LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2257-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 16, 1986 — THIS PERMIT EXPIRES

Michael Hoden — ISSUED TO

5142 West Vale, Lincoln, NE — ADDRESS

T11N; R5E; Section 18; Lot 45 I.T.

LEGAL DESCRIPTION

REMARKS: NONSTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
CD	3/16/85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2257-C

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. 11 North; Range 5 East; Section 18; Block _____: Lot 45 I.T. Addition _____
   Street Address 12880 W. Bluff Rd.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 (3). Describe _____
   Change to 3

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

4. Distance to public sewer: _____ ft.

Michael S. Hoden
Signature of Applicant (Owner or Lessee)

5142 W. Vale
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ Disapproved ☐ See Note Signature: Gary Stewart

3. City or County Engineer: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ Disapproved ☐ Signature: Judith Cleaveland

REMARKS OR REASONS FOR DISAPPROVAL Flood plain Septic & Laterals should be located in Front 350' of lot or flood plain Permit required

Site Visits:
Date: 7-27-87 by: nm (need drawing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-29-87 By: Ron Sargent

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

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. 2257-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 North; Range 5 East; Section & ¼ Section SE ¼ of 18
Property Dimensions: 196 ft. x 1000 ft. Area: 5.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9-9-85 to 9-10-85 . Weather: Precip. 0 Temp. 70 F.

OWNER: Michael Hoden

Address: 5142 W. Vale

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	32"	9-9	3:23	9-9	7:30	9-10	5:55	6	9:55		240	2	
2	30"	9-9	3:23	9-9	7:30	9-10	5:55	6	9:55		240	6 1/4	
3	34"	9-9	3:23	9-9	7:30	9-10	5:55	6	9:55		240	7 7/8	
4	32"	9-9	3:23	9-9	7:30	9-10	5:55	6	9:55		240	6 3/8	
5	36"	9-9	3:24	9-9	7:30	9-10	5:55	6	9:55		240	8 3/8	
6	34"	9-9	3:24	9-9	7:30	9-10	5:55	6	9:55		240	19 1/8	

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

Michael S. Hoden
Signature of Person Conducting Test

Address 5142 W. Vale Phone 470-2842

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 29 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Judson Silt Loam or Sharpsburg Silty Clay Loam
Date: September 16, 1985

Harrold 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 ☒

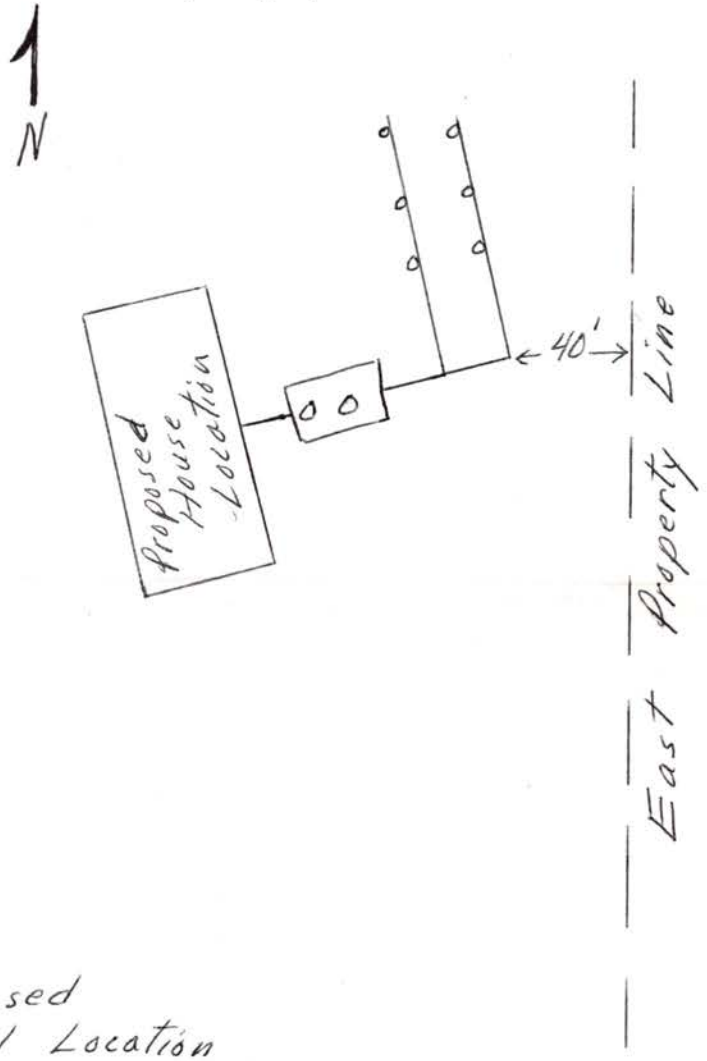
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

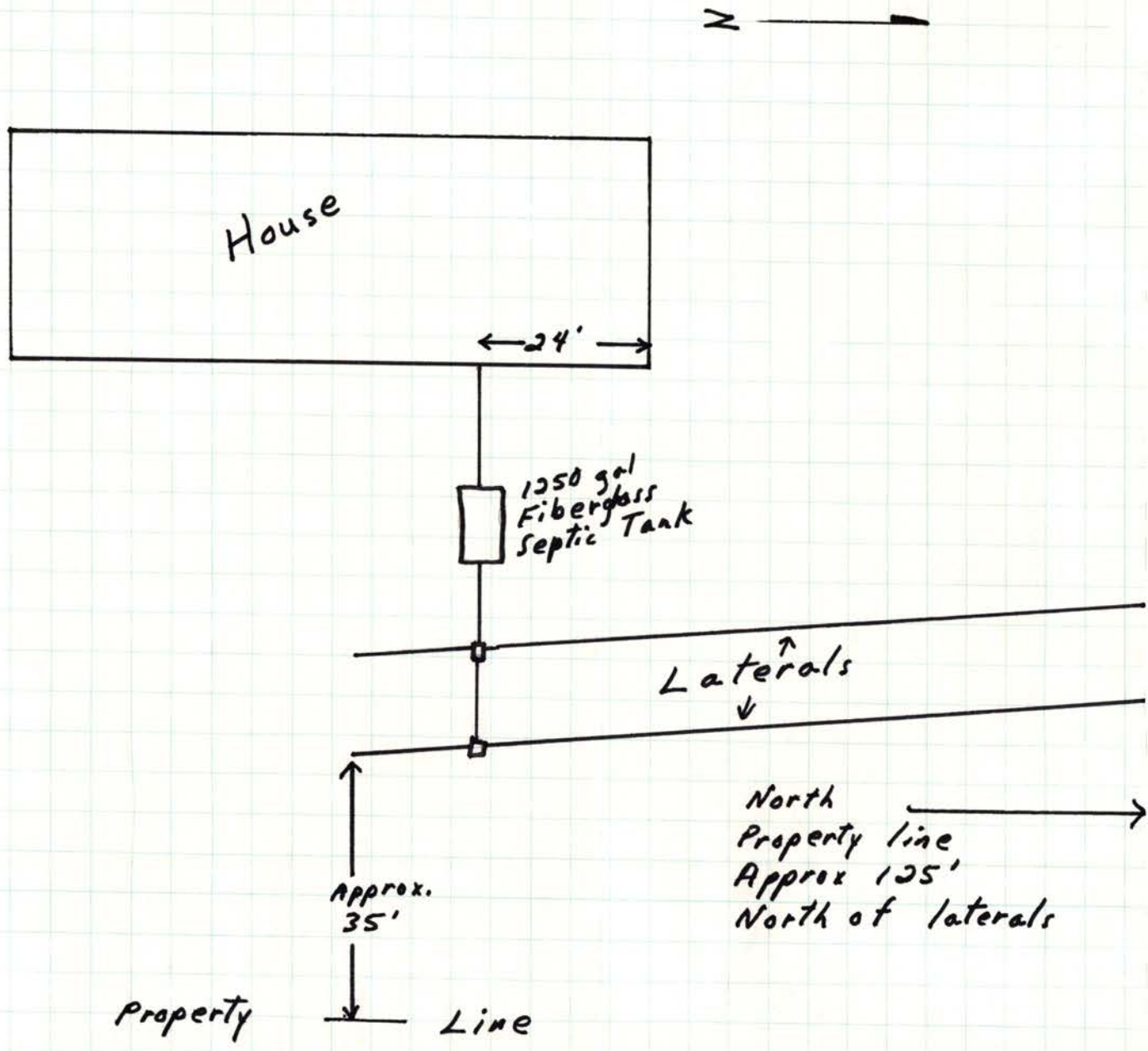
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 ~~1250~~ gals.
2. Total Length of Laterals ~~246~~ 184 ft.
3. With a Trench Width of ~~48~~ in.
4. Total Area of Lateral needed ~~984~~ 738 sq.ft.

_____
Signature of Reviewing Official

Individual Sewage System

½" = 10'



Michael Hoden
12880 W. Bluff Rd.

012

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 12880 W Bluff Rd Malcolm

Twp 11N Range 5E Section 18 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Lot 45 of irregular tracts in the SE¼ of Section 18 Township 11 North, Range 5 East of the 6th PM

Location of Well SW of House - along fence Tap Location: Inside ☐ Outside ☐

Location of Sewage System NE of the house where dogs are Year Installed? It was inspected when we purchased Jan of 1990

	NAME	ADDRESS	PHONE
Present Owner:	Sere + Cheryl Penkava	same	Home 7962424 Work 476-5218
Tenant/Buyer:			
Return to:			

Signature of Applicant Cheryl Penkava Address 12880 W. Bluff Rd Malcolm 68402 Date 10/21/92

HEALTH DEPARTMENT USE ONLY

Date Received 10/22/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By RM **DATE:** 10/23/92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☑

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 10/23/92 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margeson, R.S. Date 11/3/92

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.

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: Jan 10, 90

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 18; BLOCK ____

LOT 45; ADDITION Hasek/Hodson/11/5; Street Address 12880 West Bluff Road

Directions to Property Take West Bluff Road west from Grade School in Malcolm (Red mailbox - home is North of Road through Trees

Location of Well West of home Tap Location: Inside ☒ Outside ☒

Location of Sewage System east of home Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Mike Hodson	12880 West Bluff Road	796-2364
Tenant/Buyer:	Jere Pankava	2901 Alber Road	464-6588
Return to:	Mike Egan	225 No. Cotner 68505	467-4663

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

Signature of Applicant Mike Egan Address 225 N. Cotner 68505

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received JANUARY 11, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/11/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1/11/90 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SEWAGE SYSTEM IS NOW 2½ YEARS OLD.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Gerald L. Chesnut, R.S. DATE JANUARY 22, 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