– RUSH – CLOSING PLANNED 9/28/00

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

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 20900 So. 68TH Hickman, Ne

Parcel ID 14 - 03 - 100 - 009 - 0008 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 3 1/4 1/4 Block Lot 23 Addition

Directions to Property ½ mile South of Hickman, East Side, Yellow House Brown Trim

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System N.E. of House 200 ft. ± Year Installed

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Brian Tiedeman	Hickman, Ne.	
Tenant/Buyer:	Nevada Graff	RR 1 Box 89 Adams, Ne. 68301	450-9031
Return to:	Nevada Graff	RR 1 Box 89 Adams, Ne 68301	450-9031 (Fax)

Signature of Applicant Nevada Graff Address RR1 Box89 Adams, Ne 68301 Date 9 / 20 / 00

★ CALL JOE STOKELY 450-9031 (WILL PICK UP)

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 09 / 20 / 00 Amount 200.00 Check No. 1382 Initials KS

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Gerhold C. Hood RURAL WATER **DATE:** 9 / 21 / 00

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☐	☐	Approved	☒	Date / / by
Bacteria	☐ /ml	☐ /ml	Provisional	☐	Date / / by
Nitrate	☐ ppm	☐ ppm	Disapproved	☐	Date / / by

Comments:

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerhold C. Hood R.E.H.S. Date 9 / 21 / 00

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 740-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 1, 1976 — THIS PERMIT EXPIRES

Amil E. Monson — ISSUED TO

Route #1, Hickman — ADDRESS

of 6P.M.
T7N; R7E; Sec. 3-S½ of NW¼; Lot 23 I. T. LAGOON

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER
2832

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

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. 740-C

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

DATE: 9-25-75

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 7E 6th P.M. ; Section 3 [W. ½ of the S½ of the N.W. ¼, section 3]
Block ____; Lot ~~F.S.~~ I.T. ; Addition ____
Street Address 23

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

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

4. Distance to public sewer: None ft.

David E. Mason
Signature of Applicant (Owner or Lessee)

RT 1 Hickman
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11-5-75. Date Frwd. 11-3-75.
ACTION: Approved ☒ Disapproved ☐
Signature: James Weverka
pending Village approval

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

3. City or County Engineer: Date Rec'd. 12/2/75. Date Frwd. 12/2/75.
ACTION: Approved ☒ Disapproved ☐
Signature: Melvin L. Hellwege

REMARKS OR REASONS FOR DISAPPROVAL ____

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

Joyce Menard
Clerk
11-24-75

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. 740-C

DATE: 9-25-75

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 7E ; Section 3. ~~E½ of the~~ S½ of the NW¼ Sec 3 ; Block ; Lot 23 I.T ; Addition .
Street Address .

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

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

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 E. Monson
Signature of Applicant (owner or lessee)

Rt 1 Hickman
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 11-5-75
Filing Fee: $ 30 . 00

2. Site Visits:
Date: 3-31-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐
by: James Wevelka
pending Village approval

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-31-76 by: James Wevelka

Joyce Menard
11-24-75 Clerk

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 475-6221)

FILE NO. 740-C

PROPERTY WHERE SOIL TESTED:

Owner: David E. Monsen

Location: Township 7; Range 7
Section & ¼ Sect. 3 W 1989 ft & S½ of N.W.¼ sec 3

Address RT 1 Firkman

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: 10-8 to 10-9. Weather: Precip. 0 Temp. ___ F

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				
Hole 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	60	10/8	5:00	10/9	6:00	10/9	6:30	30	7:00	28¾	60	1¼	60 min/1¼
2	60	10/8	5:00	10/9	6:00	10/9	3:31	30	7:01	29¼	60	¾	60 min/¾

Sum of Percolation Rates 2 in
Average of Rates: 1 in
Mean of Rates: 60 min/1 inch

Signature of Person Conducting Test

Address Terry Bauma
Phone: 791-5730
791-5760

(Do not write below this line)

REVIEWING ACTION

REMARKS: Lagoon is satisfactory for this type of soil

Approved Percolation Rate(s)
A. ___ min./inch
B. ___ min./inch
C. ___ min./inch

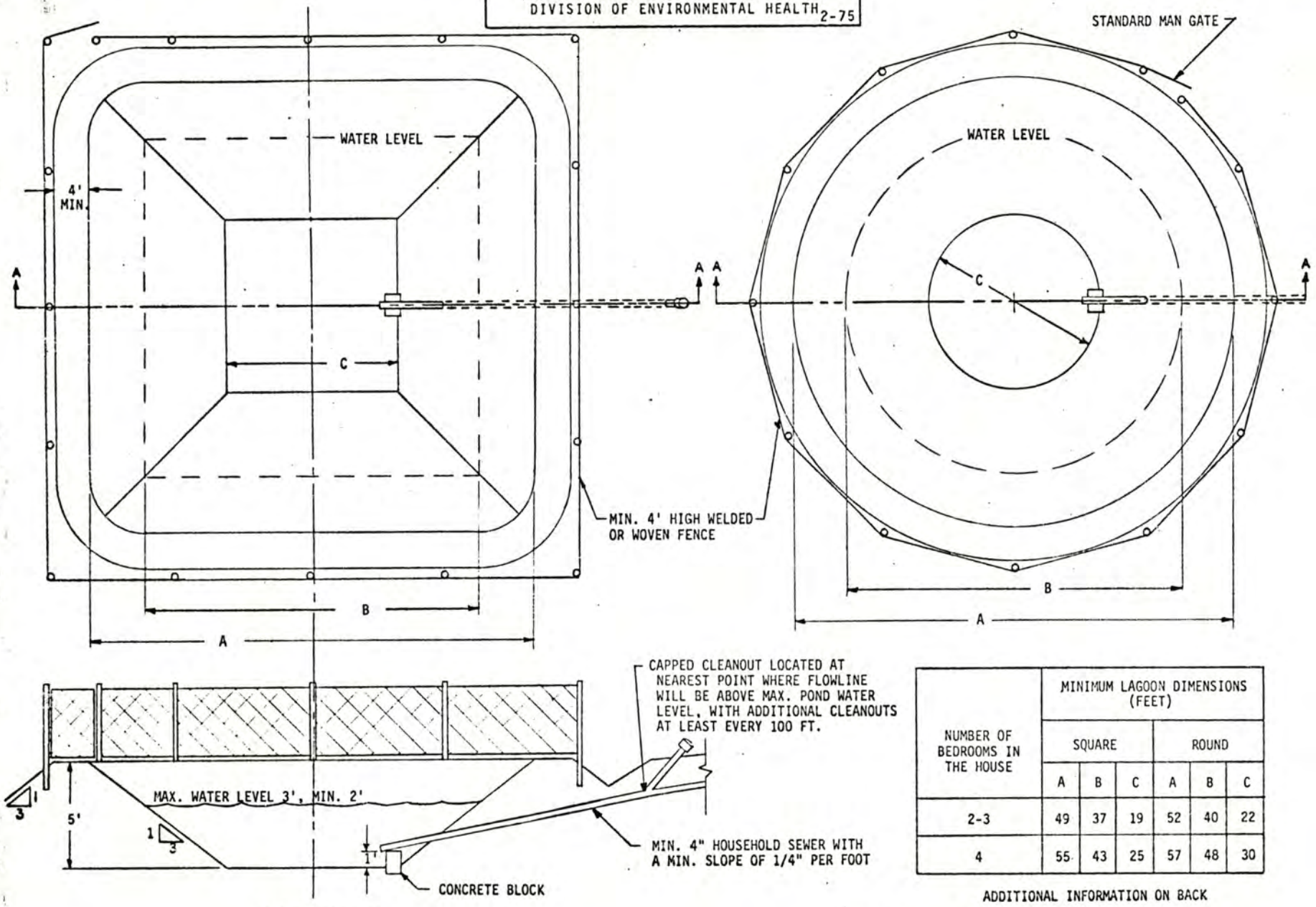
DATE: 11-5-75

James Weverka
Signature of Reviewing Official

Joyce McNard Clerk
11-24-75

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75



SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

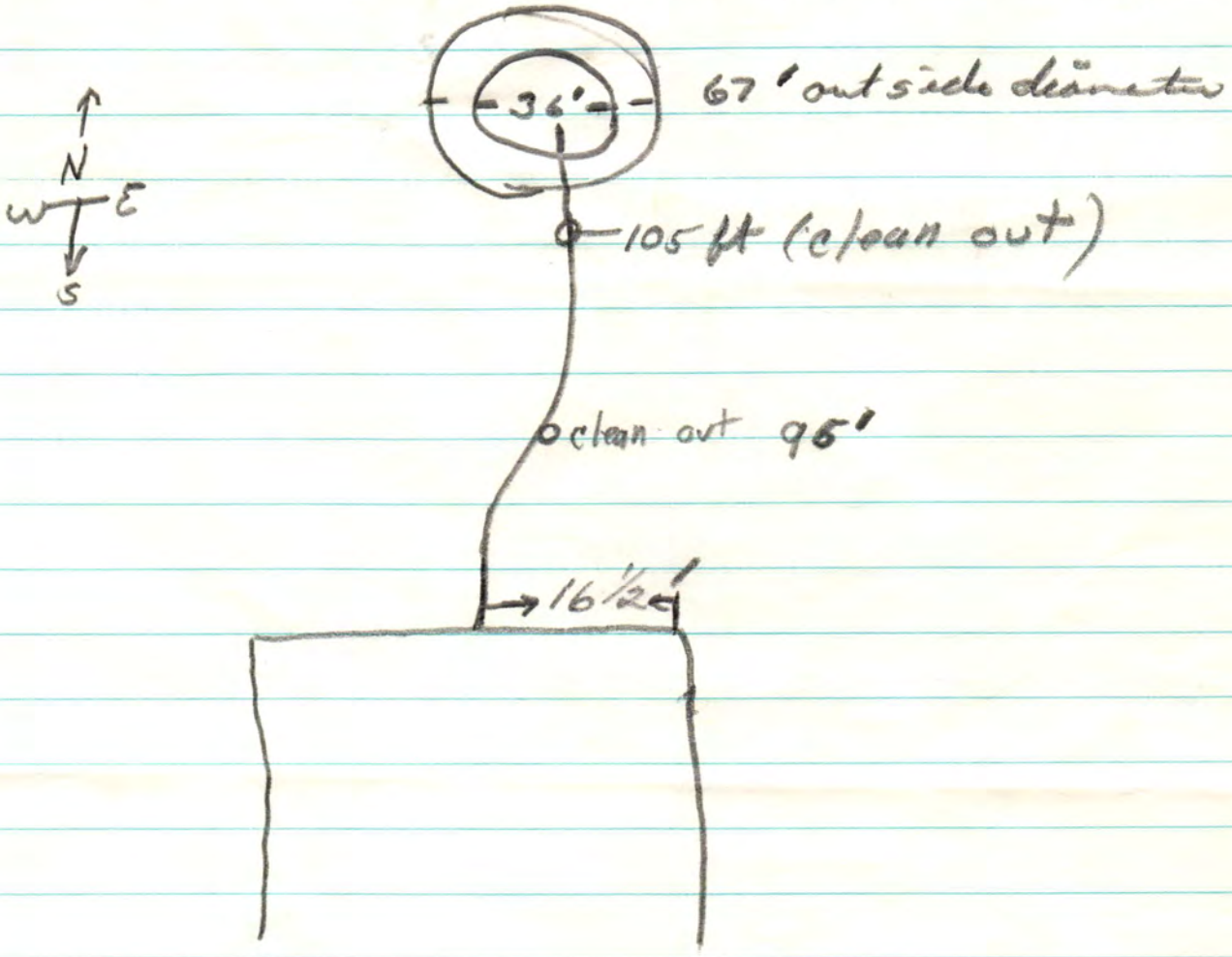
NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT_____

HD-46(75)

Arvid Monson



Terry Bouma
3-30-76