LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 9038D009201

Issued 02/28/90
Expires 08/28/90

ESTABLISHMENT

VERN MUELLER
T11N R5E SEC 33 QTR W1
LOT 52

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

VERN MUELLER
5206 W BENTON ST
LINCOLN NE 68524

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
Paid	

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

9038000092

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: 2-1-90

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. 11 N ; Range 5 E ; Section W ½ of the SE ¼ of section 33
   Block — : Lot 52 : Addition _____
   Street Address NW 105th

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

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

4. Distance to public sewer: _____ ft.

Vern R. Mueller
Signature of Applicant (Owner or Lessee)

5206 W. Benton Lincoln, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/20/90. Date Frwd. 3/2/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3-2-90. Date Frwd. 3-2-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 3/2/90. Date Frwd. 3/2/90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Collins

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-2-90 by: pm need fence
Date: 9/25/90 by: J. C. H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/25/90 By: Jerrold Hood

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section 33.
Property Dimensions: 700 ft. x 350 ft. Area: 5.6± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 8-5-89 to 8-6-89. Weather: Precip. 0 Temp. 70°.

Hole's - 1-6 - had water in From Pre-test

OWNER: Vern Mueller
Address: 2321 NW 50th Lincoln 470, 2021

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

William M. Hoagland
Signature of Person Conducting Test

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

Address 2700 Dan Ave Lincoln Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a) _____ min./inch

Remarks:

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

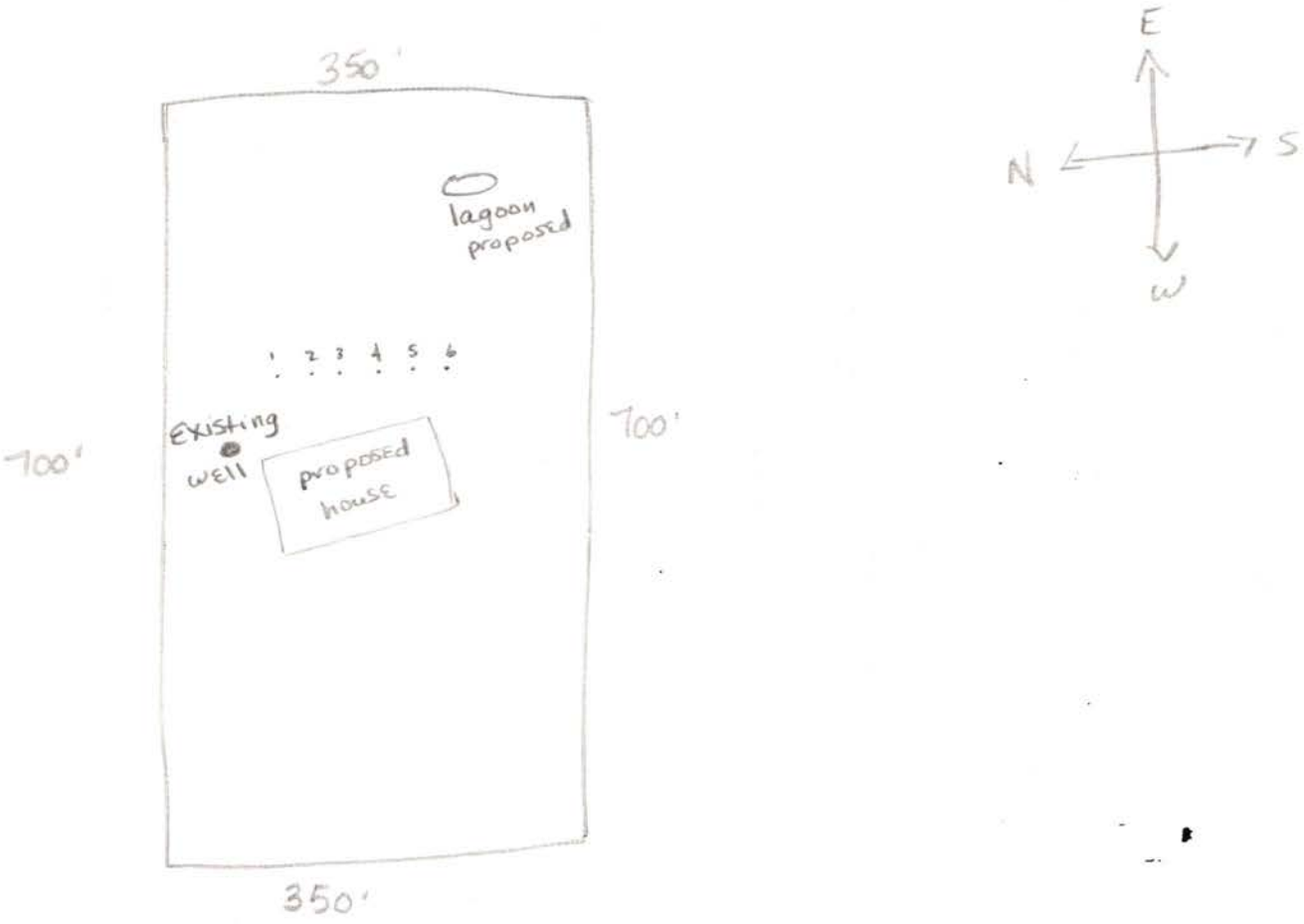
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

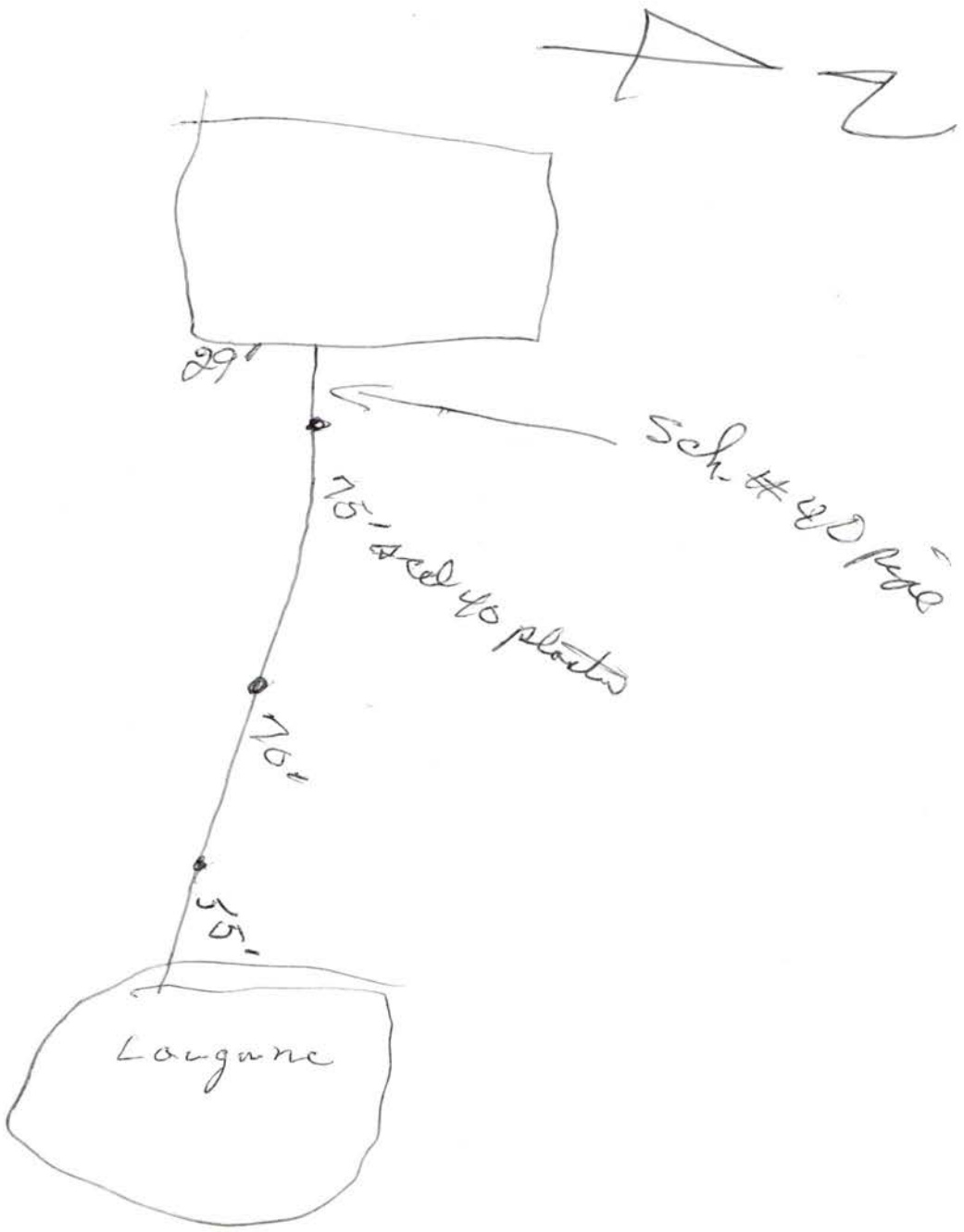
Remarks:_____

_____

Date:_____

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



Frear Plumbing
477-9353

Official Survey Record

LANCASTER County, Nebraska

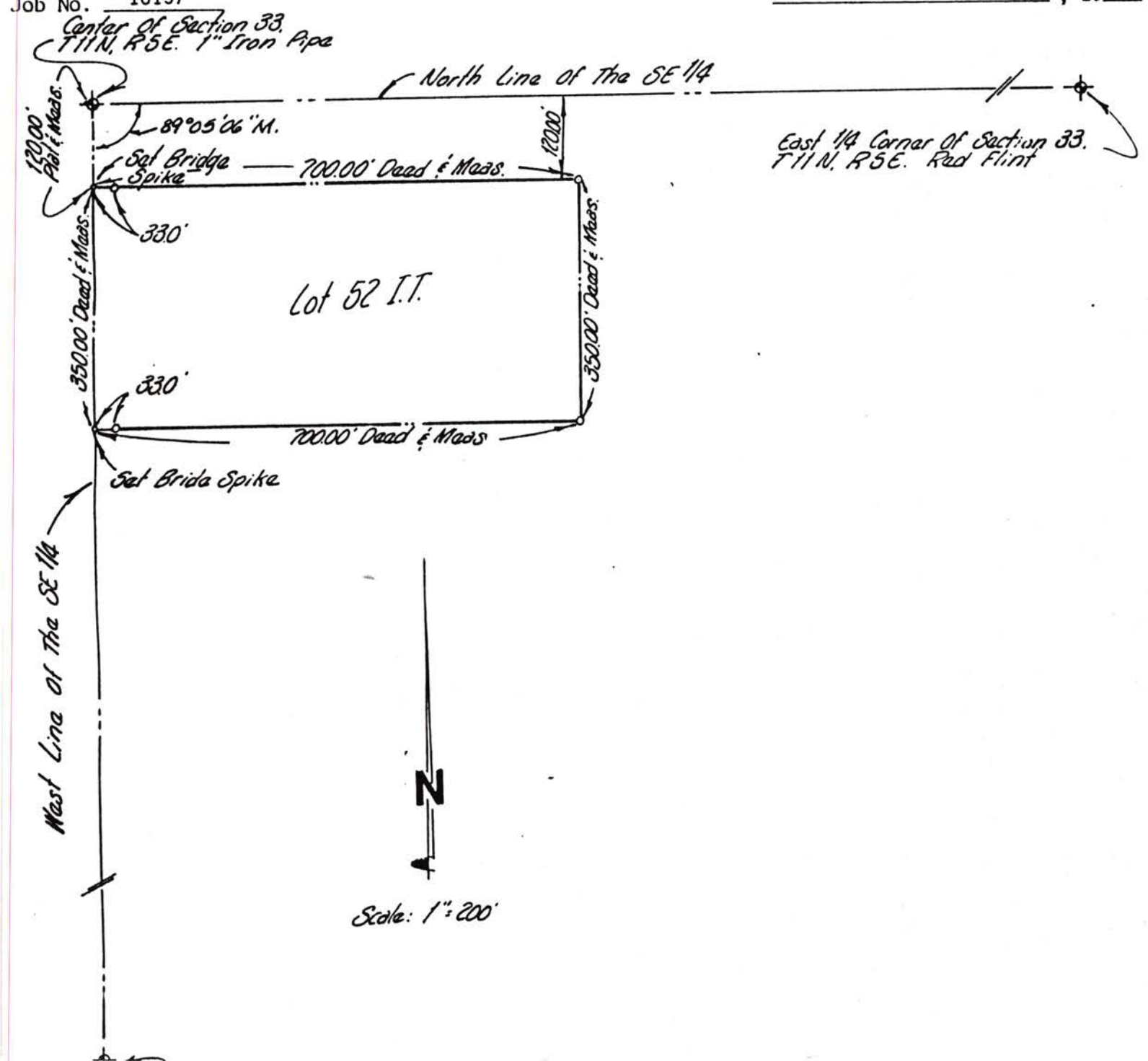
ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Sheet 1 of 1

Survey of Lot 52 of Irregular Tracts located in the West One-Half of the Southeast Quarter of Section 33 T 11 N, R 5 E of the 6th P.M.

Job No. 10157

January, 1989



011

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: 8-20-92

☒ Evaluation of the Sewage Disposal System Lagoon ☒ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 33; BLOCK ____

LOT 52; ADDITION _____; Street Address 6650 NW 105th Malcolm NE

Directions to Property West on Hwy 34 - turn South on NW 105th - ½ mile, house on east side of road.

Location of Well NE Corner of Garage Tap Location: Inside ☐ Outside ☒ Front + Back

Location of Sewage System Lagoon Behind House Year Installed 1990

	NAME	ADDRESS	hm # PHONE
Present Owner:	Vern & Cathy Mueller	6650 NW 105th Malcolm NE	796-2143
Tenant/Buyer:	Same		wk 465-7532
Return to:	Vistar Bank Mtg Lending	PO Box 5306 Lincoln NE	68505

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

Signature of Applicant Cathy Mueller Address Vistar Bank 465-7532

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HEALTH DEPARTMENT USE ONLY

Date Received 08/21/92 Received $75.00 Check ☒ Cash ☐ 150.00 (cash) # 19287

PRELIMINARY STATUS--DATE 8 24 92 Del 9-15-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8-24-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 6.5 ppm	☐	Disapproved:	☒	Date _____ by ____

Comments: Cattails, cottonwood, and willow trees need to be removed. Also dikes of lagoon should be mowed regularly to keep weeds out + allow grass to grow. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangelsen, R.S. DATE 9-15-92

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

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: 7-19-90

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

Legal Description of Property: TWP.___; RANGE ___; SECTION _____; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon - behind house SE corner Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Kevin & Cathy Mueller	5206 W. Benton Lincoln	wk# 465-7505
Tenant/Buyer:	— Same —		
Return to:	Vista Bank	P.O. Box 5306 Lincoln, NE	465-7505

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

Signature of Applicant Cathy Mueller Address Vista Bank

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 21, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-21-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 9-21-90	by rm
Bacteria	☒	☐	Provisional:	☐	Date 9/25/90	by L.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date _____	by ___

Comments: Need signs posted on lagoon fence & need lock on gate. Need a standard faucet on plumbing before a sample can be collected. Done 9/25/90 L.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Donald E. Hood R.S. DATE SEPTEMBER 27, 1990

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