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: $ 30 ~~00~~

FILE NO. 1426-C

DATE: 10-4-78

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 14 ; Block 18 : Lots 11 + 12 : Addition ~~Lot 11+12 Block 18~~ Lancaster
   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.

David H Lamb
Signature of Applicant (Owner or Lessee)

6000 Thornton apt 1101 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/5/78. Date Frwd. 10/5/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-5-78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baesch

3. City or County Engineer: Date Rec'd. 10-5-78. Date Frwd. 10-5-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

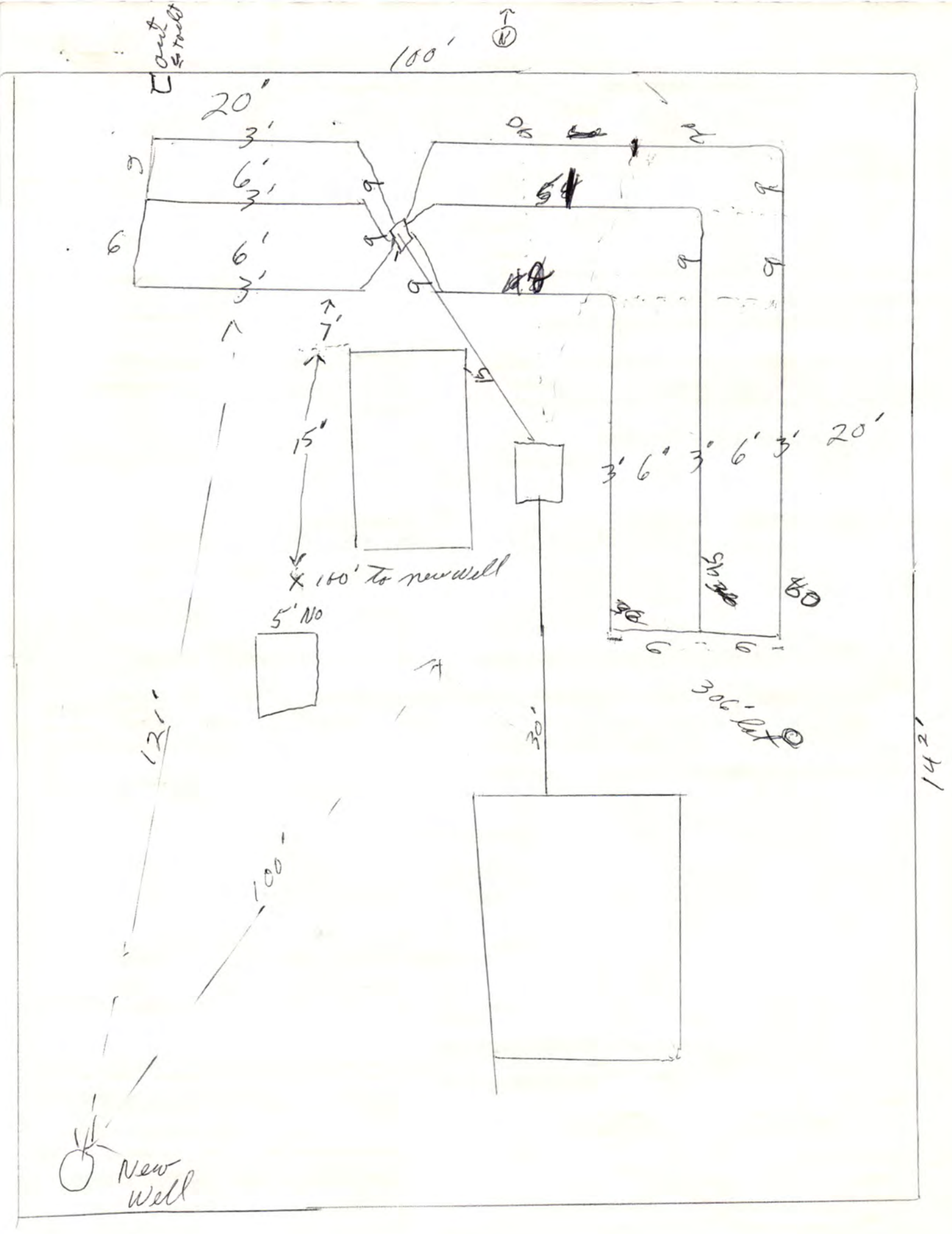
REMARKS OR REASONS FOR DISAPPROVAL Present well will have to be properly abandoned according to Nebraska standards

Site Visits:
Date: 8/13/80 by: L.C.H.
Date: 2/4/82 by: L.C.H. + R.M.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/4/82 By: Jerrold C. Hood

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

Well appears to have been abandoned


100'
20'
3'
6'
3'
6'
3'
7'
15'
X 140' to new well
5' No
3' 6' 3' 6' 3' 20'
6 6
30' lot
30'
121'
100'
142'
New Well

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. 1426-C

SPECIFICATIONS

DATE: 9-29-78

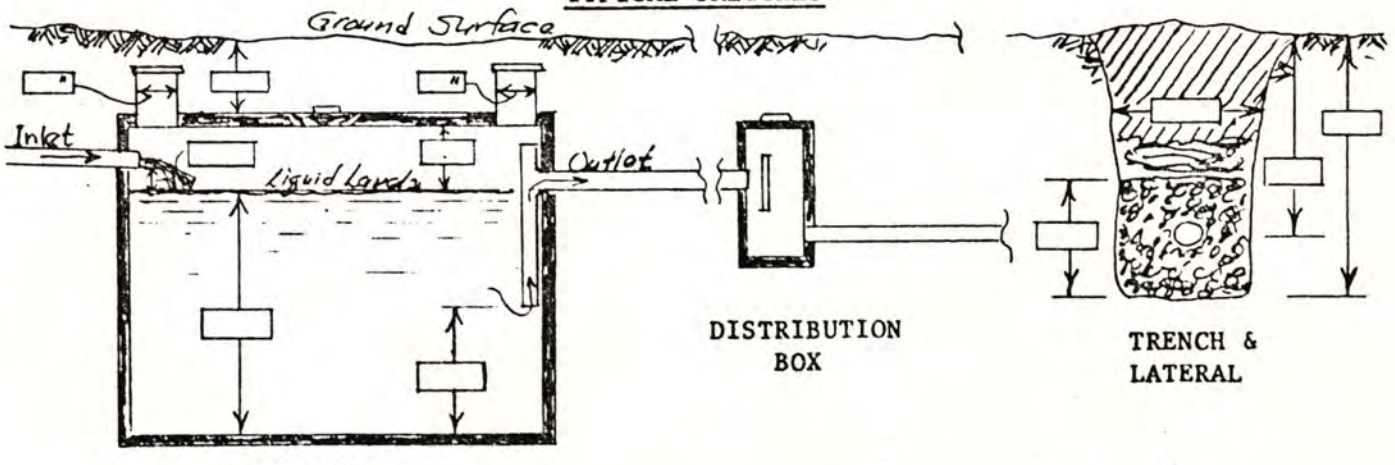
A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ___ ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 2 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 50 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Con; No. of compartments 2.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in. 22 inches
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 8 in.
8. Distances To:
Well or Suction Line 50 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 50 ft.

C. DISTRIBUTION BOX
1. Material Plo; No. available outlets 2.
2. Factory Built: Yes ☒, (Company Hand)
No ☐
3. Dimension: Length 18 in.; Width 12 in.
Depth 12 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☒, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Perforated
2. Lateral Lines: Depth below grade 30 in.
Number ___; Length of each line ___ ft.
Total length of Laterals 298 ft.;
Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plo
Distance between lateral lines 6 ft.
3. Trench Dimensions. Depth 30 in.;
Width 36 in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 2 ft.;
Stream ___ ft.; Pressure Line 2 ft.
Property Line 20 ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



David Klaus
Signature of Applicant

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. 1426-C

DATE: 9-29-78

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 6E ; Section 14 ; Block 18 ; Lot 11 & 12 ; Addition _____.
Street Address PRINCETON, NEBRASKA

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).

David Klaus
Signature of Applicant (owner or lessee)

6000 Thornton Drive apt 1101
Address

(Do not write below double line) City 68512

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☒ 10/2/78
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. 1426-C

PROPERTY WHERE SOIL TESTED: Plymouth Pl Owner: David R Lamb
Location: Township _____ : Range _____
Section & ¼ Sect. _____ Address: 6000 Edgewater Dr apt 1101
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

Dates of Tests: 9-28-78 to 9-29-78. Weather: Precip. NO Temp. 70

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	30	9-29	12:15	9-28	5 PM	9-29	8:1	6	12	1½	60	1½	
2										1½		1½	
3										1⅜		1⅜	
4										1¼		1¼	
5										1⅜		1⅜	
6										1⅜		1⅜	

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

SINTEK SERV. CO.
2425 SOUTH ST.
LINCOLN, NE 68502
475-1486

Signature of Person Conducting Test Jim

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Crete Silt Loam (S.C.S.)

DATE: October 2, 1978

Approved Percolation Rate (a)
A. 1¼ min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

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. 1426-C

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

DATE: 9-29-78

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 6E ; Section 14
Block 18 ; Lots 11 & 12 ; Addition _____
Street Address ~~Bennett~~ PRINCETON, NEBRASKA

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: _____ ft.

David K Claus
Signature of Applicant (Owner or Lessee)

6000 Adamston Drive apt 1101
Address Lin 68512

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/2/78 . Date Frwd. 10/2/78 . ACTION: Approved ☐ Disapproved ☒ Signature: Carroll C. Hood

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

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: Subject property is only 100' by 142' with well near middle. Impossible to locate septic system 100' from well, 20' from property lines and 30' from house. Application is therefore disapproved.

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1426-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 5, 1979 — THIS PERMIT EXPIRES

David Klaus — ISSUED TO

6000 ~~Thornton~~ THORTON, Aptl 1101, Lincoln, NE — ADDRESS

T7N, R6E, Section 14, Block 18, Lots 11 and 12 — 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

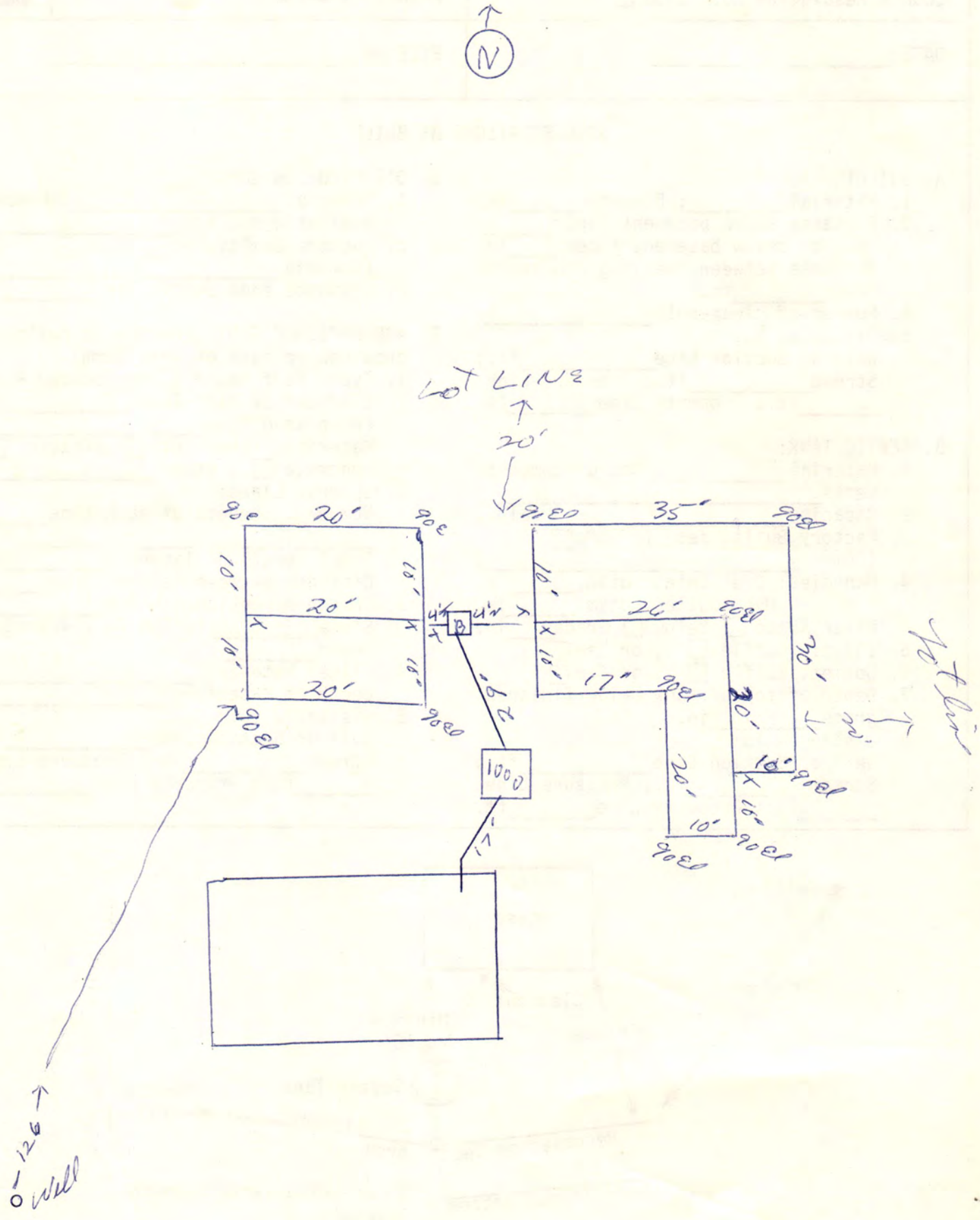
ISSUING OFFICER

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

20109-0977

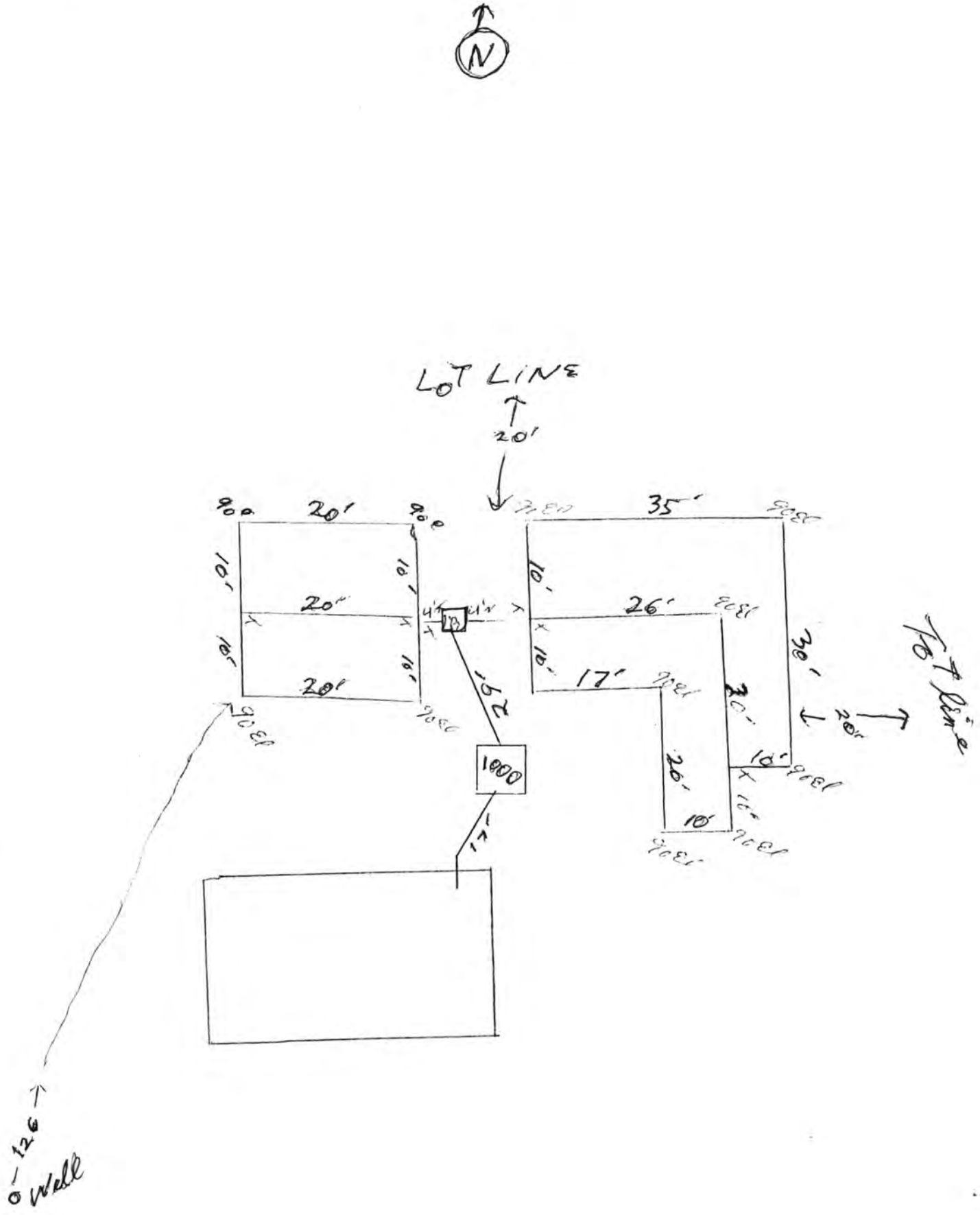
AS BUILT DRAWING OF SYSTEM

DATE 8-14-80 INSTALLER Aquatech Systems Co.



AS BUILT DRAWING OF SYSTEM

DATE 8-14-80 INSTALLER [illegible]



Lincoln-Lancaster County Health Department

99030300 7

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

P6759-46

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.

LCR 3954

Legal Description of Property: Street Address 1040 Broad St. Princeton

Twp 7N Range 6E Section 14 1/4 ___ 1/4 ___ Block 10 Lot 11+12 Addition ___

Directions to Property 2nd House west of tavern - North side - chain link fence

Location of Well SW corner Tap Location: Inside ☐ Outside ☐

Location of Sewage System North yard & tank under drive - NW corner of drive Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	David + Nancy Klaus	RR1 Box 129 Martell, NE 68404	798-7749 / 786-2765
Tenant/Buyer:	Scott + Lisa Kuhout	1420 Old Farm Rd	450-2491
Return to:	Capital Title Attn: Lila	4645 Normal Blvd Lincoln NE 68506	434 3720 # 434 3736

Signature of Applicant David Klaus Address 1040 Broad Princeton Ne 68404 Date 2/4/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/9/99

Initials ___

Amount $150.00

Check No. 2812

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 2/10/99 Sample RO

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ [illegible] ppm	☒ 25.5 ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 2/11/99 by C.H.

Date 3/1/99 by JH

Date ___/___/___ by ___

Comments: DEPRESSION AROUND WELL - SAID HAD SEPTIC TANK PUMPED LAST WINTER. Depression filled 2/11/99 Nitrate too high. RO system installed 3/1/99 - Final sample taken 4.1 4.18 ☐ See Attached Letter

FINAL STATUS WITH UNIT 4.2

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

Approved by John J Chen for Jerry Hood Date 3/3/99

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

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

MAR 8 1999

Laboratory Report Run on: MAR-04-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **EPA 353.2** Comments:

Laboratory Number: **P6759-46**
Sampled By: **CHESS**
Location: **1040 BROAD ST PRINCE**
Well ID:

Date Collected: **01-Mar-1999 02:00 PM**
Date Received: **01-Mar-1999**

Parameters	Method	Prep Date	Analysis Date	Analyst	Results	Qual	Units	Report Level
NITRATE+NITRITE (AS N)	353.2		03/02/99	VR	4.12		mg/l	.05

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

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

FEB 17 1999

Laboratory Report printed on: FEB-16-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **EPA 353.2**

Laboratory Number: **P7089-36**
Sampled By: **HOOD, JERROLD**
Location: **DAVID KLAUS**
Well ID:

Date Collected: **10-Feb-1999 09:50 AM**
Date Received: **11-Feb-1999**

Parameters	Method	Prep Date	Analysis Date	Analyst	Results	Qual	Units	Report Level
NITRATE+NITRITE (AS N)	353.2		02/12/99	VR	25.5		mg/l	.05

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

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

FEB 17 1999

Laboratory Report Printed on FEB-12-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **PRIVATE T/E COLI**

Laboratory Number: **P6759-15**
Sampled By: **HOOD, JERROLD**
Location: **DAVID KLAUS**
Sample Point:

Date Collected: **11-Feb-1999 09:27 AM**
Date Received: **11-Feb-1999**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Level
TOTAL COLIFORM	COLILERT	02/12/99	SB	Total coliform negative - meets bacteriological standards		cfu/100ml	0
E. COLI	COLILERT	02/12/99	SB	E. coli negative		cfu/100ml	0

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