Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380241501

Issued 12/17/01
Expires 06/17/02
Revenue Code 3157

Establishment

GALEN HAGSTROM
T7N R7E SEC 7 QTR NW
LOT 1IT
22300 S 25 ST-HICKMAN

FEES: $200.00

Permittee

GALEN HAGSTROM
22300 S 25 ST
LINCOLN NE 68372

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000342

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 013802415

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 22300 So 25 (no rural route) City Hickman NE, Zip 68372

Legal Description NW (1/4) 1/4 7 (Section) 7N (Township) 7E (Range) Subdivision Addition Block Lot I.L.T.

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Galen Hagstrom Signature _____

Address 22300 So 25 City/State/Zip Hickman, Ne 68372

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd City/State/Zip Hickman, Ne

☒ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12/17/01 Date frwd 12/17/01 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

7/29/02 Left note. Needs fence, signs, seeding. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date NOVEMBER 5, 2002

Business Office Use Only

Date Rec'd 12-17-01
Amt Paid $200.00
Rec'd By 12/17/01 Cash/Check No. 4516

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Abandon Septic System
Install Sewage Lagoon

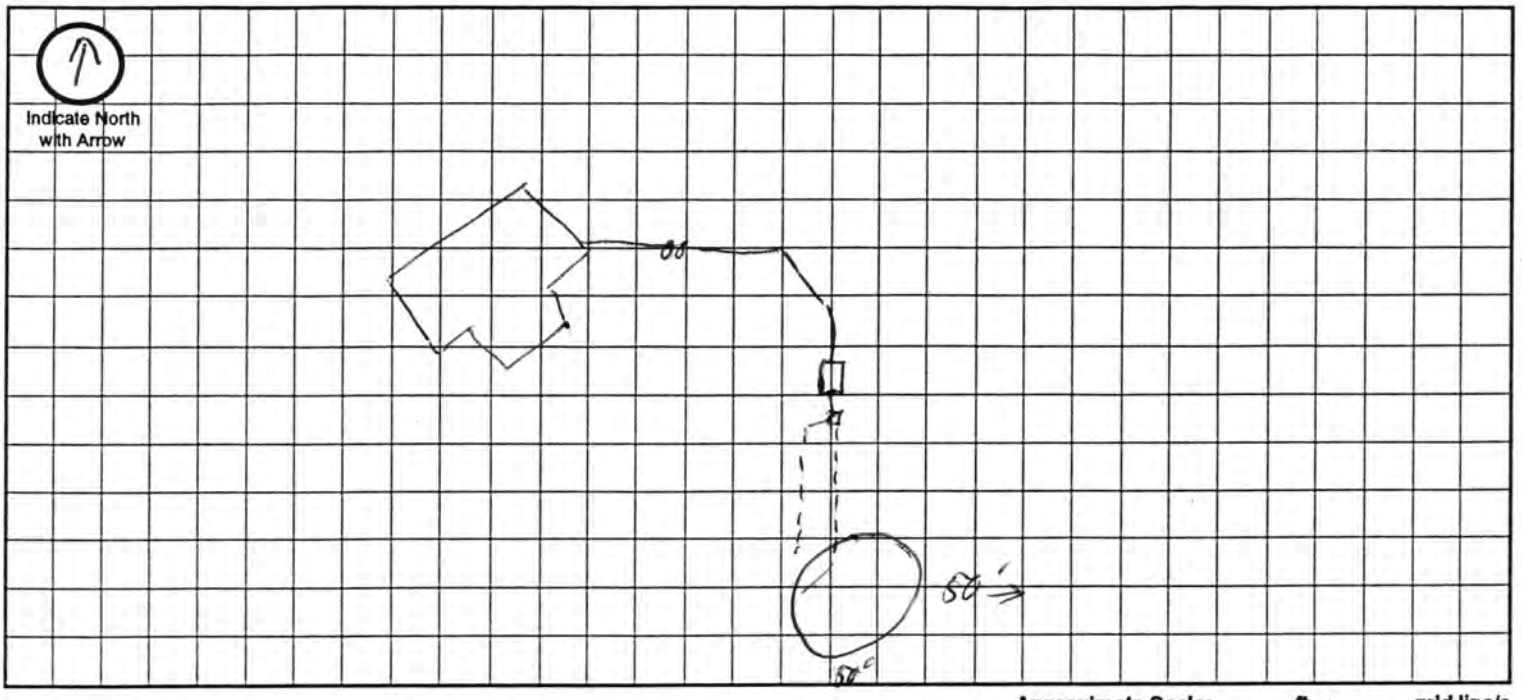
C

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 013802415

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 22300 So 25 City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 12-17-01

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 013802415

Sewage Disposal System

As Built Plans & Specifications

Date 12-19-01

System Location (Indicate correct number and street)

Address 22300 So 25th St. (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

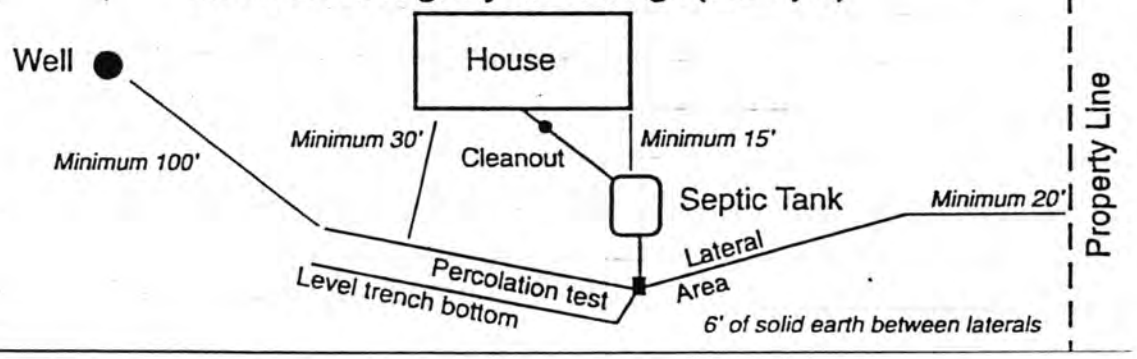
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

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. 618-C

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

DATE: 5-16-75

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 ; Section NW¼ of 7
   Block _____; Lot _____; Addition See attached
   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. Distance to public sewer: _____ ft.

Sydney L. Smith
Signature of Applicant (Owner or Lessee)

1613 G St Lincoln Nebr.
Address

File Closed 7-14

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5-16-75 . Date Frwd. 5-16-75 . ACTION: Approved ☒ Disapproved ☐ Signature: James Neverka
2. Supt. Bldg. Insp.: Date Rec'd. 5-16-75 . Date Frwd. 5-16-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Gene Updike
3. City or County Engineer: Date Rec'd. 5/16/75 . Date Frwd. 5/16/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Allen R Hillerberg

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 7N ; Range 7E
Section & ¼ Sect. NW¼ of 7
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: Sidney Smith
Address 1615 G

Dates of Tests: _____ to _____. Weather: Precip. ____ 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	34	5/1	10:00	5/2	10:00	5/2	10:00	6	11:30	4	30	2	
2	"	"	10:10	"	10:10	"	10:10	6	11:32	3	"	3	
3	"	"	10:20	"	10:04	"	10:20	6	11:34	4	"	2	
4	"	"	10:30	"	10:06	"	10:30	6	11:36	2	"	4	
5	"	"	10:40	"	10:08	"	10:40	6	11:38	5	"	1	
6	"	"	10:50	"	10:10	"	10:50	6	11:40	4	"	2	

Closed

John Strohmyer
Signature of Person Conducting Test

Address _____
Phone: _____

Sum of Percolation Rates _____
Average of Rates: 2.333/30'
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Judson soil, owner decided to base information on 60/1"

DATE: 5-16-75

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

James Weverka
Signature of Reviewing Official

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

DATE: 5-16-75

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. 7 N ; Range 7 E ; Section NW¼ of 7 ; Block ; Lot ; Addition
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 2
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; 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).

Sydney R. Smith
Signature of Applicant (owner or lessee)

1615 Gst Lincoln Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

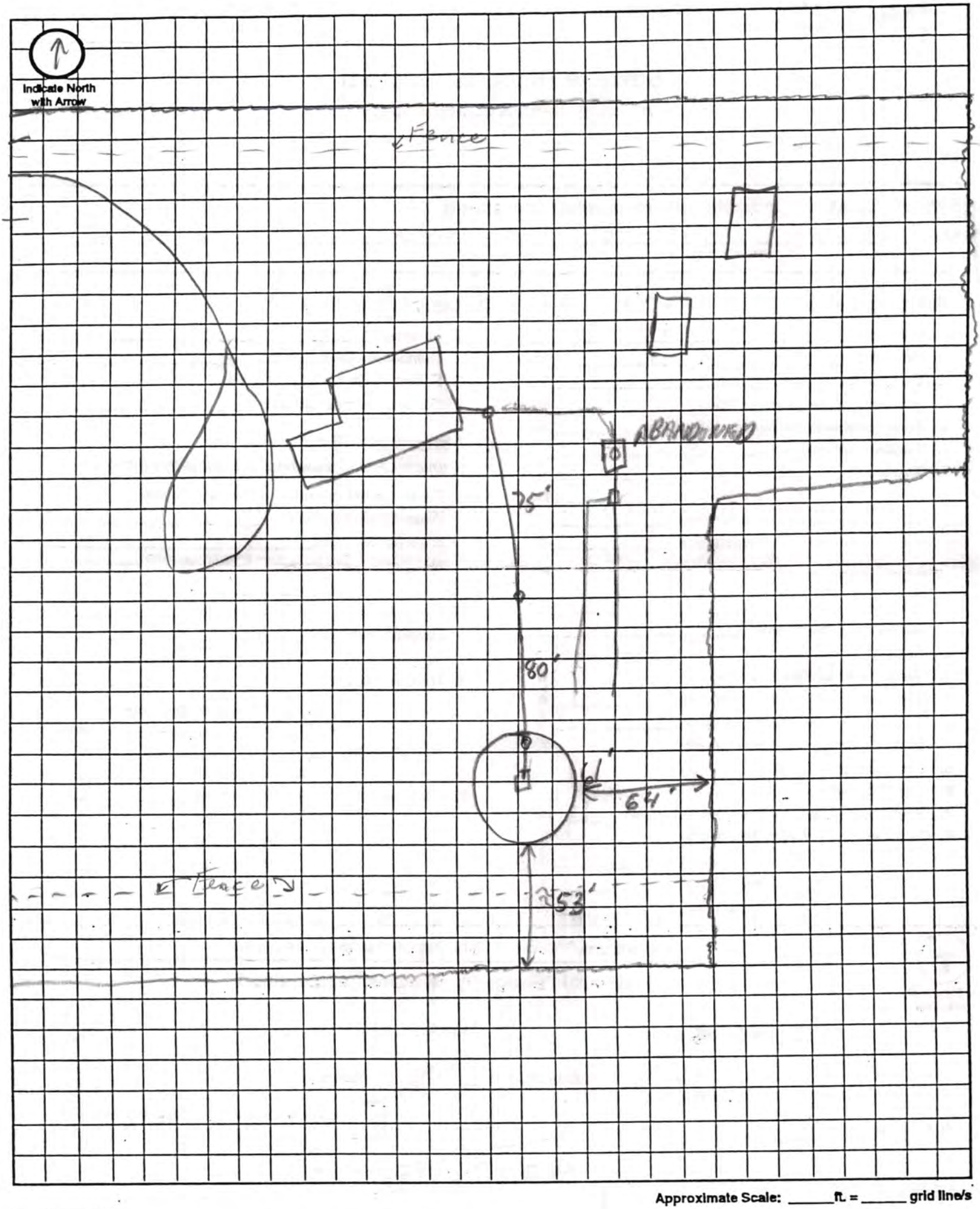
1. Date Rec'd; 5-16-75
Filing Fee: $30.00

2. Site Visits:
Date: July-25-75 by: [illegible]
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: James Wevelka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: July-25-75 by: Ron Maynard

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

Survey Record

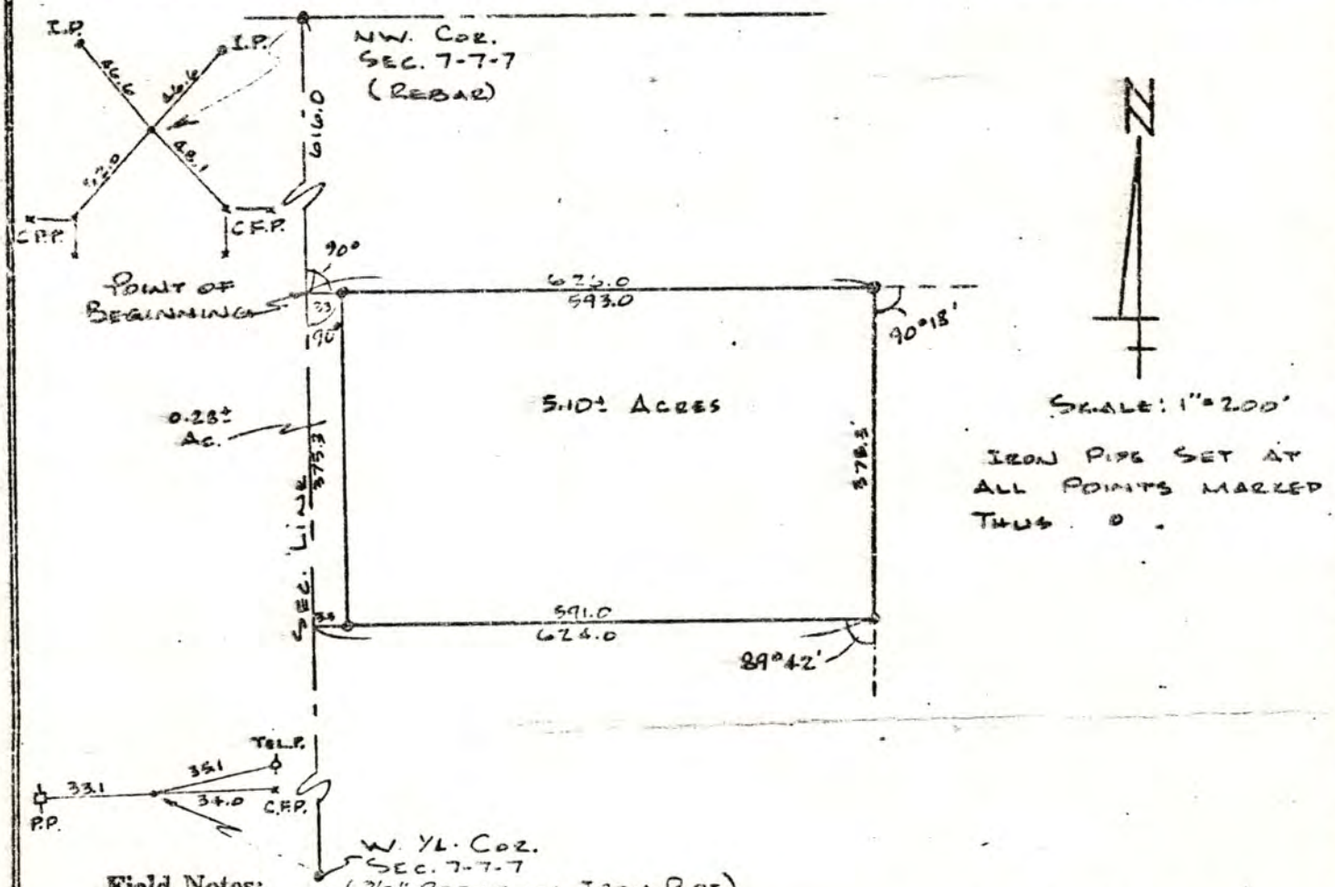
LANCASTER COUNTY, NEBRASKA

Survey of: PART OF NW¼

Section 7 **T** 7 N, **R** 7 E of 6th P.M.

Survey No. .....(To be assigned by County Surveyor)

Date MARCH 1 **19** 75 **Weather** P.C., COOL WINDY



Field Notes: **Show descriptions of corners found and restored; distances chained; angles measured, if any; courses and bearings of irregular tracts surveyed; and ties taken to corners. Use reverse side if necessary.**

LEGAL DESCRIPTION

A tract of land in the Northwest Quarter of Section 7, Towsnhip 7 North, Range 7 East of the 6th P.M., Lancaster County, Nebraska more particularly described as follows: Commencing at the Northwest Corner of said Section 7; thence southerly along the West line of said Section 7 a distance of 616.0 Feet to the Point of Beginning; thence easterly on a deflection angle of 90° left from the last described course a distance of 626.0 Feet; thence southerly on a deflection angle of 90°18' right from the last described course a distance of 375.3 feet; thence westerly on a deflection angle of 89°42' right from the last described course a distance of 624.0 Feet to the west line of said Section 7, thence Northerly along said west line a distance of 375.3 Feet to the Point of Beginning, said tract containing 5.38 plus or minus acres.

Signed this 3RD **day of** MARCH **19** 75

Name: Paul Ehlers

Surveyor's license No. L.S. 246

Land Surveyor's Seal

RECEIVED JUL 11 1990

$15.00

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: July 9, 1990

Legal Description of Property: Lot one (1) of Irregular Tracts in the Northwest Quarter (NW 1/4) of Section Seven (7), Township Seven (7) North, Range Seven (7) East of the 6th P.M., Lancaster County, Nebr.

Directions to Property: 1/8 mi. S of 25th & PANAMA RD, East Side of 25th

Land Owners	Send Results to:
Name: Ed & Paula Hall	Name: Ed & Paula Hall
Address: Rt. 1, Box 389 Hickman, NE	Address: Rt 1, Box 380 Hickman, NE 68372
Phone: 792-2692	Phone: 792-2692 - eve. 437-2214 - day

Land Owners Signature: Paula Hall

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	80' ?
Casing Material	PVC ?
Casing Diameter	3" ?
Is well located in a pit	NO
Type of pump	Sump

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	80 (distance)	FEET	(U)/D
CESSPOOL	N/A	FEET	U/D
SEPTIC TANK	50	FEET	U/(D)
SEWAGE DISTRIBUTION FIELD	N/A	FEET	U/D
WASTE STABILIZATION LAGOON	N/A	FEET	U/D
BARN YARD	N/A	FEET	U/D
NEAREST WELL	N/A	FEET	U/D
NEAREST PASTURELAND	20	FEET	U/(D)
NEAREST CROPLAND	1/8 mi	FEET	U/(D)
SHOP	N/A	FEET	U/D
GRAINERY	0	FEET	U/D
FUEL TANKS	0	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

Lincoln-Lancaster County
Health Department

2200 St. Mary's Ave
Lincoln, NE 68502-3785
402-471-8000
M. Jane Ford, Director

July 20, 1990

Paula Hall
Route #1, Box 380
Hickman, NE 68372

Dear Ms. Hall:

On July 12, 1990, an inspection was made of the water well supplying your home. Well construction appears to be satisfactory.

Bacterial and nitrate nitrogen water sample results indicate a satisfactory drinking water supply. Nitrate is 1.1 ppm which is below the 10 ppm limit.

If there are any questions, please contact the Health Department.

Sincerely,

Ron Marquart

Ron Marquart, Field Sanitarian
Food/Water Section
Division of Environmental Health

RM:wd

FD.7040/5

RECEIVED JUL 17 1990

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. 7 (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY 7N, R7, 7 (6-7)

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

DATE COLL. 7-12-90 (9-16) MO./DAY/YR./HOUR BY sm (17-28)

ADDRESS OR LOCATION Paula Hall (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Marys
Lincoln, NE

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. 140-14205 (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 ET (76-79)

IN '90 JUL 12 P4:29

OUT '90 JUL 13 P2:01

RECEIVED JUL 17 1990

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 150-4564

FOR LABORATORY USE ONLY

DATE COLLECTED 7 (MO.) - 12 (DAY) - 90 (YEAR) 1300 (HOUR)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION P. Hall

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR _____ SECT _____ TWNSHP _____ N S RANGE _____ E W

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N Less than 0.1 mg/l

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

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Marys
Lincoln NE

TEST(S) BY _____

FOR ACCOUNTING USE ONLY

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

LWN 88

REPORTED '90 JUL 13 P4:30

RECEIVED '90 JUL 12 P4:29