LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380098601

Issued 05/10/93
Expires 11/10/93
Revenue Code 18754

Establishment
PATRICIA FRENCH
T11N R5E SEC 27
LOT 12&34

FEES: $150.00

TOTAL $150.00

Permittee
PATRICIA FRENCH
911 ELDON DR
LINCOLN NE 68510

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: _____

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. 11N ; Range 5E ; Section 27 ;
   Block _____ ; Lot PART 12 + 34 EX. Addition _____
   Street Address _____

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: N/A ft.

Patricia A. French
Signature of Applicant (Owner or Lessee)

9K Eldon Dr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/10/93. Date Frwd. 5/10/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/10/93. Date Frwd. 5/10/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spier
3. City or County Engineer: Date Rec'd. 5-10-93. Date Frwd. 5-10-93. ACTION: Approved ☐ Disapproved ☒ Signature: Kenneth Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-9-93 by: rm need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-17-93 By: Ron Maynard

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 1500 ft. x 1500 ft. Area: 22+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5/24 to 5/25. Weather: Precip. damp Temp. 65°.

OWNER: Patricia & James French
Address: 911 Eldon Dr Lincoln NE 68510

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	28"	5/24	10:00	5/25	12:00	5/25	12:00	6	12:30	4½	30	1½	
2	"	"	"	"	"	"	"	6	"	4	"	2	
3	"	"	"	"	"	"	"	6	"	4¼	"	1¾	
4	"	"	"	"	"	"	"	6	"	5	"	1	
5	"	"	"	"	"	"	"	6	"	4¾	"	1¼	

John L Strahmeyer
Signature of Person Conducting Test

Address 9811 N. Cir 40 Phone 437-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: MAY 10, 1993

Approved Percolation Rate (a)
A. 20 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. _____

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

REVIEWING ACTION

Remarks: _____

Date: May 10, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 630 sq.ft.

4 / 630 / 2 / 315

Gerald 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: 11/16/93 27-11-5

FILE NO. _____

Patty or Lulie French
N.W 84th

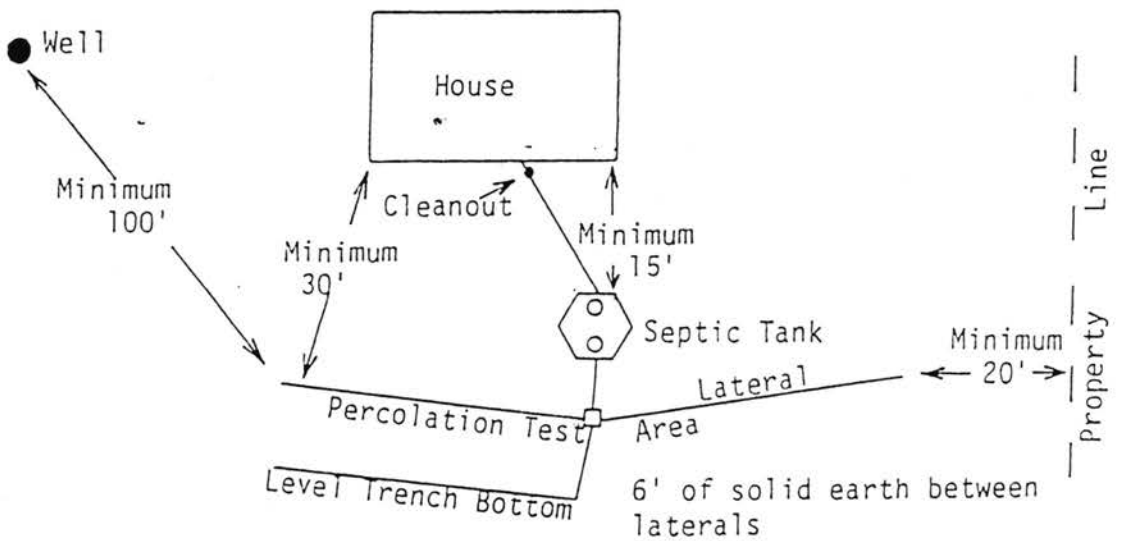
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 51 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100' + ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.

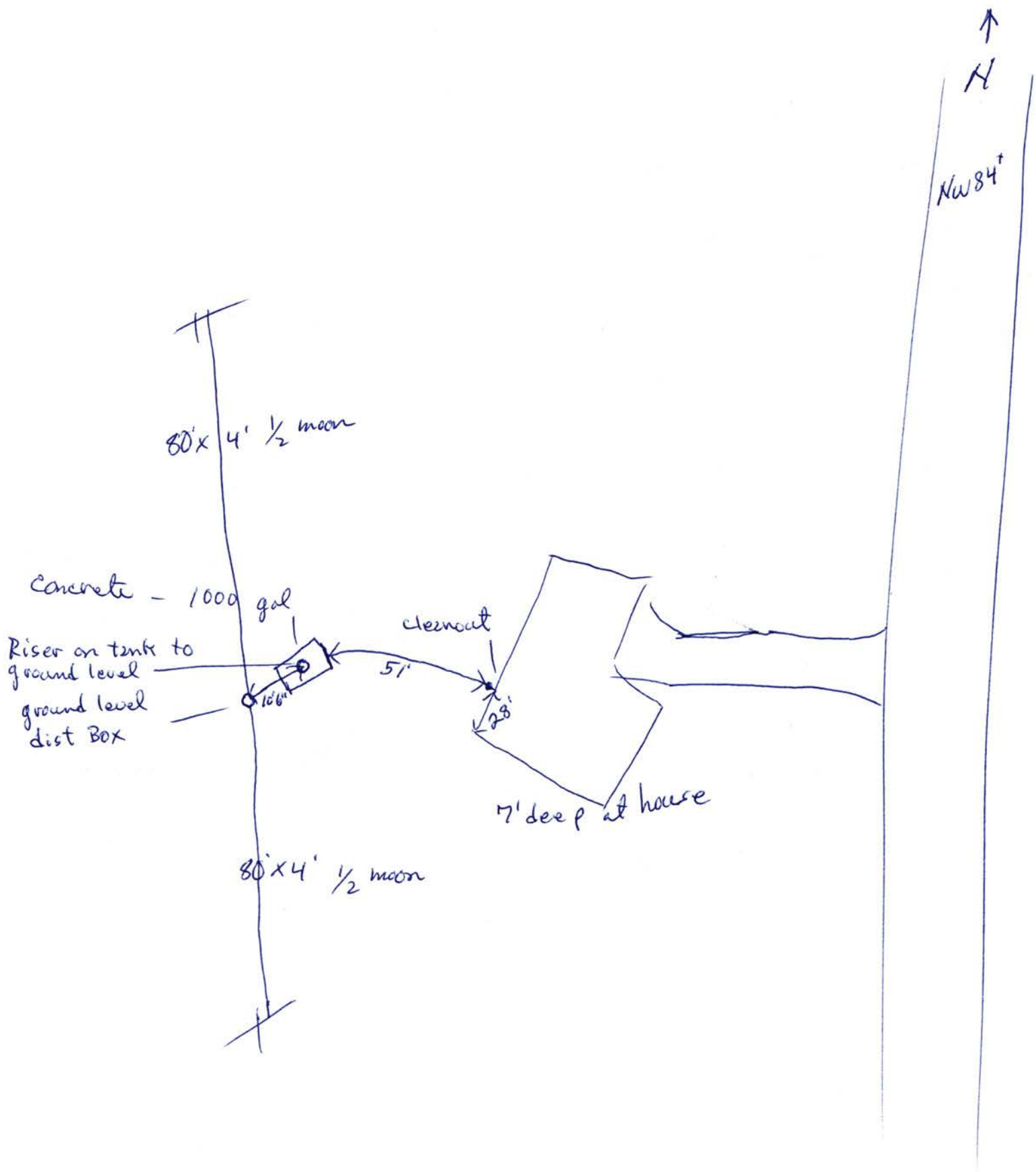
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☒ Below ☐ Grade 4 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
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 — ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 10'6" ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 15" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☑ ;
concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 80', 80', ____, ____, ____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
NW 84°
80' x 4' ½ moon
Concrete - 1000 gal
Riser on tank to ground level
ground level dist Box
10'6"
cleanout
51'
23'
7' deep at house
80' x 4' ½ moon
well

NEBRASKA DOCUMENTARY
STAMP TAX

SEP 17 92
$ X5 BY me

QUITCLAIM DEED 4

Patricia Ann French and James L. French, wife and husband, GRANTOR, in consideration of one dollar and love and affection received from GRANTEE, Larry James French, a married person, quitclaims to Grantee, the following described real estate (as defined in Neb. Rev. Stat.76-201):

Parts of Lot Twelve (12) Irregular Tract and Lot Thirty-Four (34) Irregular Tract in the East Half (E½) of Section Twenty-Seven (27), Township Eleven (11) North, Range Five (5) East of the 6th P.M., Lancaster County, Nebraska, further described as:

Beginning at a point on the East line of said Section 27, 1665.85 feet south of the northeast corner of said Section 27; thence continuing southerly on said East line, south 01° 16' 44" East, 1020.96 feet; thence along the following courses and distances:

North 90° 00' 00" West 1129.50 feet to a point on the West line of said lot 34; thence along the following courses and distances:

North 01° 16' 44" West 501.40 feet; South 90° 00' 00" East, 400.00 feet; North 01° 16' 44" West, 519.56 feet; South 90° 00' 00" East, 729.50 feet to the point of beginning, containing 21.7 acres more or less subject to easements and restrictions of record.

Executed this 15 day of September, 1992.

Patricia Ann French
Patricia Ann French

James L. French
James L. French

STATE OF NEBRASKA)
) ss.
COUNTY OF LANCASTER)

The foregoing instrument was acknowledged before me on the 15 day of September, 1992, by Patricia Ann French and James L. French, wife and husband.

GENERAL NOTARY-State of Nebraska
BRIAN C. BENNETT
My Comm. Exp. Sept. 18, 1993

Brian C. Bennett
Notary Public

EXEMPT FROM DOCUMENTARY STAMP TAXES PURSUANT TO NEB. REV. STAT. 76-902(5), AS DEED BETWEEN PARENT AND CHILD WITHOUT ACTUAL CONSIDERATION

je113w.dee

BLOCK

CODE

CHECKED

LANCASTER COUNTY, NEB
[illegible] Nolte
STER OF DEEDS

$5.50

10 06 AM '92

2196

92 41272

PHONE (402) 761-2100
FAX (402) 761-2437

Dunlap & Bennett, P.C.
ATTORNEYS AT LAW

FARMERS & MERCHANTS
BANK BUILDING, BOX E
617 1ST STREET
MILFORD, NEBRASKA 68405

BRIAN C. BENNETT

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 8425 N.W. 84th Malcolm NE

Twp 11 Range 5 Section 27 1/4 1/4 Block Lot 29 Addition

Directions to Property Hwy 34 to malcolm Turn Left (55 m) First Gravel Road to North

Location of Well South of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System West of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	L.J. French	8425 N.W. 84th	796-2673
Tenant/Buyer:	Same		
Return to:	Larry French	8425 N.W. 84th malcolm NE 68402	

Signature of Applicant [signature] Address 8425 NW 84th malcolm NE Date 02/17/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/18/98
Initials cw
Amount $150.00
Check No. 1055

DATA ENTRY

Date ___/___/___
Case No.
Initials

PRELIMINARY STATUS--By [signature] **DATE:** 2/18/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.4 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments:

See Attached Letter ☐

FINAL STATUS

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

Approved by James E Bare Date 2/24/98

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