LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1120-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

January 25, 1978
THIS PERMIT EXPIRES

Willard Tekolste Firth, NE 68358
ISSUED TO ADDRESS

T7N, R7E, Section 27
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1120-C

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

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 7N ; Range 7E ; Section 27
Block _____; Lot _____; Addition _____
Street Address _____

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

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ ~~Lagoon~~

4. Distance to public sewer: None ft.

Willard Tekolste
Signature of Applicant (Owner or Lessee)

Firth Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/22/77. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/25/77. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____. Signature: _____

3. City or County Engineer: Date Rec'd. 7-26-77. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 7-26-77. Signature: Henry Ehrlich

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Approved: Village Board
7-14-77 R A Beard
Village Clerk.

no R.O.W. requested

FORM HD-43 (73) 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 474-1541)

FILE NO. 1120-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____ : Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ ft. x _____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Willard Sekalster
Address: Firth, Nebr.

Soil Type: (Silty Clay) ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Dates of Tests: 7-1 to 7-2. Weather: Precip. ____ Temp. ____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	60"	7-1	8:00	7-2	5:00	7:2	5:00	30"	6:00	29"	60	1	60/1
2	60"	7-1	8:00	7-2	5:00	7-2	5:00	30"	6:00	29"	60	1	60/1

Sum of Percolation Rates: 2
Average of Rates: 1
Mean of Rates: 60 min / 1 inch

Terry Bouma
Signature of Person Conducting Test

Address Firth Nebr.

Phone 791-5730

(Do not write below this line)

REVIEWING ACTION

REMARKS: Either Pawnee Clay Loam or Wymore Silty Clay Loam (S.C.S.)

DATE: July 22, 1977

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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: 475-6221)

FILE NO. 1120-C

SPECIFICATIONS

DATE: _____

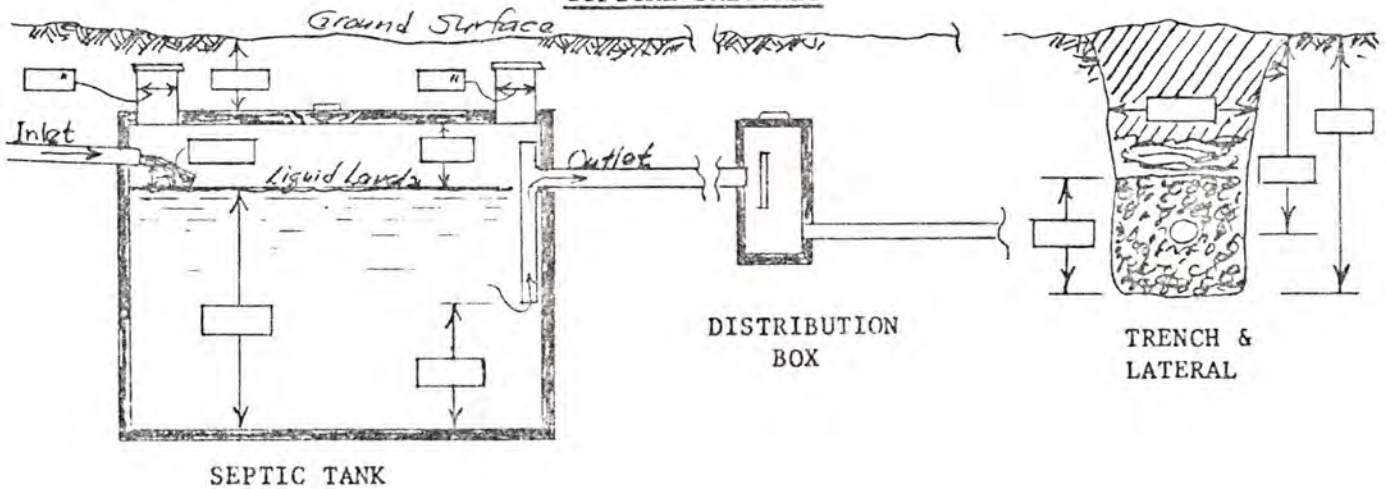
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____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
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) 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: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 152 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____. 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

ESRI ArcExplorer 2.0

7600 Firth Road



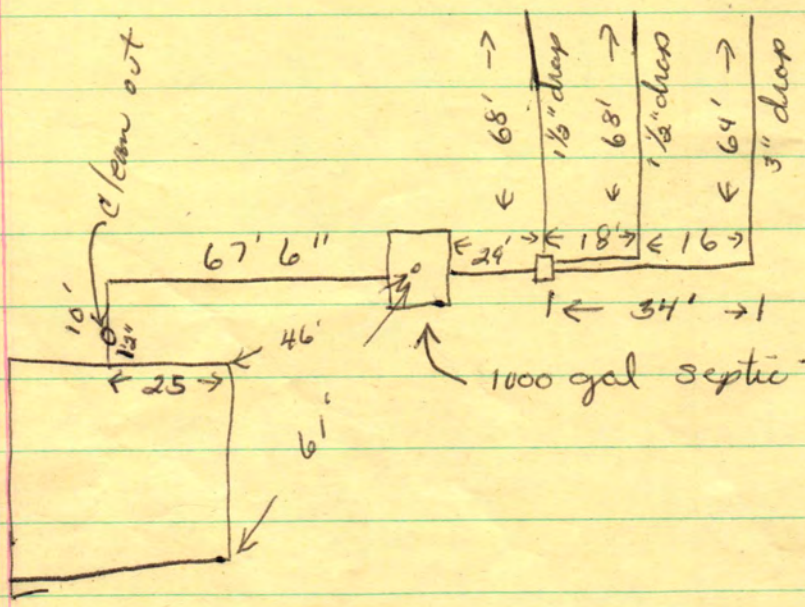
streets

Parcels

N

Friday, Dec 20 2002

Willard Tebalste
Faith Nebr.
8-18-77



1-1000 gal tank
1 distribution Box
200 ft lateral 3' wide trench
1 Clean out

Bouma Trenching
Terry Bouma 791-5760 791-5730
Faith Nebr. 8-18-77

COLI & NO3
12/18/02

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

NO3 RECHECK 12/19/02

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 7600 Fifth Rd Fifth Nebr

Parcel ID 14 - 27 - 400 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 7 Range 7 Section 27 1/4 ___ 1/4 ___ Block ___ Lot 18 Addition ___

Directions to Property go South on Hwy 77 to South Rd then East to 7600 Fifth Rd, Just west of Fifth Nebr

Location of Well SW of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of House Year Installed 1977

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Willard Jacobsen	4707 So 85th Ct. Lincoln 68516	483-4934
Tenant/Buyer:	Scott Estvold	3828 Lakeview Ln Columbus Nebr 68601	402-563-1304
Return to:	Dick Wolf Realtor	225 No 48th Blvd Ste 101 Lincoln Nebr 68505	436-7288 / 436-3399 (Fax)

Signature of Applicant Dick Wolf Address Same ↑ Date 12 / 18 / 02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12 / 18 / 02 Amount $200.00 Check No. 6684 Initials CW

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

PRELIMINARY STATUS--By Jerrold C. Hook **DATE:** 12 / 18 / 02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 5.57 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 12 / 19 / 02 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hook R.E.H.S. Date 12 / 23 / 02

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 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

DEC 27 2002

Laboratory Report Printed on: DEC-24-02

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

Laboratory Analysis for: Private Nitrate

Sample Comments:

Laboratory Number: **P21372-52**
Sampled By: **JERROLD HOOD**
Location: **7600 FIRTH ROAD**
Well ID:

Date Collected: **19-Dec-2002 02:49 PM**
Date Received: **19-Dec-2002**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	**5.6**		.05	mg/l	353.2		12/20/02	sr

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

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

DEC 2 0 2002

Laboratory Report Printed on: December 19, 2002

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

Laboratory Analysis For: Private Coliform

Sample Comments:

Laboratory Number: **P22246-12**
Sampled By: **JERROLD HOOD**
Location: **7600 FIRTH ROAD**
Sample Point:

Date Collected: **18-Dec-2002 02:40 PM**
Date Received: **18-Dec-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	12/19/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	12/19/02	JN

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

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