LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2181-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 29, 1985 — THIS PERMIT EXPIRES

MRS. R. W. SCHROEDER — ISSUED TO

RT #1, BOX 94 FIRTH, NE 68358 — ADDRESS

T7N; R7E; Sec 22; Lot 9 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

R J NUERNBERGER Lancaster County Treasurer

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2181-C

DATE: 3/29/85

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 22 ; Block _____ : Lot 9 I.T. : Addition _____
   Street Address Rt 1 Princeton Rd. Firth, Ne

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

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

4. Distance to public sewer: _____ ft.

Mrs R. H. Schraeder
Signature of Applicant (Owner or Lessee)

Rt 1 Firth, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/29/85. Date Frwd. 3/29/85. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-29-85. Date Frwd. 3-29-85. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 3-29-85. Date Frwd. 3-29-85. ACTION: Approved ☒ Disapproved ☐ Signature: Harold E. Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/29/85 by: J.C.H. need fence sign etc
Date: 4/3/85 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/3/85 By: Jerrold C. Hood

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

FORM CONTROL NUMBER 04632

LANCASTER COUNTY
CASH RECEIPT

PAGE OF

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	DATE OF DEPOSIT	ACCOUNTING PERIOD	BUDGET FY
		17217	M M D D Y Y: 3 1 2 9 8 5	M M Y Y:	Y Y

ACTION: ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT | OFFSET CASH ACCOUNT

COMMENTS: INDIVIDUAL SEWAGE DISPOSAL PERMIT

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./DEC IND	P/F IND
		011	999				2559							2181-C	60 00		
														TOTAL	60 00		

PREPARED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____ DATE 5-2-85

ORIGINAL

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

All Hole's still Full From Pre-test

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 3-19-85 to 3-20-85. Weather: Precip. 0 Temp. 65°.

¼ mi East of Norris School
So. side yellow house

OWNER: Eagle Crest Realty Inc.
Address: Suite 1 4547 Calvert
489-3831

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"	3-19	4:00 pm	3-20	4:00 pm	3-20	4:00 pm	6"	4:30 pm	5 7/8"	30m	1/8"	
2	"	"	"	"	"	"	"	6"	"	5 3/4"	30m	1/4"	
3	"	"	"	"	"	"	"	6"	"	5 7/8"	30m	1/8"	
4	"	"	"	"	"	"	"	6"	"	5 7/8"	30m	1/8"	
5	"	"	"	"	"	"	"	6"	"	5 7/8"	30m	1/8"	
6	"	"	"	"	"	"	"	6"	"	5 7/8"	30m	1/8"	

William Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

Closing date 4-23-04 afternoon

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 _____

Parcel ID 11 - 22 - 106 - 002 - 000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 22 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition _____

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			(Fax)

Signature of Applicant Katherine Ley Address _____ Date 4 / 8 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4 / 8 / 04 Amount $200.00 ✓ Check No. 1695 ✓ Initials aw

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

PRELIMINARY STATUS--By Gerhold C. Hood **DATE:** 4 / 9 / 04

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED LOCK ON LAGOON GATE. WHEN GROWING SEASON GETS GOING NEED CATAILS KILLED OUT OF LAGOON.
- Lock installed. Cattails sprayed as per Jerry Hood. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 4 / 30 / 04

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

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: April 12, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

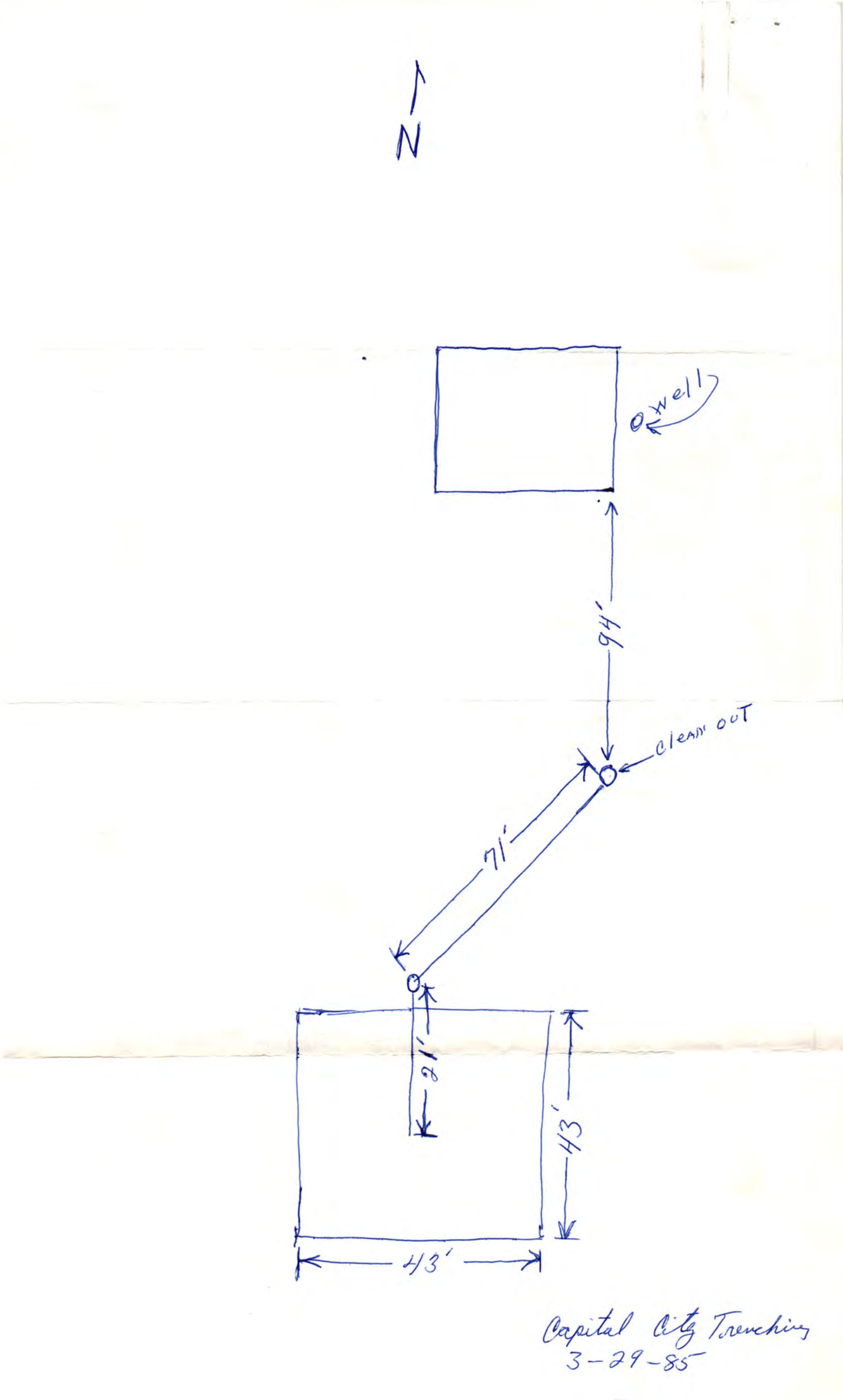
Laboratory Number: **P25227-49**
Sampled By: **JERROLD HOOD**
Location: **7007 PRINCETON RD**
Sample Point:

Date Collected: **09-Apr-2004 10:20 AM**
Date Received: **09-Apr-2004**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	04/10/04	HK
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	04/10/04	HK

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

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



Capital City Trenching
3-29-85

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005772

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380291301

Issued 10/11/04
Expires 04/11/05
Revenue Code 3157

Establishment:
MATTHEW LEY
T7N R7E SEC 22 QTR NW
LOT 9IT
7007 PRINCETON RD-FIRTH

FEES: $200.00

Permittee:
MATTHEW LEY
7007 PRINCETON RD
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

OCT 11 2004

A

Permit Number: 0438029130 1

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 7007 Princeton (no rural route) City Firth NE, Zip 68358

Legal Description NW 22 7N 7E ... 9.T.I.
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 Matthew Ley Signature Matthew Ley

Address 7007 Princeton rd City/State/Zip Firth Ne 68358

☐ Check if owner designed system Home Phone 484-5164 Work Phone 730-5561

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mike Krom Firm Circle K Work Phone 417-8309

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 10/11/04 Date frwd 10/12/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-11-04 Date frwd 10-11-04 ACTION ☒ Approved ☐ Disapproved Signature Michael A. Thiele
3. **City or County Engineer** Date rec'd 10-12-04 Date frwd 10-12-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

11/12/04 Rather large, may be closer than 50' from property line

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/11/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5417

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

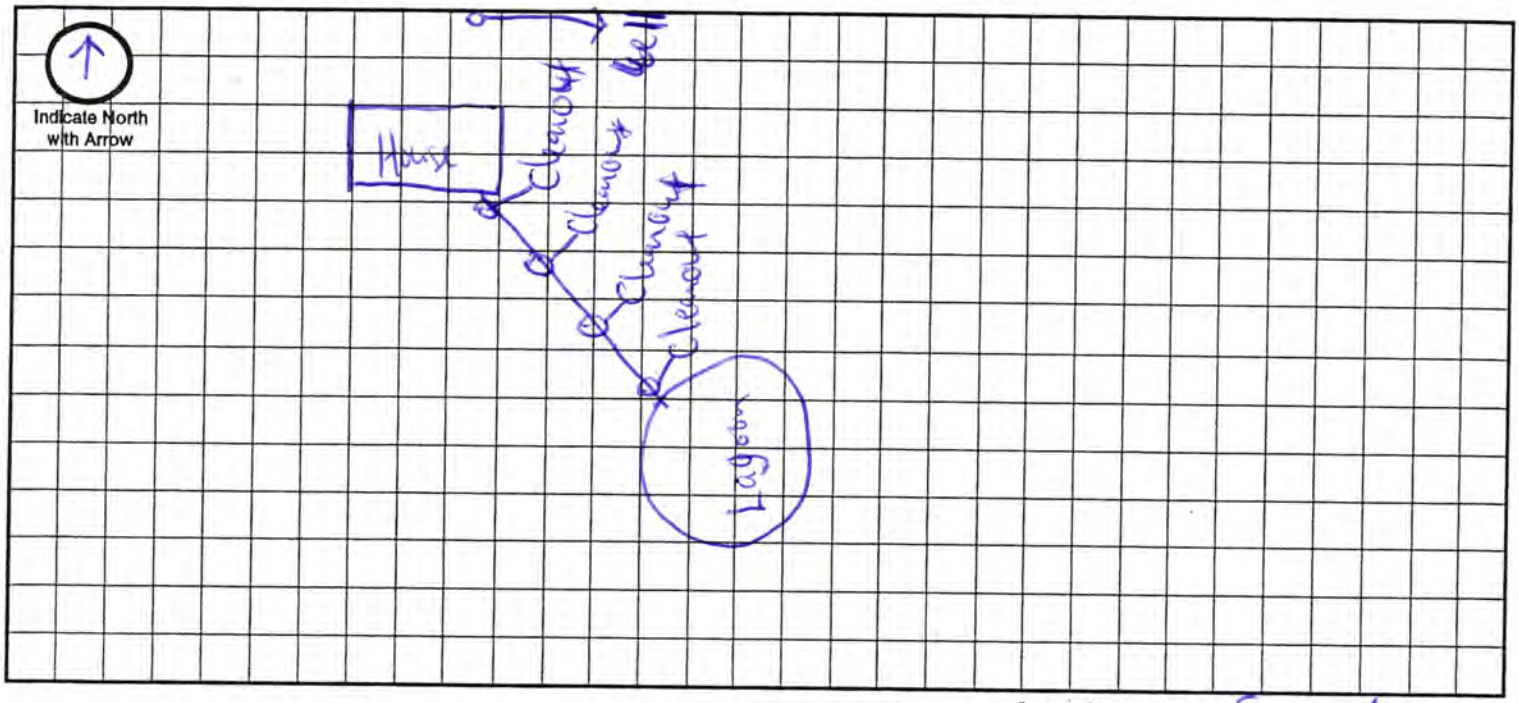
OCT 1 1 2004

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7007 Princeton Rd City Firth NE, Zip NE 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 _____ Date 10-11-04

Installer _____ Date 10 05 04

FORM 23-102 10-96

Math Ley

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 12-13-04

System Location (Indicate correct number and street)

Address 7007 Princeton Rd. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: _____
   Diameter: _____ 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: _____
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

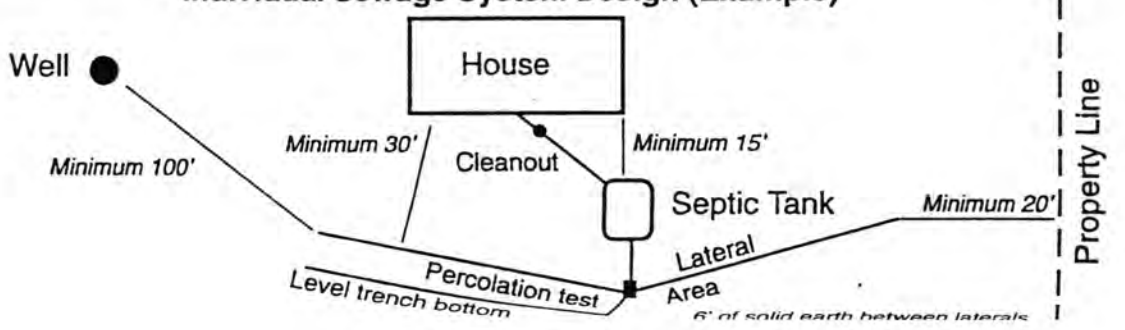
(Provide as-built drawings on back of this form)

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.

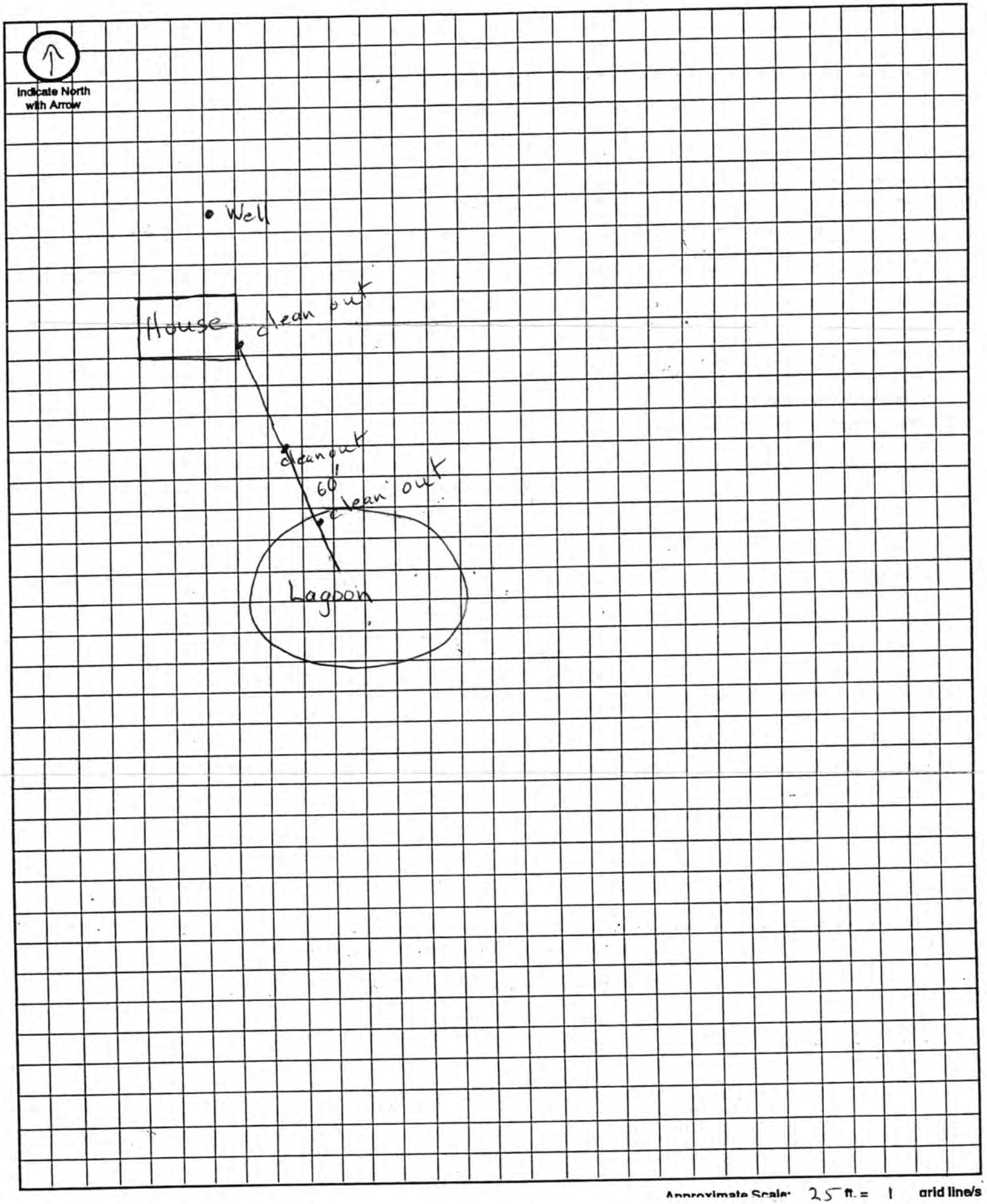
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: 25 ft. = 1 grid line/s