# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2573-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 5, 1988 — THIS PERMIT EXPIRES

DAVID KLAWITTER — ISSUED TO

BOX 373-B — ADDRESS

HICKMAN, NE 68372

T7N; R7E; Sec 9; Lot 22 & 24; So. 68 Panama Rd., Hickman — 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 |
|---|---|---|
| JS | 10-6-87 | |

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. 2572-C

DATE: 8-27-87

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. 7 N ; Range 7 E ; Section 9 ;
   Block _____ : Lot 22 & 24 I.T. Addition _____
   Street Address S. 68th Panama Rd. Hickman, Ne.

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: N/A ft.

David Klawitter
Signature of Applicant (Owner or Lessee)

Box 373-B Hickman, Ne. 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/5/87 . Date Frwd. 10/6/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/6/87 . Date Frwd. 10/6/87 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 10/6/87 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/16/88 by: M. C. H. need drawing ~~fence~~ etc.
Date: 6/20/88 by: M. C. H.
Date: 6/21/88 by: M. C. H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/9/90 By: Jerrold C. Hood

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. 2572-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 9 .
Property Dimensions: _____ ft. x _____ ft. Area: 35 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 8-22-87 to 8-23-87 . Weather: Precip. 0 Temp. 60° .

Hole's - 2 - 4 - 5 Had water in From Pre-test

OWNER: Dave Klawitter
Address: Hickmen NE. 792-2007

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" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 5 3/4" | 30m | 1/4" | |
| 2 | 36" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 5 7/8" | 30m | 1/8" | |
| 3 | 36" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 5 3/4" | 30m | 1/4" | |
| 4 | 36" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 5 7/8" | 30m | 1/8" | |
| 5 | 36" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 6" | 30m | 0" | |
| 6 | 36" | 8-22 | 11:00 Am | 8-23 | 7:00 Am | 8-23 | 7:00 Am | 6" | 8:00 Am | 5 5/8" | 30m | 3/8" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Mike Hoagland
Signature of Person Conducting Test

Address 3833 NW. 52nd Phone 464-0638
Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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 ☐

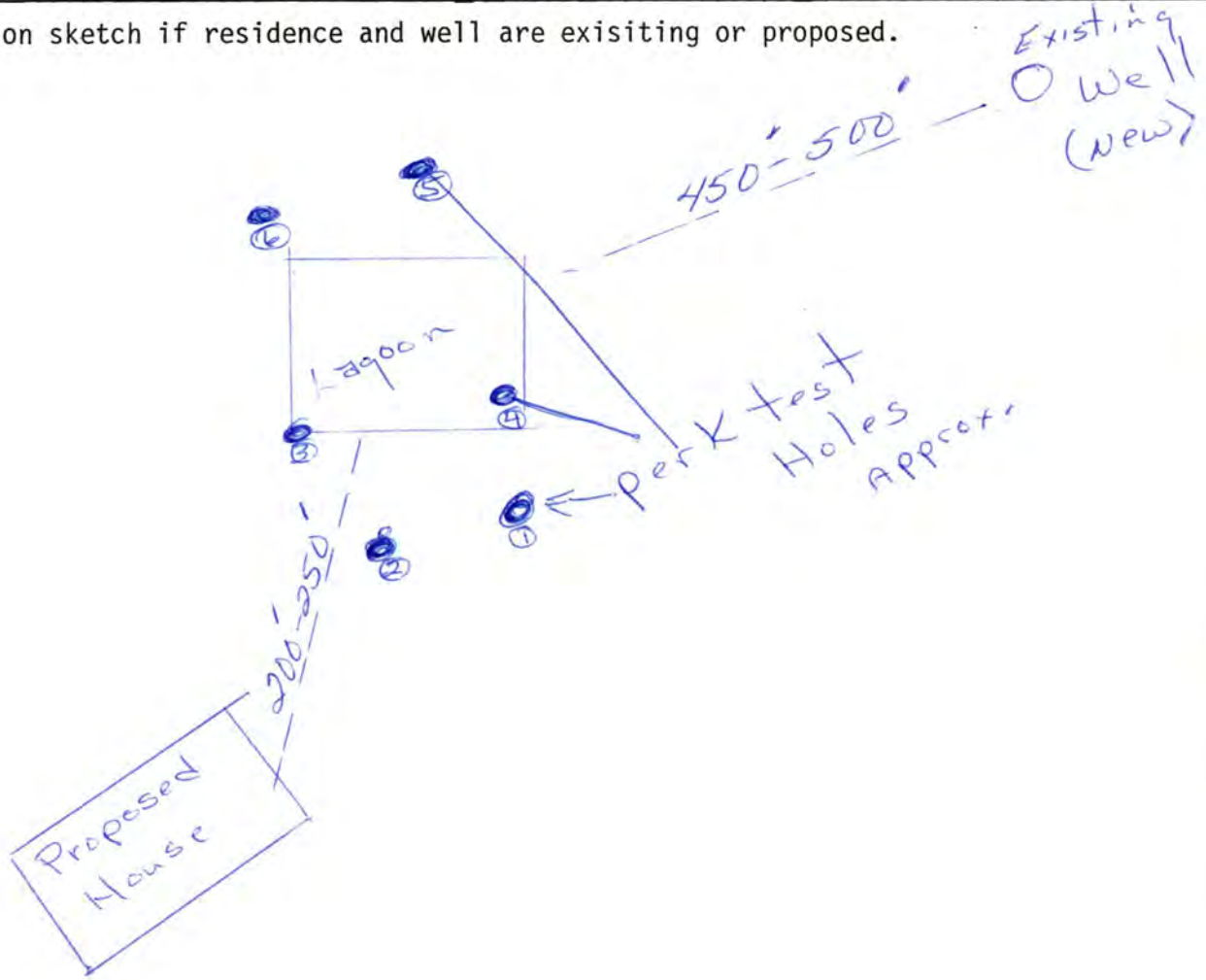
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

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

FILE NO. 2572-C

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




located on 35 ACRES

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

2572-C

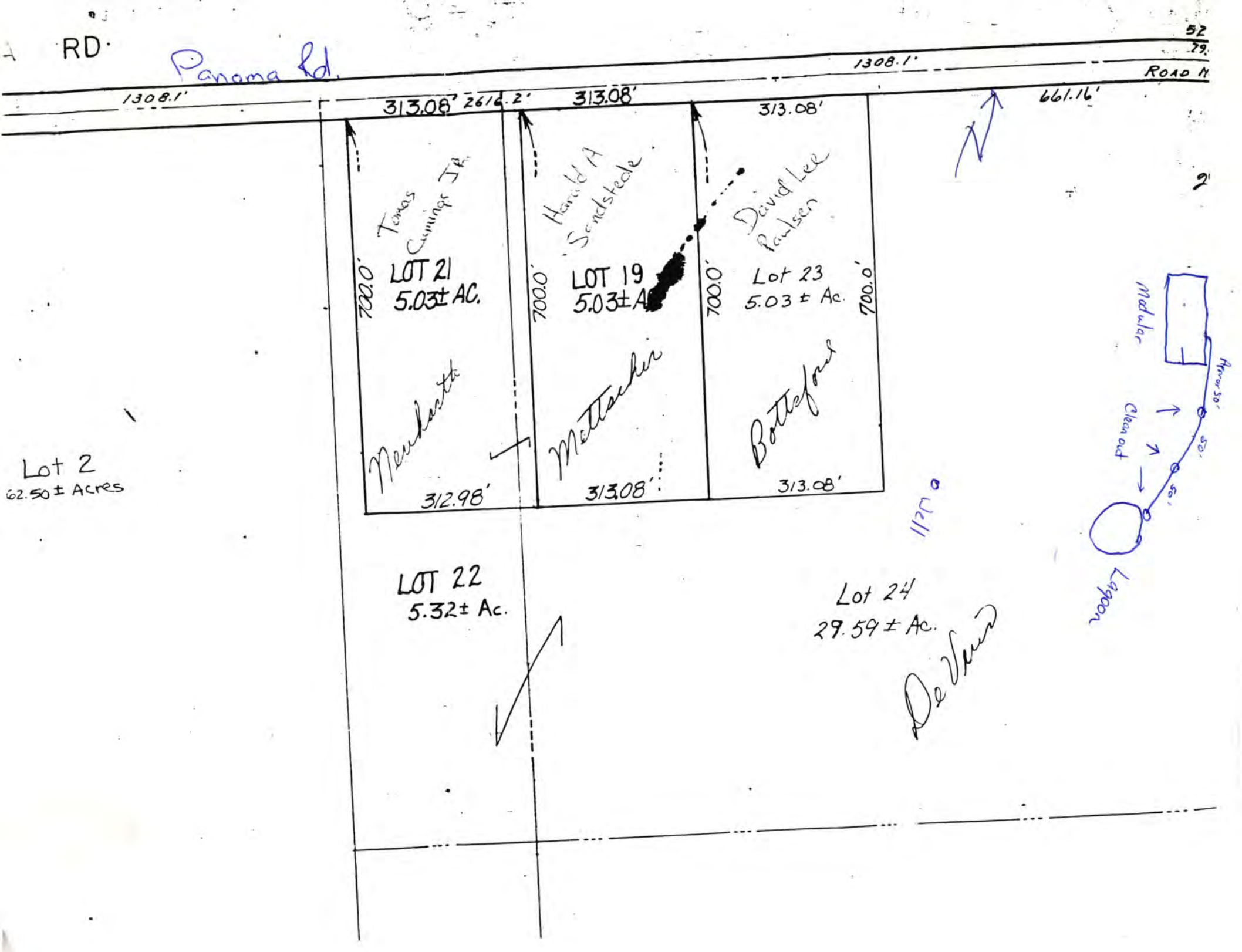
OCT 5 1987

Jerry

I staked the lagoon more between perk test holes 3-4 - 5-6 than the sketch shows. We got plenty of distance between everything so I hope there will be no problems

thanks

Dave Klawitter


RD.
Panama Rd.
1308.1'
313.08'
2614.2'
313.08'
313.08'
661.16'
ROAD N
52
79
Texas Cummings Jr.
LOT 21
5.03± AC.
700.0'
312.98'
Harold A Sandstede
LOT 19
5.03± A
700.0'
313.08'
David Lee Paulsen
Lot 23
5.03 ± Ac.
700.0'
313.08'
Lot 2
62.50 ± Acres
LOT 22
5.32± Ac.
Lot 24
29.59 ± Ac.
1127.0
Modular
Clean out
Approx 50'
50'
50'
Lagoon

RECEIVED AUG 14 1997

Cash 9/15 = ck $15.00

# APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: 8/14/97

Legal Description of Property Lots 22 + 24 NW¼ 9-7-7
Directions to Property ½ mile West of 68th & Panama Road 6005 Panama Road

Land Owners
Name: Tracey Latture
Address: 6005 Panama Road
Phone: 792-2497

Send Results to: SAME
Name:
Address:
Phone:

Dogs should be in fence. Call if you can.

Land Owners Signature Tracey Latture
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 150'
Casing Material _____
Casing Diameter _____
Is well located in a pit _____
Type of pump _____

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

| | (distance) | | |
|---|---|---|---|
| HOUSE FOUNDATION | _____ | FEET | U/D |
| CESSPOOL | _____ | FEET | U/D |
| SEPTIC TANK | _____ | FEET | U/D |
| SEWAGE DISTRIBUTION FIELD | _____ | FEET | U/D |
| WASTE STABILIZATION LAGOON | _____ | FEET | U/D |
| BARN YARD | _____ | FEET | U/D |
| NEAREST WELL | _____ | FEET | U/D |
| NEAREST PASTURELAND | _____ | FEET | U/D |
| NEAREST CROPLAND | _____ | FEET | U/D |
| SHOP | _____ | FEET | U/D |
| GRAINERY | _____ | FEET | U/D |
| FUEL TANKS | _____ | FEET | U/D |
| OTHER POTENTIAL CONTAMINATION SOURCE | _____ | FEET | WHAT? _____ |

ADM.0002/34

Well-Dic - 8-18-97
- Coliform -
Nitrate - obtained

Copies mailed 8/22/97

# WATER CHEMISTRY

STATE LAB NO. 155620

AUG 21 1997

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 18 97
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Lattuce

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

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

REPORTED 97 AUG 20 AM 9 17

RECEIVED 97 AUG 18 PM 12 40

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

John Chess
3140 N
LLCMD
Lincoln NE 68578

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 less than 0.1 mg/l

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

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

97 AUG 19 PM 1 30

REPORTED

97 AUG 18 PM 2:31

RECEIVED

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO 14 17336

DATE COLLECTED 8 18 97
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Lafture

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

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

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
John Chess
3140 N
LLCHD
LINCOLN NE 68510

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

FOR LABORATORY USE ONLY

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

FOR ACCOUNTING USE ONLY

LWB 91