Original

Ron Mayhew

AUG 6 1997

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 26505 So. 96th St. Firth

Twp 7N Range 7E Section 26 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property South of Hickman on 68th to Pella Rd. East on Pella to 96th St. S.W. corner of 96th & Pella Rd.

Location of Well West of House 150 ft. Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Jerry & LuAnn Schmidt	26505 So. 96th St. Firth, Ne. 68358	402) 791-5397
Tenant/Buyer:			
Return to:			

Signature of Applicant Jerry Schmidt Address 26505 So. 96th St. Firth, Ne. 68358 Date 2/30/97

HEALTH DEPARTMENT USE ONLY

Date Received 8/6/97 Received $150.00 ✓ Check ☒ #1913 CW Cash ☐

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 8/7/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 8/28/97 by P.D.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Well next to livestock confinement area
8-28-97 Livestock removed. Restrict livestock to be no closer than 100 ft from well. Well actually lies on brothers property See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 8/28/97

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-7-26 Location 26505 So 96

Owner/Requestor Schmidt

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- X Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Septic system is considered experimental. No visible signs of malfunction

(GF) Current regulations require wells to be located 100 feet from accumulated manure which includes feedlots + corrals when used for domestic purposes. Please submit a well drillers log if obtainable, to aide in our accessment of well as currently located

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Condult Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - (F.) Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gata, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Dietzmann Received by: _____

Date: 8-7-97

WA1002

'97 AUG 8 PM 1 24

'97 AUG -7 A11:00

REPORTED

RECEIVED

AUG 12 1997

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 155408

DATE COLLECTED 8-7-97 10:07
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Schmidt; 2650S S. 96

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 26 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:

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 less than 0.1 mg/l

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

'97 AUG 8 PM 2 06

REPORTED

'97 AUG -7 A11:00

RECEIVED

AUG 12 1997

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14/16652

DATE COLLECTED 8-7-97 (MO. DAY YEAR) 10:07 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Schmidt; 2650 S. 96

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 26 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:

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: ☒ 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

FOR ACCOUNTING USE ONLY

LWB 91

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390047201

Issued 09/18/95
Expires 03/18/96
Revenue Code 18754

Establishment
JERRY SCHMIDT
T7N R7E SEC 26

FEES: $50.00

TOTAL $50.00

Permittee
JERRY SCHMIDT
409 MAY ST
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 ☐

SEP 11 1995

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 9/6/95

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 26 ; Section 26 ;
Block _____; Lot _____; Addition Sec 26-T7-R7E N.E Quarter
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: to replace existing Septic tank & move it to better location for laterals or whatever sewage system you deem best.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , David Pliha
Contractor's Name

6. Estimated cost of project:

a. Materials	$	1000 —
b. Labor	$	1600 —
c. Other	$	
TOTAL	$	2600 —

Jerry Pliha
Signature of Applicant (owner or lessee)

409 Maple St. Firth Ne. 68358
Address

(Do not write below this line) Approved: Deemed Approved Village of North 9-5-95

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 12/15/95 by: J.C.H.
Date: 5/3/96 by: J.C.H.
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL X
Date: 5/14/96 by: J.C. Hood

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL
STARTED BEFORE BAN IMPLEMENTED

SEP 11 1995

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

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: 9-3-95 to 9-4-95. Weather: Precip. 0 Temp. 63 .

OWNER: Jerry Schmidt

Address: _____

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"	9-3	4:30 PM	9-4	8:30 AM	9-4	8:30 AM	6"	1:00 PM	5 1/8"	30 min	0	
2	36"	9-3	4:30 P.M	"	"	"	"	"	"	3/4"	"	1/4	
3	36"	9-3	"	"	"	"	"	"	"	3 3/4"	"	1/8	
4	36"	9-3	"	"	"	"	"	"	"	2 3/4"	"	1/4	
5	36"	9-3	"	"	"	"	"	"	"	3"	"	1/4	
6	36"	9-3	"	"	"	"	"	"	"	4"	"	1/4	

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

Signature of Person Conducting Test

Address 2700 Van Ave Phone 464-0638

(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

1	2	3	4	5	6	
0	1 1/2	1	1 1/8	1	0	9:00
1/4	1	1/2	3/8	1/4	0	9:30
0	1/2	1/2	0	1/4	0	10:00
1/8	1/8	1/4	1/8	1 1/4	1/4	10:30
0	5/8	1/4	3/8	1/4	1/2	11:00
1/8	1/2	1/4	3/8	1/4	1/2	11:30
1/8	1/2	1/4	1/4	1/4	1/4	12:00
0	1/4	1/8	1/4	1/4	1/4	12:30
0	1/4	1/8	1/4	1/4	1/4	1:00

Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDDY 402-441-6248
M. JANE FORD, HEALTH DIRECTOR

September 3, 1995

Jerry Schmidt
Box 409 May St.
Firth, NE 68358

Dear Mr. Schmidt:

Enclosed is a copy of the "experimental" disposal system that you requested. As you can see it is a fairly large system that takes up a lot of real estate.

Also, you inquired on the percolation rate. Based on the numbers submitted to this department on September 11th, the rate was determined to be 160 min/in which exceeds the maximum allowable limit of 60 min/in. The purpose of the percolation tests is to determine the soils ability to transmit water in all directions simultaneously. As you can see, based on the numbers submitted, the water does not move easily through the soil where the perc test was done.

Should you have any other questions regarding this matter, please contact me at 441-8038 or Jerry Hood at 441-8029.

Sincerely,

Paul Drotzmann, R.E.H.S.
Division of Environmental Health

MAY 14 1996

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO. _____

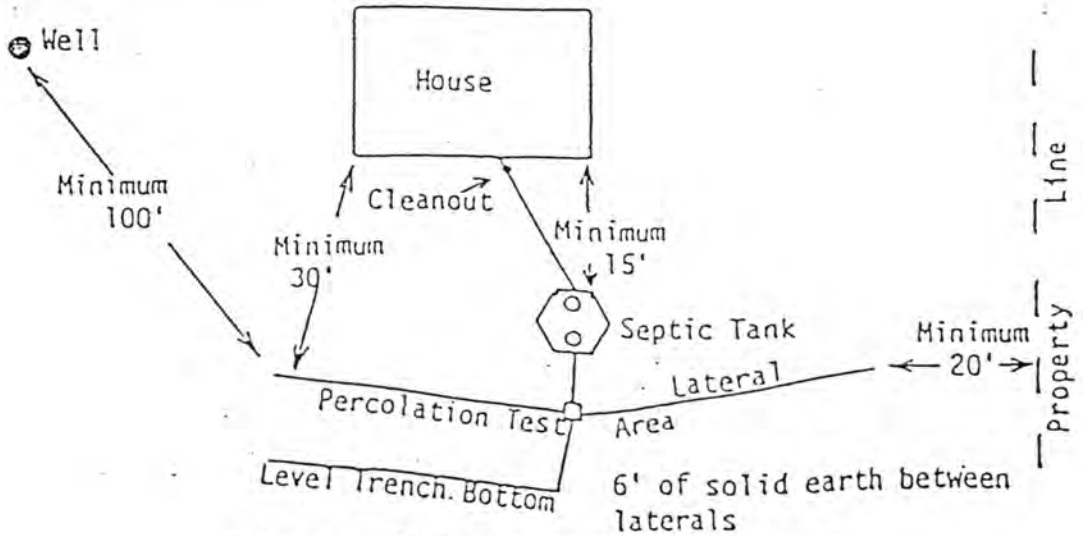
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 24 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

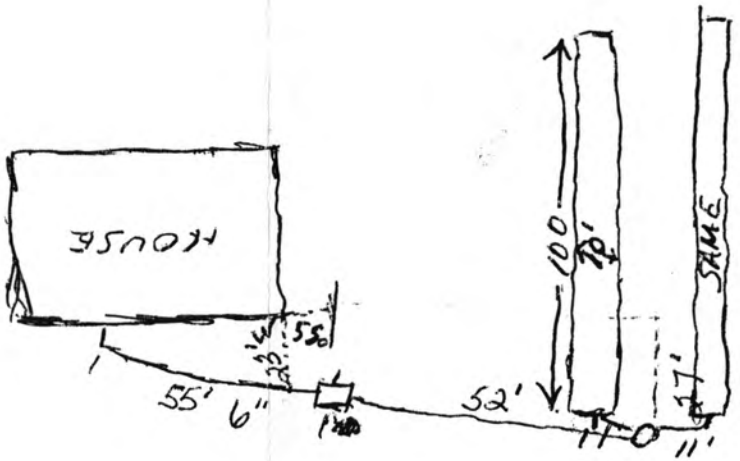
B. SEPTIC TANK:
1. Material CONCRET No. of compartments ____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 14 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material CON. ____; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company SAME)
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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100', ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 10 ft.;
Slope 2"-3" in/100 ft.; Average Depth 36" in.
4. Filter Material: GRAVEL
Depth of Material 30" in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


HOUSE
55'
6"
52'
100'
70'
SAME
17'
11'
11'