LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2223-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 11,1986 — THIS PERMIT EXPIRES

SHERRIE L. AMES — ISSUED TO

1101 W. LEON DR. LINCOLN, NE 68521 — ADDRESS

T10N; R8E; Sec 22; Lot 30 I.T.; Prairie Homesteads Estates — 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
PB	1/11/85	

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. 2223-C

DATE: July 11, 1985

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 8E ; Section 22 ;
   Block _____ : Lot 30 I.T. ; Addition Prairie Homsteads estates
   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: _____ ft.

475-0348

Sherrie L Ames
Signature of Applicant (Owner or Lessee)

1101 W. Leon Drive
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/85 . Date Frwd. 7/12/85 . ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/12/85 . Date Frwd. 7/12/85 . ACTION: Approved ☑ Disapproved ☐ Signature: Dale T. Doty

3. City or County Engineer : Date Rec'd. 7/12/85 . Date Frwd. 7/12/85 . ACTION: Approved ☑ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-8-85 by: Ron
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-8-85 By: Ron Mangum

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. 2223-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: 7-9-85 to 7-10-85. Weather: Precip. 0 Temp. 85°.

Prairie Home Estates 148 + Holdrege's

OWNER: Chuck Ames

Address: 1101 West Leon Drive
475-0348

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"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	4 3/4"	30m	1 1/4"	
2	36"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	4 7/8"	30m	1 1/8"	
3	36"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	4 3/4"	30m	1 1/4"	
4	36"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	5"	30m	1"	
5	36"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	4 3/4"	30m	1 1/4"	
6	36"	7-9	7:00 pm	7-10	4:00 pm	7-10	4:00 pm	6"	8:00 pm	4 3/4"	30m	1 1/4"	

William M. Hoogland
Signature of Person Conducting Test

Address 2701 W 27th Phone 464-0638

Pre-Cast Step Co.

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

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Marysburg Silty Clay Loam
Date: July 11, 1985

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoak
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.

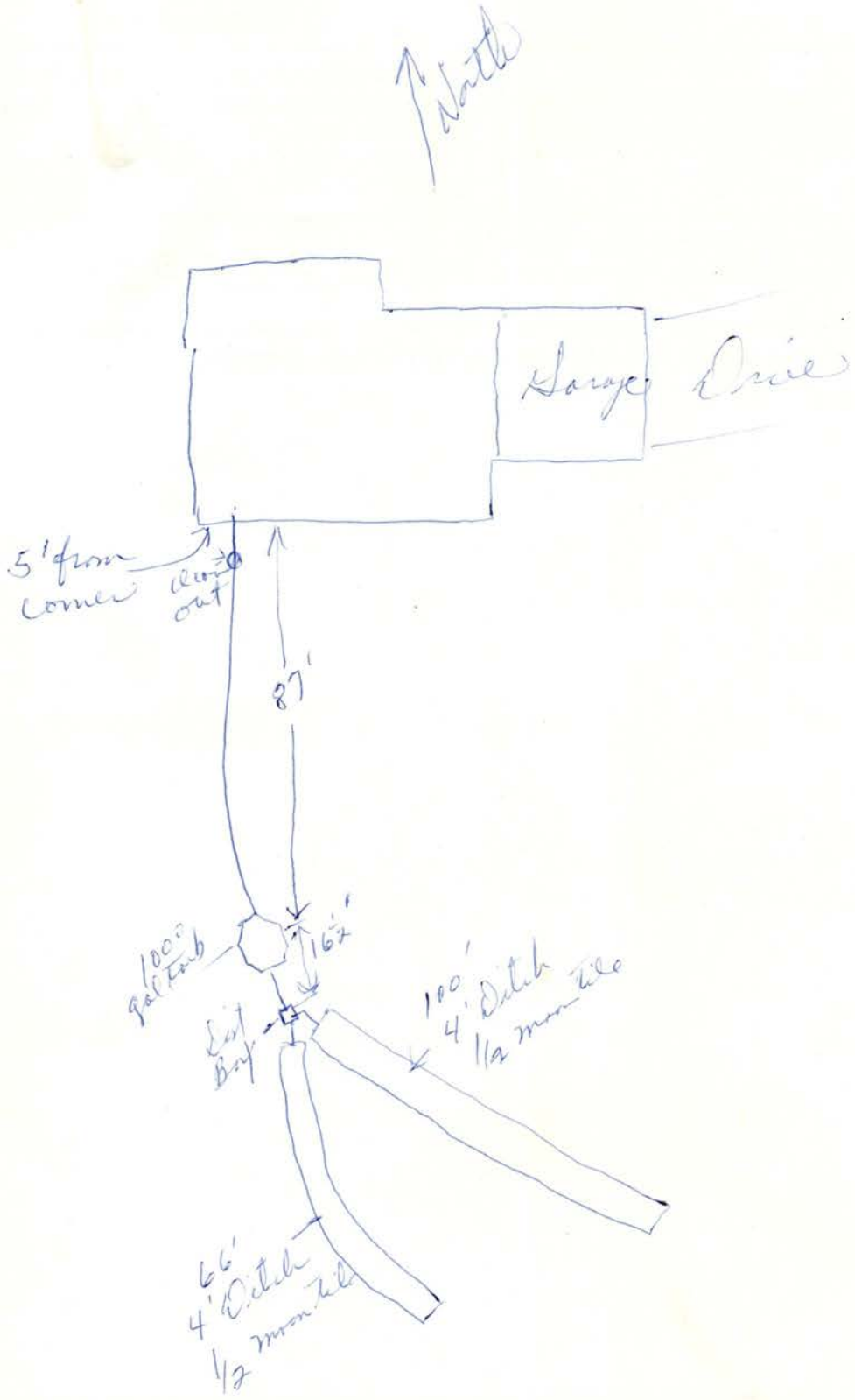
REVIEWING ACTION

Remarks: _____

Date: July 11, 1985

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 665 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


North
Garage
Drive
5' from corner
sewer out
87'
100 gal tank
16½'
Last Box
100' 4" Ditch 1/2 mon tile
66' 4" Ditch 1/2 mon tile

Wes Bowman

Plot Plan

For Loan Purposes Only

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Lincoln, Nebraska 68516

Phone 483-5008

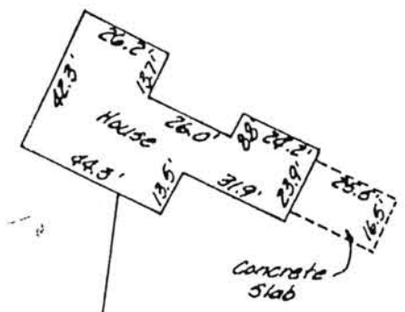
rvey of 1305 Plum Ridge Road - Lot 30 of Irregular Tracts in the Northwest Quarter

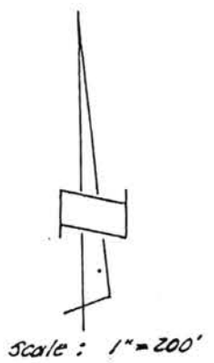
of Section 22 T 10 N, R 8 E of the 6th P.M.

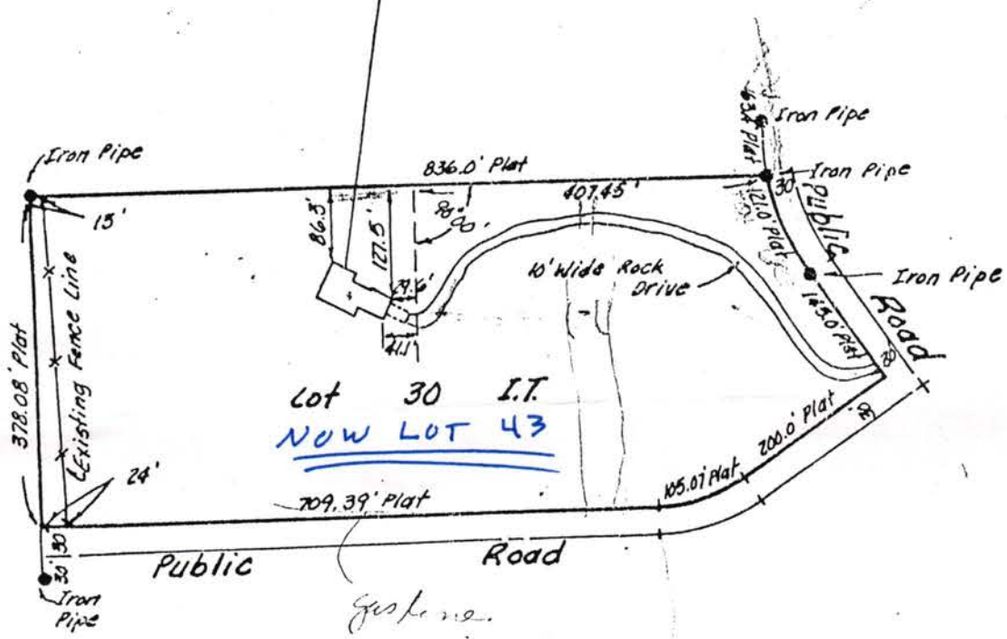
b No. 6139 Date December, 1985

er/ Ames T-10920

Building Detail :







Gas line.
Runs parallel

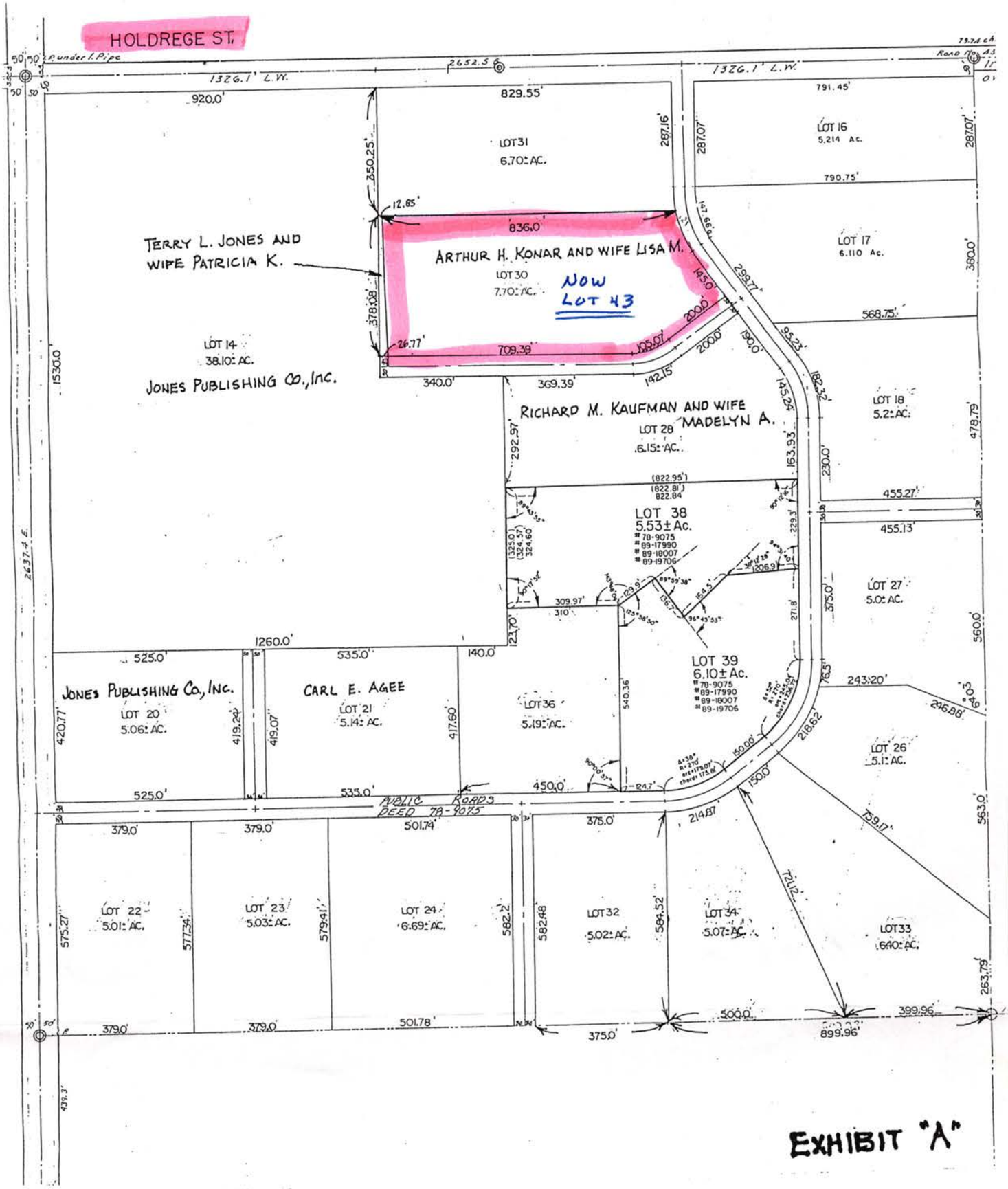
LOCATION CERTIFICATION

hereby certify that this is a true and correct plan of a survey made by a transit and said pl
ows the location of all buildings, structures and improvements on said described property, t
ere are no encroachments unto adjoining property, streets or alleys by and of said buildings
ructures, or improvements, that there are no visible rights of ways or easements on said prope
buildings, structures or other improvements situated on adjoining property except as shown i
id plat of survey. Boundaries or lines of record coincide with the lot or property lines wit
ats recorded.

NEBRASKA REGISTERED LS-933 LAND SURVEYOR

, Date December 9, 1

2



3

BLOCK

CODE

CHECKED

ENTERED

LANCASTER COUNTY, NEB
Dan Nolte
RECORDER OF DEEDS

MAY 17 2 42 PM '93

No Fee

INST. NO 93 19591

RURAL WATER

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 1305 PLUM RIDGE ROAD, LINCOLN, NE 68527

Twp 10 Range 8 Section 22 1/4 NW 1/4 Block ___ Lot 43 Addition ___

Directions to Property EAST ON "O" STREET TO 148TH, NORTH TO HOLDREGE STREET, EAST TO PLUM RIDGE ROAD, SOUTH TO DRIVEWAY (SEE ATTACHED DRAWINGS)

Location of Well NO WELL Tap Location: Inside ☐ Outside ☐

Location of Sewage System ± 80 FEET SOUTH OF REAR PATIO Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	ARTHUR H. KONAR & LISA M. LARSON	1305 PLUM RIDGE RD	489-8217
~~Tenant~~/Buyer:	CAROL HINKLE	340 SYCAMORE DR, LINCOLN, NE	489-1487
Return to:	TOM BOWEN, % WOODS BROS	7141 "A" ST., LINCOLN, NE 68510	434-3800

Signature of Applicant [signature] Address 340 SYCAMORE DR. LINCOLN, NE 68510 Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 4/27/98
Initials ___
Amount $150.00
Check No. 806

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 4/28/98

Rural Water Dist

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart Date 4/28/98

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