LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1977-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

OCTOBER 28, 1983
THIS PERMIT EXPIRES

DORIS FOSBENDER FIRTH, NE 68358
ISSUED TO ADDRESS

T7N, R7E, SECTION 35, LOT 104 IRREGULAR TRACT
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE — ALTER PERMIT

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 P.S. DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [x]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1977-C

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

DATE: April 25, 1983

The undersigned hereby applies for a permit to ALTER [x], 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 35;
Block ____; Lot 104 I.T.; Addition ____
Street Address ____

2. Property Use: Residential [x]; Commercial [ ]
No. Bedrooms 3
Describe ____
Other Use [ ]
Describe ____

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

4. Description of proposed alteration, extension or repair: build waste sanitation pond

5. Work to be done by: Owner [ ]; or Contractor [x], Terry Bouma
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	725 00

If costs are 400.00 or more, then a 30.00 fee must accompany this form.

Lagoon must be sealed.

Doris G. Buchender
Signature of Applicant (owner or lessee)

Firth, NE 68358
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6-10-83 by: rm (Need drawing & to abandon septic tank
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [x]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

FORM CONTROL NUMBER 02214

LANCASTER COUNTY
CASH RECEIPT

PAGE OF

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	10220	DATE OF DEPOSIT M M D D Y Y	04 28 83	ACCOUNTING PERIOD M M Y Y	BUDGET FY Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS	Lan. Co. Health Dept.

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								30 00		

TOTAL 30 00

PREPARED BY: NAME P.S. TITLE Asst.

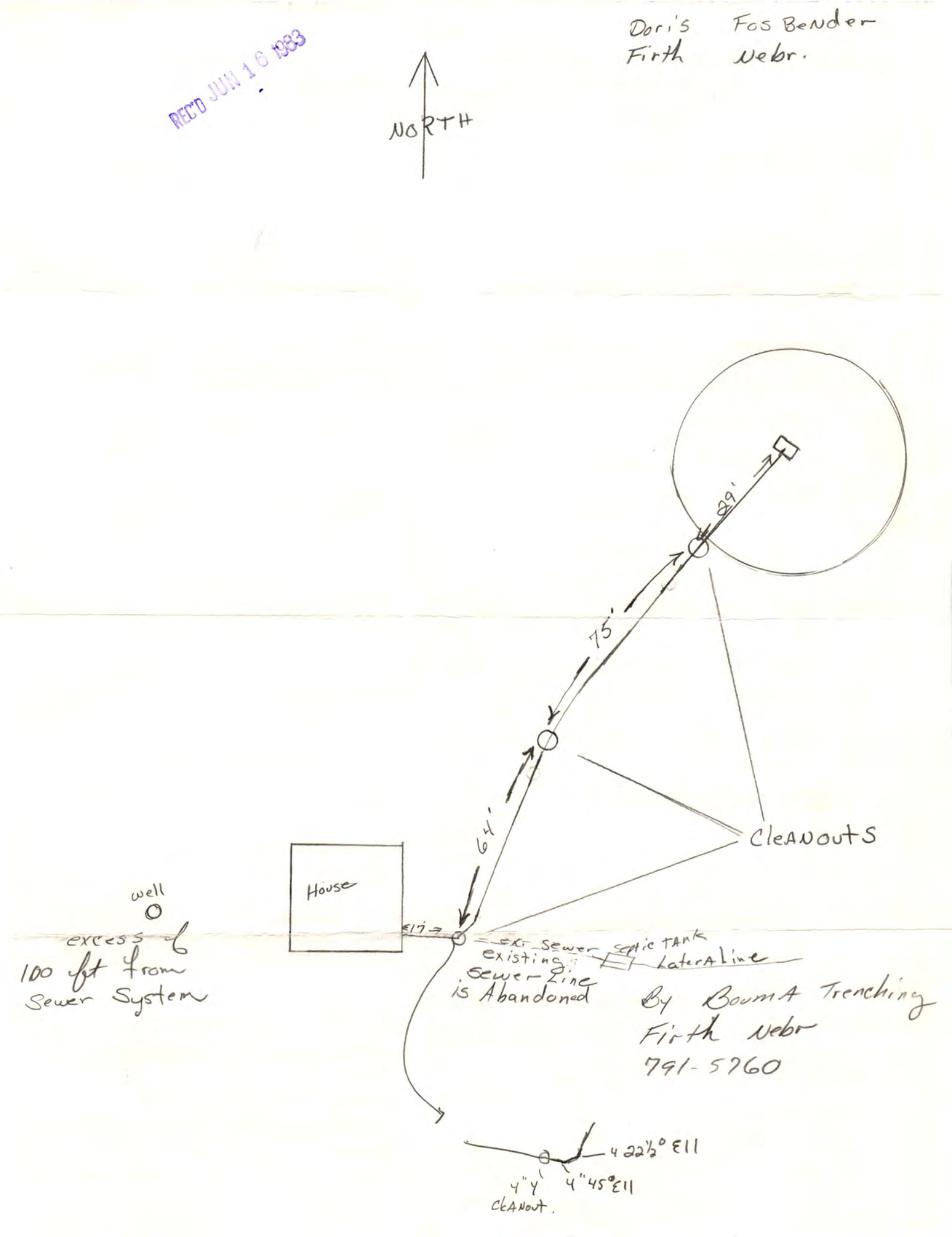
APPROVED BY: NAME _____ TITLE _____

APPROVED BY: NAME _____ TITLE _____ DATE 4-28-83

ORIGINAL

Dori's Fos Bender
Firth Nebr.

REC'D JUN 16 1983



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2074-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

SEPTEMBER 22, 1984
THIS PERMIT EXPIRES

DAVE FOSBENDER
ISSUED TO

FIRTH, NE 68358
ADDRESS

T7N; R7E; Sec. 35; Lot 103
LEGAL DESCRIPTION

REMARKS: 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 (EB) DATE 3/7/84 AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

0109-0977

RECD MAR 22 1984

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2074-C

DATE: 3/12/84

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 35 ;
   Block _____ : Lot 103 : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft. Lagoon

Dave Zodender
Signature of Applicant (Owner or Lessee)

Firth Neb.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/22/84. Date Frwd. 3/22/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. ~~Supt. Bldg. Insp.:~~ or Village Clerk: Date Rec'd. 3-17-84. Date Frwd. 3-20-84. ACTION: Approved ☑ Disapproved ☐ Signature: Roland W. Brown

3. City or County Engineer: Date Rec'd. 3-22-84. Date Frwd. 3/22/84. ACTION: Approved ☑ Disapproved ☐ Signature: L. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-8-84 by: mm dikes too steep. Must be sealed
Date: 3-9-84 by: mm correction made
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

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: 474-1541

REC'D MAR 14 1984

B

FILE NO. 2074-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 35 .
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: 2/9/84 to 2/10/84 . Weather: Precip. _____ Temp. _____ .

OWNER: Dave Fosebender

Address: Firth Nebr.

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	30"	2/9	10:00	2/10	10:00	2/10	12:30	6"	1:00	5½"		½"	
2	"	"	"	"	"					5		1"	
3	"	"	"	"	"					6		0	
4	"	"	"	"	"					5¼		¾	
5	"	"	"	"	"					4½		1½	
6	"	"	"	"	"					5½		½	

John Stuhmer
Signature of Person Conducting Test

Address 4401 No. 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Must be sealed.

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: _____

FILE NO. 2074-C

SPECIFICATIONS AS BUILT

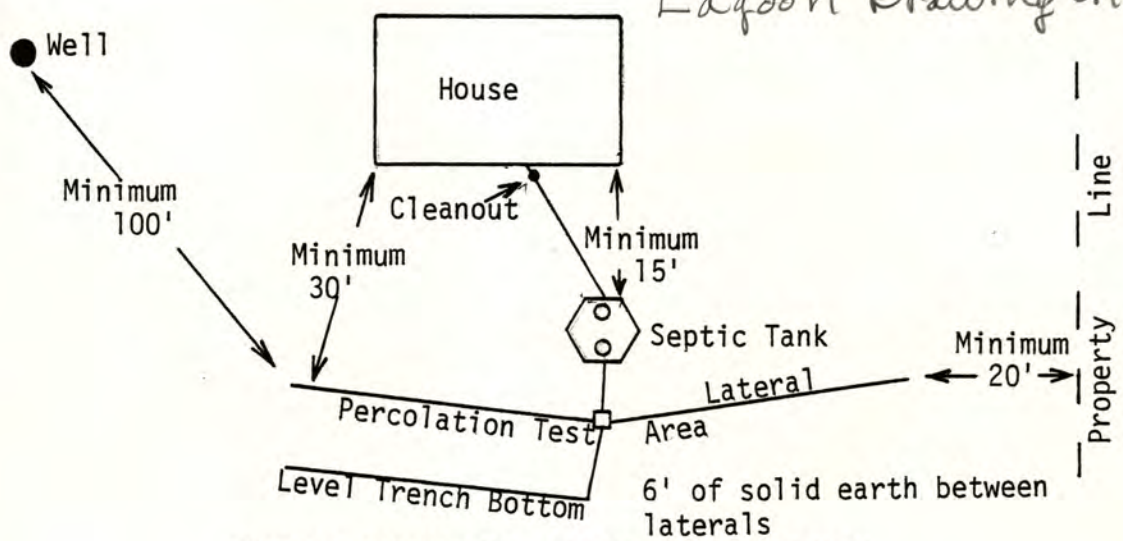
A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ 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 ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ 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.

Lagoon Drawing on Back



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

015

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 9100 E 2nd Firth Ne

Twp 3N Range 7E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property First driveway on your left after leaving pavement on Second Street Eastbound from Firth (Driveway in pine trees)

Location of Well Just west of Green house Tap Location: Inside ☐ Outside ☐ Either

Location of Sewage System Lagoon ne of house Year Installed approx 1985

	NAME	ADDRESS	PHONE
Present Owner:	Don Fosbender	9100 E 2nd Firth 68358	791-5310
Tenant/Buyer:	Same - refinancing	No change in ownership	
Return to:	Same	return to owner	

Signature of Applicant Don Fosbender Address 9100 E 2nd Firth, NE 68358 Date 10/12/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/13/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 10/21/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date 10/22/93 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 5.6 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ELECTRICAL PLATE BROKEN ON WELL HEAD. SHOULD TRIM A FEW TALL WEEDS DOWN AT WATERSEDGE IN LAGOON. All corrected 10/22/93 L.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/27/93

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.

007

WATER MICROBIOLOGY

STATE LAB NO. 1427077

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 22 (DAY) 93 (YEAR) 2:02PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DON FOSBENDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 35 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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 CC

FOR ACCOUNTING USE ONLY

LWB 88

RECEIVED OCT 22 P3:48

REPORTED OCT 23 P5:29

'93 OCT 22 P2:03

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 1513140

TE COLLECTED 10 (MO.) 21 (DAY) 93 (YEAR) 10:30 A.M. (HOUR)

AMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DON FOSBENDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 35 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 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 5.6 mg/l

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

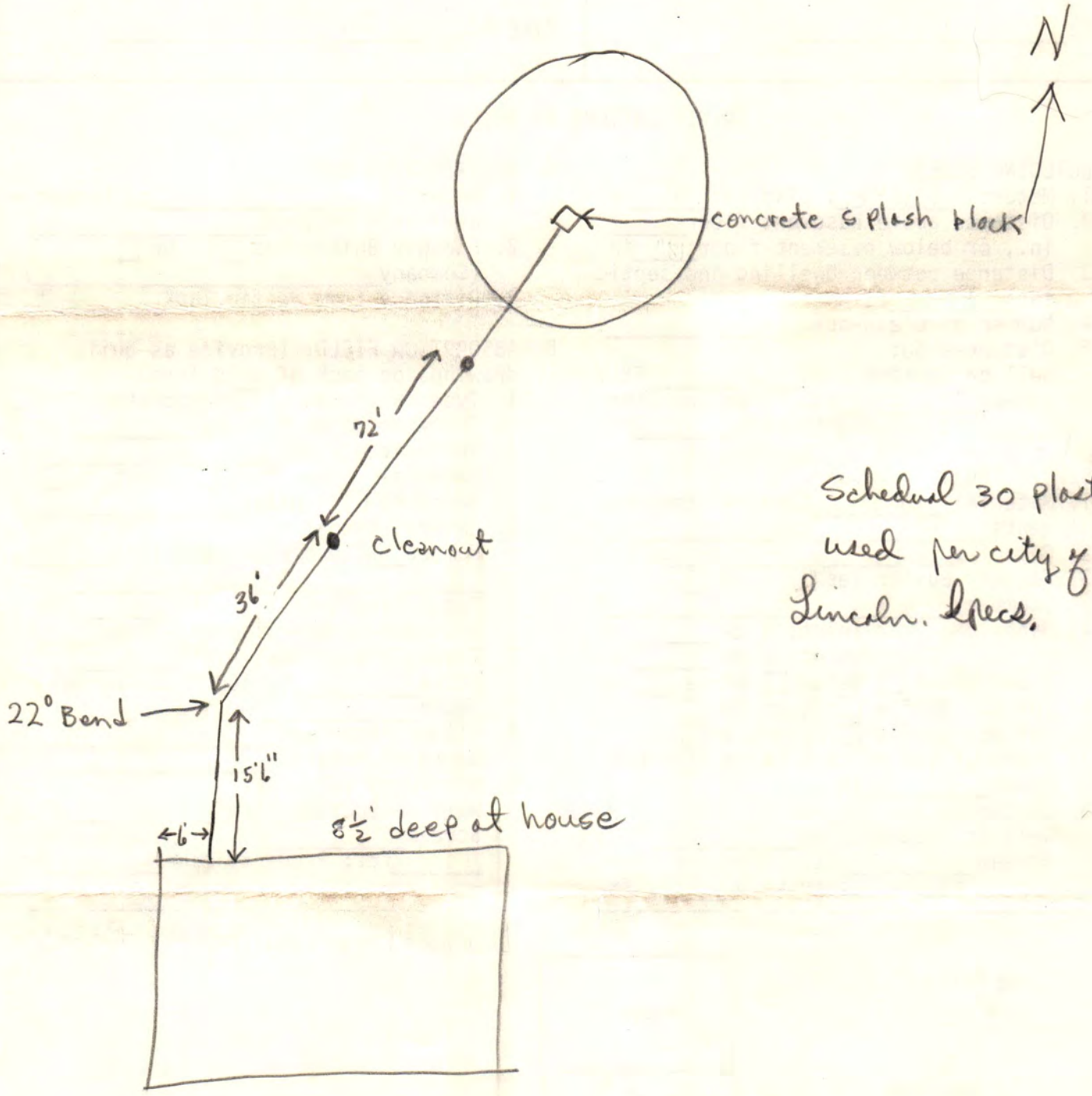
TEST(S) BY KT

FOR ACCOUNTING USE ONLY

LWN 88

AS BUILT DRAWING OF SYSTEM

DATE 3/12/84 INSTALLER Stuhmyer



Schedual 30 plastic used per city of Lincoln. Specs.