LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 861-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 21, 1976
TYPE OF PERMIT — THIS PERMIT EXPIRES

B. Eugene Thummel — RRD, Hickman
ISSUED TO — ADDRESS

T7N; R7E; of 6PM; Sec. N½ of NW¼ of 3: LAGOON
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 DEPARTMENT
ISSUING OFFICER

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

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. 861-C

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

DATE: 6-20-76

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 of 6PM ; Section N½ of N.W¼ sec 3
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: None ft.

B Eugene Thummel
Signature of Applicant (Owner or Lessee)

RFD Hickman
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/21/76 . Date Frwd. 6/21/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 6-21-76 . Date Frwd. 6-21-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Joyce Menard, Clerk

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. 861-C

DATE: 6-20-1976

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 of 6 P.M.; Section N ½ of N.W¼ sec 3 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

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).

B Eugene Thurnell
Signature of Applicant (owner or lessee)

RFD Hickman
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 1-14-77 by: jer
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 6/21/76
by: Carroll E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-14-77 by: James Weverka

Joyce Menard, 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. 861-C

PROPERTY WHERE SOIL TESTED: Owner: B Eugene Thummel
Location: Township 7; Range 7
Section & ¼ Sect. N½ of NW¼ 5-03 Address R F D Hickman
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: 5-3 to 5-4. Weather: Precip. 0 Temp. 0 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"	5-3	1:00	5-4	6:00	5-4	6:00	20"	7:00	19 1/2	60 min	1/2	60/1/2
2	60"	5-3	1:00	5-4	6:00	5-4	6:00	20"	7:00	19 3/4	60 min	3/4	60/3/4

Terry Bouma
Signature of Person Conducting Test

Address Firth Nebr.
Phone: 791-5760 - 791-5730

Sum of Percolation Rates
Average of Rates: 3/4
Mean of Rates: 60 min / 3/4 inch

(Do not write below this line)

REVIEWING ACTION

REMARKS: Lagoon indicated

DATE: June 24, 1976

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

Jerrold C. Hood
Signature of Reviewing Official

Joyce Menard, Clerk

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. _____

SPECIFICATIONS

DATE: _____

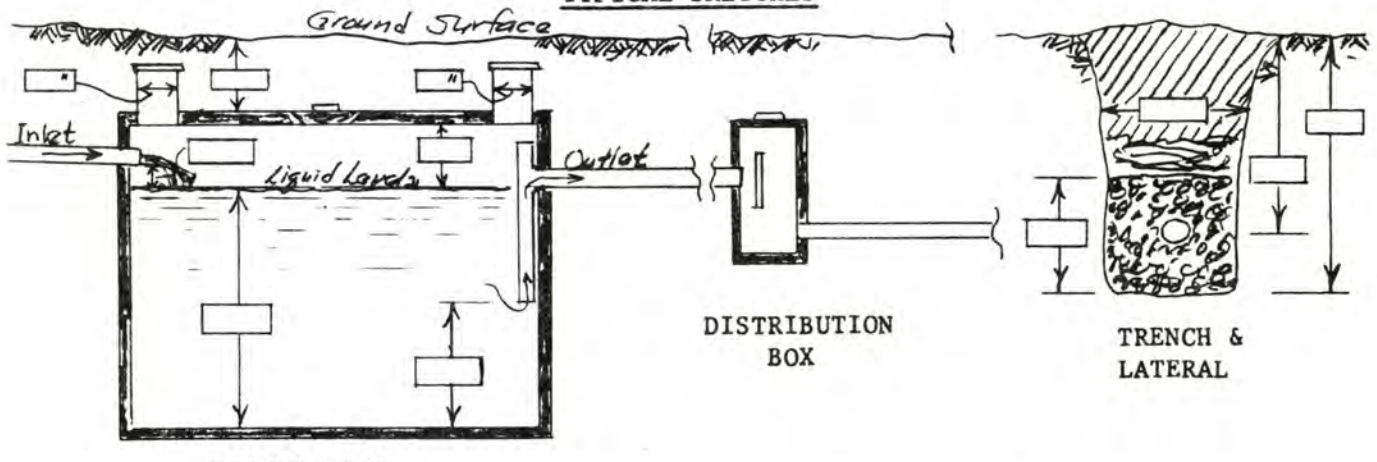
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

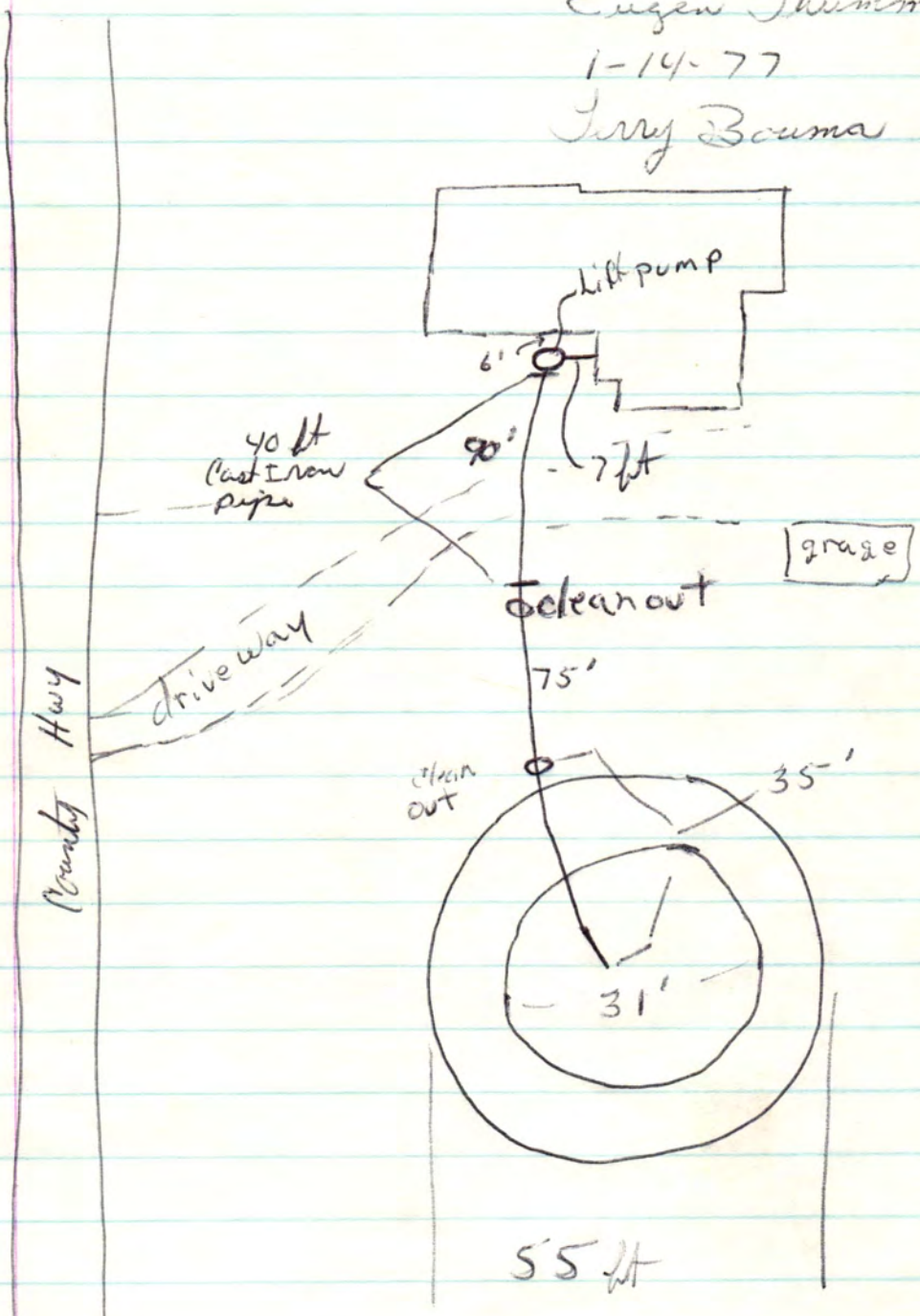
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals ____ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

Eugen Thummel
1-14-77
Terry Bauma



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 20700 S 68th St Hickman, NE

Parcel ID 14 - 03 - 100 - 003 - 005 (i.e. 99-99-999-999-999)

NW Twp 3 Range 7 Section 9 1/4 1/4 Block Lot 12 Addition

Directions to Property South of Hickman, across RR tracks 1/4 mile 1st house on east side

Location of Well South of Front door west of garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System S Year Installed don't know

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	First Nat'l Mortgage Ass	Woods Bros Realty - 7141 A St Lincoln 68510	402-440-0988
Tenant/Buyer:	None		
Return to:	Carl Blaser	Woods Bros Realty 7141 A St 68510	402-484-3801 (Fax)

Signature of Applicant Carl D. Blaser Address Date 10 / 20 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10 / 21 / 04 Amount $200.00 Check No. 014893 Initials LS

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10 / 25 / 04

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 11 / 22 / 04 by J.C.H.

Date / / by

Date / / by

Comments: CATAILS MUST BE REMOVED OR KILLED OUT IN LAGOON. WEEDS MUST BE MOWED AND LITTLE TREES MUST BE REMOVED FROM LAGOON. FENCE MUST BE REPLACED IT IS DILAPIDATED AND IN PLACES IS NO LONGER FOUR FOOT IN HEIGHT. 11/22/04 Good job! J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11 / 22 / 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

COPY

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
INTER-DEPARTMENT COMMUNICATION

TO:	Terry Kathe	**DATE:**	October 25, 2004
DEPARTMENT:	Building and Safety	**FROM:**	Jerrold C. Hood, REHS
ATTENTION:		**DEPARTMENT:**	Health
CARBONS TO:	Bruce Dart, Director Scott E. Holmes File	**SUBJECT:**	Farmstead Subdivision 24000 So. 38th Street

These properties were visited on October 22, 2004. The property designated Parcel A meets all requirements for water supply and sewage system. The property designated Parcel B meets requirements for water supply but the sewage lagoon is overly full. It has just barely begun overflowing. This must be corrected whether the property is subdivided or not. Corrective methods might be adding to the dike or having a licensed sewage pumper pump the lagoon down or both or enlarging the lagoon.

If there are any questions please contact me at 441-8029.

Jerrold C. Hood, REHS

Jerrold C. Hood

planningdept.memo.wpd

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: October 26, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P26613-30**
Sampled By: **JERROLD HOOD**
Location: **20700 SOUTH 68TH ST**
Sample Point:

Date Collected: **25-Oct-2004 02:25 PM**
Date Received: **25-Oct-2004**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/26/04	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/26/04	JN

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

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

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

Lincoln-Lancaster County He

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.

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 20700 S 68th Hickman NE 68372
Twp 7N Range 7E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 12 Addition Lancaster County
Directions to Property 1/2 mile south of Hickman on 68th Street (East side)
Location of Well 3' from N W corner of garage Tap Location: Inside ☑ Outside ☐
Location of Sewage System 80 yards east of house Year Installed unknown 1977

	NAME	ADDRESS	PHONE
Present Owner:	Mark & Jane Nienkamp	20700 So. 68th Street Hickman, NE 68372	792-2402
Tenant/Buyer:			
Return to:	Mary Fuhlman	7141 A Street Lincoln Neb	437-0223

Signature of Applicant Mary A. Fuhlman Address 7141 A Street Date 6/18/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/18/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By J. C. Wood DATE: 6/21/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☑	Approved ☑	Date 6/29/93 by J.C.W.
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☐	Date 7/6/93 by J.C.W.
Nitrate	☑ 1.1 ppm	☐ ____ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: WELL IS TOO CLOSE TO ACCUMULATED MANURE IN HORSE PENS. LAGOON NEEDS WARNING SIGNS, LOCK ON GATE, VEGETATION MOVED, FENCE REPLACED OR REDONE. IT IS SAGGING BELOW 4 FEET ☐ See Attached Letter ☐
MANURE REMOVED FROM AREA BEFORE LAGOON
6/29/93 Sewage problems all corrected, J.C.W. 7/6/93 MANURE GONE J.C.W.

FINAL STATUS
WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☐

Approved by Jerrold C. Wood R.E.H.S. Date 7/7/93

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.

Livestock should not be kept within 100 feet of a well in close confinement corrals.

012

'93 JUN 24 P7:14 REPORTED

'93 JUN 21 P1:51 RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 155338

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 6 (MO.) 21 (DAY) 93 (YEAR) 10:55A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION MARK NICOLAUS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW. SECT 3 TWNSHP 7 N RANGE 7 E

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 1.4 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

MANURE REMOVED

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 7/6/93 (MO./DAY/YR./HOUR (9-16)) 9:45AM BY J. C Hood (17-28)

ADDRESS OR LOCATION LOT 12 I.L., SEC. 3, T7N, R7E. MARK NICKOUS (29-41)

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBASKA 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. 14268 (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 SW (76-79)

IN 93 JUL -6 P1:50

OUT 93 JUL -7 P2:50