LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 997-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

July 24, 1977 — THIS PERMIT EXPIRES

Leon Leineman, Adams, NE 68301 — ISSUED TO / ADDRESS

T7N; R7E of 6PM, Section E466.74' of W 499.74 of SW¼ of SW¼ of Sec. 16 — 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

Health — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 997-C

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

DATE: 1-24-77

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. 7 N ; Range 7 E. of 6 PM ; Section ~~E 466.74' of W 499.74' of S.W. 1/4 of S.W. 1/4 of~~ See attached 16
Block _____; Lot _____; 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 ☒ Lagone

4. Distance to public sewer: _____ ft.

App for Access Permit + Easement Recd 2/8/77

Leon Lieneman
Signature of Applicant (Owner or Lessee)

Adams Neb.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/24/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 1/24/77 . Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. 1/24/77 . ACTION: Approved ☐ Disapproved ☐
Date Frwd. 2/8/77 . Signature: Henry Graff
Recd 2/9/77 Brooks

REMARKS OR REASONS FOR DISAPPROVAL _____

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

East 466.74 feet of the West 499.74 ft. of the North 466.74 feet of the SW¼ SW¼ Sec. 16, T7N, R7E of the 6th P.M., Lancaster County, Nebraska

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. 997-C

DATE: 12-16-76

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 of 6 PM ; Section E 466.74' of W 499.74' of SW 1/4 of SW 1/4 of Sec 16 ; Block ; Lot ; 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 ☒ Lagone

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).

Leon Leineman
Signature of Applicant (owner or lessee)

Adams Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-9-77 by: JW
Date: 4-28-77 by: JW
Date: by:

3. Date: Approved ☒; Disapproved ☐ 1/24/77
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-28-77 by: James Wevelber

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 474-1541)

FILE NO. 997-C

Owner: Leon Leineman

PROPERTY WHERE SOIL TESTED:
Location: Township 7 N. ; Range 7E of 6pm Address:
Section & ¼ Sect. E 466.74 ft. of W 499.74 ft. of SW ¼ of SW ¼ of SW ¼ of Sec. 16
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

Dates of Tests: 12-15 to 12-16. Weather: Precip.____ Temp.____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in
1	60"	12-5	8:00 AM	12-6	1:00 PM	12-6	1:00	30"	2:00	29½	60	½	60/½
2	60"	12-5	8:00 AM	12-6	1:00 PM	12-6	1:00	30"	2:00	29¾	60	¼	60/¼

Jerry Bouma
Signature of Person Conducting Test
Address Faith Nebr.
Phone 791-5730 - 791-5760

Sum of Percolation Rates: ¾ in
Average of Rates:
Mean of Rates: .375 / 60 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: Soil map indicates Downer silty clay loam

DATE:

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

Signature of Reviewi

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. 997-C

SPECIFICATIONS

DATE: _____

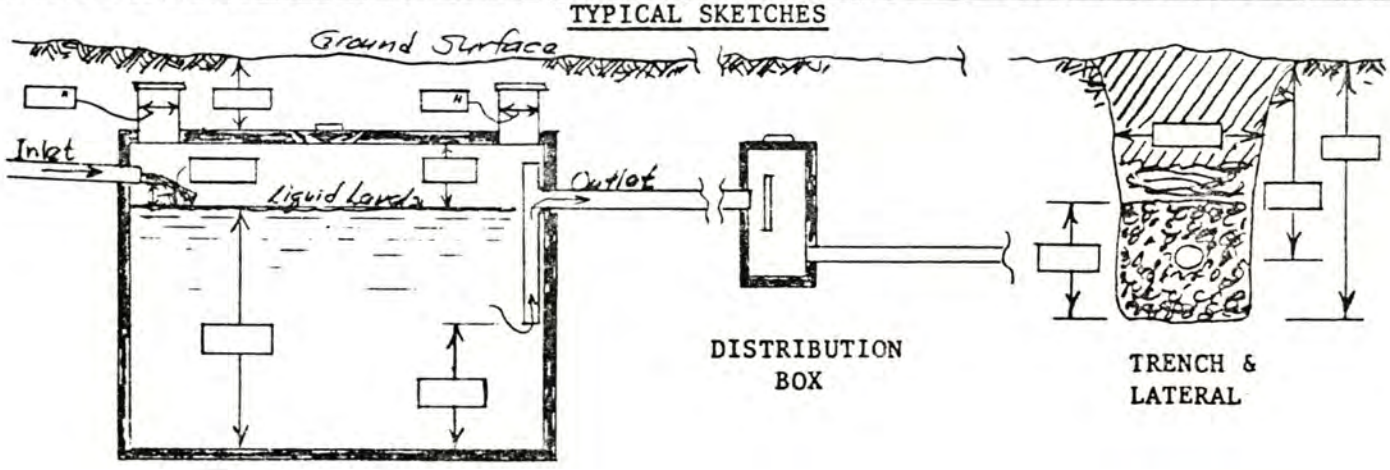
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

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



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant

034

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address Rt. 1 Box 101H, Firth Ne.
Twp 7N Range 7E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property 1/4 MILE NORTH OF SOUTH 54TH AND PRINCETON RD

Location of Well EAST OF HOUSE Tap Location: Inside ☐ Outside ☐
Location of Sewage System Lagoon east of house Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Harold & Rosanna Hoge	Rt. 1, Box 101H Firth, Ne. 68358	792-2831
Tenant/Buyer:	Refinance		
Return to: FIRTH ADDRESS	~~Crown Closing Co.~~	~~1945 'O' St, Suite 312 Lincoln, Ne 68510~~	~~464-1200~~

Signature of Applicant Harold Hoge Rosanna Hoge Address Rt. 1, Box 101H Firth, Ne. 68358 Date 7/28/93

HEALTH DEPARTMENT USE ONLY

Date Received 7/28/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By J.C. Nood **DATE:** 7/28/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 7/30/93 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 4.41 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SLIGHT DEPRESSION AROUND WELL - BROKEN AND UNCAPPED CLEANOUT IN SEWER LINE, LAGOON OVERFLOWING. NO WARNING SIGNS, NO LOCK ON GATE, NEED WEEDS CUT, CATTAILS KILLED OUT. all corrected 8/30/93 J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Nood R.E.H.S. Date 8/3/93

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.

011

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 7/30/93 1:44P.M. (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION SW¼ SEC. 16, T7N, R7E (29-41)

HAROLD HOGE

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

DEPRESSION FILLED

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

S[illegible]NDITION: ____ (43)

1. [illegible] 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 17191 (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 JW (76-79)

IN '93 JUL 30 P2:20

OUT '93 JUL 31 P1:[illegible]

'93 JUL 28 P2:40 RECEIVED

'93 AUG -2 P4:02 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156913

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 7 (MO.) 28 (DAY) 93 (YEAR) 1:45 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION HAROLD HOGE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 16 TWNSHP 7 N RANGE 7 E

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

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

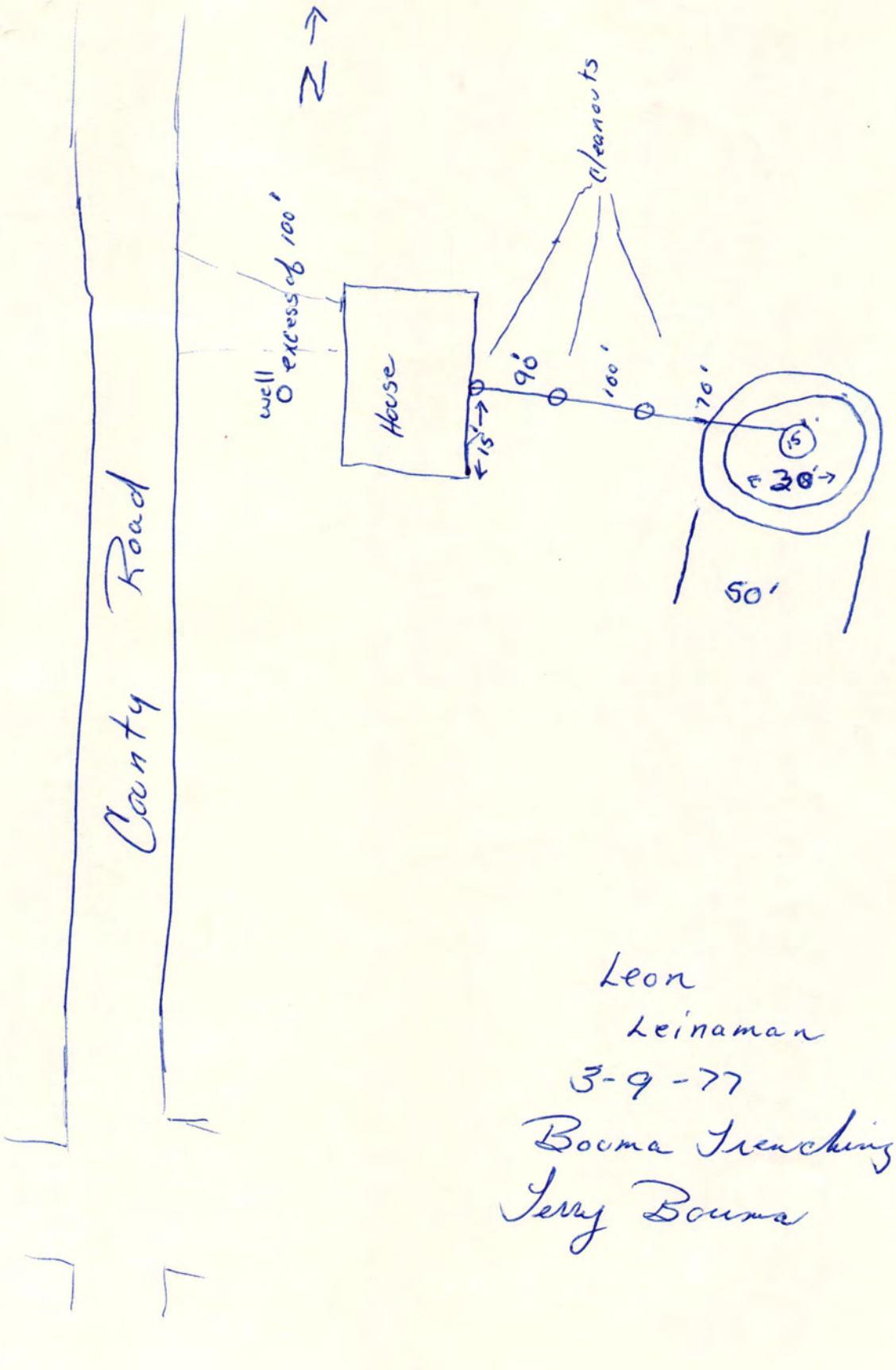
NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWN 88



Leon
Leinaman
3-9-77
Bouma Trenching
Jerry Bouma