LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1492-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

August 13, 1979 — THIS PERMIT EXPIRES

John Pittman — ISSUED TO

Box 65, Hickman, NE 68372 — ADDRESS

T7N, R7E of 6 PM, Section 4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

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: 474-1541

FILING FEE: $ 60.00

FILE NO. 1492-C

DATE: Feb 12, 1979

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 of 6. P.M. ; Section 4 ;
   Block _____ : Lot _____ : Addition _____
   Street Address SE¼ of SE¼ of SE¼ 306.75 East By 660.42 North except 347.1 west

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

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

4. Distance to public sewer: _____ ft.

John F. Pittman
Signature of Applicant (Owner or Lessee)

Box 65 Hickman, Nebr 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/12/79 . Date Frwd. 2/13/79 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-13-79 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Tom Raasch

3. City or County Engineer : Date Rec'd. 2-13-79 . Date Frwd. 2-13-79 . ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-22-79 by: jw
Date: ~~8-27-79~~ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-27-79 By: James Weeks

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: 474-1541

C

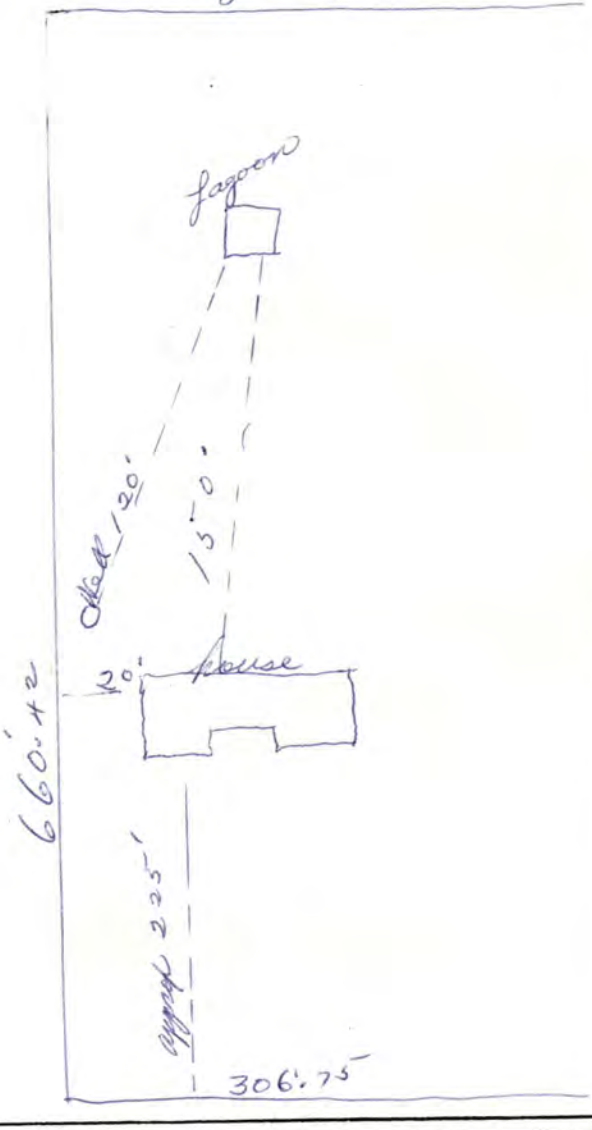
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1492-C

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

SE¼ of SE¼ of SE¼ 306.75 west
Range 7E of 6 PM section 4

Proposed residence and well



John H. Pittman
Box 65
Heckman, Ne
68372

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

_____
Signature of Reviewing Official

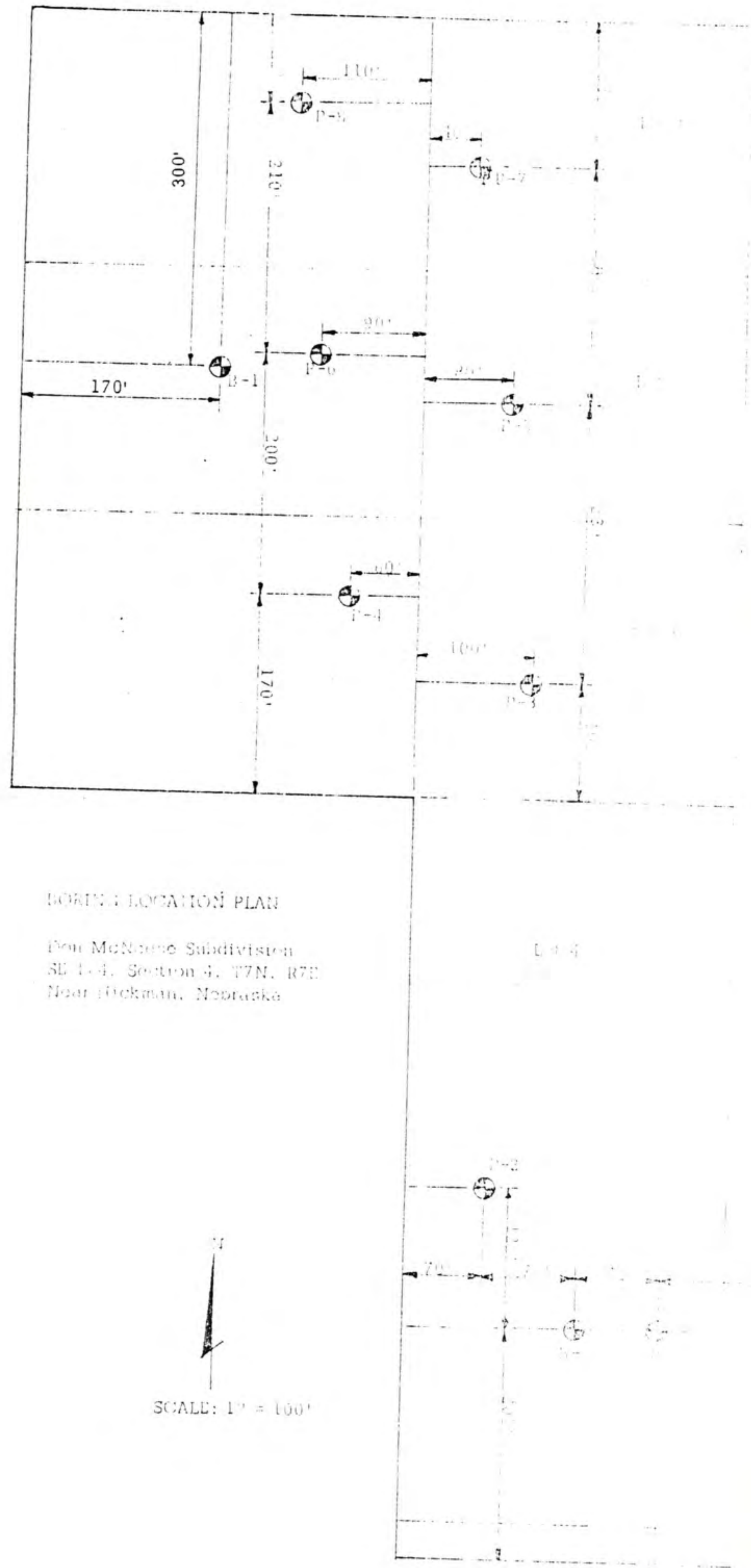
The soil criteria for an absorption disposal system is as follows: (1) the percolation rate (time required for water level to fall one inch, in minutes) should be less than 60 minutes; (2) the maximum elevation of the groundwater table should be at least 4 feet below the bottom of the trench; and (3) rock formations or other impervious strata should be at a depth greater than 4 feet below the bottom of the trench. Unless these conditions are satisfied, the site is unsuitable for an absorption field, except in isolated systems.

Eight percolation tests were made in separate test holes spaced uniformly over the proposed absorption field site. The locations of these holes are shown in Figure 1. The holes were approximately 6 inches in diameter and 36 inches deep. The logs of these holes are presented in Table 1. The holes were cleaned and two inches of gravel added to protect the bottoms of the holes from scouring and sediment.

Water remained in holes numbered 1, 2, 6, 7 and 8 after the overnight saturation. The other holes were dry. Water was then added to the holes to bring the water level to approximately six inches above the gravel and percolation rate measurements were made at 30 minute intervals for 4 hours. The drop in water levels for the final 30 minute period of time as well as the percolation rates, are shown in the following tabulation.

Test Hole	Depth of hole, inches	Drop in Water Level in 30 min. period, in.	Percolation Rate, min. per in.
1	36	1/8	240
2	36	1/32	960
3	36	7/32	137
4	36	1/4	120
5	36	1/8	240
6	36	0	>960
7	36	1/8	240
8	36	0	>960

It should be noted that all eight of the percolation rates measured were in excess of the 60-minute maximum percolation rate permitted for an absorption disposal system.



BORING LOCATION PLAN

Don McNeese Subdivision
SE 1/4, Section 4, T7N, R7E
Near Hickman, Nebraska

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: 8-27-79

FILE NO. 1492C

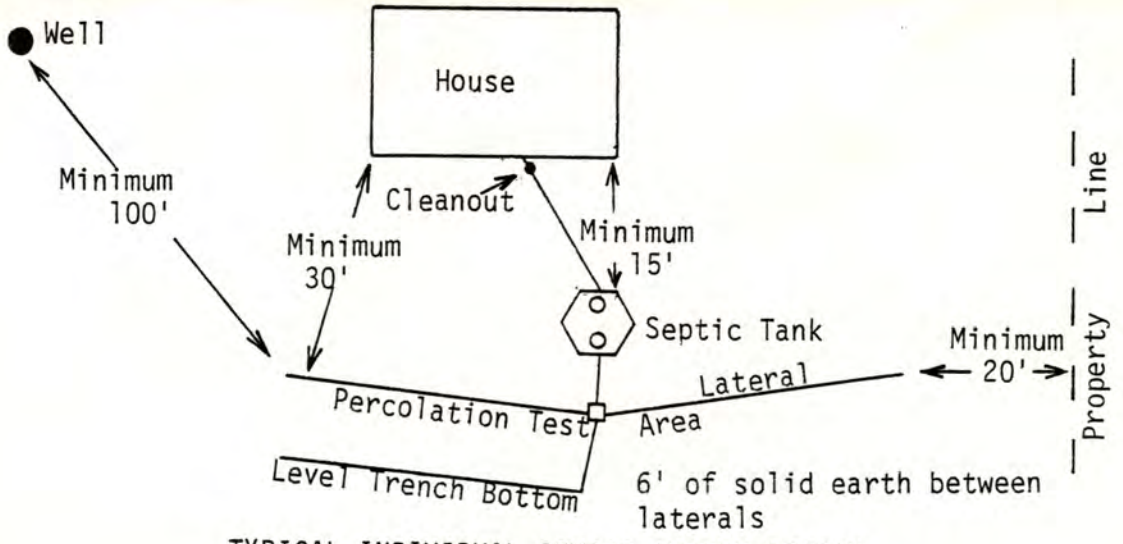
SPECIFICATIONS AS BUILT John Pitman

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 180' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 236 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
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 _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ 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

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6740 PANAMA Rd. HICKMAN NE. 68372

Twp 7 Range 7 Section 4 1/4 ___ 1/4 ___ Block ___ Lot 33 Addition South SE. 4-7-7

Directions to Property NW CORNER OF 68TH & PANAMA Rd.

Location of Well N & W of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System LAGOON North of Home. Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Roger & Norma WIESKAMP	6740 PANAMA Rd. HICKMAN	NORMA 463-6080
Tenant/Buyer:	Pat & WENDY MAAE.		420-6363
Return to:			

Signature of Applicant Ron Hinkley Address 840 N. 48 LINCOLN NE. 68504 Date 3/4/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03/05/99
Initials ___
Amount 150 =
Check No. 6371

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/9/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 0.8 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Be certain to remove cattails growing at lagoon water's edge as soon as weather permits.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 3/12/99

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

P7617-57 P7617-63

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 1 1 1999

Laboratory Report Printed on MAR-10-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

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

Laboratory Number: **P7617-57**
Sampled By: **MARQUART, R.**
Location: **6740 PANAMA RD.**
Sample Point:

Date Collected: **09-Mar-1999 01:00 PM**
Date Received: **09-Mar-1999**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Level
TOTAL COLIFORM	COLILERT	03/10/99	KC	Total coliform negative - meets bacteriological standards		cfu/100ml	0
E. COLI	COLILERT	03/10/99	KC	E. coli negative		cfu/100ml	0

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

~~Nebraska Health and Human Services System~~
~~Department of Regulation and Licensure — Laboratory Services~~
~~3701 South 14th Street, Lincoln, NE 68502 (402) 471-2122~~

State Lab # **P7617-63**

Laboratory Request For: **NITRATE/NITRITE** **Method: 353.2**

Type of Sample & Supply: Distribution X Nonchlorinated ___ Chlorinated ___ Raw Water X Other ___ (Check all that apply)

Reason for Sample Request:

NITRATE

Collected by: R. Maranart Date / Time 3 / 9 / 99 / 13 : 00 (Circle one) am/pm

Field pH ___ Residual Chlorine ___ POE/Location: 6740 Panama Rd.

#17

Account # LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT. LINCOLN, NE Result 0.8 3-10-99 JP

P7617-63 P7617-63 P7617-63

P7617-63 P7617-63

LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET

LINCOLN,NE 68510

To: Nebraska HHS R & L Laboratory
Box 95133
State House Station
Lincoln, NE 68509

First Class Mail

PERISHABLE

Nebraska HHS R & L Laboratory
Box 95133 State House Station
Lincoln, NE 68509

To: **LINCOLN LANCASTER COUNTY HEALTH DEPT.**

3140 N STREET

LINCOLN,NE 68510

PERISHABLE

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. 3/10/92 (9-16) 11:03 A.M. HOUR BY L. C. Wood (17-28)

ADDRESS OR LOCATION LOT 33 I.T., SEC. 4, T 7N, R 7E (29-41)
ROGER WIESKAMP

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 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. 142-5328 (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 [illegible] (76-79)

MAR 10 P1:56 92

IN

OUT

MAR 11 P1:35

WATER CHEMISTRY

STATE LAB NO. 152-297

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO) 10 (DAY) 92 (YEAR) 11:03 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION ROGER WIESKAMP

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 4 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

REPORTED MAR 11 '92 P4:26

RECEIVED MAR 10 P1:56

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 1.1 mg/l

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

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

AS BUILT DRAWING OF SYSTEM

DATE 8-27-79 INSTALLER Paul von Gillern

