LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2178-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 19, 1985 — THIS PERMIT EXPIRES

TSVETAN STOYNEV — ISSUED TO

942 SO. 49TH STREET LINCOLN, NE 68510 — ADDRESS

T7N; R7E; Sec 4 SE¼; Lot 16 I.T.
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
GB	3/19/85	

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 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

A

FILING FEE: $ 60.00

FILE NO. 2178-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 7E ; Section 4 SE ¼;
   Block _____ : Lot I.T. 16 : Addition _____
   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.

Tsvetan Stoynev
Signature of Applicant (Owner or Lessee)

R 1, Hickman, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/19/85. Date Frwd. 3/19/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Noah
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/19/85. Date Frwd. 3/19/85. ACTION: Approved ☒ Disapproved ☐ Signature: R Harris
3. City or County Engineer: Date Rec'd. 3/19/85 Date Frwd. 3/19/85 ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-11-85 by: mm
Date: 5-7-85 by: mm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-7-85 By: Ken Margrave

FORM 20105-0477 21301 S. 68th
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. 1430-C

PROPERTY WHERE SOIL TESTED: Lot 35

Location: Township 7N ; Range 7E ; Section & ¼ Section 4 SE 1/4
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/5/78 to 10/6/78. Weather: Precip. 0 Temp. 50°.

OWNER: _____

Address: _____

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	32"	10/5	2 PM	10/6	9 39 AM	10/6	9 39 AM	12"	11 39 AM	7	30 M	1	
2										6 3/4		1	
3										9 1/2		1/2	
4										6		1 1/4	
5										6 1/4		1	
6										6 3/4		3/4	

Sum of Percolation Rates: 5.5
Average of Rates: .917
Mean of Rates: _____

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 432 3595

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 9, 1978

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

James Wenicke
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. 2178-C

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

REVIEWING ACTION

Remarks: _____

Date: MARCH 19, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 798 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: 474-1541

D

DATE: _____

FILE NO. _____

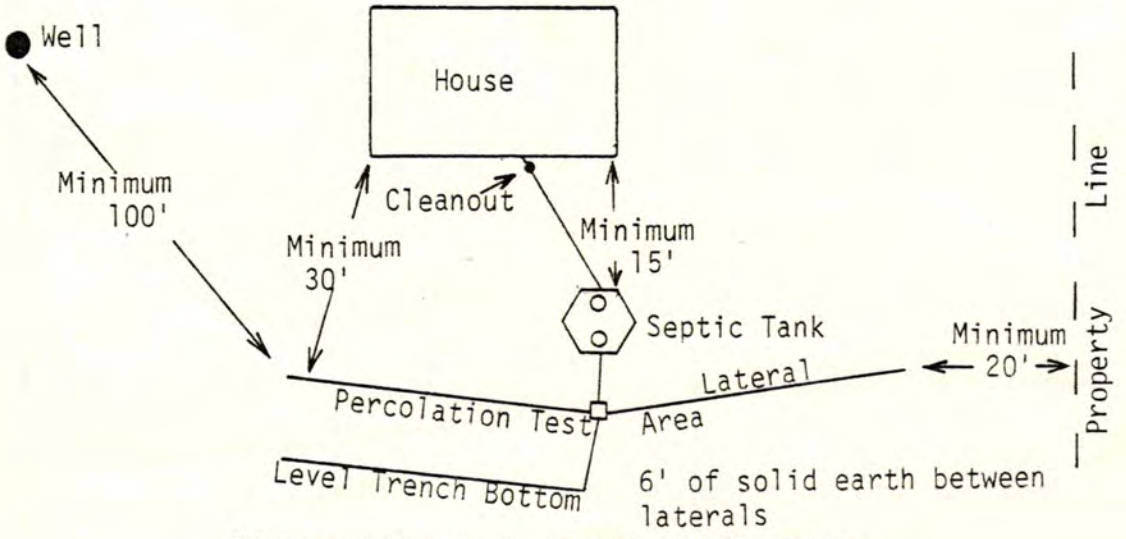
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 3034
1. Material CI ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 15 in.
3. Distance between dwelling and septic tank 61 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.;
Stream 100+ ft.; Pressure Line _____ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material FIBERGLASS ; No. of compartments 1 .
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company CORRAGLASS CO.)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☒ Grade 10 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 36 in.
8. Distances to:
Well or Suction Line 100+ ft.;
Stream 100+ ft.; Pressure Line _____ ft.; Property Line 60 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 12" or
Perforated Pipe _____ .
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 21 ft.
3. Trench dimensions: Width 4-5 ft.;
Slope 2± in/100 ft.; Average Depth 45 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream 100+ ft.; Pressure Line _____ ft.; Property Line 29 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL 5/19/86 12:13 P.M. (9-16) MO/DAY/YR/HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 4, T7N, R7E PART LOT 16 I.L. (29-41)

NAME AND ADDRESS OF OWNER

TSVETAN STOTYNEV
RT. #1, BOX 366A
HICKMAN, NEBRASKA
68372

NEBRASKA DEPARTMENT OF HEALTH

FOR LABORATORY USE ONLY

IN

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. 66 (44-47)

DATE EXAMINED 5-19-86 (48-53)

COLIFORM 0 (54-56) /100 mL

OUT

FLUORIDE ____ (57-60) mg/LITER

NITRATE 21.03 (61-64) mg/LITER

TPC ____ (65-68) /100 mL

LAB. PROCEDURE ____ (69-75)

ANALIZED BY V.B (76-79)

WATER CHEMISTRY

STATE LAB NO. 156-4583

COMPLETE INFORMATION BELOW:

DATE COLLECTED 5 (Mo.) 21 (Day) 86 (Yr) 11:55 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STOYNEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER ____ SECTION ____ TOWNSHIP 8 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
HEALTH DEPARTMENT
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

'86 MAY 21 P1:31 - RECEIVED - - REPORTED - '86

604588

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ CALCIUM ____ mg/l
- ☐ CHLORIDE ____ mg/l
- ☐ FLUORIDE ____ mg/l
- ☐ IRON ____ mg/l
- ☐ pH ____
- ☐ MANGANESE ____ mg/l
- ☒ NITRATE-N 22.2 mg/l
- ☐ SODIUM ____ mg/l
- ☐ SULFATE ____ mg/l
- ☐ TOTAL ALKALINITY ____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS ____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS ____ mg/l

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

TESTS BY: CMA

FOR DEPARTMENTAL USE ONLY:

FOR ACCOUNTING USE ONLY:

REC'D MAY 28 1986

LRWC 85 SPEEDIPLY® PAT'D MCP® PAT'D MBF 28

SEP 10 2003

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 21301 South 68th Hickman

Parcel ID 14 - 04 - 400 - 011 - 000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 4 1/4 ___ 1/4 ___ Block ___ Lot 35 Addition ___

Directions to Property South 68th St 1 mile south Hickman

Location of Well None (City Water) Tap Location: Inside ☐ Outside ☐

Location of Sewage System Septic ≈ 50' West of House Year Installed 1985

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Sue Stoyanoff	21301 S 68th Hickman, NE	792-2954
Tenant/Buyer:	Dave Kappelman	2117 Rd U. Ohiowa, NE	295-2246
Return to:	John Aukerson / Home Real Estate		430-8305 / 436-3299 (Fax)

Signature of Applicant Jon Aukerson Address 7211 S 27th Lincoln, NE Date 9/2/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/9/03 Amount $200.00 ✓ Check No. 4424 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/10/03

HICKMAN CITY SUPPLY

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☒	Date___/___/___by___
Provisional	☐	Date___/___/___by___
Disapproved	☐	Date___/___/___by___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS HICKMAN CITY SUPPLY

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/10/03

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

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

This form must be completed and returned to request a real estate transfer inspection.
MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: May 14, 1991

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$45.00~~ ~~$75.00~~ #150.00

Legal description of property: TWP. 7N ; RANGE 7E ; SECTION 4
BLOCK ; LOT 35 ; ADDITION

Street Address 21301 So. 68th St., Hickman, NE 68372

Directions to Property 1 1/2 miles South of Hickman, NE on black top. Log home on West side of road (68th St.)

Location of Well N/A (on rural water) Tap Location: Inside ☐ Outside ☐

Location of Sewage System West side of house Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Tsvetan "Rocky" and Suzanne Stoynev	21301 So. 68th St. Hickman, NE	792-2954 (home) 464-4388 (his work)
Tenant/Buyer:	N/A - refinance		
Return To:	First Commerce Savings, Inc.	6600 "O" St., Lincoln, NE 68510	467-4411

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant First COmmerce Savings, Inc. BY: Mark Hale, VP Address 6600 "O" St., Lincoln, NE 68510

HEALTH DEPARTMENT USE ONLY

Date Received MAY 14, 1991 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5/16/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 5/16/91 by L.C.H.
Bacteria	☐	☐	Provisional:	☐	Date ____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date ____ by ____

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Jerrold C. Hood R.S. DATE MAY 16, 1991

FN 20215-1079R
FORM 23.9

AS BUILT DRAWING OF SYSTEM

DATE 4-10 INSTALLER Southwick Sewer & Drain

