LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

No. 99380194301

Issued 03/17/99
Expires 09/17/99
Revenue Code 3157

Establishment
RON WALTERS
T7N R7E SEC 16 QTR NE
LOT 10
24201 S 68 ST

PAID

FEES: $150.00

TOTAL $150.00

Permittee
RON WALTERS
24201 S 68 ST
FIRTH NE 68358

Issued By Health Director
Lincoln-Lancaster County Health Department

009005

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 24201 So 68 (no rural route) City Firth NE, Zip 68358

Legal Description NE 16 7N 7E ID
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Ron Walters 791-2197 Signature _____

Address 24201 So 68 City/State/Zip Firth Ne 68358

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

C. Contractor

Name Brad Southwick Company Name Southwick Sews + Drain

Address 17201 So 72 City/State/Zip Hickman Ne 68372

☒ 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 10/9/98 Date frwd 10/13/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hoo
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 _____

3-17-99 rm Southwick

Installation Final Written Approval

By Ron Meyer

Date 3-17-99

Business Office Use Only
Date Rec'd 10/9/98.
Amt Paid 150.00
Rec'd By CW Cash/Check No. 3205

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

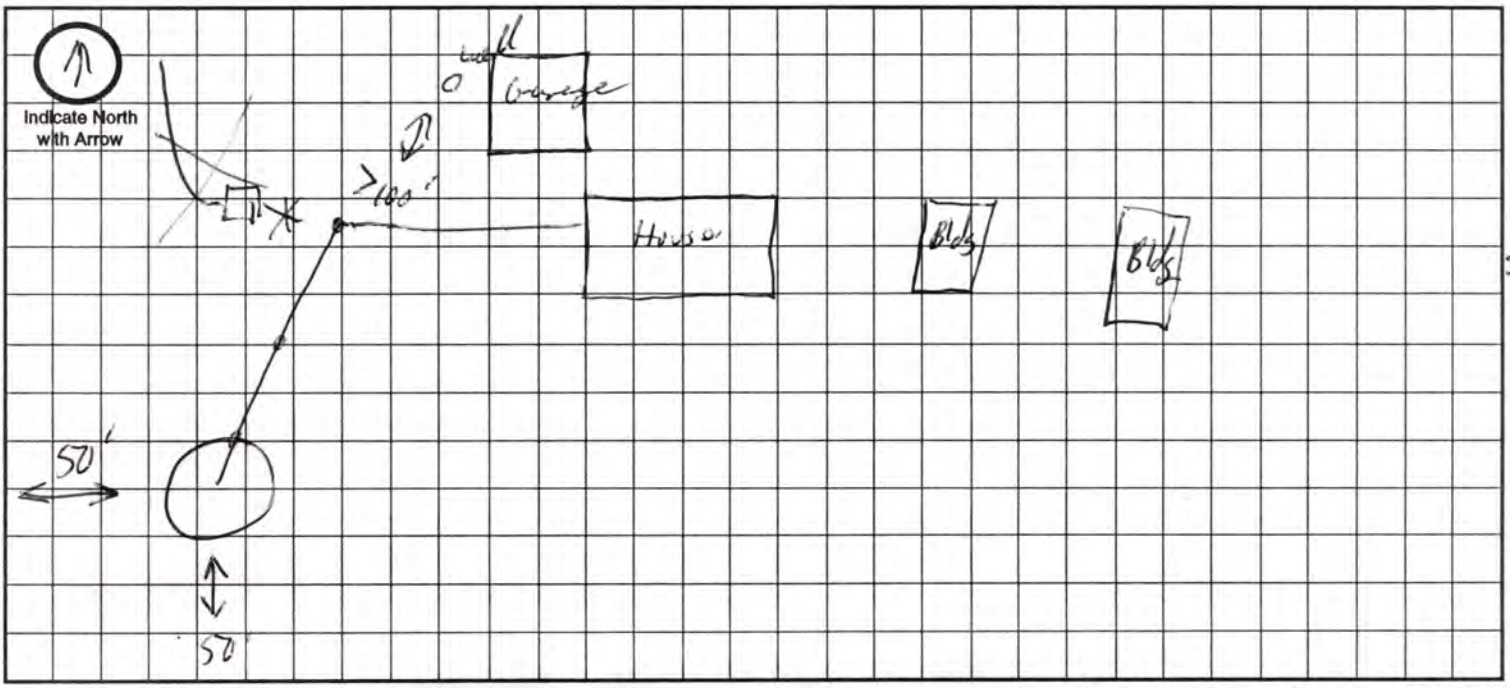
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 24201 So 68 City Firth NE, Zip 68358

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 EXISTING HOUSE Date _____

Installer Brad Southwick Date 10-8-98

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-8-98 Sewage Lagoon

System Location (Indicate correct number and street)

Address 24201 (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: PVC
   Diameter: 4 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: 2
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

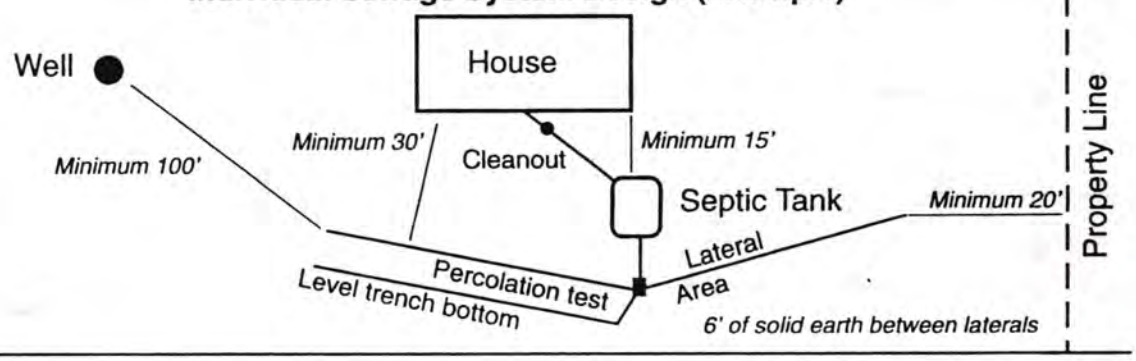
(Provide as-built drawings on back of this form)

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

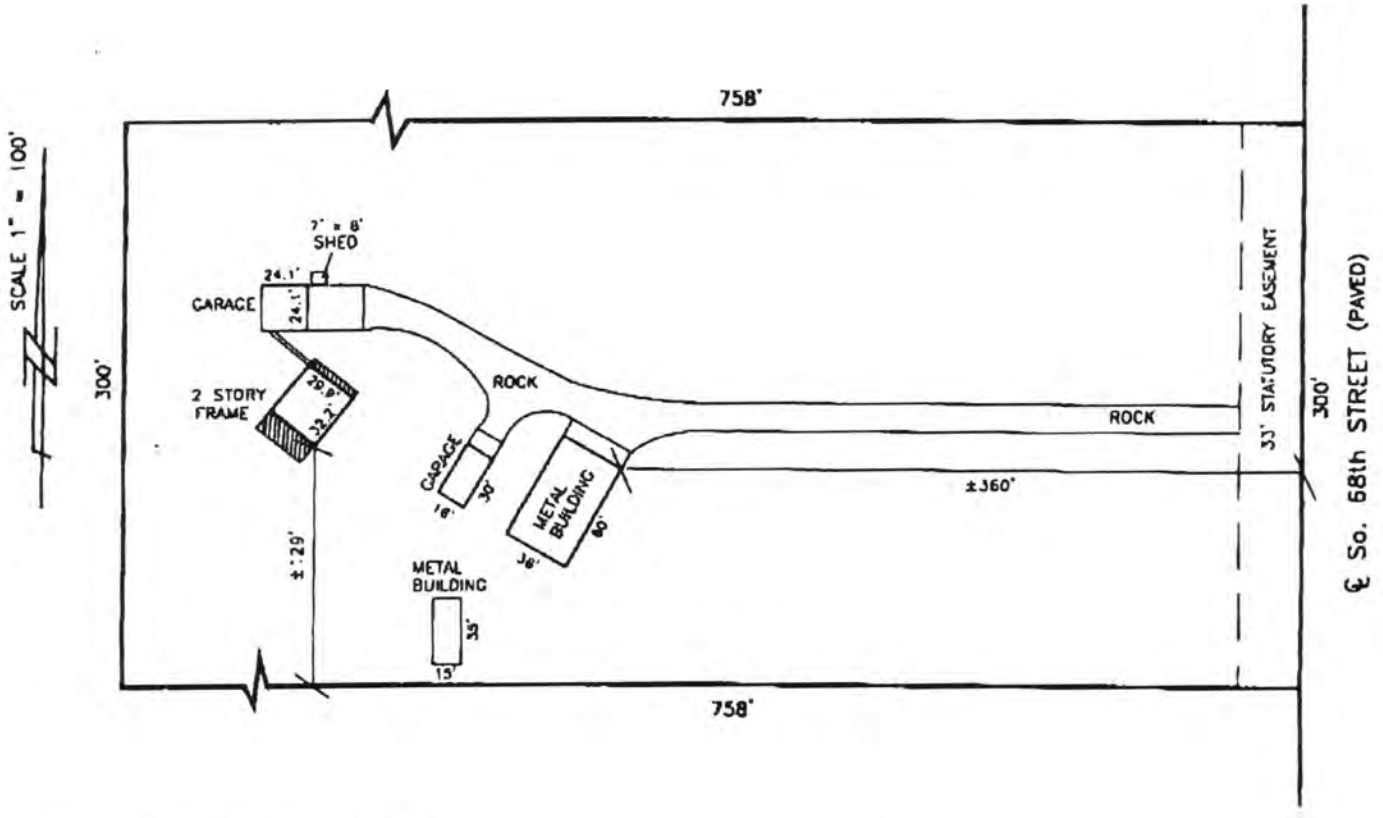
10 W. INDUSTRIAL LAKE DR.,
SUITE 1 · LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

K&M inc.
Land Surveying

RONALD D. WALTER
CHERYL STECKELBERG, ATTNY.

PROJECT # 988048
DATE: 8/6/98 B/P: 71-116

24201 So. 68th ST., FIRTH



NOTE: ALL EASEMENTS SHOWN AS THEY APPEAR ON ORIGINAL PLAT

Subject property apparently falls within the confines of Zone " C " as determined by the FEMA-FIA Flood Rate Map community 310134, panel 0200 B, revised 2/3/82.

LEGAL DESCRIPTION: LOT 10, IRREGULAR TRACT, LOCATED IN THE NORTHEAST QUARTER OF SEC. 16, T 7 N, R 7 E OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA

SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and that there are no visible discrepancies, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This does not guarantee ownership, only the location of said tract. This plat is not a boundary survey and the accuracy may vary upon completion of a boundary survey.

Billy Joe Kerr

Billy Joe Kerr, L.S.

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

Plot Plan

For Loan Purposes Only

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Lincoln, Nebraska 68516
Phone 483-5008

Sheet 1 of 1

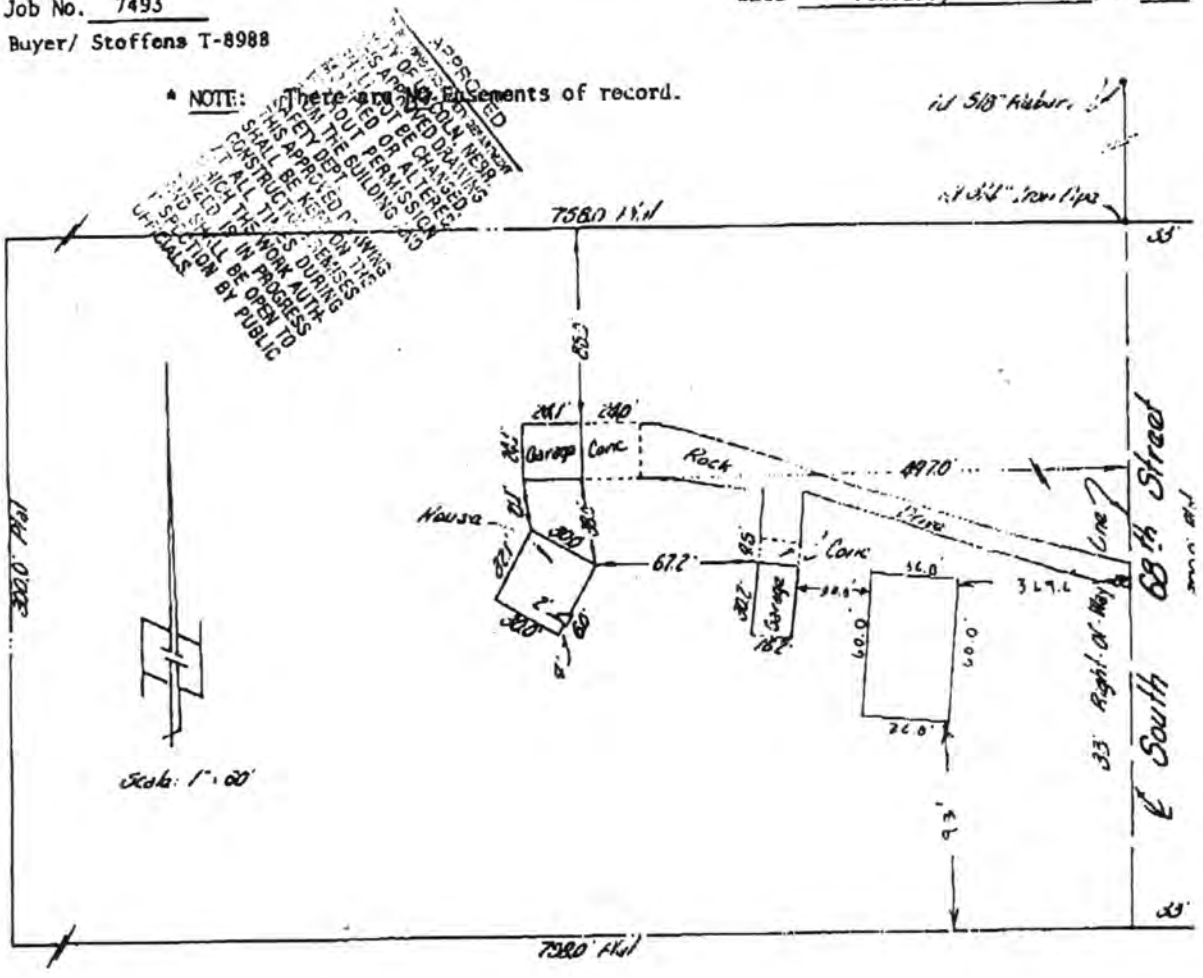
Survey of 24201 South 68th Street - Lot 10 of Irregular Tracts located in the Northeast Quarter of Section 16 T 7 N, R 7 E of the 6th P.M.

Job No. 7493

Date February, 1987

Buyer/ Stoffens T-8988

* NOTE: There are NO Easements of record.



LOCATION CERTIFICATION

This inspection and the accompanying plat are true and correct to the best of our knowledge and belief and were prepared for mortgage title insurance only. This does not constitute a boundary survey and is subject to any inaccuracies that a subsequent boundary survey may disclose; no property corners were set, and is not to be used or relied upon for the establishment of any fence, structure or other improvements.

Date February 18, 1987

KERRY W. SIMONDS L.S. 333

RECEIVED
FEB 27 1987
LANCASTER COUNTY
ENGINEERING DEPT.

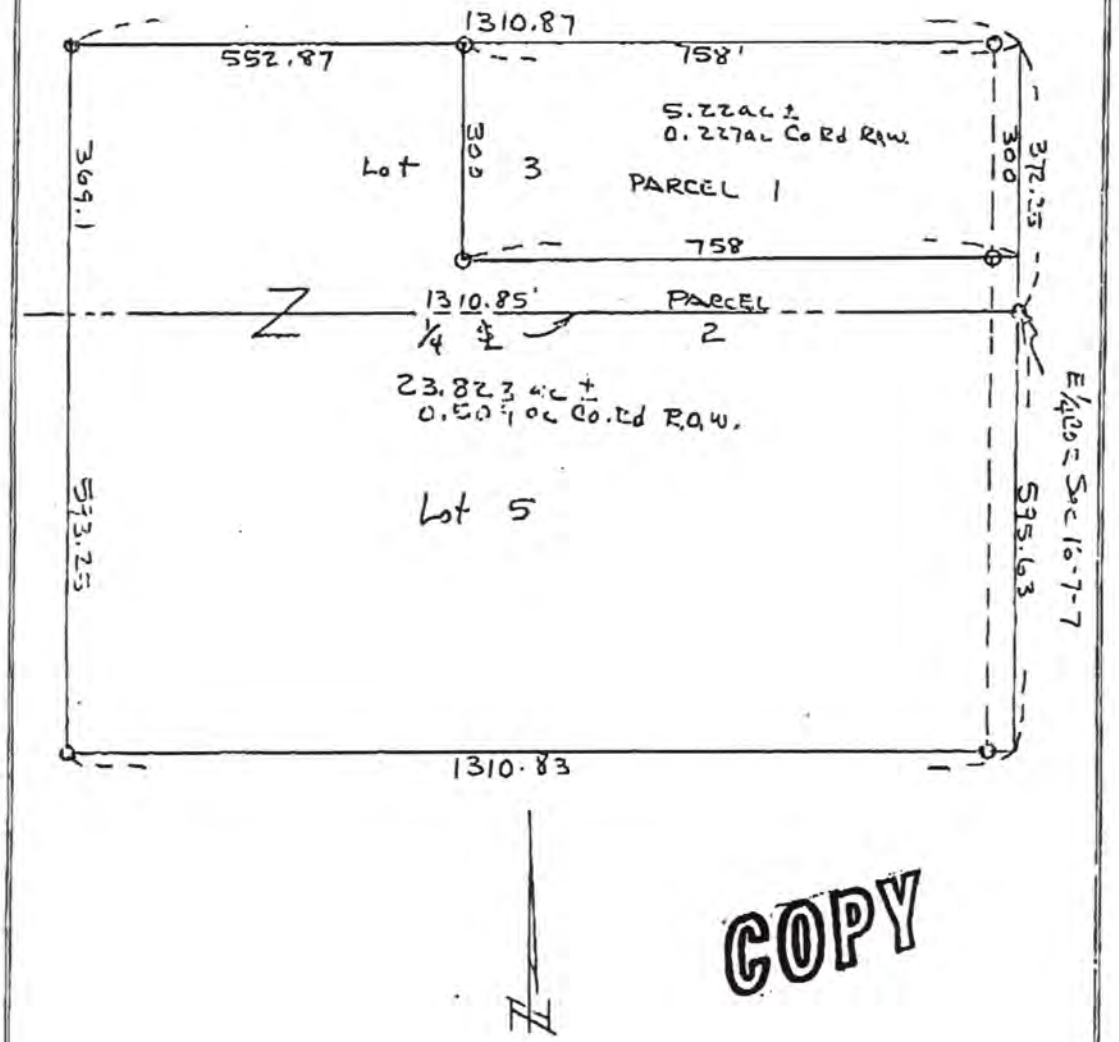
Survey Record

LANCASTER COUNTY, NEBRASKA
BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA

80-19
JOB NO.
AA 7636
PHONE 432-3724

Survey of: ADMIN SUB OF LOTS 3 & 5 IRREG. TRACTS
E 1/2 Section 16 T 7 N, R 7 E of 6th P.M.

SEE HOUSE DETAIL



COPY

I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been installed and accurately staked and marked with metal stakes.

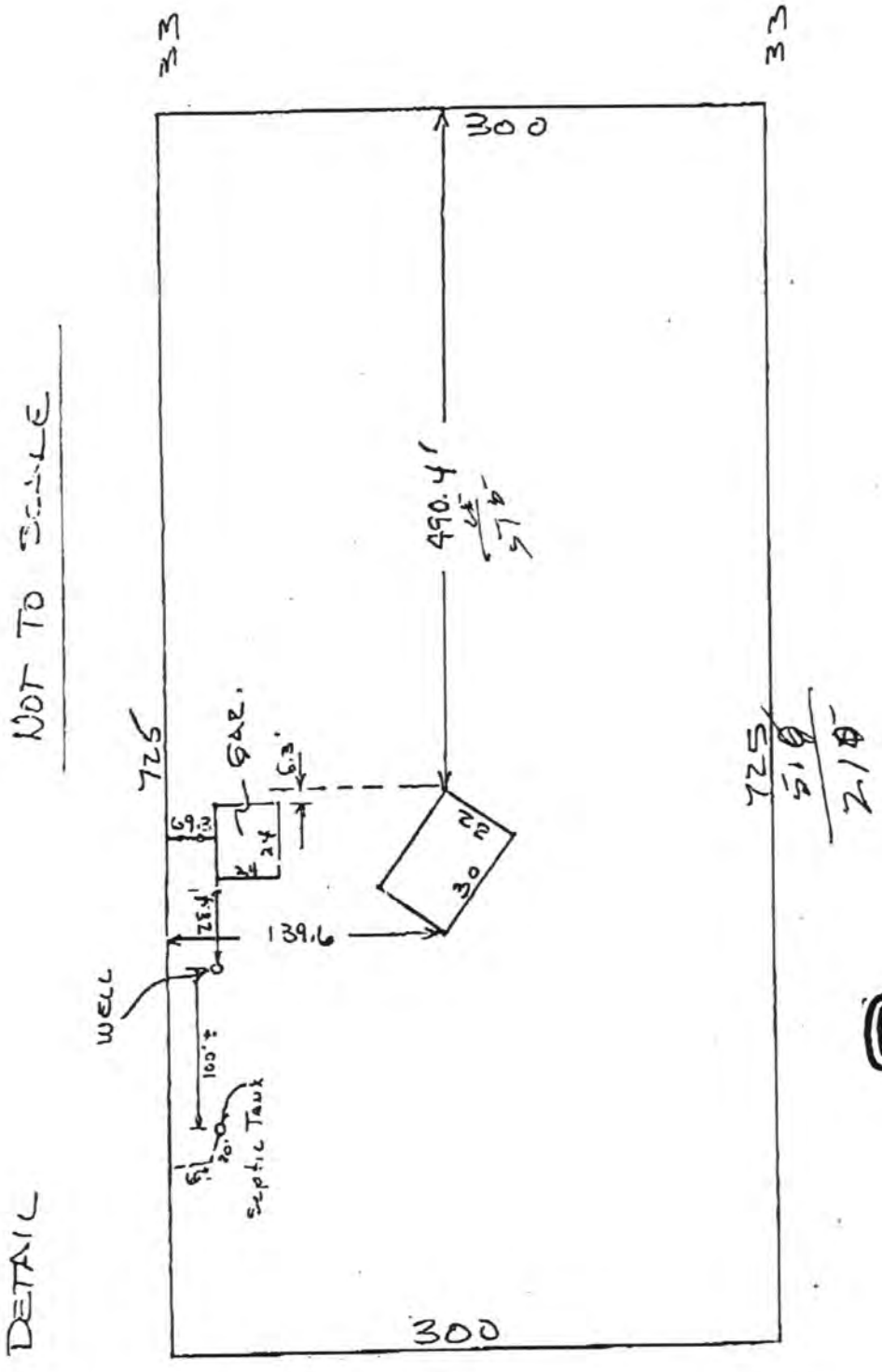
Signed this 18th day of June 19 80

Name: Robert B Bates

Surveyor's license No. L.S. 252

REGISTERED LS-252 LAND SURVEYOR JR.

AA-7630



COPY

RECEIVED
FEB 27 1987
LANCASTER COUNTY
ENGINEERING DEPT.

Closing date is 8/14/98

435 - Bad - Septic

98091003 mf

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.

CR 3768

Legal Description of Property: Street Address 24201 SOUTH 68TH STREET

Twp 7N Range 7E Section 16 1/4 NE 1/4 Block ___ Lot 10 Addition ___

Directions to Property SOUTH OF HICKMAN 2.7 MILES PAST RAILROAD TRACKS ON WEST SIDE

Location of Well NORTH WEST OF HOUSE BEHIND PROPANE TANK Tap Location: Inside ☐ Outside ☑

Location of Sewage System WEST OF HOUSE - Year Installed 72

	NAME	ADDRESS	PHONE
Present Owner:	GARY STEFFENS	PO BOX 595 WINTER PARK, CO 80482	(970)-726-8793
Tenant/Buyer:	RONALD D. WALTER	24201 SOUTH 68TH FIRTH, NE 68358	(402) 791-2197
Return to:	RONALD D. WALTER	24201 SOUTH 68TH FIRTH, NE 68358	(402) 791-2197

Signature of Applicant Ronald D. Walter Address 24201 SOUTH 68TH FIRTH, NE 68358 Date 8 / 4 / 98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8 / 4 / 98

Initials ___

Amount $150.00

Check No. 1019

DATA ENTRY

Date ___ / ___ / ___

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chen **DATE:** 8 / 6 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 2.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___ / ___ / ___ by ___

Date 8 / 11 / ___ by JC

Date ___ / ___ / ___ by ___

Comments: IF TH septic TANK has not been pumped recently, IT should be checked to see if it is needed. Sewage Discharge NOTED 8-11-98 - Sewage Discharged on Surface

☐ See Attached Letter

WATER SYSTEM IS Approved BASED ON INSPECTION

FINAL STATUS

8-11- Tests results John Chen REVT

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

Approved by ___ Date ___ / ___ / ___

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 to ATTN

Revised/Reprint: 10-95

typed 8-12-98 S-C

WATER MICROBIOLOGY

STATE LAB NO 1416779

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 08 (MO.) 06 (DAY) 98 (YEAR) 11:25 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Walter 24201 So 68

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT 16 TWNSHP 7 S RANGE 7E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

John Chess
Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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

This is a 2 parameter confirmation test result.

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 96

REPORTED AUG 7 PD 1 57

RECEIVED AUG 6 PD 1 98 AUG

98 AUG 7 PM 4 37 REPORTED

98 AUG 6 PM 1 20 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 156955

COMPLETE INFORMATION BELOW

DATE COLLECTED 06 (MO.) 06 (DAY) 98 (YEAR) 11:25 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Walter 24201 South 68

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR NE SECT 16 TWNSHP 7 (N) S RANGE 7 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

(Phil Chess)
Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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 2.2 mg/l

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

This is a 2 parameter combination test result.

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 24201 S. 68

Parcel ID 14 - 16 - 200 - 002 - 000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 16 1/4 NE 1/4 Block ___ Lot 10 Addition ___

Directions to Property South of Hickman on S. 68

Location of Well West side of garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System South west of house (lagoon) Year Installed 1998

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Sandy & Ron Walter		474-7418
Tenant/Buyer:	Kala Ball & Ryan ~~Bourek~~ Bourek	5564 Salt Valley View Lincoln, Ne 68512	
Return to:	Lincoln Gull	3737 S. 27th	434-3510 (Fax)

Signature of Applicant [signature] Address 3737 S. 27 Lincoln, Ne 68502 Date 2 / 6 / 2006

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2 / 6 / 06 Amount $200.00 Check No. 1874 Initials TW

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2 / 7 / 06

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 2 / 21 / 06 by LCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: LAGOON NEEDS WARNING SIGNS. CATAILS WILL HAVE TO BE DEALT WITH IN THE SPRING. TREES ARE RATHER CLOSE.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 2 / 21 / 06

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: 9-00

FEB 10 2006

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

Laboratory Report Printed on: February 08, 2006

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P28973-42**
Sampled By: **JERROLD HOOD**
Location: **24201 S. 68TH STREET**
Sample Point:

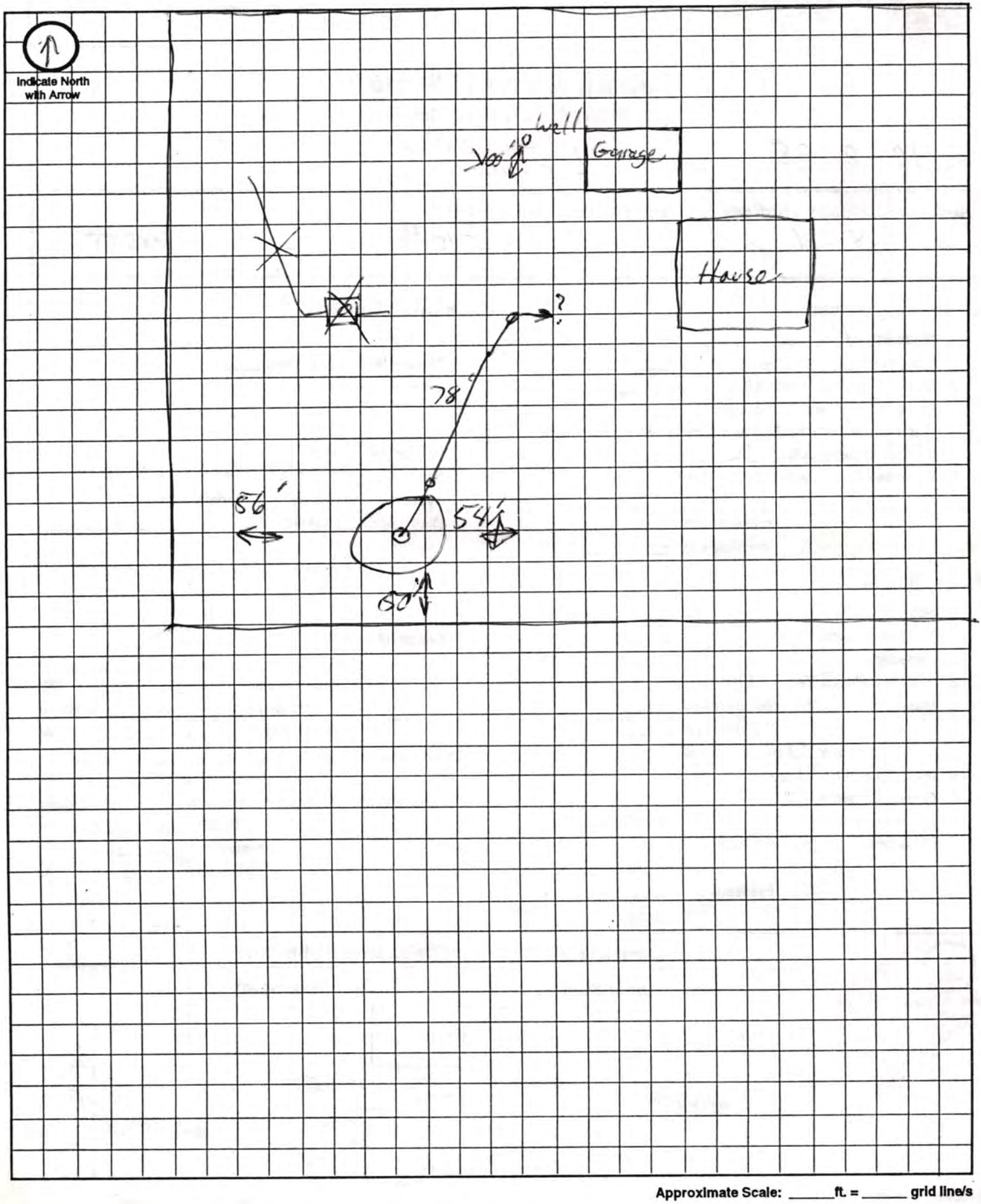
Date Collected: **07-Feb-2006 10:24 AM**
Date Received: **07-Feb-2006**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	02/08/06	TW/JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	02/08/06	TW/JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

As Built Drawing



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