LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys A Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390036101

Issued 12/03/93
Expires 06/03/94
Revenue Code 18754

Establishment
LARRY RUSSELL
T7N R7E SEC 17
LOT 15

FEES: $50.00

TOTAL $50.00

Permittee
LARRY RUSSELL
RR0001
FIRTH NE 68358

Issued By M. Jane Ford
Health Director

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. _____

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

DATE: 12-1-93

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N ; Range 7E ; Section 17 ;
Block _____ ; Lot 15 I.T. ; Addition _____
Street Address So 44 & Princeton Rd

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Abandon Septic System & Install Sewage Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	> $	400 00

Larry Russell Brad Southwick
Signature of Applicant (owner or lessee)

RFD Firth, Ne 68358 701 E. 4 Hickman
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 12-1-93
Filing Fee: $ 50 00

2. Site Visits:
Date: 12-1-93 by: P.D
Date: 12-2-93 by: P.D
Date: _____ by: _____
Need fence etc.

3. Date: Approved ☒; Disapproved ☐
by: Paul Dayton

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-3-93 by: Paul Dayton

006

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 24401 So. 44th

Twp 7N Range 7E Section 17 1/4 SW 1/4 Block ___ Lot 15 Addition ___

Directions to Property FROM 14th & "O" 17 South 2½ East north side — 44th & Princeton Road 3rd house north West side

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	James L Russell	RT 1 Box 101A Firth NE 68358	798-7727 W 441-8876
Tenant/Buyer:			
Return to:	SAME		

Signature of Applicant James L Russell Address RT 1 Box 101A Firth NE 68358 Date 10/14/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/14/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 10/15/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 12/1/93 by PD
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 12/2/93 by PD
Nitrate	☒ 10.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: Sewage running onto ground surface (North end) 12-2-93 New system in place - P.D.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 12/2/93

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.

004

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

N

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

DATE COLL. 10-15-93 11:00 (9-16) BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION James Russell 24401 S. 44 (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
Lincoln NE 68502

'93 OCT 15 P2:55

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. 26315 (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 [signature] (76-79)

OCT 15 P3:05

IN

OUT

93 OCT 16 P5:57

WATER CHEMISTRY

STATE LAB NO. 151955

COMPLETE INFORMATION BELOW

DATE COLLECTED 10-15-93 11:00
MO DAY YEAR HOUR

E COLLECTED BY PAUL DROTZMANN

LOCATION JAMES RUSSELL 24401 S. 44

RTY LEGAL DESCRIPTION: COUNTY LANC

SECT 17 TWNSHP 7 S RANGE 2 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN, NE 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '93 OCT 15 P3:04

ED '93 OCT 18 P5:41

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 379-C

DATE: 11-15-73

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N; Range 7E; Section 12;
Block ____; Lot 15 II; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

JAMES L. RUSSELL
Signature of Applicant (owner or lessee)

6700 MARCIA LANE
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $____. ____

2. Date Site Clearance 5-28-74

3. Site Visits:
Date: 5-28-74 by: JW
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 11/15/73
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-28-74 by: James Meverden

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 379-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7E 7N
Section & ¼ Sect. 17
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 ☐

Owner: James L. Russell
Address 6700 Marcia Lanes

Dates of Tests: Oct. 28 / 73 to Oct. 29, 73. Weather: Precip. ____ Temp. ____ F.

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				
Hole 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./inch)
1	38	10/28/73	10/29/73			11/29/73	10:00		12:00		1h	1	
2												4	
3												3	
4												4	
5												4	
6												4	
												5	

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

Ryan O Bailey
Signature of Person Conducting Test

Address 413, Clifford
Phone: Lincoln Neb.

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: November 15, 1973

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 379-C

SPECIFICATIONS

DATE: Nov 15 73

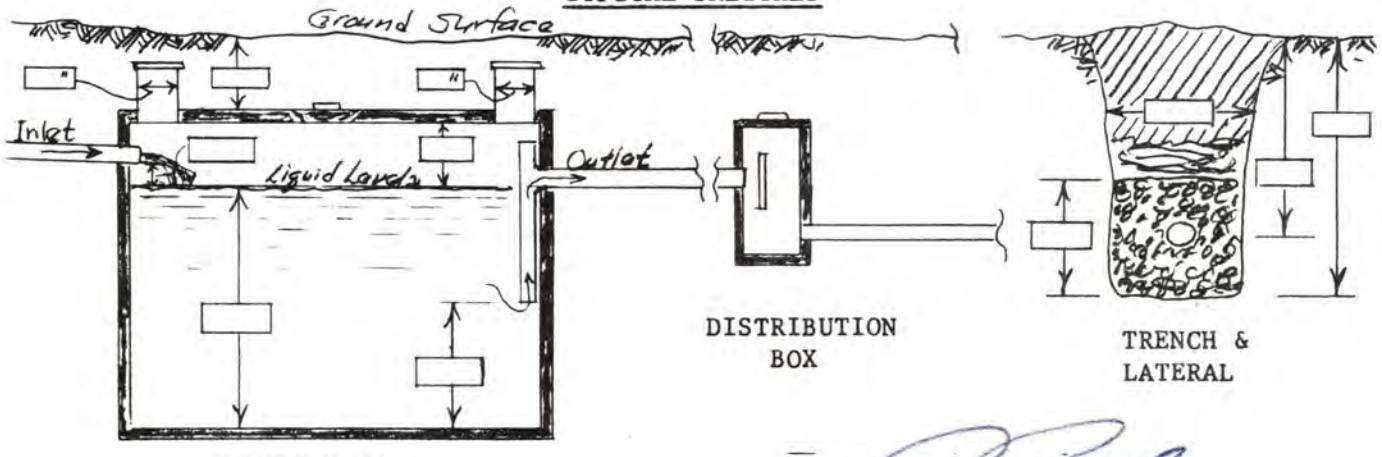
A. BUILDING SEWER:
1. Material plastic; Diameter 4" in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 54 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ____; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (Company ____)
No [ ]
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade 20 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 Cast
1. Material Pre; No. available outlets ____.
2. Factory Built: Yes [X], (Company Pre Cast) 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.)

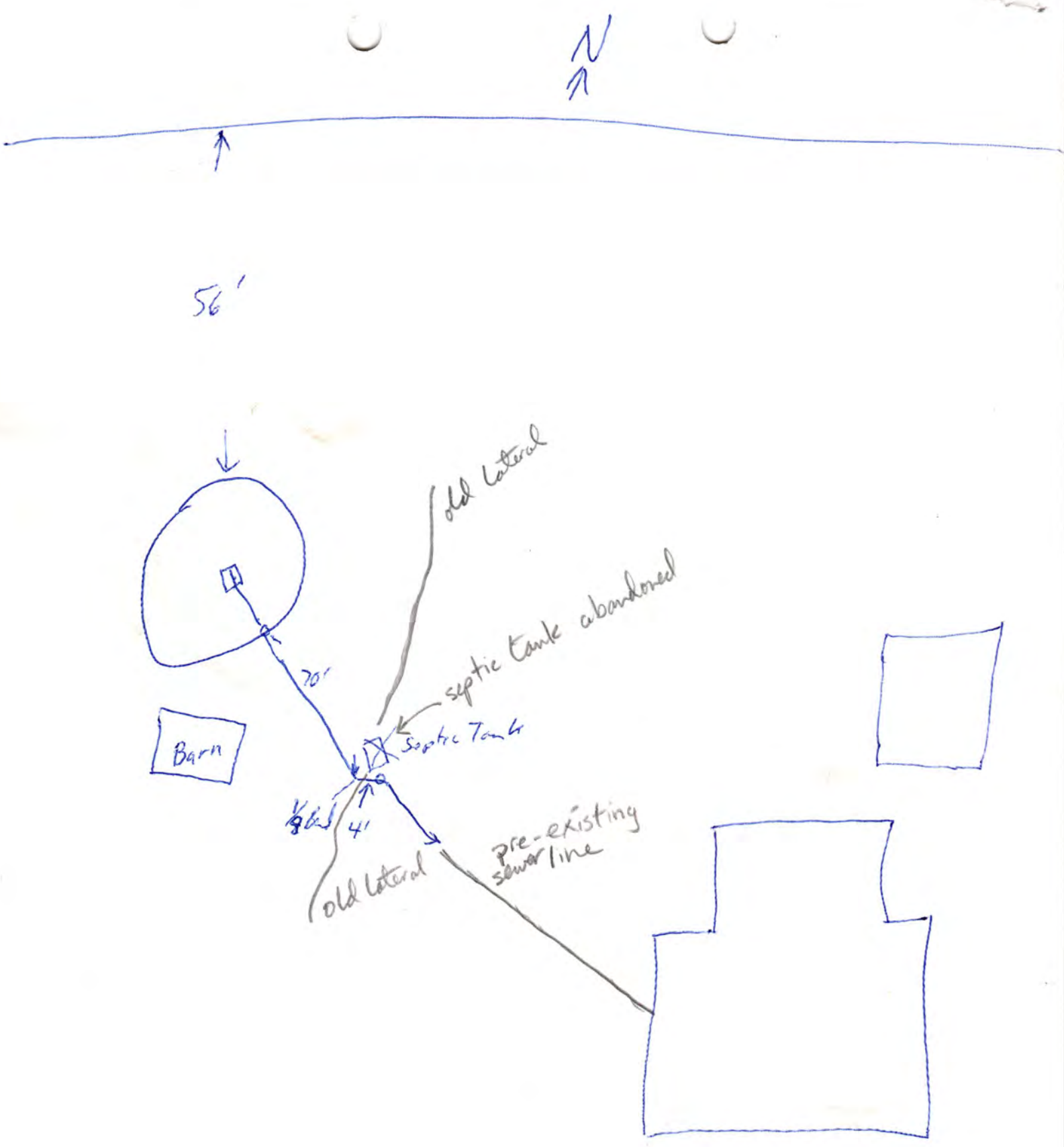
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 100 ft Total length of Laterals 166 ft.; 67
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape ____
Material: concrete [ ]; fiber glass asbestos [ ]; clay [ ]; other ____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Gravel.
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

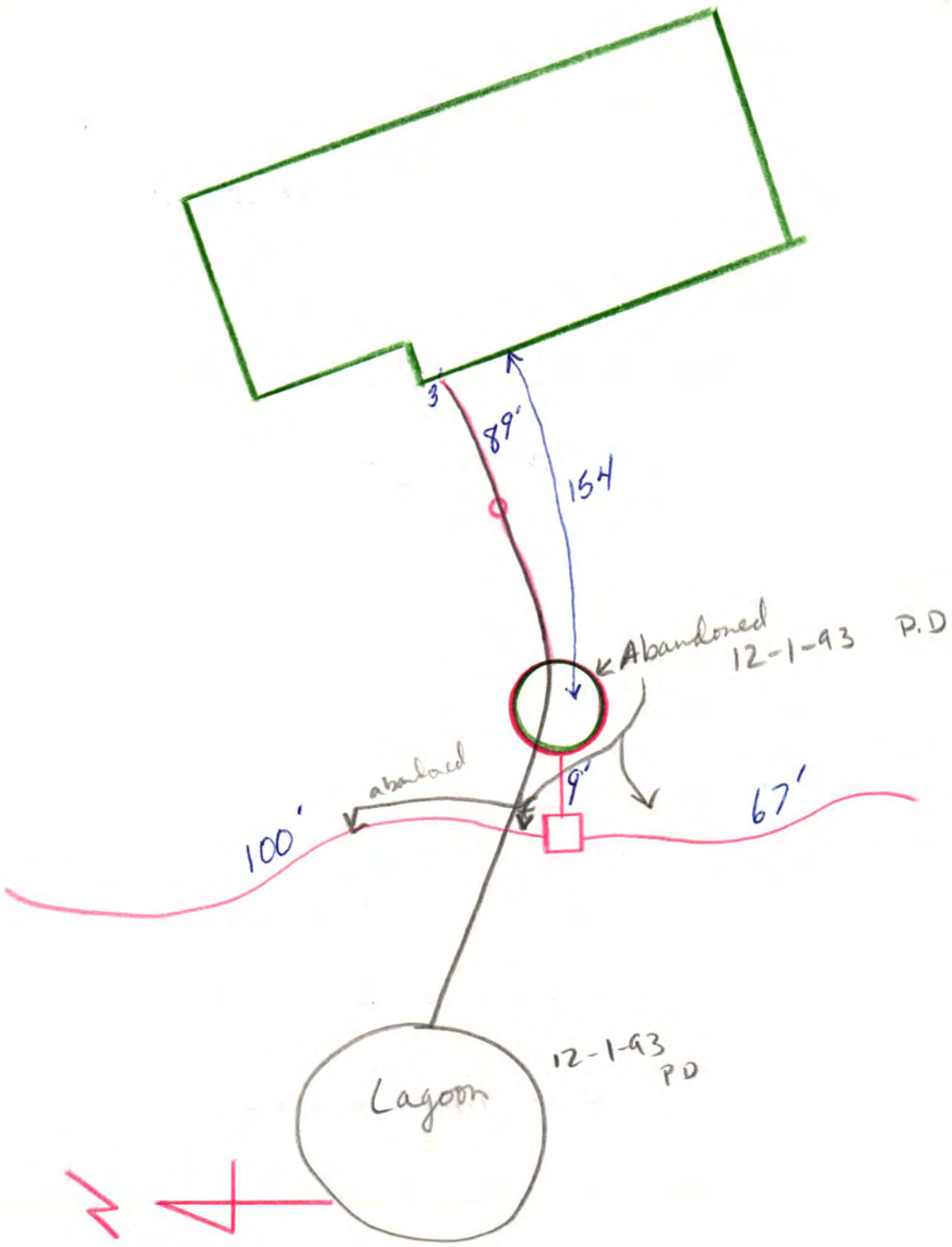
TYPICAL SKETCHES



SEPTIC TANK

Signature of Applicant


N
56'
old Lateral
septic tank abandoned
70'
Barn
Septic Tank
4'
old Lateral
pre-existing
sewer line


3'
89'
154'
Abandoned
12-1-93 P.D
abandoned
9'
100'
67'
Lagoon
12-1-93
P.D