LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 948-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 27, 1977 — THIS PERMIT EXPIRES

G.A. Rudolph, R.F.D., Hickman, NE 68372 — ISSUED TO / ADDRESS

T7N; R7E; of 16 pm; Sec. 4 NW¼ of NW¼; Lot 11E regular tracts of NW¼ — 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

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. 948-C

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

DATE: 10-23

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 6 PM ; Section 4.
   Block ____ ; Lot 11 & Irregular tracts of NW 1/4 ; Addition ____
   Street Address ____ NW 1/4 of NW 1/4

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: None ft.

G.A. Rudolph
Signature of Applicant (Owner or Lessee)

R.F.D. Hickman
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/27/76 . Date Frwd. 10/27/76 . 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. 10/27/76 . Date Frwd. 10/27/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

In Hickman Jurisdiction

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

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. 948-C

DATE: 10-23

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 6pm ; Section 4 NW¼ of NW¼ ; Block ; Lot 11 & Irregular tracts NW¼ ; 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 ☐

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).

G.A. Rudolph
Signature of Applicant (owner or lessee)

Hickman Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10/29/76 by: L.C.H.
Date: / / by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 10/27/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/29/76 by: Jerrold C. Hood

10-27-76 - Jim Moser
Utilities Chairman
Village of Hickman

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. 948-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7N ; Range 7E of 6 pm.
Section & ¼ Sect. NW¼ of NW¼ Lot 11 of Irregular tract NW¼ sec 4
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 ☐

Owner: G.A. Rudolph
Address R.F.D. Hickman

Dates of Tests: 8-20 to 8-21. Weather: Precip. ____ Temp. ____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36"	8-20	8:00	8-21	1:00	8-21	1:10	20	1:40	18	30 min	2	30 / 2
2	36"	8-20						20		17 1/2	30 min	2 1/2	30 / 2 1/2
3								19		17	30 min	2	30 / 2
4								20		17 3/4	30 min	2 1/4	30 / 2 1/4
5								21		18 1/2	30 min	2 1/2	30 / 2 1/2
6	36"	8-20	8:06	8-21	1:00	8-21	1:15	19	1:45	18	30 min	1	30 / 1

Sum of Percolation Rates 11 1/4
Average of Rates: 1.87
Mean of Rates: 30 min / 1.87 in.

Terry Bouma
Signature of Person Conducting Test

Address Terry Bouma Firth Nebr
Phone: 791-5730

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. 15 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: October 27, 1976

Gerrold C. Hood
Signature of Reviewing Official

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. 948-C

SPECIFICATIONS

DATE: _____

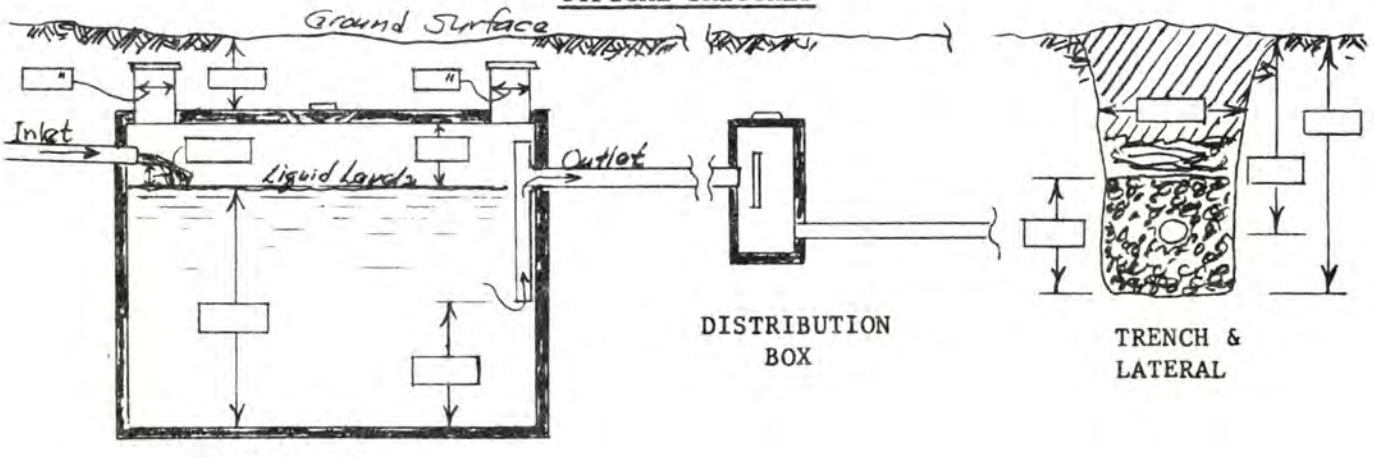
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 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 190 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 36 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

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003118

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR -REPRINT
SEWAGE REPAIR-EXTEND LATERALS

Permit # 03390075901

Issued 10/03/03
Expires 04/03/04
Revenue Code 3157

Establishment

GEORGE GRAFF
T7N R7E SEC 4
5805 STAGECOACH RD-HICKMAN

FEES: $100.00

Permittee

GEORGE GRAFF
5805 STAGECOACH RD
HICKMAN NE 68372

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0339007 59 - MF

RECEIVED
OCT 0 3 2003

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 7N Range 7E Section 4 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 5805 Stagecoach Rd. Hickman, Ne 68372

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** extend lateral w/ 4 (2) 100' length of Infiltrator style Lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer & Drain

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name George Gratt Address 5805 Stagecoach Rd Phone _____
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 10 / 3 / 03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10 / 3 / 03 By J.C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 10 / 3 / 03 ✓ Amount $100.00 ✓ Check No. 5239 ✓ Initials JS

White - Division Copy Pink - Business Office Revised 9/00

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 5805 Stagecoach Rd Hickman

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 4 1/4 ___ 1/4 ___ Block ___ Lot 42 Addition Lt 42 except west 208' of (-3

Directions to Property NW¼ Sec. 4T 7N R7 56 St. So — to Satillo — before Hickman ½ so. of Hickman west on Stage Coach Rd

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ____ Year Installed 1976

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Donna Rudolph	5805 Stagecoach Rd	402-792-2384
Tenant/Buyer:	George & Michelle Graef	7211 Braumfield Lin. NE. Lincoln, NE 68516	★ Also send copy to the Buyer (~~402-421-~~)
Return to:	Jeff Searcy 225 N. cotner #102	436-3873-430-7976	436-3376 (Fax)

Signature of Applicant Mary Searcy Address 225 N. cotner #102 Date 9/10/02

Closing DATE Oct 1st

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/10/02 Amount $200.00 Check No. 5447 Initials ____

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/16/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 9/26/02 by J.C.H

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: CATAILS GROWING OVER LOWER LATERAL. CHECK TO SEE IF DISTRIBUTION BOX IS TIPPED. AT SAME TIME CHECK TO SEE IF THERE IS SLUDGE IN THE DISTRIBUTION BOX. ☐ See Attached Letter

9/26/02 Distribution box was tipped and almost completely deteriorated. Corrections Made. J.C.H

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/26/02

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

Donna Rudolph

Official Survey Record

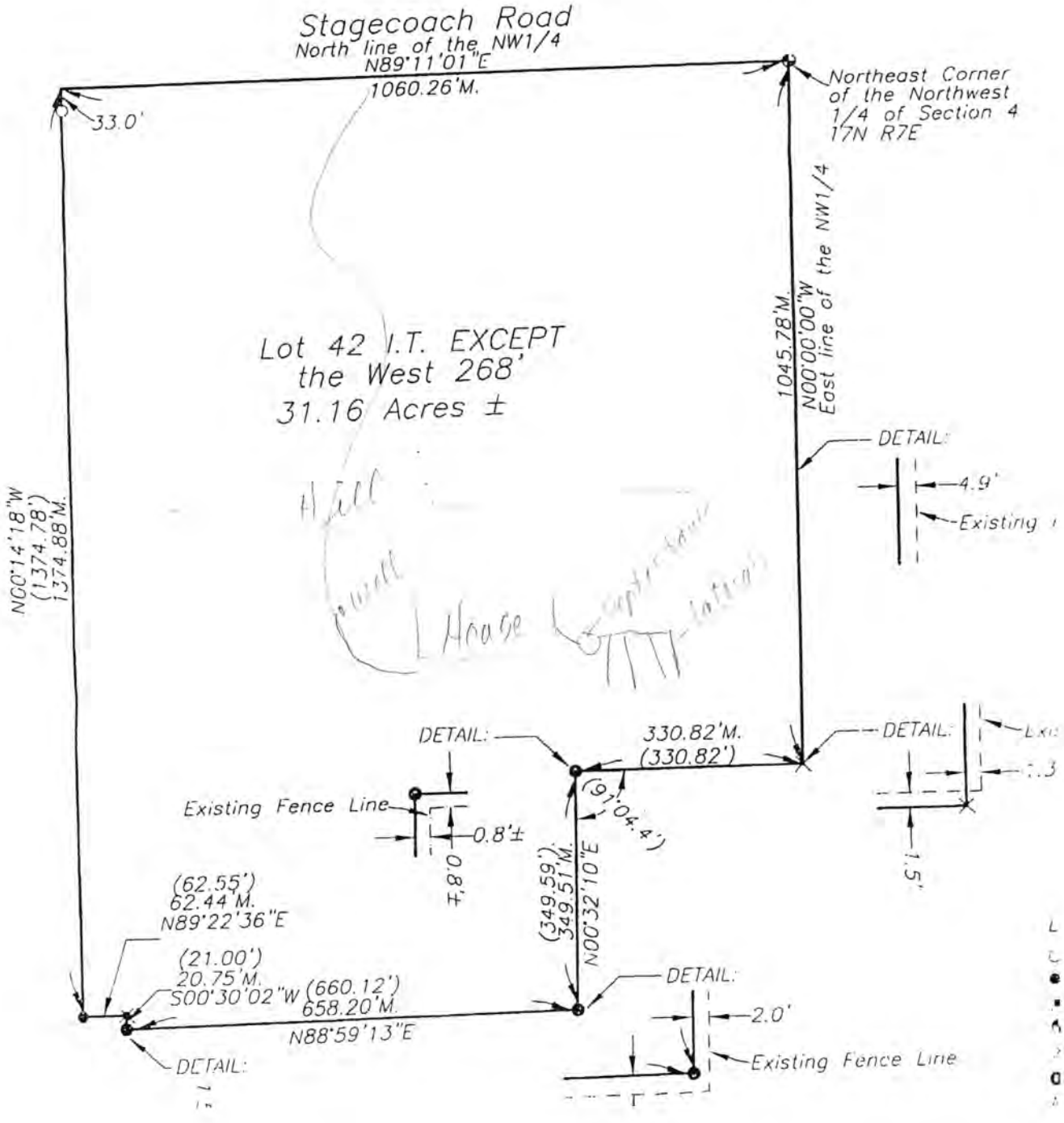
ALLIED SURVEYING AND MAPPING, INC.

6120 South 58th Street – Suite "A" – Lincoln, Nebrasl

LANCASTER County, Nebraska

Survey Lot 42 of Irregular Tracts EXCEPT the West 268' thereof loc
Northwest 1/4 of Section 4 T. 7 N., R. 7 Eas

Job No. 30391



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

SEP 19 2002

Laboratory Report Printed on: September 17, 2002

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

Laboratory Analysis For: Private Coliform

Sample Comments:

Laboratory Number: **P21372-40**
Sampled By: **JERROLD HOOD**
Location: **5805 STAGECOACH RD**
Sample Point:

Date Collected: **16-Sep-2002 01:25 PM**
Date Received: **16-Sep-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	09/17/02	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	09/17/02	KC

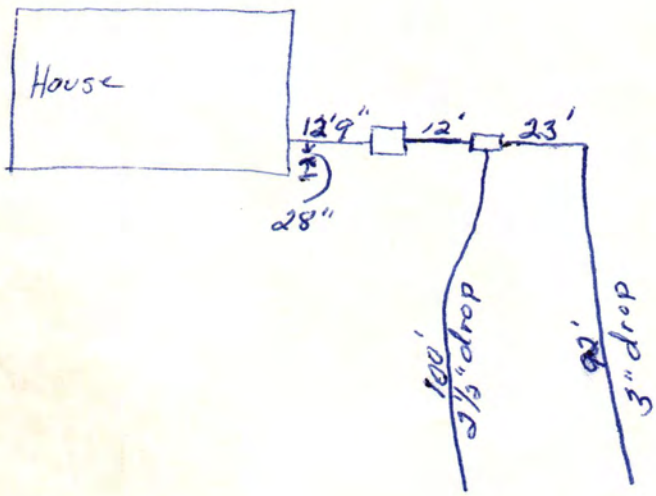
Note: see reverse side of report for description of acronyms and data qualifiers

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

G.A. Rudolph

N

o well excess of 100 ft.



1900 gal tank
192 ft Lateral
average depth 3 ft

10-29-76

Bouma Trenching

Terry Bouma