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. 90380009501

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

EVERETT LADMAN
T7N R7E SEC 17
LOT 31

FEES: Permit C18754 $150.00

Total $150.00

PERMITTEE

EVERETT LADMAN
24200 S 38 ST
FIRTH NE 68358

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
void	

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

9038000095

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: March 9, 90

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 17 ;
   Block _____ : Lot 31 Addition township 7 North 20th
   Street Address _____

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: _____ ft.

Everette Tadman
Signature of Applicant (Owner or Lessee)

So 38th & Olive Creek Rd
Address 794-5115

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/9/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3-14-90 . Date Frwd. 3-15-90 . ACTION: Approved ☒ Disapproved ☐ Signature: David Bowne

3. City or County Engineer: Date Rec'd. 03/14/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Okerman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/10/90 by: J. C. K. Fence up 3 sides, signs up, gate locked. Need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/16/90 By: Jerrold Wood

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

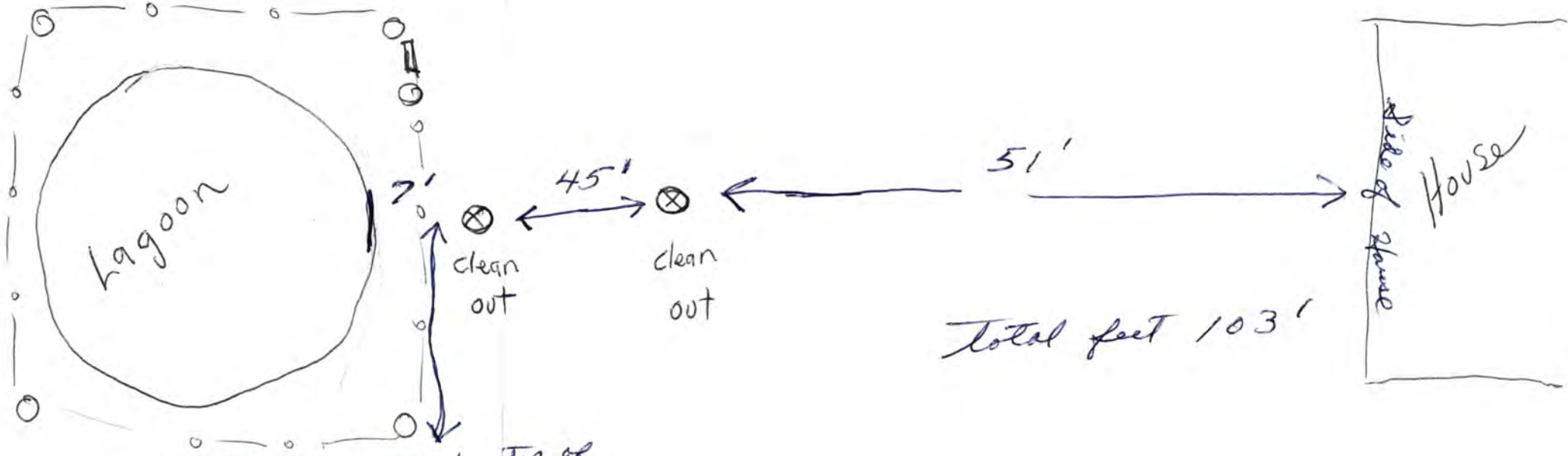
FORM 23-43

EVERETT LADMAN
24200 Se 38th St
Zith Wa 68358

No 9038000 9501

17N R7E Sec 17
Lot 31

permit # 018754



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.

Legal Description of Property: Street Address 4/10 mi. South of S. 38th & Olive Creek Rd.

Twp 7N Range 7E Section 17 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___

Directions to Property 4/10 mi South of South 38th & Olive Creek Rd. On East side Large Astro Building with Mobile home

Location of Well North of Mobile Home Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of Mobile Home Year Installed 1982

	NAME	ADDRESS	PHONE
Present Owner:	Stephen Stewart	Listed Above	798-2139
Tenant/Buyer:	Brock Peters	4646 Buffalo Creek Rd	423-9702
Return to:	Brock Peters	4646 Buffalo Creek Rd Lincoln, NE 68516	

DO NOT Mail - Will Pick Up

Signature of Applicant [signature] Address ___ Date 4 / 28 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 4 / 28 / 97
Initials CW
Amount $150.00
Check No. #67463

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4 / 29 / 97

6/5/97 by J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 5 / 19 / 97 by J.C.H.
Date 5 / 30 / 97 by J.C.H.
Date 6 / 4 / 97 by J.C.H.

Comments: DEPRESSION BY WELL. CATAILS APPEAR TO HAVE GROWN UP AND DIED SEVERAL TIMES W LAGOON SO LAGOON APPEARS SLUDGED UP. NEED LAGOON DREGGED. See Attached Letter ☐

5/19/97 Depression filled in. Lagoon dregged out need to re-check (JCH)

FINAL STATUS 5/30/97 WATER SAMPLED FOR BACTERIA LAGOON STILL NOT DREGGED J.C.H.

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

Approved by Jerrold C. Hood R.E.H.S. Date 6 / 6 / 97

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: 10-95

WATER MICROBIOLOGY

STATE LAB NO 14 11335

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 30 (DAY) 97 (YEAR) 11:10 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STEPHAN STEWART

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 17 TWNSHP 7 N RANGE 7 E

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

RECEIVED '97 MAY 30 PM 2:00

REPORTED '97 MAY 31 PM 12 56

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 2 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 cc

FOR ACCOUNTING USE ONLY

LWB 91

'97 APR 30 PM 4 17
REPORTED
'97 APR 29 AM 9 49
RECEIVED

COMPLETE INFORMATION BELOW

DATE COLLECTED 4 (MO.) 29 (DAY) 97 (YEAR) 1:05 PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STEPHAN STEWART

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 17 TWNSHP 7 N RANGE 7 E

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
314 STREET
LINCOLN NEBRASKA 68510

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

WATER CHEMISTRY

FOR LABORATORY USE ONLY

STATE LAB NO 153002

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 ET
FOR ACCOUNTING USE ONLY

'97 JUN 6 AM 10 47
REPORTED
'97 JUN 5 PM 4 44
RECEIVED

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 4 (DAY) 97 (YEAR) 3:58 PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STEPHAN STEWART

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 17 TWNSHP 7 N RANGE 7 E

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

WATER MICROBIOLOGY

FOR LABORATORY USE ONLY

STATE LAB NO 14/1835

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 ET
FOR ACCOUNTING USE ONLY

LWB 91

WATER MICROBIOLOGY

STATE LAB NO 14/18074

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 5 (DAY) 97 (YEAR) 10:25 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD STEPHAN STEWART

SAMPLE LOCATION

LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 17 TWNSHP 7 N RANGE 7 E

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
3140 "N" STREET
LINCOLN, NEBRASKA 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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWB 91

REPORTED 6 JUN 97

RECEIVED

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 99380197801

Issued 04/27/99
Expires 10/27/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
BROCK PETERS
T7N R7E SEC 17 QTR NW
LOT 31
24100 S 38 ST-FIRTH

Permittee
BROCK PETERS
24100 S 38 ST
FIRTH NE 68358

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009205

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 24100 S. 38th (no rural route) City Firth NE, Zip 68358

Legal Description NW (1/4) 17 (Section) 7N (Township) 7E (Range) Subdivision Addition Block 31 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Brock Peters Signature Brock Peters

Address 24100 S. 38th City/State/Zip Firth, NE 68358

☑ Check if owner designed system Home Phone 798-0215 Work Phone 430-8190

C. Contractor

Name Brock Peters Company Name _____

Address 24100 S. 38th City/State/Zip Firth, NE 68358

☐ Check if contractor designed system Work Phone 430-8190

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 4 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 4-27-99 Date frwd 4/27/99	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4-27-99 Date frwd 4-27-99	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 4/27/99 Date frwd 4/27/99	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Jerrald C. Nodd, M.E.H.D.

Date JULY 12, 1999

Business Office Use Only

Date Rec'd 4/27/99

Amt Paid $150.00

Rec'd By _____ Cash/Check No. 1629

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

N/A

SEALED LAGOON

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: 0

Average of Rates: 0

Rate Used for Calculation: 0

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks MUST BUILD SEALED LAGOON.

Signature of Reviewing Official John F Mesi Date 4-27-99

FORM 23-101 10-96

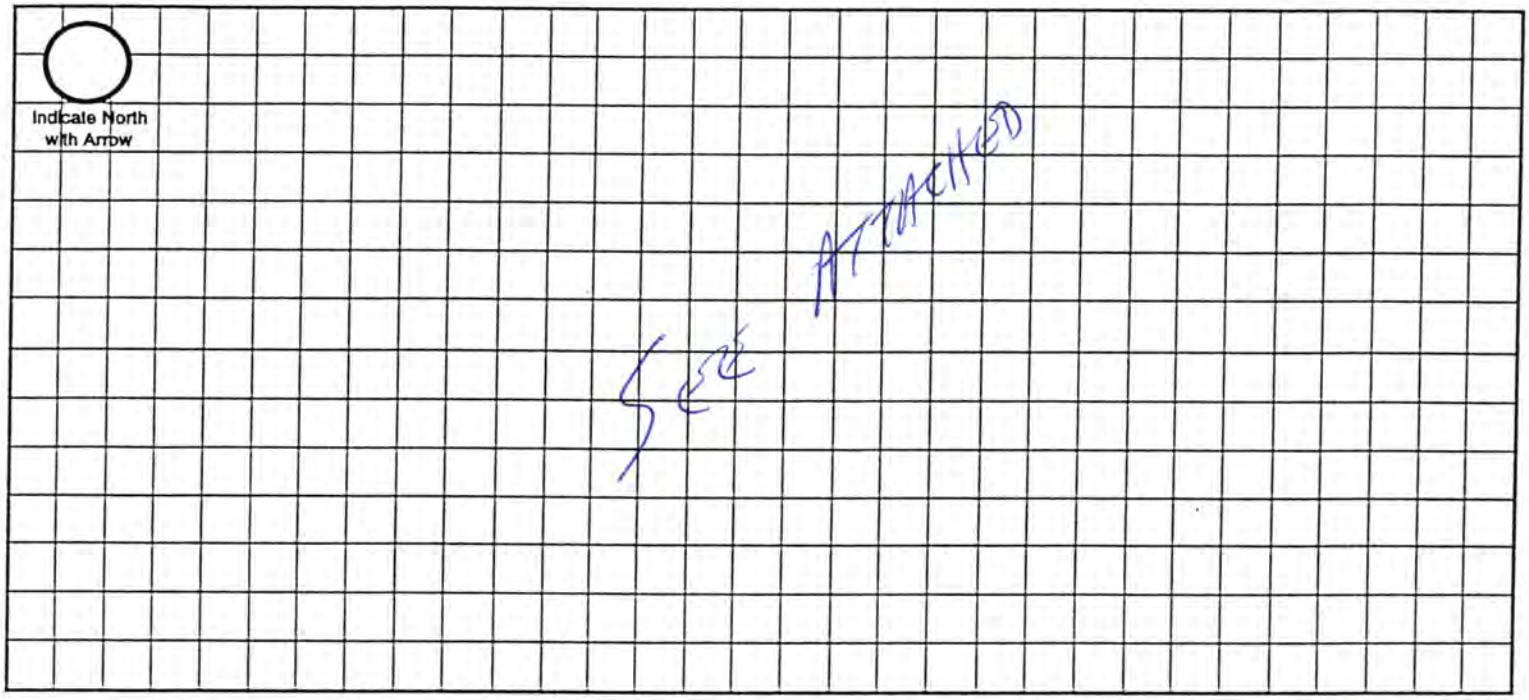
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 24100 S. 38TH ST City FIRTH NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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

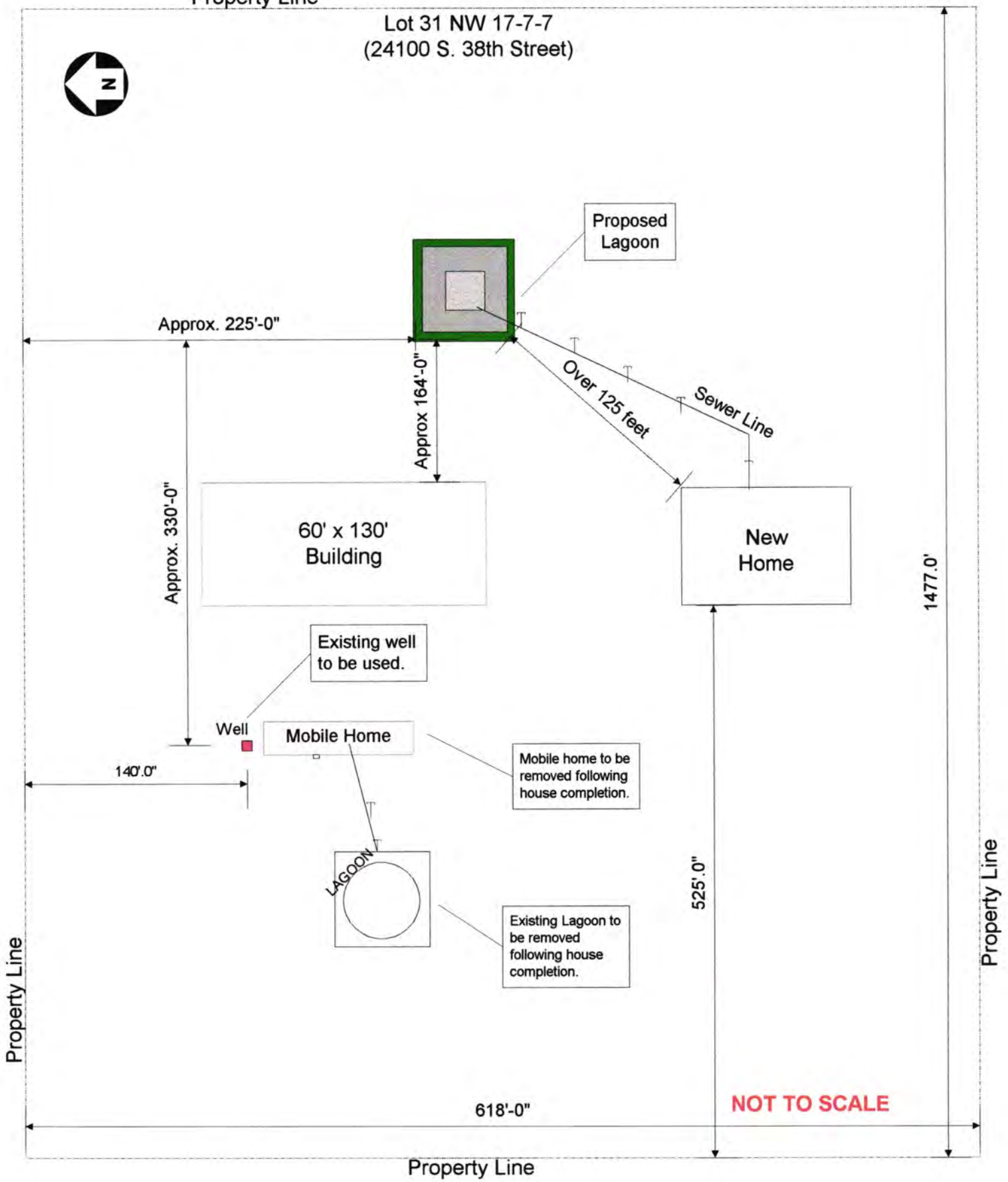
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

X Home Building Contractor Brock Peters Date 4-27-98

X Installer _____ Date _____

Brock Peters
24100 S. 38th Street
Firth, NE 68358
(H) 798-0215
(W) 430-8190



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

D

Permit Number: 99380197801

Sewage Disposal System

As Built Plans & Specifications

Date 7/11/99

System Location (Indicate correct number and street)

Address 24100 S. 38th Street (no rural route) City Firth NE, Zip NE 68358

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 282 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 228 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)

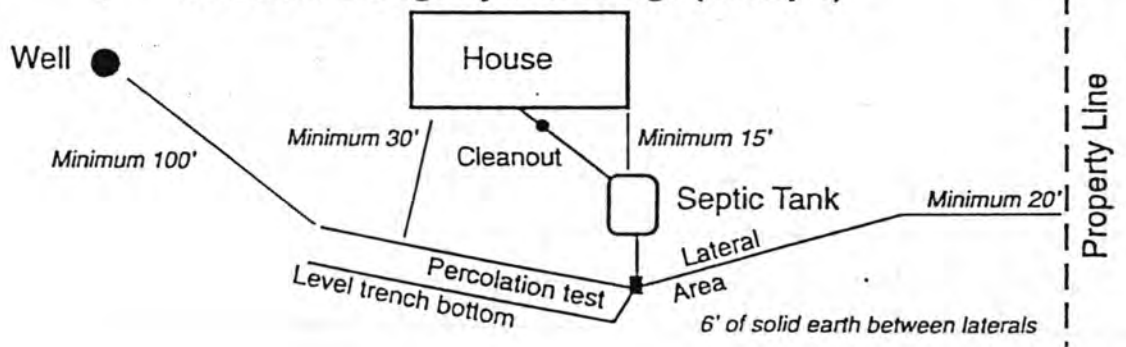
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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.

See Attached Drawing

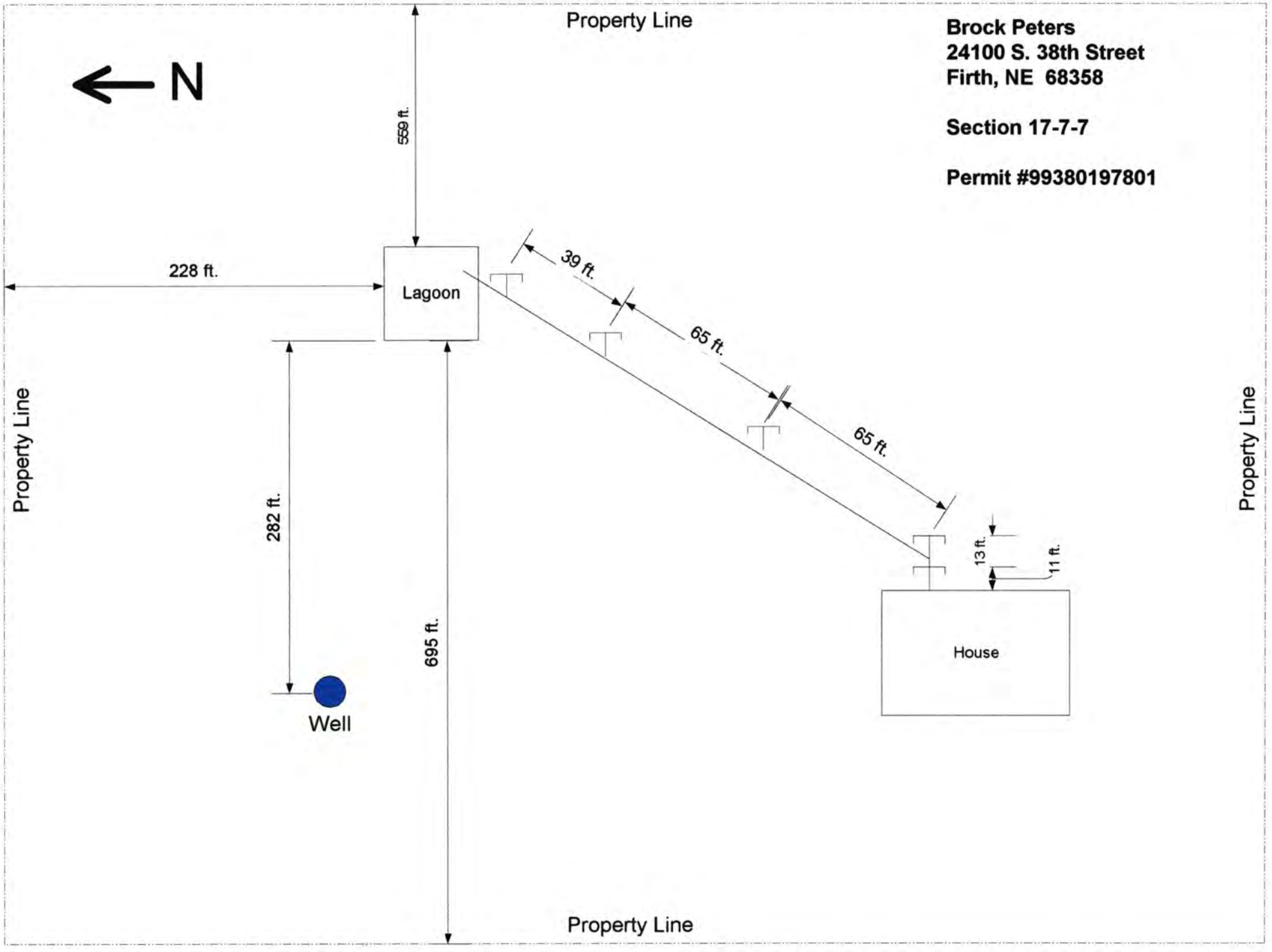
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96


Property Line
N
559 ft.
Brock Peters
24100 S. 38th Street
Firth, NE 68358
Section 17-7-7
Permit #99380197801
228 ft.
Lagoon
39 ft.
65 ft.
65 ft.
Property Line
282 ft.
695 ft.
13 ft.
11 ft.
House
Well
Property Line
Property Line