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: 474-1541

B

FILE NO. 1686-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:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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.)

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks: Will seal lagoon
Soil Type (SCS): Wabash Clay Loam or Shelby Clay Loam
Date: August 18, 1980

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

_____
Signature of Reviewing Official

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1486-C

DATE: 8-5-80

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. 7N ; Range 5E ; Section 5 SW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: 5 miles ~~ft~~.

Leroy A. Mundt
Signature of Applicant (Owner or Lessee)

Rt 1 Crete, Ne 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/18/80. Date Frwd. 8/19/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/19/80. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. 8-19-80. Date Frwd. 8-19-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

* NEED FENCE

Site Visits:
Date: 9/9 by: D.S.
Date: 9/11 by: D.S.
Date: 8/25 by: D.S. fence only

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/25/81 By: D.S.

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

Lincoln-Lancaster County
Health Department

2200 St. Mary's Ave
Lincoln, NE 68502-3785
402-471-8000
M. Jane Ford, Director

June 13, 1990

Mr. Leon Mundt
Rt. #1 Box 64
Crete, NE 68333

Dear Mr. Mundt:

You will be interested to know, Mr. Mundt, that on June 8, 1990 an inspection was made of the construction of the water well supplying your residence. Well construction and location appear to be satisfactory.

The results of bacteriological and nitrate nitrogen water samples meet the requirements of a satisfactory drinking water supply at the time of sampling. Nitrate nitrogen is less than 0.1 ppm.

If there are any questions, please contact the Health Department.

Sincerely,

Jerrold C. Hood

Jerrold C. Hood, R.S.
General Sanitation Section
Division of Environmental Health

JCH:lk

FG.6150/20

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

Nog + Coli 4/24/01

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11800 W. Panama Rd., Crete

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 5E Section 5 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition 23 acres ~~Reg~~ in E½ of W½

Directions to Property 3/4 mile West of church of SW¼ 5-7-5 at SW 114 + Panama Rd.

Location of Well near house Tap Location: Inside ☐ Outside ☒

Location of Sewage System next to pond Year Installed 8/25/81

Site Hazards (dogs, etc.) no dogs

	NAME	ADDRESS	PHONE
Present Owner:	Doug Mundt		
Tenant/Buyer:	Virginia Ruark		
Return to:	Virginia Ruark	3431 S. 76th St. Lincoln, NE 68506	327-0073 (Fax)

Signature of Applicant Virginia Ruark Address 3431 S. 76th St Lincoln, NE 68506 Date 4/23/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/23/01 Amount $200.00 Check No. 1145 Initials MS

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

PRELIMINARY STATUS--By Jerrold C. Hood R.E.H.S. **DATE:** 4/24/01

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: LAGOON IS 43'X 42'. TREES SHOULD REMOVED BACK AWAY FROM THE LAGOON. STOCK TANK FULL OF JUNK MUST BE DISPOSED OF. IF THE NUMBER OF BEDROOMS HAS CHANGED SINCE THE ORIGINAL LAGOON WAS BUILT THEN THE LAGOON SHOULD BE ENLARGENED. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/24/01

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: 9-00

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

APR 2 7 2001

Laboratory Report Printed on: **April 25, 2001**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P16707-50**
Sampled By: **JERROLD HOOD**
Location: **NG**
Sample Point:

Date Collected **24-Apr-2001 11:35 AM**
Date Received: **24-Apr-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	04/25/01	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	04/25/01	KC

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

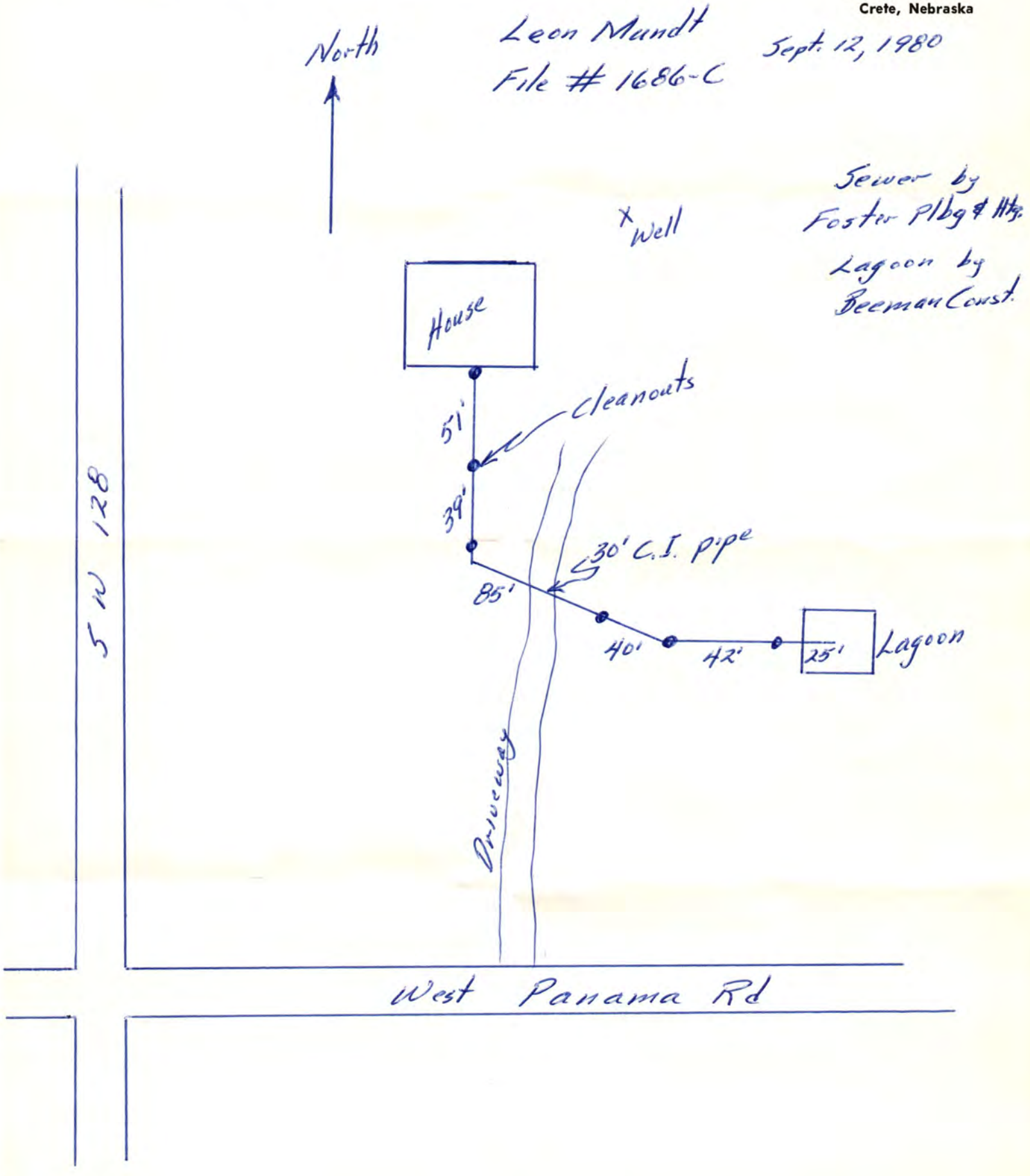
BEEMAN Construction Co.

826-2415
Phone ~~2815~~

506 Linden Street
Crete, Nebraska

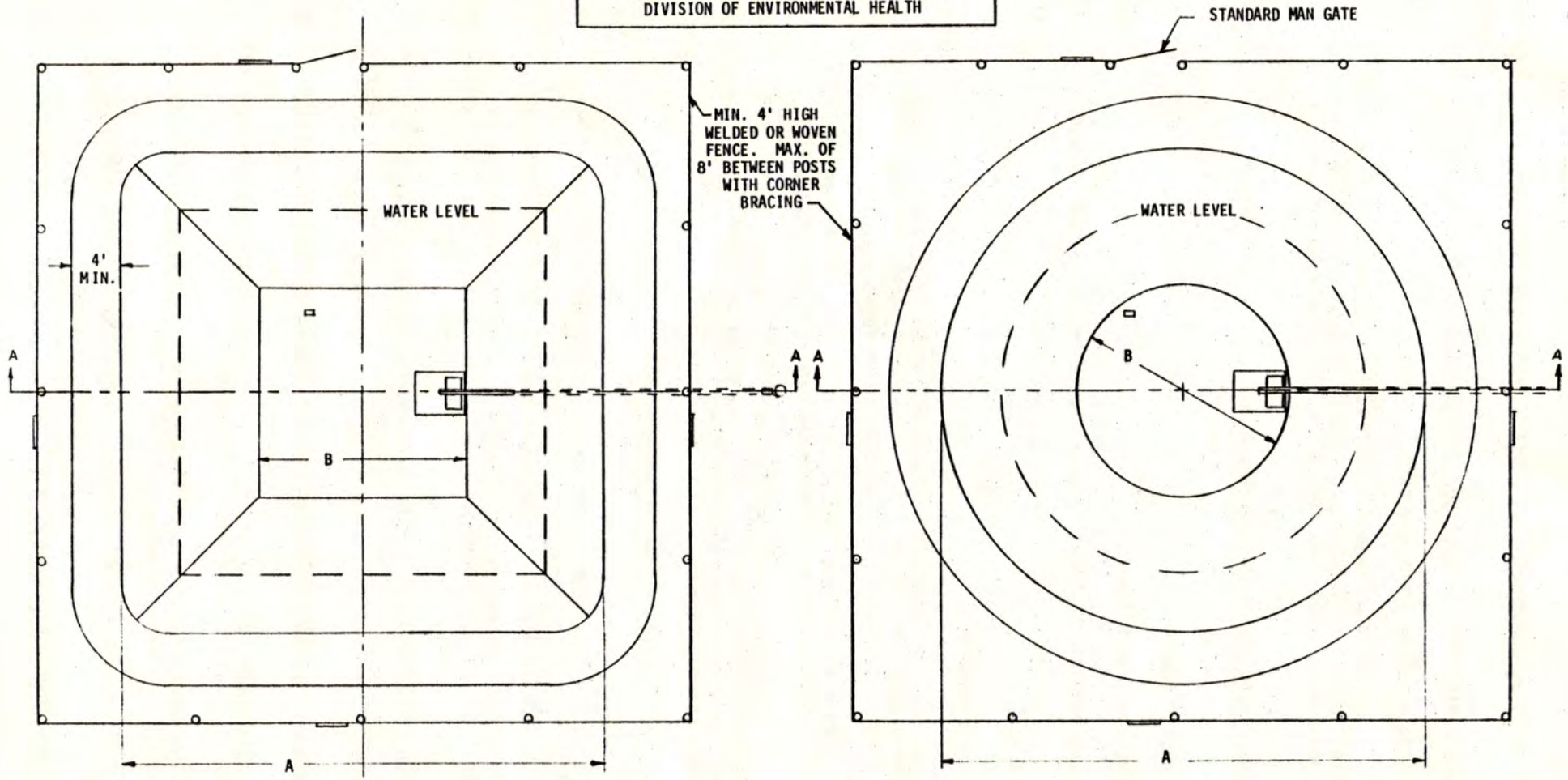
Leon Mundt
File # 1686-C

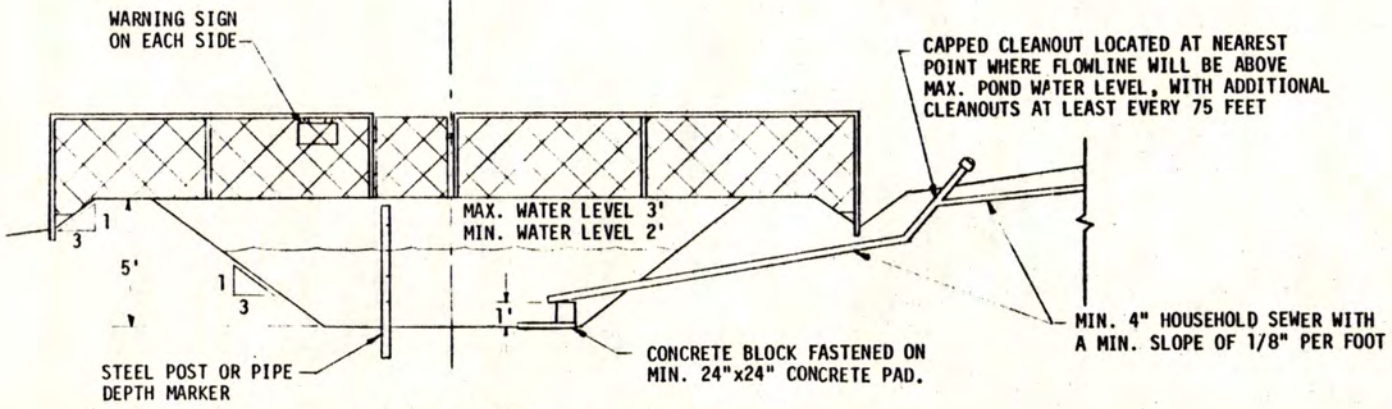
Sept. 12, 1980



WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	48	18	52	22

ADDITIONAL INFORMATION ON BACK

Leon R. Mundt

APPLICANT'S SIGNATURE

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/8/90 2:58 P.M. (9-16) BY J. C. Wood (17-28)

ADDRESS OR LOCATION SEC. 5, T7N, R5E SW/4 LEON MUNDT (29-41)

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 140-11149 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY [signature] (76-79)

IN '90 JUN -8 P3:38

OUT '90 JUN -9 P12:11

WATER CHEMISTRY

STATE LAB NO. 15 3908

C… FORMATION BELOW:

D… ED 6 (Mo.) 8 (Day) 90 (Yr) 2:58PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION LEON MUNDT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 5 TOWNSHIP 7 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

JUN 12 P3:39 '90

JUN -8 P3:39 '90

REP.

REC.

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE ~~Less than~~ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: lw

FOR ACCOUNTING USE ONLY

LRWC 85

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1686-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

February 18, 1981
THIS PERMIT EXPIRES

Leon Mundt, Route 1, Crete, NE 68333
ISSUED TO

ADDRESS

T7N, R5E, Section 5 SW¼
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

P16707-50

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

Reason: Annual Well, Loan Approval, New Well, Other:

Collected by: JERROLD HOOD Date/Time 4/24/01 : am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 11800 WEST PANAMA ROAD
CRETE, NEBRASKA

Legal Description: T7N R5E Sec5 1/4SW 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.0 mg 4-24-01

Wayne J Mallatt