LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2574-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 7, 1988 — THIS PERMIT EXPIRES

ROGER & PARRY KIECHKAFER — ISSUED TO

6065 VINE LINCOLN, NE 68505 — ADDRESS

T10N: R8E; Sec NE¼ 22 I.T.; 1200 Plum Ridge Road — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
MG	10-7-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

AHEALTH — 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. 2574-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. T10N ; Range R8E ; Section 22 IT NW1/2 ;
Block _____ : Lot 18 I.T. : Addition Prairie Homestead
Street Address 1200 PLUM RIDGE RD.

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

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
W/EVAPOTRANSPIRATION BED

4. Distance to public sewer: N.A ft.

ROGER & PATTY KIECHKAFER
Signature of Applicant (Owner) or Lessee)

6065 VINE LINCOLN NEBR. 68505
Address SUBMITTED by Chris Gutenkauf & FOR OWNER 423-4944

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/7/87. Date Frwd. 10/7/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/7/87. Date Frwd. 10/7/87. ACTION: Approved ☑ Disapproved ☐ Signature: Tony Thomas

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jon Pleuger

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-19-87 by: ~~Roger~~ need drawing
Date: 3-23-88 by: Dist. Box set too low - may need ejector lift pumps.
Date: 12-11-97 by: ck

Experimental PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 12-11-97 By: Ron Magnuson

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. 2574-C

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: 9-12-87 to 9-13-87. Weather: Precip. 0 Temp. 65°.

All Holes had water in From Pre-test
Test taken at 1200 Plomridge Rd.

OWNER: Action Plumbing

Address: 5608 So. 50th 423-6960

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"	9-12	11:00 Am	9-13	9:10 Am	9-13	9:10 Am	6"	9:40 Am	6"	30m	0"	
2	36"	9-12	11:00 Am	9-13	9:10 Am	9-13	9:10 Am	6"	9:40 Am	5 5/8"	"	3/8"	
3	36"	9-12	11:00 Am	9-13	9:10 Am	9-13	9:10 Am	6"	9:40 Am	5 7/8"	"	1/8"	
4	36"	9-12	11:00 Am	9-13	9:00 Am	9-13	9:10 Am	6"	9:40 Am	5 7/8"	"	1/8"	
5	36"	9-12	11:00 Am	9-13	9:00 Am	9-13	9:10 Am	6"	9:40 Am	6"	"	0"	
6	36"	9-12	11:00 Am	9-13	9:00 Am	9-13	9:10 Am	6"	9:40 Am	5 7/8"	"	1/8"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 3833 NW 52nd Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

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 ☐

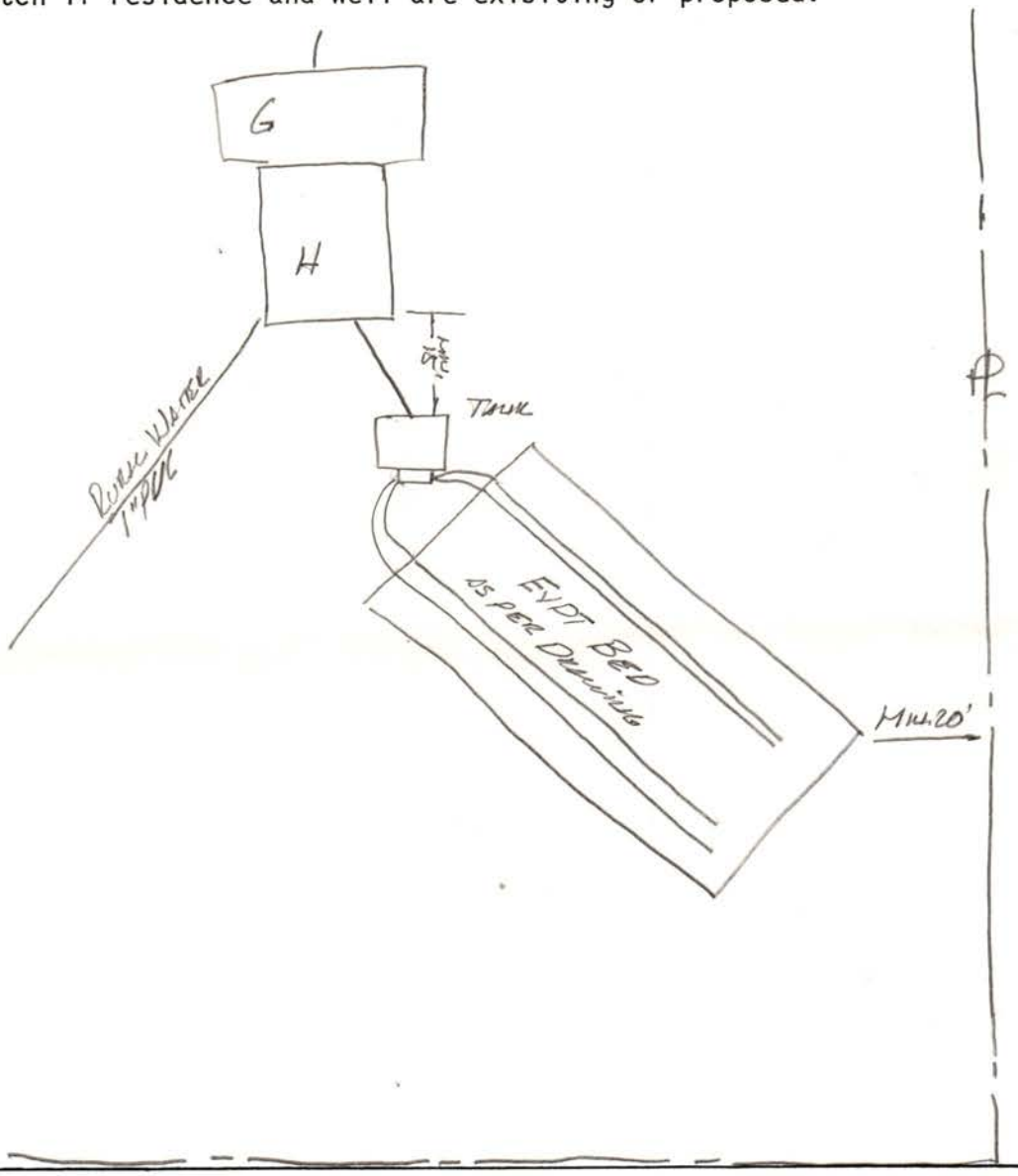
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

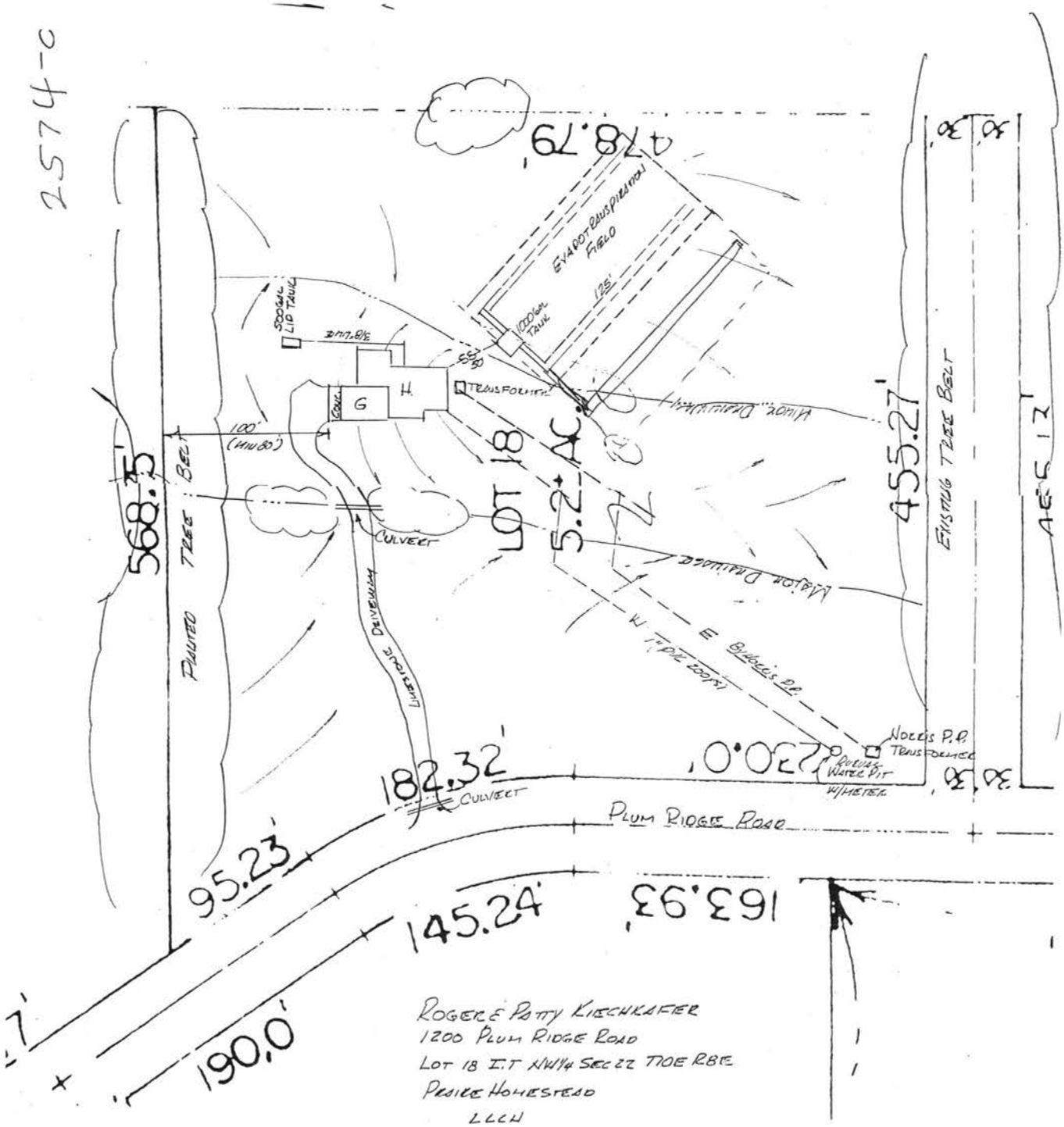
_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ 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

2574-C



ROGERE PATTY KIECHKAFER
1200 PLUM RIDGE ROAD
LOT 18 I.T NW¼ SEC 22 T10E R8E
PRAIRIE HOMESTEAD
LLCH

10/6/87

MAY 25 1999

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 441 8000 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: 5-19-99

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

Legal Description of Property: NW TWP. 10N; RANGE 8E SECTION 8 & 22; BLOCK ___

LOT 19; ADDITION ___; Street Address 1200 Plumbridge Rd

Directions to Property East on 148th "O" to 148th Turn North to Plumbridge & turn East to 1200

Location of Well NONE Tap Location: Inside ☐ Outside ☐

Location of Sewage System East and South from back of house marked by posts Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Roger Kieckhafer	1200 Plumbridge	434-5989
Tenant/Buyer:			
Return to:	Nancy Burkess Smith	Woods Bros. 3737 South 23rd (68502)	4343600

FAX 434-3510

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

Signature of Applicant [signature] Address 1120 Shuman Ct. NORTH PLATTE, NE 69101

HEALTH DEPARTMENT USE ONLY

Date Received MAY 25 1999 # 4972 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5-27-99

WATER SYSTEM: Rural water Dist.	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date ___ by ___
Bacteria	☒	☐	Provisional:	☒	Date ___ by ___
Nitrate	☐	☐	Disapproved:	☐	Date ___ by ___

* Comments: the sewage treatment system serving this home may be on the verge of failing. the lower most drainfield bed is very moist. Recommend checking the distribution box to see if it is level & feeding all beds equally. Also, Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS Public water Supply

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

APPROVED BY Ron Mayfield, RS DATE 6-1-99

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

FO.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

* Even without a moist condition of drainfield bed, a provisional approval must be given because original installation is considered experimental and thus provisional.