FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

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

DATE: 9/23/81

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. I-7-N; Range R-6-E; Section 20;
Block_____; Lot_____; Addition David Schramm Residence
Street Address RR Hallam Ne.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3 Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: To put in a sewer Lagoon

5. Work to be done by: Owner ☐; or Contractor ☒, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 400.00	under that

Matthew Eggers
Signature of Applicant/(~~owner~~ Buyer or lessee)

RR#1 Box 88 Martell, Ne. 68404
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ No fee

2. Site Visits:
Date: 10/2/81 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-8-81 by: Ron Bryant

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. 1828-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. 7N; Range 6E; Section SE¼ 20;
   Block _____: Lot _____: Addition _____
   Street Address _____

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

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

4. Distance to public sewer: 2 miles ft.

David Schramm
Signature of Applicant (Owner or Lessee)

Hallam, Nebr.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/81. Date Frwd. 9/16/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/16/81. Date Frwd. 9/16/81. ACTION: Approved ☒ Disapproved ☐ Signature: Roger Harris

3. City or County Engineer: Date Rec'd. 9/16/81. Date Frwd. 9/16/81. ACTION: Approved ☒ Disapproved ☐ Signature: Don R. Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-8-81 by: rm sides too steep
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 474-1541

B

FILE NO. 1828-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 6 ; Section & ¼ Section 20.
Property Dimensions: 2640 ft. x 1320 ft. Area: 100 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.
Dates of Tests: 9-4-81 to 9-5-81. Weather: Precip. 1.40 Temp. 80.

OWNER: David Schramm

Address: Hallam, Nebr.

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	9-4-81	12:PM	9-5-81	12:PM	9-5-81	12:P.M	24	12:00PM	22	24 HRS	2	
2	36	9-4-81	12:PM	9-5-81	12:PM	9-5-81	12:PM	24		22			
3	36	9-4-81	12:PM	9-5-81	12:PM	9-5-81	12:P.M	24					
4	36	9-4-81	12:P.M.	9-5-81	12:PM	9-5-81	12:P.M	24					
5	36	9-4-81	12:PM.	9-5-81	12:PM	9-5-81	12:P.M	24					
6	36	9-4-81	12:P.M.	9-5-81	12:PM	9-5-81	12:PM	24					

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

David Schramm
Signature of Person Conducting Test

Address Hallam, Nebr. Phone 787-2275

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 960 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Unsatisfactory for Conventional Septic
Soil Type (SCS): Pohocco Clay Loam, Steinauer Loam Near
Date: September 16, 1981

Gerrold C. Hood
Signature of Reviewing Official

FORM 2010E-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

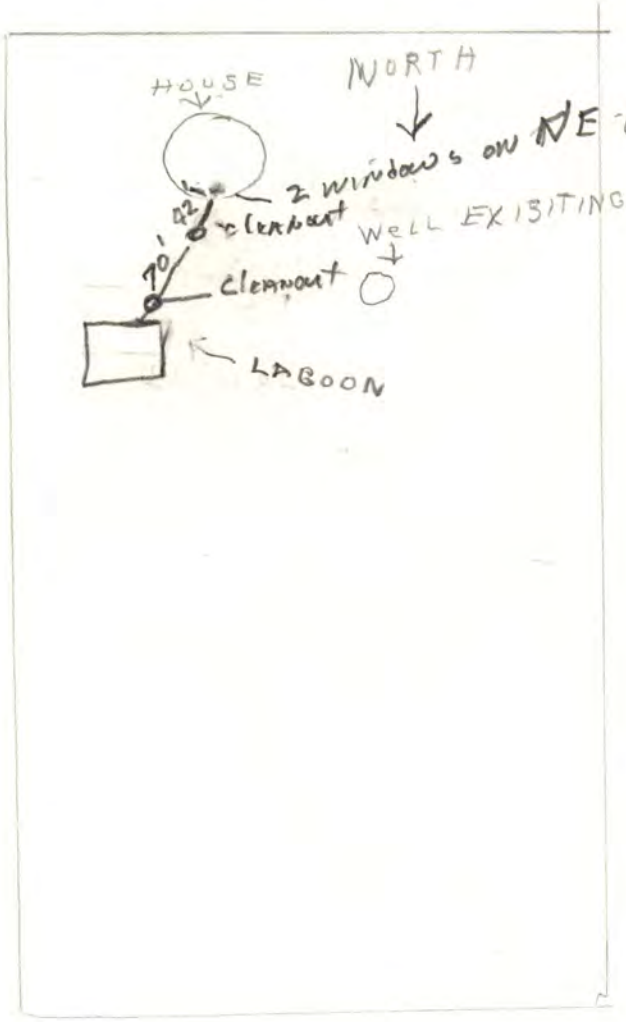
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1828-C

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



REVIEWING ACTION

Remarks: Changed to lagoon

Date: September 16, 1981

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.

Jerrold C. Hood
Signature of Reviewing Official

Copy

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

RECEIVED MAY 10 2004

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

Legal Description of Property: Street Address 3100 West Pella Road, Hallam

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

Twp 7N Range 6E Section 20 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property S on Hwy 77

Location of Well Behind house Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Joan Gehrand		
Tenant/Buyer:	Judy Funkey	5020 South Street Lincoln, Nebr. 68506	483-6664
Return to:	Tony Pfeifer	225 No Cotner Ste 101 Lincoln, NE 68505	434-3889 (Fax)

Signature of Applicant Judy Funkey Address 5020 South St. Lincoln, Nebraska Date 05/07/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/10/04 Amount $200.00 Check No. 3621 Initials MS

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

PRELIMINARY STATUS--By Doug Ansel **DATE:** 5/10/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 3.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: See attached letter. Minor lagoon fence corrections needed.

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Ansel Date 5/13/04

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

CITY OF LINCOLN
NEBRASKA

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

Lincoln-Lancaster County
Health Department
Bruce D. Dart, MS, Health Director
3140 "N" Street
Lincoln, Nebraska 68510-1514
402-441-8000
TDD: 402-441-6284
fax: 402-441-8323
health@ci.lincoln.ne.us

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

LANCASTER COUNTY NEBRASKA

LINCOLN
The Community of Opportunity

May 13, 2004

Judy Funkey
5020 South St.
Lincoln, NE 68506

Dear Judy:

As per your request a real estate transfer/loan approval inspection was conducted at 3100 West Pella Road on May 10, 2004. The following information is provided:

- The residence is served by a private well. The construction of the well appears to be satisfactory. Bacteria and nitrate water sample results indicate the water supply meets the requirements for a safe drinking water supply. Tests for water quality and well quantity are not conducted as part of the testing process.
- The on-site wastewater system is a lagoon. The water level of the lagoon appears to be adequate. As the new owner it is important that you are aware that lagoons function the most efficiently with water depths of 2 to 5 feet. The water depth currently appears to be within that range. It is recommended that you occasionally observe the water depth and add water if necessary to maintain the proper depth. Water usage can vary substantially from one household to another.
- The fence enclosing the lagoon is adequate although it is recommended that it be tightened or reinforced to prevent sagging.
- The gate for the lagoon has gaps greater than 4 inches. Woven wire or something similar must be added to reduce the opening size. This is a minor alteration and it should be done to prevent small children or small animals from having access.
- The fence has a "No Trespassing" or "Keep Out" sign installed. The sign has faded and should either be repainted or replaced.

If you have any questions regarding this report please contact me at 441-8031. For your information I will be out of the office until May 24.

Doug Smith

Sincerely,
Doug Smith, REHS
Environmental Health Specialist
Environmental Public Health

cc: Tony Pfeifer
225 No. Cotner Blvd. Ste 101
Lincoln NE 68505

LINCOLN–LANCASTER COUNTY HEALTH DEPART.

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____
Reason: Annual Well, Loan Approval, New Well, Other:

Collected by: Doug Smith Date/Time 5/10/04 2:30 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID P25227-80

Well Location
Address: 3100 W. Pella

Legal Description: T N R E Sec 1/4 1/4 or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 3.8 mg/L Pearson 5-10-04

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

Laboratory Report Printed on: May 11, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P25227-80**
Sampled By: **DOUG SMITH**
Location: **3100 W PELLA RD**
Sample Point:

Date Collected: **10-May-2004 02:30 PM**
Date Received: **10-May-2004**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/11/04	HK
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/11/04	HK

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1828-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 16, 1982 — THIS PERMIT EXPIRES

DAVID SCHRAMM — ISSUED TO

RT. 1, HALLAM, NE — ADDRESS

T7N; R6E; SE¼ of Section 20 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

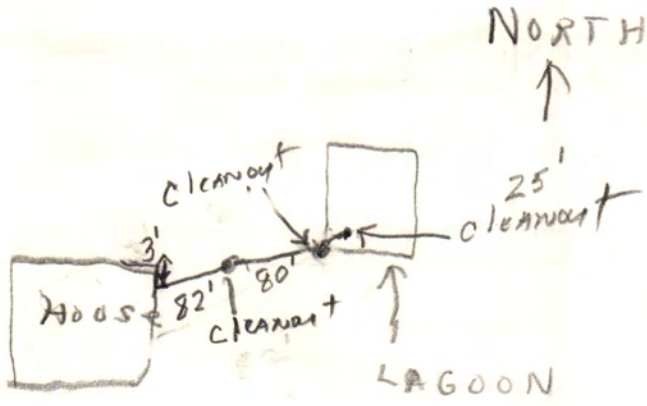
RECEIPTED BY	DATE	AMOUNT
[illegible]	1-16-81	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH DEPARTMENT
ISSUING OFFICER

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

20109-0977


NORTH
cleanout
25'
cleanout
3'
80'
82'
HOUSE
cleanout
LAGOON