# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 91380073401

Issued 08/01/91
Expires 02/01/92

ESTABLISHMENT

KUBR CONSTRUCTION
T7N R7E SEC 15
SANDY HILLS ESTATES LOT C

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KUBR CONSTRUCTION
RR0001
ROCA NE 68430

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 8/2/91 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 150.00

FILE NO. _____

DATE: 8-1-91

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 15 ;
   Block _____ : Lot C : Addition Sandy Hills Estates
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe 1 story Ranch

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

4. Distance to public sewer: _____ ft.

Dankah Kubr Const
Signature of Applicant (Owner or Lessee)

Rt 1 Roca 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/1/91. Date Frwd. 8/2/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-2-91. Date Frwd. 8-2-91. ACTION: Approved ☒ Disapproved ☐ Signature: Carl Bowers
3. City or County Engineer: Date Rec'd. 08/02/91. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Lynn D. Johnson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/17/91 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/17/91 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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 15 N ; Range 7 - 7 - ; Section & ¼ Section SW - .
Property Dimensions: 300 ft. x 900 ft. Area: 7. acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-23-90 to 7-24-90 . Weather: Light showers 7-23-90 7-24 Sunny Precip. 03 Temp. 84 .

OWNER: Kubr Construction
Address: RFD Roca Ne. 68430

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 | 7-23-90 | 3.30PM | 7-24-90 | 3.30PM | 7-24-90 | 3.30PM | 6" | 4.00PM | | 30MIN | ½ | |
| 2 | | | | | | | | | | | | ¼ | |
| 3 | | | | | | | | | | | | ½ | |
| 4 | | | | | | | | | | | | ½ | |
| 5 | | | | | | | | | | | | 1 ¾ | |
| 6 | | | | | | | | | | | | ¼ | |
| 7 | | | | | | | | | | | | ¼ | |
| 8 | | | | | | | | | 4.00PM | | | 1 ½ | |
| 9 | | | | | | | | | | | | 1 ½ | |

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

Eugene Rezac
Signature of Person Conducting Test
Address Box 77 Denton Ne. 68339 Phone 797-3555

(Do not write below this line)

REVIEWING ACTION

Remarks: Ok not 12/17/91
Soil Type (SCS): Judson Silt Loam reworked
Date: August 1, 1991

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
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 ☒

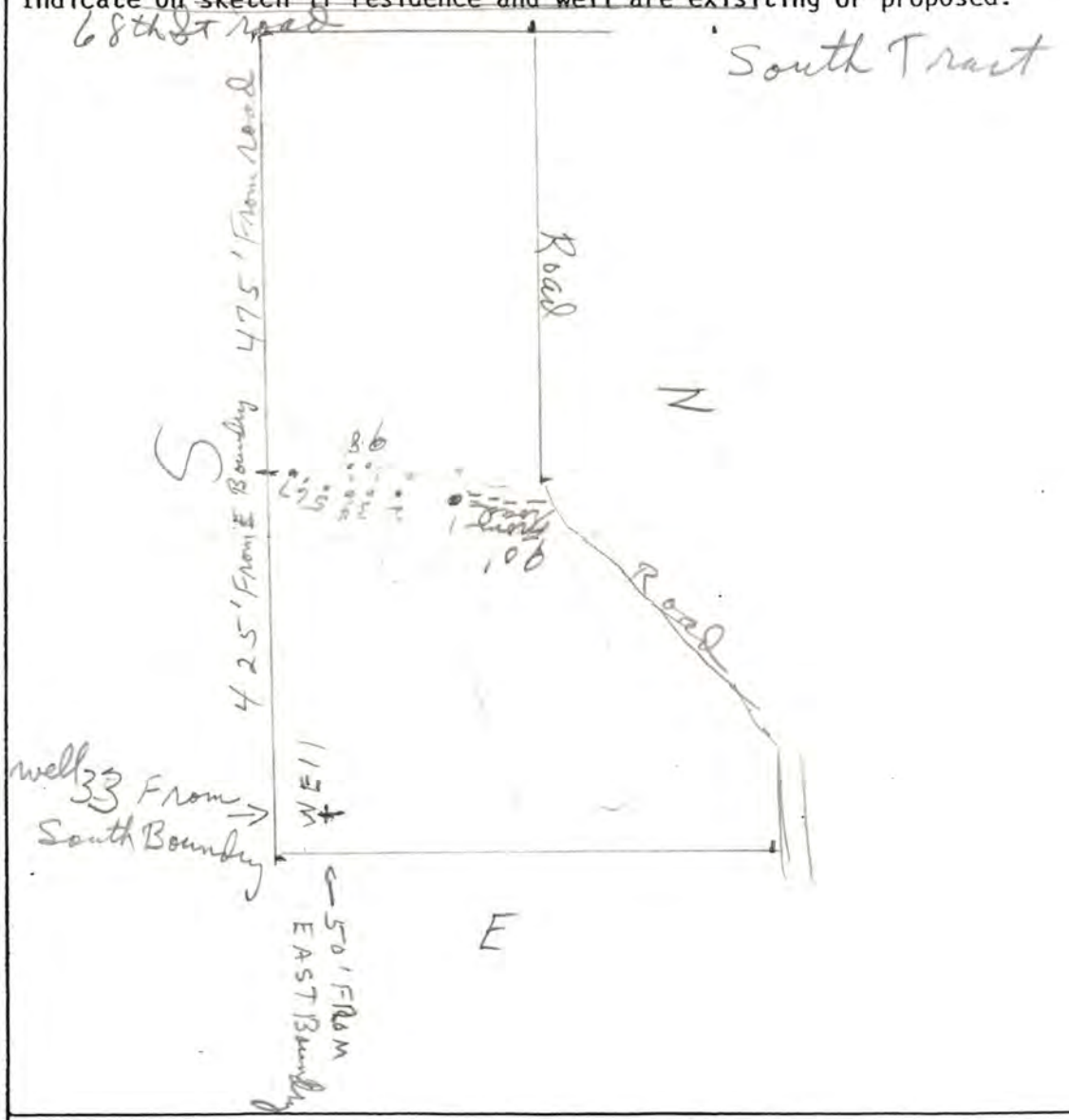
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

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

FILE NO. _____

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



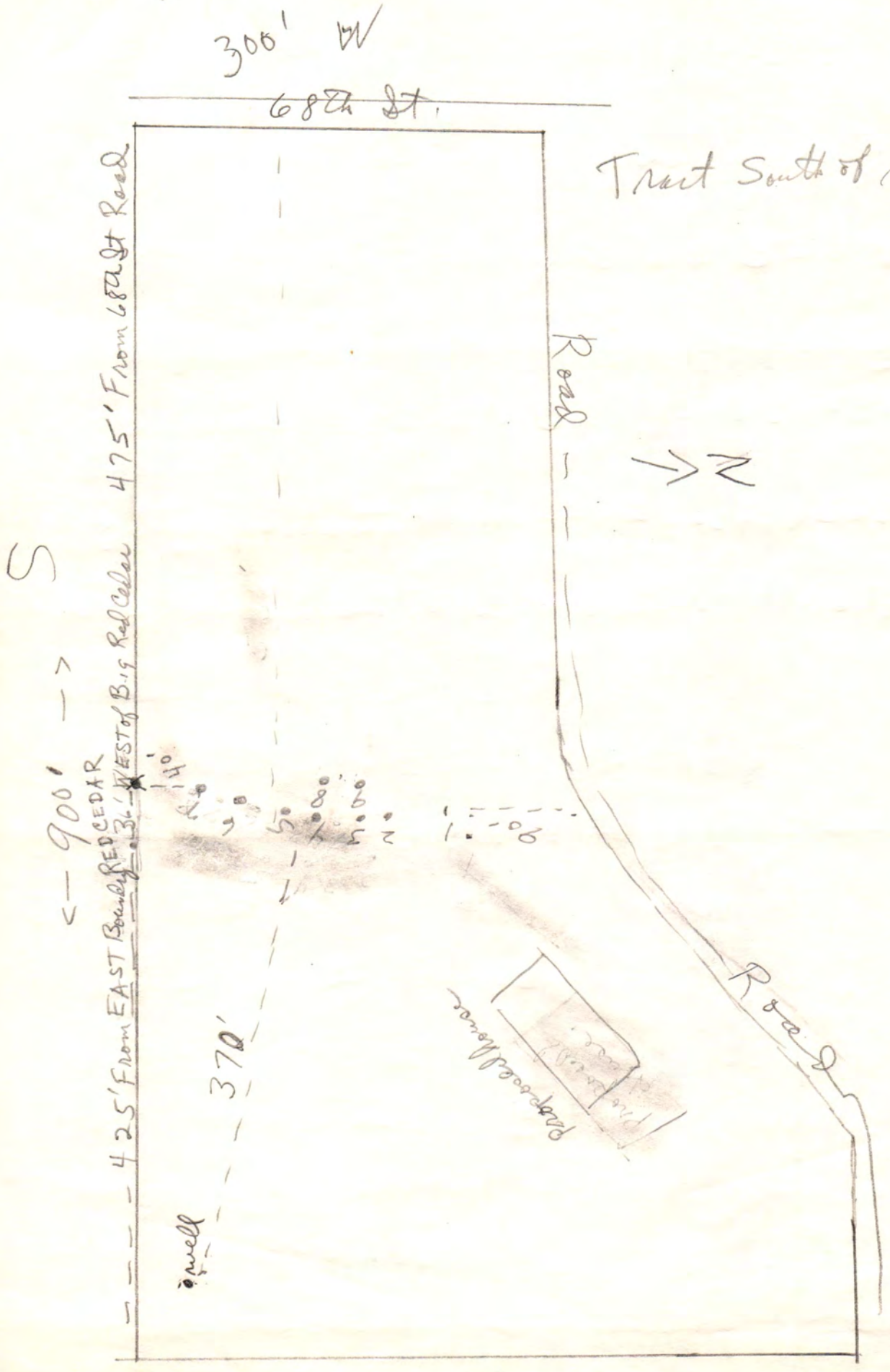

REVIEWING ACTION

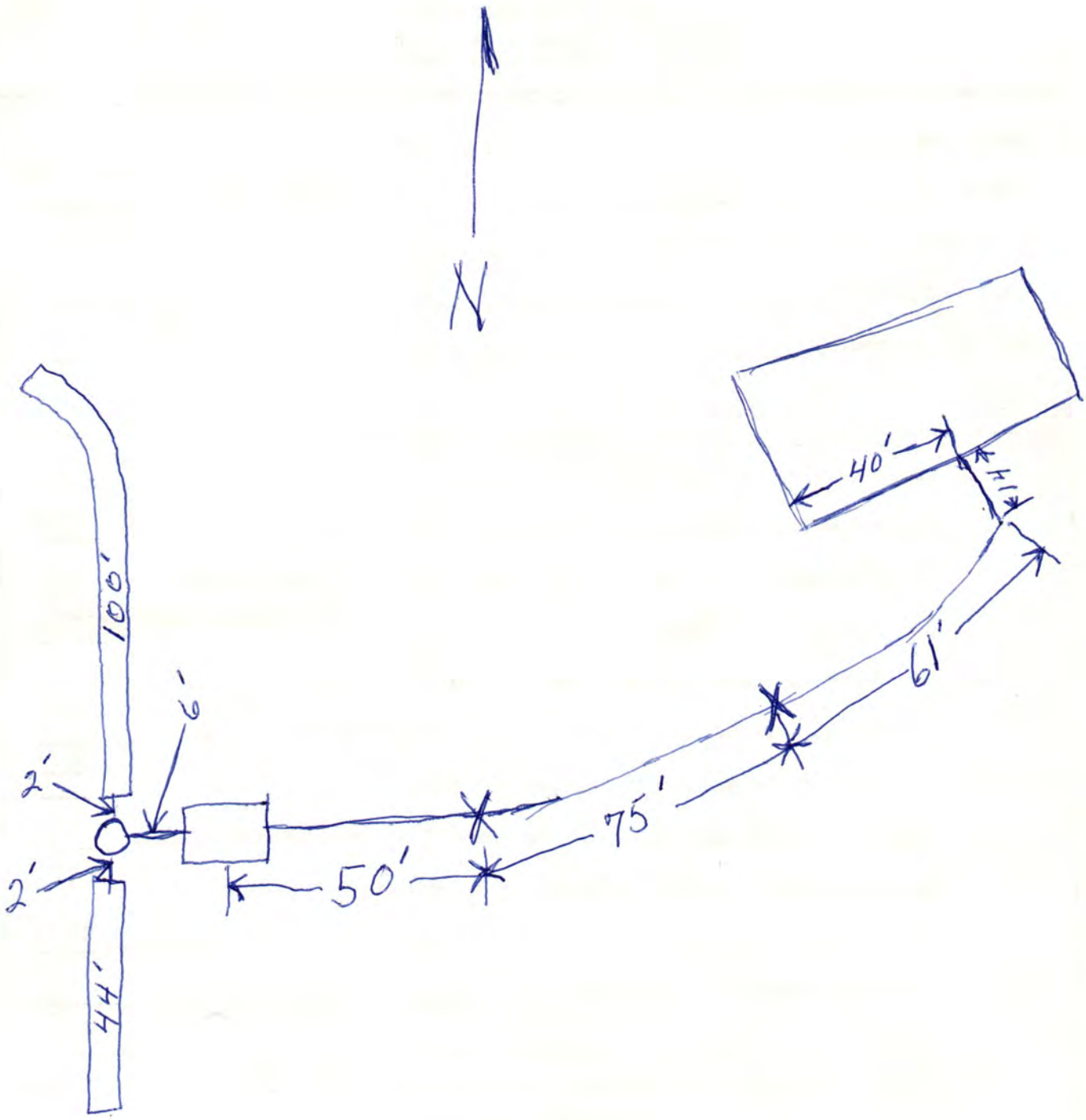
Remarks: _____

Date: August 1, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 574 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official


300' W
68th St.
Tract South of road.
475' From 68th St Road
Road
N
S
<-- 900' -->
425' From EAST Boundary
RED CEDAR
36" West of Big Red Cedar
370'
well
Proposed House
Road




Pre Cast

- Laterals 4' x 3½' x 100'
  4 x 3½ x 44
  144
- Tank 1000
- Dist Box

Pipe ~~Tank~~ below basement 18" / Tank below Grade 12"

005

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2-3-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 15; BLOCK ____

LOT C; ADDITION Sandy Hills Est; Street Address 6901 Sandy Hills Rd

Directions to Property 3/4 mile south of s/8 + Olive Creek Rd on the east side Approx 600' from s 88th

Location of Well Approx 200' SE of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Approx 150' West of House Year Installed ____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Roger Reinhardt | 6901 Sandy Hill Rd | 792-58-44 |
| Tenant/Buyer: | | | |
| Return to: | ~~Roger Reinhardt~~ Dan Kuhr | Rt 1 Box 138 Roca NE 68430 | 423-3045 |

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Dan Kuhr Address Rt 1 Box 138 Roca NE

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*HEALTH DEPARTMENT USE ONLY*

Date Received FEBRUARY 3, 1992 Received $150.00 Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 2/4/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved: | ☒ | Date 2/4/92 by J.C.H. |
| Bacteria | ☒ | ☐ | Provisional: | ☐ | Date ____ by ____ |
| Nitrate <0.1 PPM | ☒ | ☐ | Disapproved: | ☐ | Date ____ by ____ |

Comments: ____

See Attached Letter ☐

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FINAL STATUS

| WATER SYSTEM: | SEWAGE DISPOSAL SYSTEM: | |
|---|---|---|
| Approved: ☒ | Approved: ☒ | Provisional Approval: ☐ |

APPROVED BY Gerald C. Head R.E.H.S. DATE FEBRUARY 7, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

# BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

1. FL 2. N

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

3:20

ATE COLL. 2/4/92 (9-16) BY John Chess (17-28)
MO./DAY/YR./HOUR

DDRESS OR LOCATION 6901 Sandyhill Road (29-41)

NAME AND ADDRESS OF OWNER

Roger Reinhardt
2200 St Marys
Lincoln Health Dept
Environmental Health
2200 St Marys
Lincoln NE 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. 142-2611 (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 Lee (76-79)

IN

OUT

92 FEB -5 P2:00

# WATER CHEMISTRY

STATE LAB NO. 152-567

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO) 4 (DAY) 92 (YEAR) 3:24 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROGER REINHARDT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 15 TWNSHP 7 N RANGE 7 E

REPORTED FEB -7 P1:12

RECEIVED FEB -4 P4:07

92

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

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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88