REC'D JUL 11 1985

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

FILING FEE: $ 60.00

FILE NO. 2224-C

DATE: 7-9-85

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 15 ;
   Block _____ : Lot _____ : Addition 60 Acre
   Street Address 500 West Princeton Rd

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

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

4. Distance to public sewer: None ft.

Thomas L. Blackman
Signature of Applicant (Owner or Lessee)

6810 Bernese Lincoln Nebr 68514
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: Errold C. Hoo

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/12/85. Date Frwd. 7/12/85. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

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

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-10-85 by: [signature]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-12-85 By: Ron Mayer

REC'D JUL 11 1985

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. 2224-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 6 ; Section & ¼ Section 15.
Property Dimensions: _____ ft. x _____ ft. Area: 60 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■.
Dates of Tests: 6-29-85 to 6-30-85. Weather: Precip. 0 Temp. 70.

OWNER: Thomas Flackman
Address: 6810 Bernice Lin. 483-5508

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"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 am	5 3/4"	30m	1/4"	
2	36"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 Am	5"	30 m	1"	
3	36"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 Am	5 1/4"	30 m	3/4"	
4	36"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 Am	5 1/2"	30 m	1/2"	
5	36"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 Am	5 1/2"	30 m	1/2"	
6	36"	6-29	10:00 Am	6-30	6:00 Am	6-30	6:00 Am	6"	10:00 Am	5 1/2"	30 m	1/2"	

William M. Hoogland
Signature of Person Conducting Test

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

Address 2701 N 27th Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoob
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 ☐

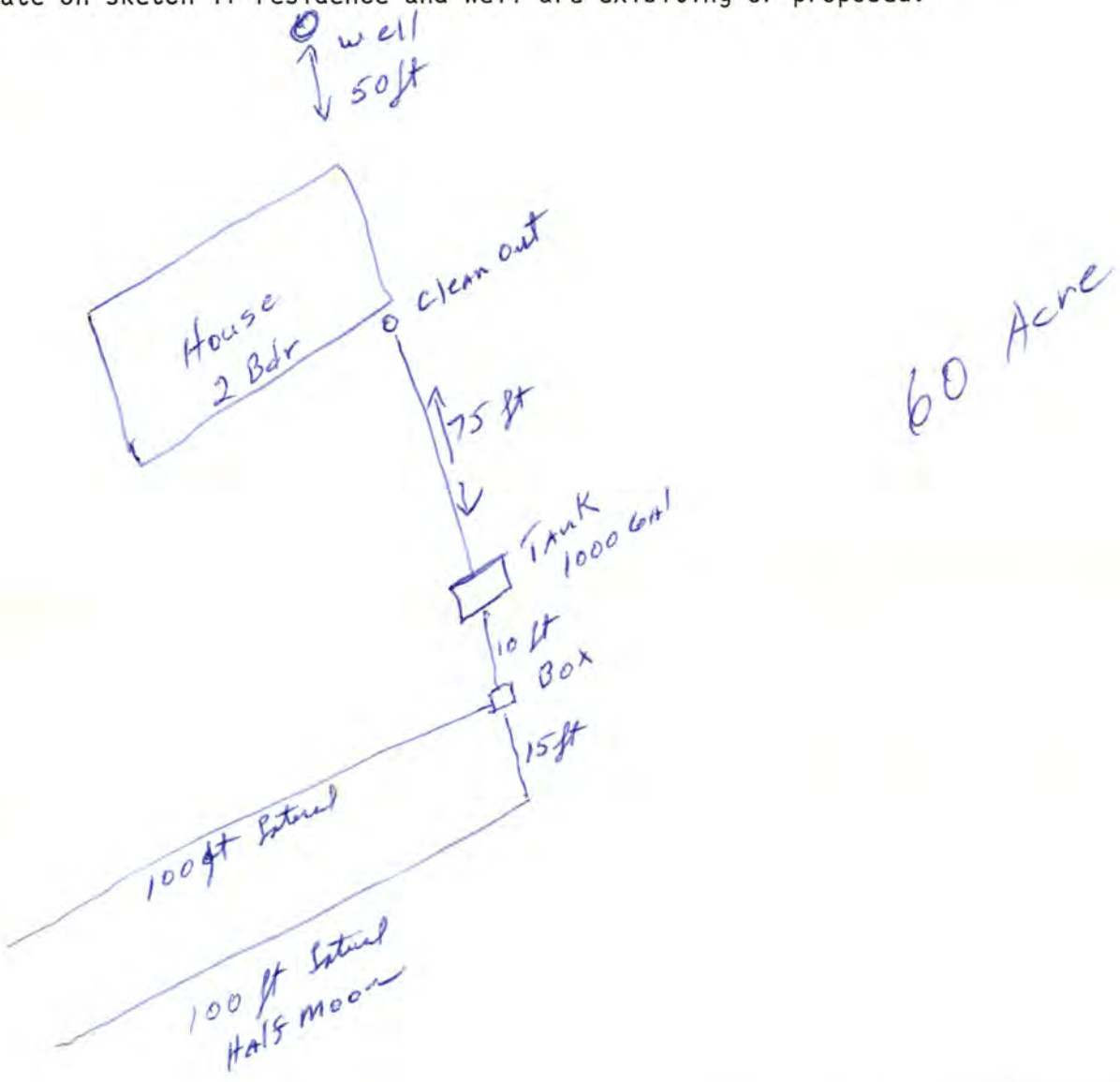
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2224-C

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 156 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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

D

DATE: _____

FILE NO. 2224-C

T7N, R6E, 15

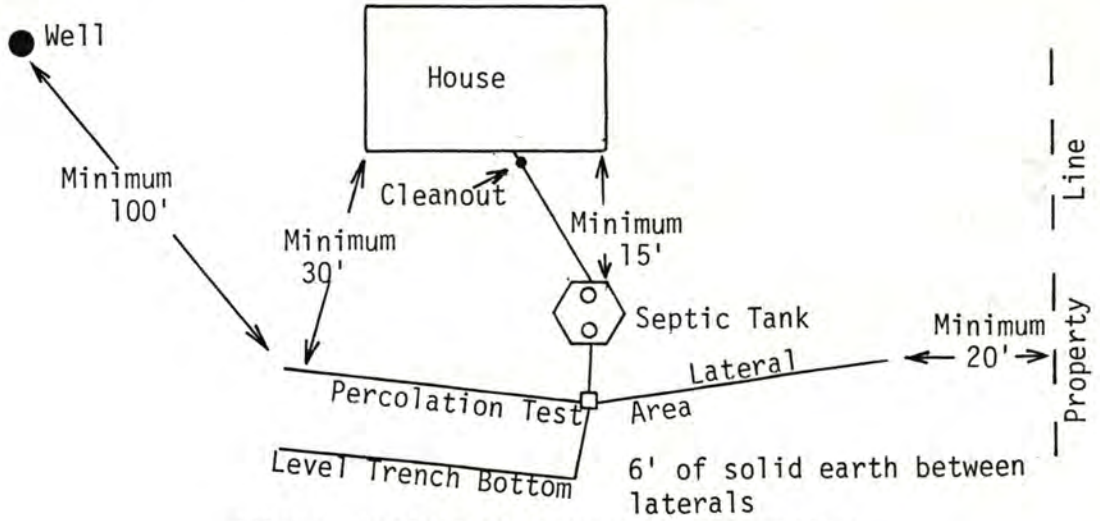
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: (3334)
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 43 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Con; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, ___, ___, ___ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.; Slope 2" in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2224-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 11, 1986 — THIS PERMIT EXPIRES

THOMAS L. FLACKMAN — ISSUED TO

6810 BERNESE BLVD. LINCOLN, NE 68516 — ADDRESS

T7N; R6E; Sec 15; 500 W. Princeton Rd.
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
CB	1/2/86	

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 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: 471-7800)

FILE NO. 953900462

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

DATE: 7-28-95

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. 7N ; Range 6E; Section 15 SE/4 ;
Block _____; Lot _____; Addition _____
Street Address _____

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: 14 sq ft 11 100' perforated lateral.

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

2815

Tom Hackman Brad Sanders
Signature of Applicant (owner or lessee)

RFD Princeton 68404 17201 S. 72
Address
Hickman, NE 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 7/28/95 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/31/95 by: J.C.H.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390046201

Issued 08/03/95
Expires 02/03/96
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T 7N R6E SEC 15

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

9506 27027

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

10870
030770

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 Rt #1 Martell NE

Twp 7N Range 6E Section 15 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property First intersection S of Princeton on Hwy 77 1/4 W on gravel No. Side

Location of Well S.W. of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System No. of House Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Tom Flakman	Rt 1 Martell NE	798-7710
Tenant/Buyer:	Mike & Kathy Summers	3109 Dickens Lincoln NE 68516	423-1874
Return to:	Richard Marolf Kim Topp	Woods Bros 2141 "A" 68510	434-3800 434-3600

Signature of Applicant Michael Summers Address 3109 Dickens Lincoln NE 68510 Date 5/31/95

HEALTH DEPARTMENT USE ONLY

Date Received 06/05/95 lo Received $150.00 Check ☑ #4445 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nobb **DATE:** 6/7/95

CHLORIDE 14 p.p.m.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date 6/14/95 by J.C.H
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 20.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: WELL CAP IS BROKEN. LATERAL FIELD IS VERY WET ALTHOUGH NO INDICATION EFFLUENT IS SURFACING. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

TIRES DOWN BY MORTON BUILDING NEED TO BE MOVED AS THEY CONTAIN WATER PRIME FOR MOSQUITO BREEDING. 6/14/95 Well cap replaced J.C.H

FINAL STATUS

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

Approved by Jerrold C. Nobb R.E.H.S. Date 6/16/95

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.

WATER MICROBIOLOGY

STATE LAB NO. 14/2458

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 14 (DAY) 95 (YEAR) 10:23 A.M (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TOM FLAKMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 15 TWNSHP 7 N RANGE 6 E

REPORTED '95 JUN 15 P1:52

RECEIVED '95 JUN 14 P1:12

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

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 ET

FOR ACCOUNTING USE ONLY

LWB 88

WATER CHEMISTRY

STATE LAB NO. 15 3926

COMPLETE INFORMATION BELOW:

DATE COLLECTED 6 (Mo.) 7 (Day) 95 (Yr) 10:57A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TOM FLACKMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SE SECTION 15 TOWNSHIP 7 N RANGE 6 E

95

REC.

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

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

'95 JUN -7 P12:59

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE Less than mg/l
- ☒ CHLORIDE 14 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: CC

FOR ACCOUNTING USE ONLY

LRWC 85

AS BUILT DRAWING OF SYSTEM

DATE 7-10-85 INSTALLER Capital City Trenching

Thomas Blackman

