LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2424-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 18, 1987 — THIS PERMIT EXPIRES

THOMAS CUMMINGS, 1020 NORWOOD DRIVE, APT. #208, LINCOLN, NE 68512

ISSUED TO — ADDRESS

T7N; R7E; Sec 9; Lot 21 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
RD	11/8/86	

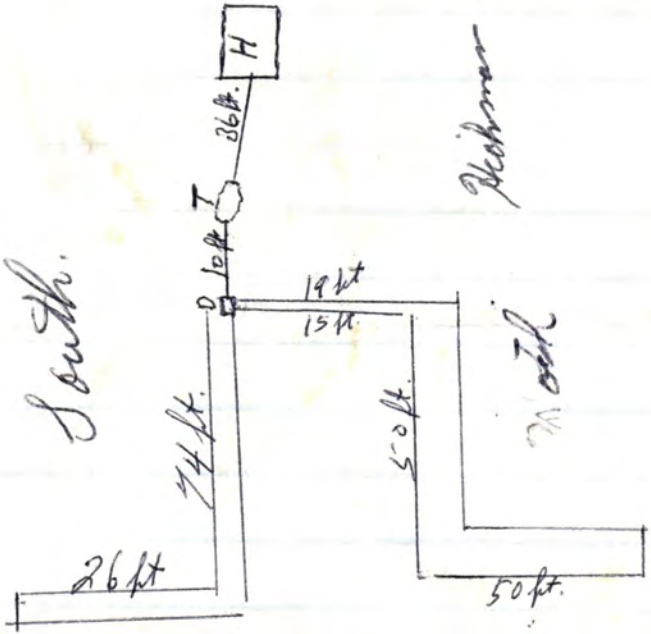
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977



Watts Digging Co.
Milford Neb.

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. 2424-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 9 ;
   Block _____ : Lot 2 / IT : 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.

EXPERIMENTAL

Thomas Cummings
Signature of Applicant (Owner or Lessee)

1020 NORWOOD DRIVE, Apt. 208
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/18/86. Date Frwd. 11/18/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/18/86. Date Frwd. 11/18/86. ACTION: Approved ☐ Disapproved ☐ Signature: Gary N Sherwood

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Dwight Reamon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/5/87 by: L.C.H. lateral in, but not perforated pipe, Lateral appears to be over property line
Date: 3-6-87 by: from 2nd need drawing
Date: 4/27/87 by: L.C.H. - need drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/9/96 By: Jerrold C. Hood

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

FORM 23-43

FORM 20105-0477
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: 471-7800

B

FILE NO. 2424-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 9 .
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-7-86 to 6-8-86 . Weather: Precip. 0 Temp. 60 .

Hole's 2-3-4-5-6 had water in from Pre-Test

OWNER: Tom Cummings

Address: 1020 Norwood Dr. Apt. 208 423-1486

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	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 3/4"	30m	1/4"	
2	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
3	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
4	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
5	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
6	36"	6-7	9:00 Am	6-8	7:00 Am	6-8	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Mike Hoogland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Marberry Silty Clay Loam
Date: NOVEMBER 18, 1986

Approved Percolation Rate (a)
A. 240 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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 5701 Panama Rd.

Twp 7N Range 7E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 21 Addition ___

Directions to Property ___

Location of Well Front of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1864

	NAME	ADDRESS	PHONE
Present Owner:	Tom Cummings		
Tenant/Buyer:	Gary E. & Pamela J. Brooks	P.O. Box 59, Roca, NE 68430	423-8929 & VIA. 421-4342 work (Pam)
Return to:	St Mc as Buyer		

Signature of Applicant Pamela J. Brooks Address P.O. Box 59 Roca, NE 68430 Date 7/23/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/24/96
Initials J.C.H.
Amount $150.00
Check No. 3761

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/24/96

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: SEPTIC SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

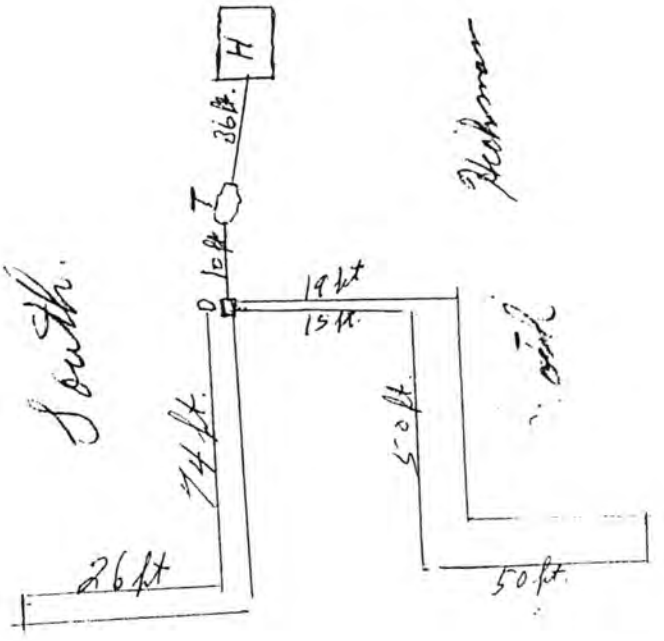
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 7/30/96

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



Wharfs Dredging &c.

Milford Neb.

WATER CHEMISTRY

STATE LAB NO. 155114

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO) 24 (DAY) 96 (YEAR) 12:01 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TOM CUMMINGS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '96 JUL 26 PM 3 53

RECEIVED '96 JUL 24 P1:46

'96 JUL 25 PM 2 00

REPORTED

RECEIVED

'96 JUL 24 P1:46

WATER MICROBIOLOGY

STATE LAB NO 14 14728

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 7 (MO.) 24 (DAY) 96 (YEAR) 12:01 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TOM CUMMINGS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY lw

FOR ACCOUNTING USE ONLY

LWB 91