LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380117501

Issued 06/02/94
Expires 12/02/94
Revenue Code 18754

Establishment
MICHAEL KNEALE
T10N R7E SEC 36
LOT 43
10201 A STREET

FEES: $150.00

TOTAL $150.00

Permittee
MICHAEL KNEALE
7641 MYRTLE ST
LINCOLN NE 68506

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"

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: $ 150.00

FILE NO. _____

DATE: 6/1/94

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 36 ;
   Block _____ : Lot 43 I.T. : Addition _____
   Street Address 10201 A St

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: None ft.

Michael S Neale
Signature of Applicant (Owner or Lessee)

7641 Myrtle St Lincoln 68506
Address
489-9464

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/2/94. Date Frwd. 6/2/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Todd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/2/94. Date Frwd. 6/2/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 6-2-94. Date Frwd. 6-2-94. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-11-94 by: P.D. Neal drawing
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-18-94 By: Paul Dynan

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
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Lincoln, Nebraska 68502
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B

Test Location
98-+ A^st 1/2 mile East 1/4 So.

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: 5-30-94 to 5-31-94. Weather: Precip. 0 Temp. 70°.

OWNER: Michael S. Kneale

Address: 7641 Myrtle St
Lincoln, NE. 68506 489-9464

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	36"	5+30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5 3/4"	30m	1/4"	
2	36"	5-30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5"	30m	1"	
3	36"	5-30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5"	30m	1"	
4	36"	5-30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5"	30m	1"	
5	36"	5-30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5 1/8"	30m	7/8"	
6	36"	5-30	5:00 pm	5-31	5:00 pm	5-31	5:00 pm	6"	9:00 pm	5"	30m	1"	

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

Mike Haugland
Signature of Person Conducting Test

Address 2700 Daw Ave Lincoln NE. Phone 464-0638

Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 2, 1994

Approved Percolation Rate (a)
A. 34 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 ☐

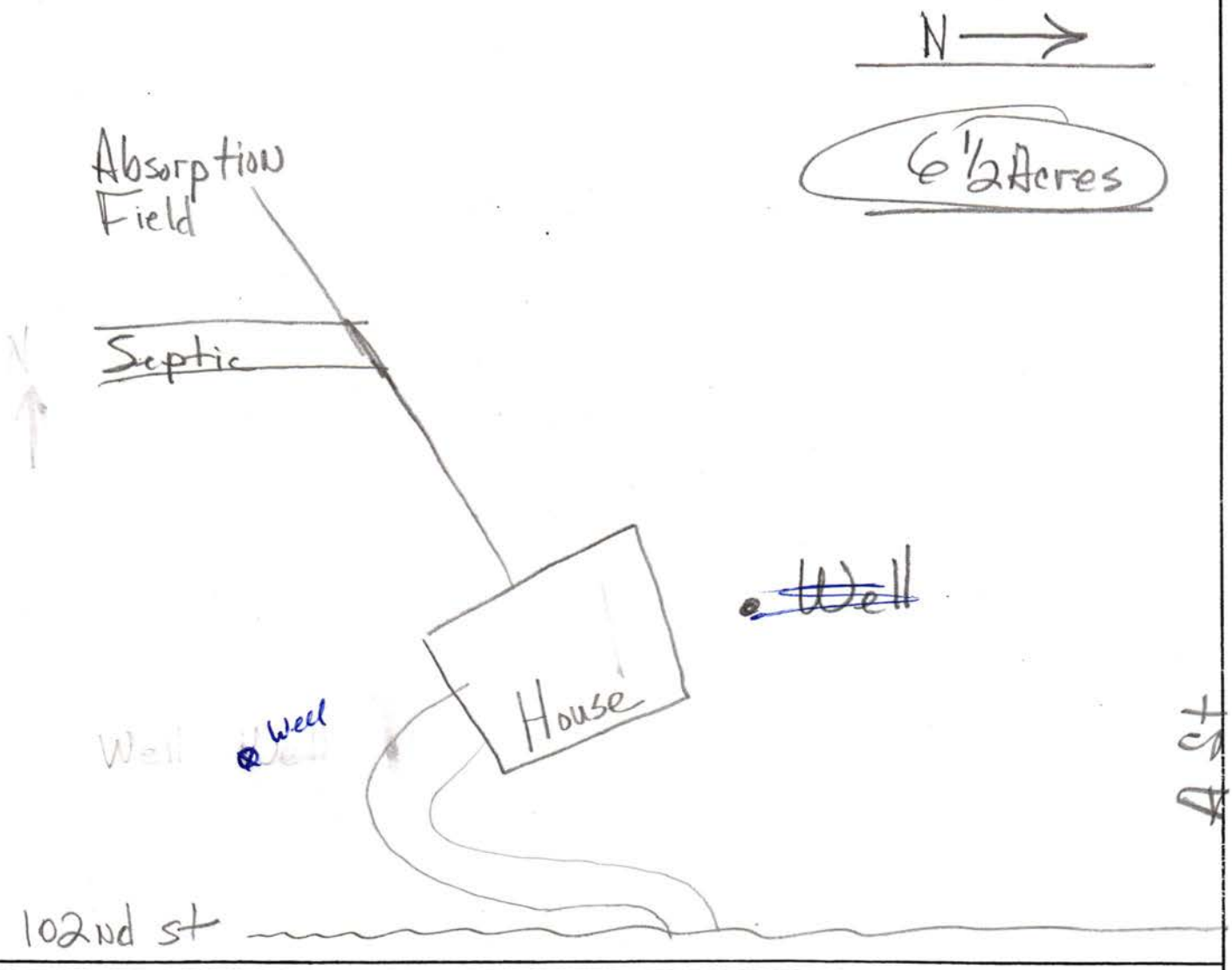
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: June 2, 1994

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 1064 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: _____

FILE NO. _____

1020 A ST.

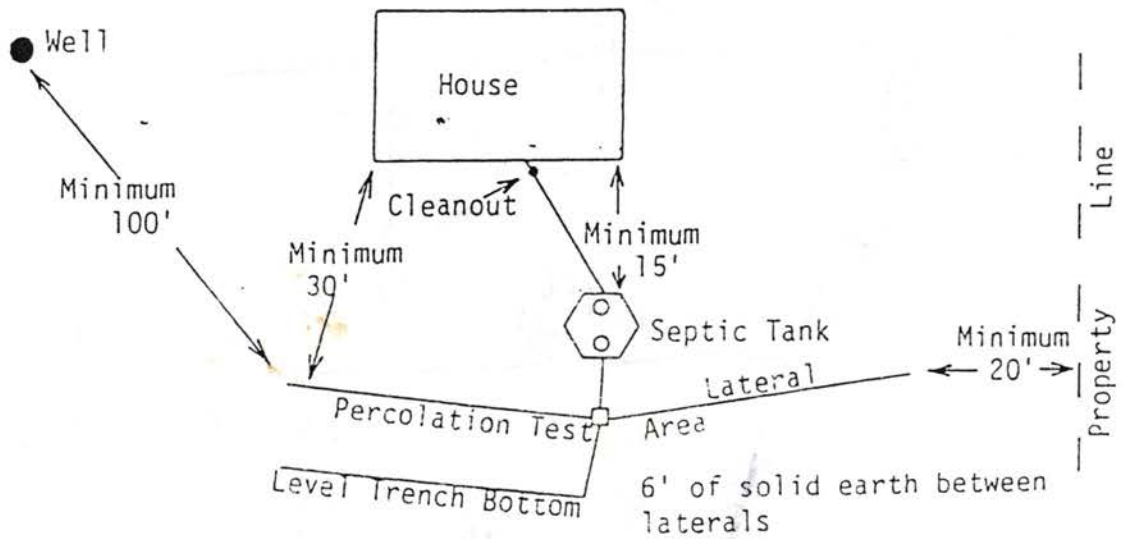
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 3' in.
3. Distance between dwelling and septic tank 61' ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 100 +' ft.; Stream — ft.; Pressure Line — ft.; Property Line 20 +' ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. 6" in. Over Outlet; diam. 6" in. Riser Above ☐ Below ☒ Grade 3" in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24" in.
8. Distances to: Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line — ft.; Property Line 100 + ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐ (Company Precast)
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 20" or Perforated Pipe _____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines: Number 3 ; Length of each line 90, 92, 88, 88, — ft.; Total length of laterals 268 ft.; Distance between lateral lines 14 + ft.
3. Trench dimensions: Width 4 ft.; Slope 3" in/100 ft.; Average Depth 3' 6" in.
4. Filter Material: gravel Depth of Material 2" above lateral in.
5. Distances to: Well or Suction Line 100 + ft.; Stream 100 + ft.; Pressure Line 100 + ft.; Property Line 100 + ft.

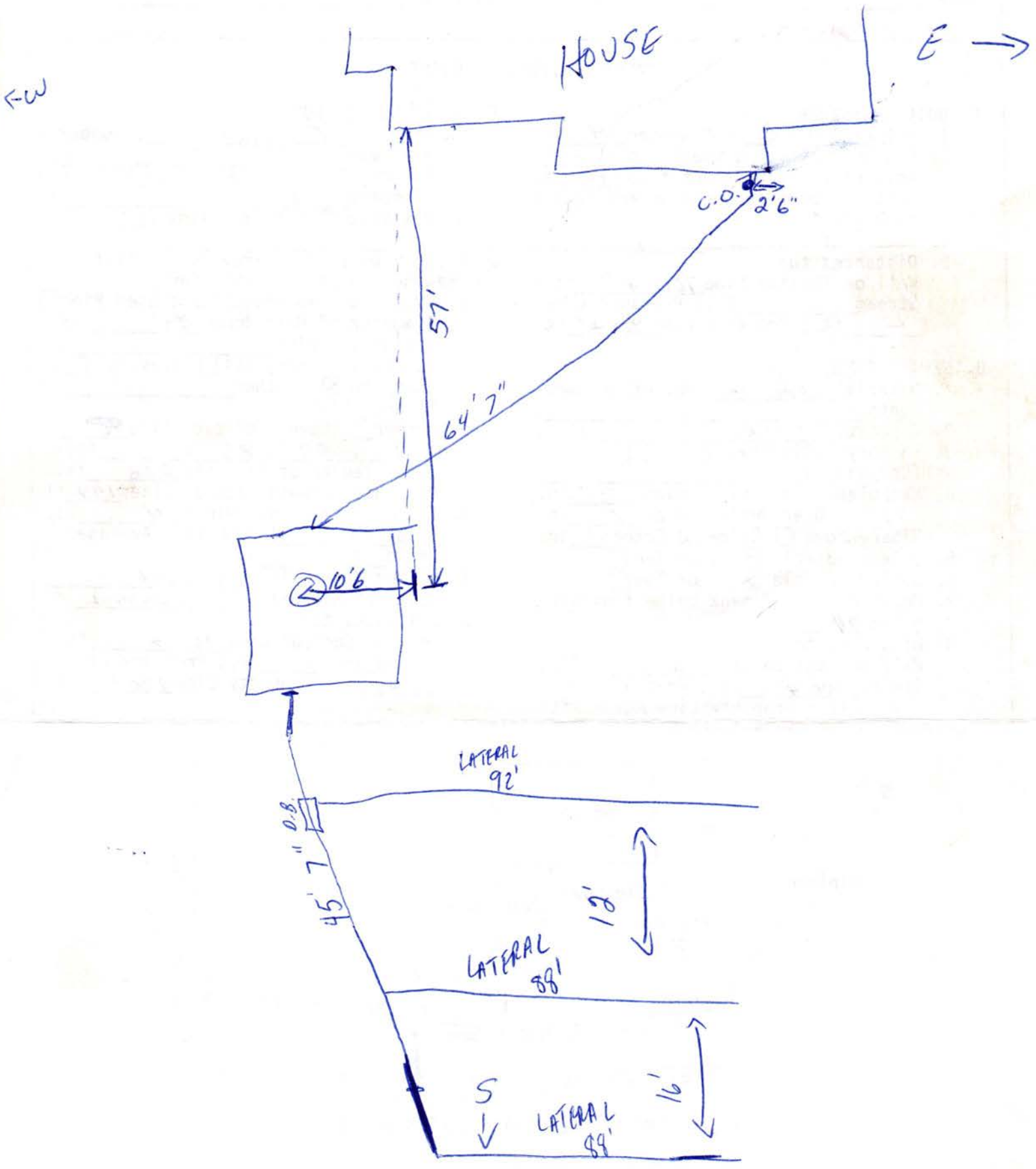


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10201 'A' STREET

RECEIVED OCT 17 1994

N



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 10201 A STREET

Parcel ID 17 - 36 - 101 - 001 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot 43 Addition (LEGAL: LOT 43, NW 36-10-7) (OR) KNEALE - THREE EAGLES ADD LOT 1)

Directions to Property EAST ON A ST TO 10201

Location of Well East side of drive between A St house Tap Location: Inside ☐ Outside ☐

Location of Sewage System BACK yard SWest side of house by Big flower pot, Year Installed ~~1995~~ 1994

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Michael Kneale	10201 A ST LINCOLN 68520	489-9464
Tenant/Buyer:	DAN BERLIN	11600 VAN DORN WALTON 68461	484-5949
Return to:	SANDRA HARDER AGENT FOR BUYER	WOODS BROS REALTY 7100 So 29th LINCOLN, 68512	430-7080 488-2321 (Fax)

Signature of Applicant [signature] DAN BERLIN Address 11600 VAN DORN WALTON, NE 68461 Date 11 / 20 / 2001

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11 / 21 / 01 Amount $200.00 Check No. 2064 Initials LP

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/26/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF 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 11 / 27 / 01

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