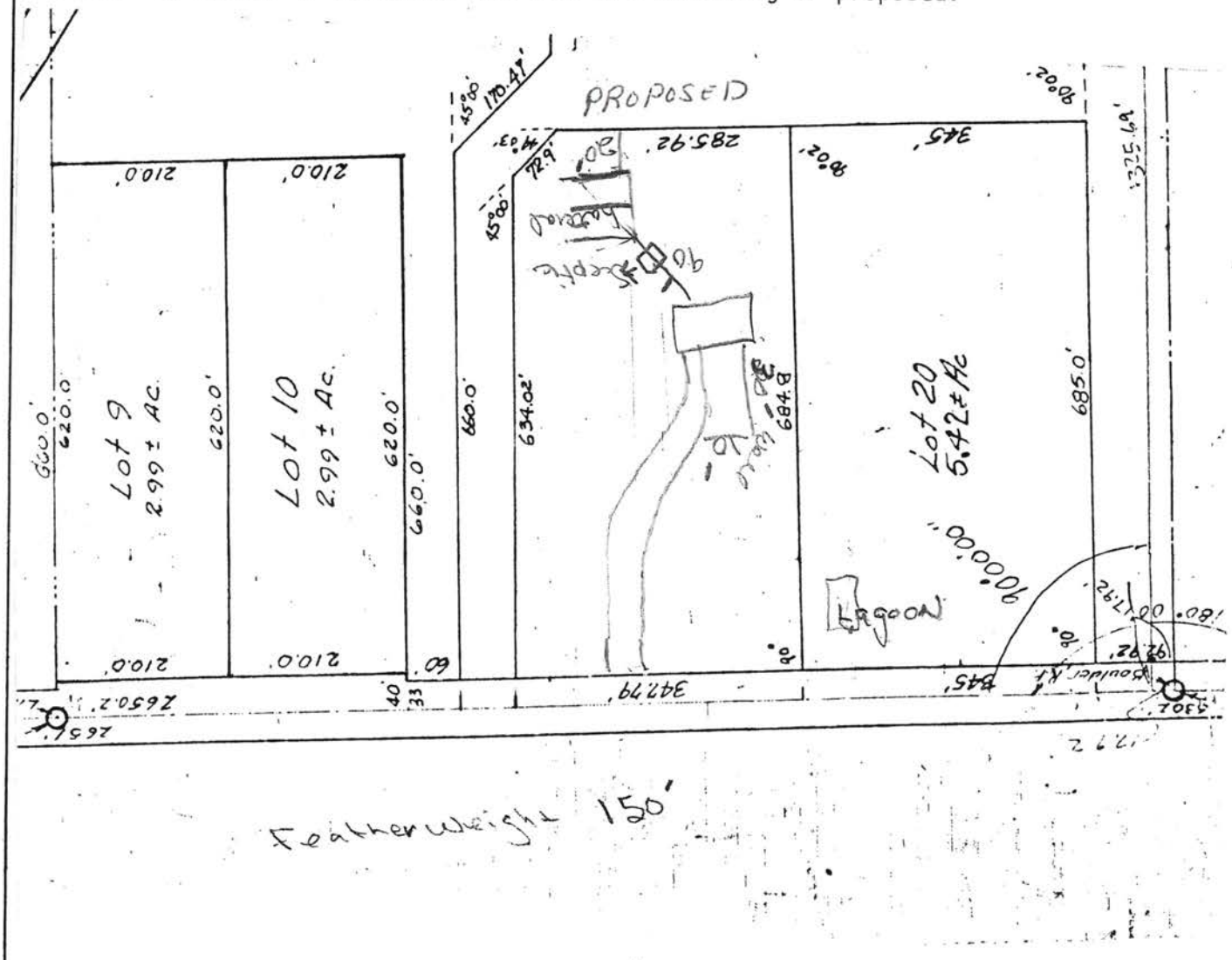
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2491

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



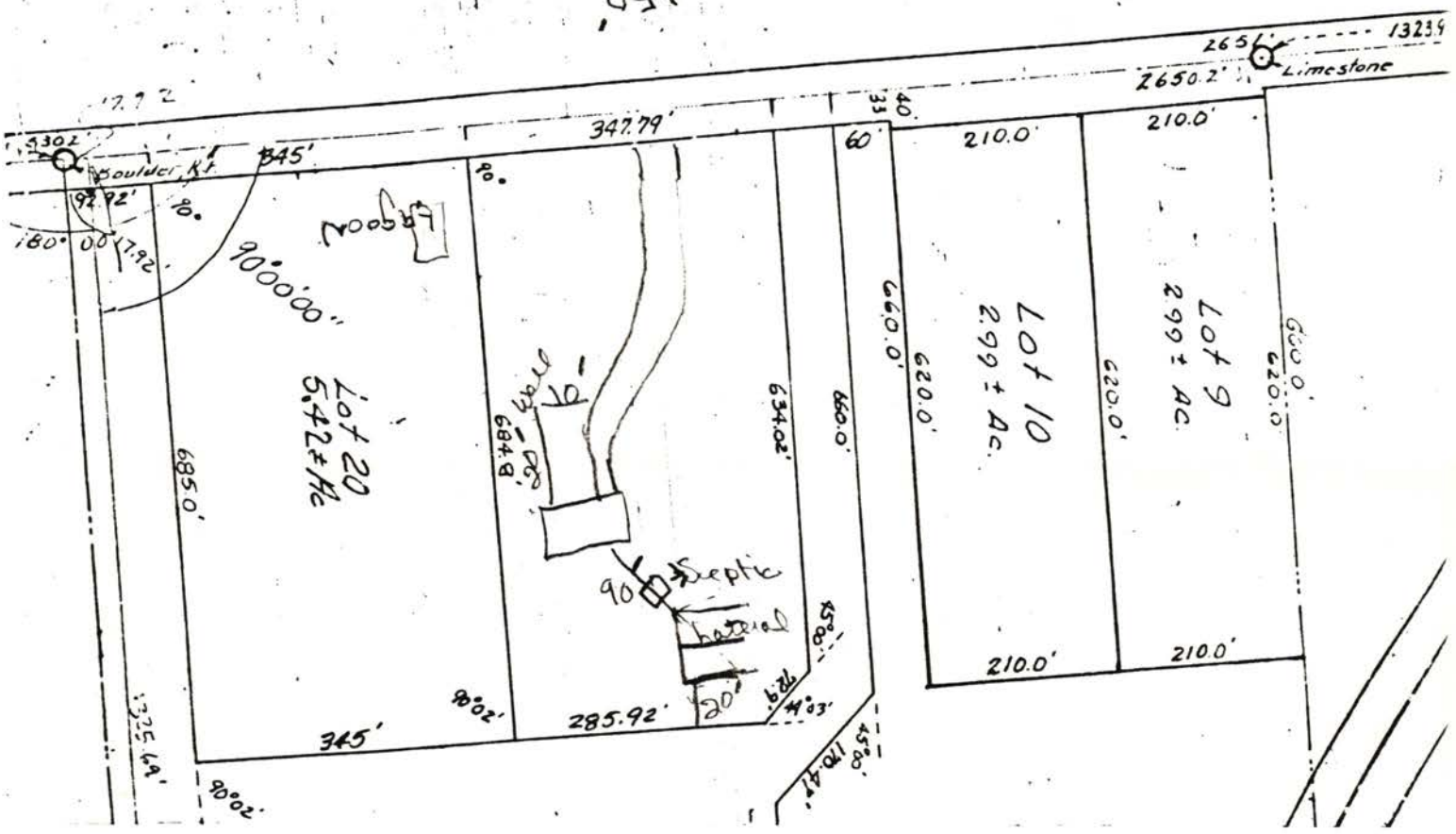
REVIEWING ACTION

Remarks: _____

Date: MAY 1, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 181 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ sq.ft.

Gerrold C. Hoos
Signature of Reviewing Official


Boulder Rd
345'
347.79'
60'
210.0'
210.0'
Limestone
2650.2'
1323.9'
90°00'00"
Lot 20
5.42± Ac
Lot 10
2.99± Ac.
Lot 9
2.99± Ac.
685.0'
684.8'
634.02'
660.0'
620.0'
620.0'
620.0'
Septic
Leach
Field
285.92'
345'
210.0'
210.0'
90°02'
90°02'
45°00'
45°00'
180.47'
325.49'
20'
Shed
Garage

¢ closing NOV. 20th ¢

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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 1950 So 98th St

Twp 10N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1 mi E of 84th & A St intersection on A St, turn right (south) 1/4 mi on left (east)

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

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Al & Joyce Johnson	1950 So 98th St Lincoln Ne	
Tenant/Buyer:	Larry Schroder	4920 So 48th St Lincoln Ne 68516	402 486 3532
Return to:	~~County Wide~~ NEBRASKA TITLE	FAX 486-4949 ATTN: LANE	

Signature of Applicant [signature] Address 4920 So 48th Lincoln Ne 68516 Date 11/13/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/13/96
Initials CA
Amount 150.00
Check No. 144

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/18/96

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: MIGHT BE WISE TO CHECK SEPTIC TANK TO SEE IF IT NEEDS PUMPING ALTHOUGH ONLY TWO PEOPLE HAVE BEEN USING IT. ALSO WISE TO FILL DIRT IN OVER SUBSIDENCE PLACES OVER SEWAGE LATERALS TO KEEP SURFACE WATER FROM STANDING ON THEM. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/20/96

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

002

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 1950 South 98th St

Twp 10N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot 19 Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☑ Outside ☐

Location of Sewage System ___ Year Installed 1955

	NAME	ADDRESS	PHONE
Present Owner:	ALFRED/JOYCE JOHNSON	1950 S. 98th St	451-7581
Tenant/Buyer:	SAME AS OWNERS		
Return to:	COLUMBUS FEDERAL ATTN: BEN	770 N. CORNER SE 125 68528	464-3665 FAX 464-4444

Signature of Applicant Alfred Johnson Address 1950 S. 98th St Date 6/24/93

HEALTH DEPARTMENT USE ONLY V# 8222 Nowest

Date Received 6/24/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Wood **DATE:** 6/25/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate 0.1 RPM	☑ ~~___~~ ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: FEW LOW PLACES IN LATERAL SHOULD BE FILLED IN. ONE BOLT MISSING OUT OF WELL CAP. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN 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. Wood R.E.H.S. Date 6/29/93

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.

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