FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1195-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-3-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N ; Range 5E ; Section SE1/4 Sec 25
Block ____; Lot ____; Addition ____
Street Address ____

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

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

4. Distance to public sewer: None ft.

Darrell Messman
Signature of Applicant (Owner or Lessee)

R.F.D. Hallam
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10-12-77. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 10-12-77. Signature: James R. Everhart

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. ____. Signature: ____

3. City or County Engineer: Date Rec'd. 10/13/77. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 10/13/77. Signature: Henry Graff

REMARKS ~~OR REASONS FOR DISAPPROVAL~~ In Hallam Zoning Dist

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

Ronald G. Schuerman
Chairman

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1195-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N ; Range 5 E ; Section SE¼ sec25 ; Block ; Lot ; Addition .
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Darrell Messman
Signature of Applicant (owner or lessee)

R.F.D Hallam
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 2-10-78 by: _____
Date: 8/31/82 by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 10/3/77
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/31/82 by: _____
Fence Installed

Ronald D. Schuerman
Chairman

FORM HD-43 (73) 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 474-1541)

FILE NO. 1195-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7 N : Range 5 E
Section & ¼ Sect. SE 1/4 SEC 25
Property Dimensions: ____ft. x ____ft.
Area: ____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Darrell Messman
Address: RFD. Hallam.

Dates of Tests: 10-3 to 10-4. Weather: Precip. some Temp.____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	10-3	7:30	10-4	12:00	10-4	12:10	12"	12:40	11"	30	1	30 min / 1
2	36"	10-3	7:30	10-4		10-4	12:10	12"	12:40	10 ¼	30	1 ¾	30 / 1 ¾
3	36"	10/3	7:30	10-4		10-4	12:10	12"	12:40	10 ½	30	1 ½	30 / 1 ½
4	36"	10-3	7:30	10-4		10-4	12:10	12"	12:40	10	30	2	30 / 2
5	36"	10-3	7:30	10-4		10-4	12:10	12"	12:40	11 ½	30	½	30 / ½
6	36"	10-3	7:30	10-4	12:10	10-4	12:10	12"	12:40	11	30	1	30 / 1

Sum of Percolation Rates: 7, ¾ in
Average of Rates: 1.29
Mean of Rates: 30 min / 1.29 inches

Jerry Bouma
Signature of Person Conducting Test
Address Firth Nebr.
Phone 791-5760

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam (S.C.L.) May be an inclusion however.
DATE: October 12, 1977
Ronald D. Schumann Chairman

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

Gerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1195-C

SPECIFICATIONS

DATE: _____

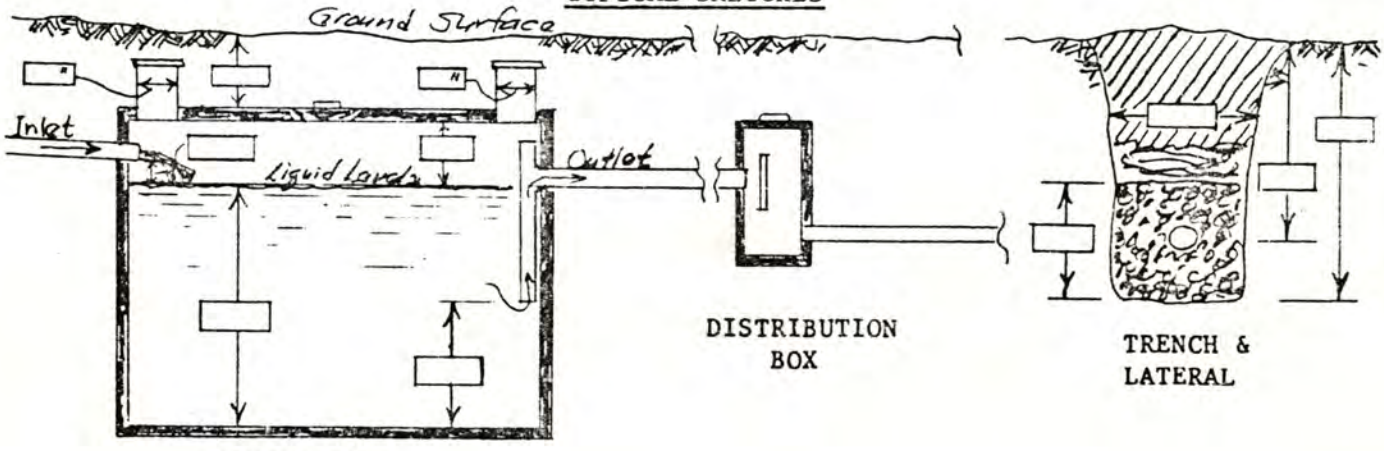
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 166 & 222 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 & 36 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

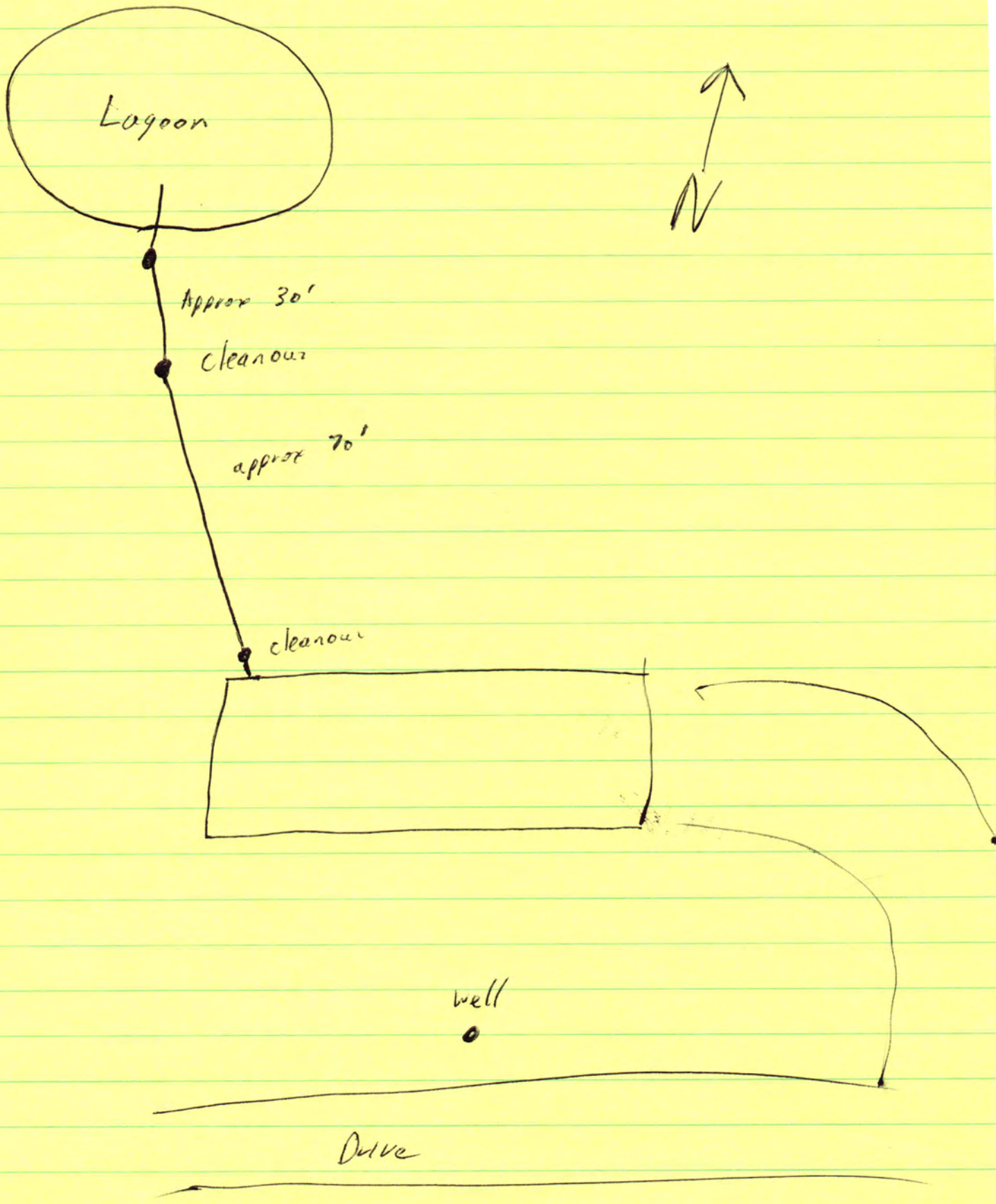
TYPICAL SKETCHES



_____
Signature of Applicant

Drawing by O.S. 8/31/87

Loan approval inspection



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1795-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 12, 1978 — THIS PERMIT EXPIRES

Darrell Messman, RFD, Hallam, NE — ISSUED TO — ADDRESS

T7N, R5E, Section SE¼ of 25 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2[illegible]

20109-0977

3140 N 68510

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to rec

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 27707 S.W. 58th St. HALLAM
Twp 7N Range 5E Section 25 1/4 SE 1/4 Block ___ Lot 8 Addition IRREG. TRACT
Directions to Property
WEST OF HALLAM & NO. 1/4 MI ON SW 58TH
Location of Well SOUTH OF HOUSE Tap Location: Inside ☐ Outside ☒
Location of Sewage System N.W. OF HOUSE (LAGOON) Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	RONALD BODEN	23905 SO. 68 FIRTH 68358	791-2203
Return to:	WOODS BROS. SHARON DEVRIES	3201 PIONEER LINCOLN NE.	434-3605
		CAROL CAMPBELL	437-8575

Signature of Applicant Sharon DeVries Address 3201 Pioneer Lincoln Ne. Date 8/26/94

HEALTH DEPARTMENT USE ONLY

Date Received 8/29/94 Received $150.00 Check ☑ # 1843 Cash ☐

PRELIMINARY STATUS--By Gerrold Hood **DATE:** 8/31/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 9/12/94 by CH
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ____ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: LAGOON NEEDS MOWING, CATAILS, WEEDS AND LITTLE TREES REMOVED. WATER LOOKS RATHER DARK. ~~CONSTRUCTION PERMIT?~~ See Attached Letter ☐

FINAL STATUS

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

Approved by Gerrold C. Hood R.E.H.S. Date 9/12/94

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.

'94 AUG 31 P4:08 RECEIVED

'94 SEP -2 P3:00 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15/5676

DATE COLLECTED 8 (MO.) 31 (DAY) 94 (YEAR) 3:27pm (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RONALD BODEN-HALLAM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR BE SECT 25 TWNSHP 7 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY combo

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 14 21087

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO.) 31 (DAY) 94 (YEAR) 3:27 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RONALD BODEN-HALLAM.

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 25 TWNSHP 7 N RANGE 5 E

REPORTED SEP -1 '94 PM 12:43

RECEIVED AUG 31 '94 PM 4:08

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

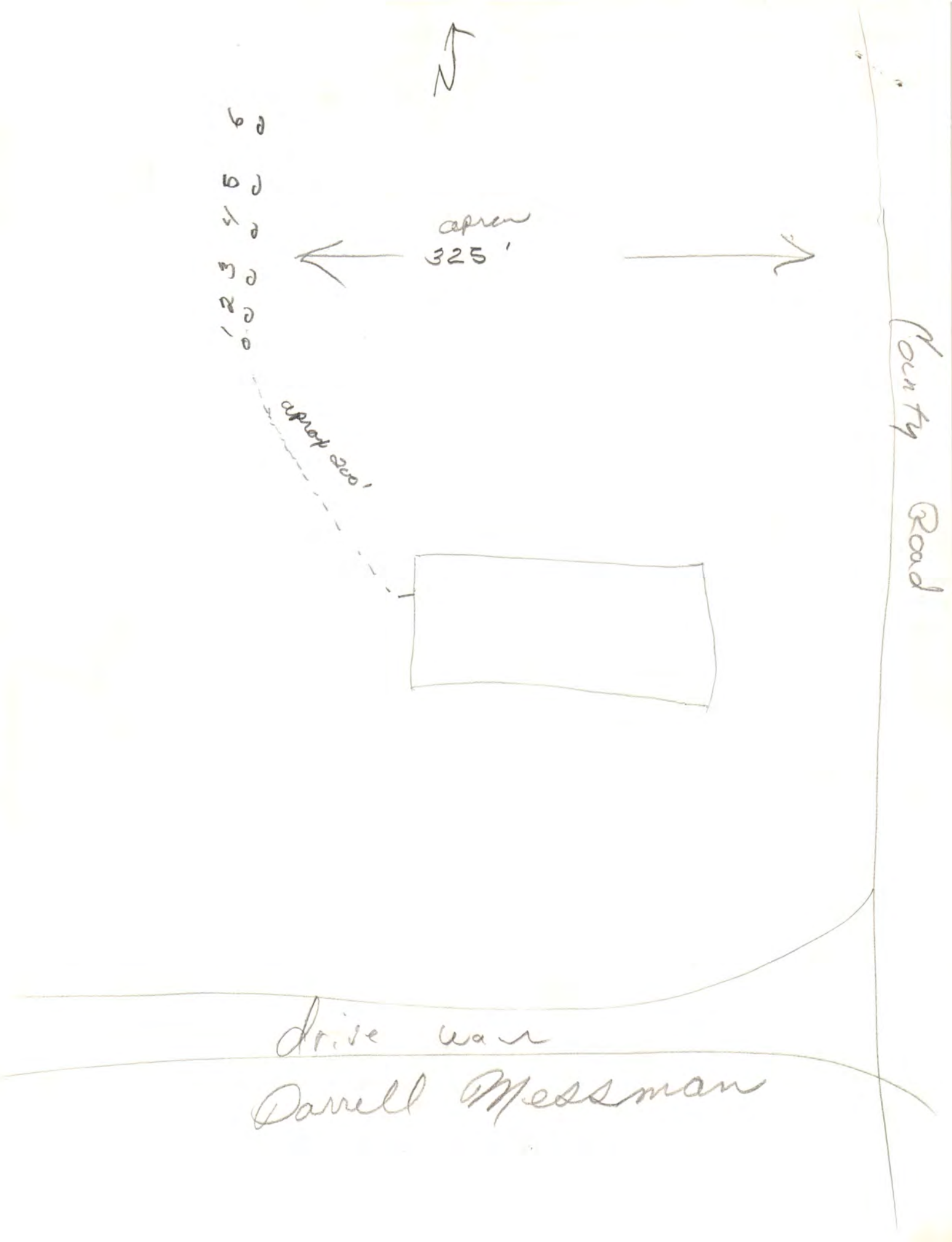
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY lowhe cc

FOR ACCOUNTING USE ONLY

LWB 91


N
apron
325'
approx 200'
County Road
Drive way
Darell Messman