# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

## PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380160301

Issued 06/27/97
Expires 12/27/97
Revenue Code 18754

Establishment

DOUG HOLDEN
T7N R8E SEC 13
17600 PRINCETON ROAD

FEES: $150.00

TOTAL $150.00

Permittee

DOUG HOLDEN
RR0001
BOX 00086
ADAMS NE 68301

4941

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"**

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 17,600 Prinstion Road (no rural route) City Adams Ne. NE, Zip 68301

Legal Description SW 13 T-7-N R8E
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 Doug Holden Signature Doug Holden

Address RR1 Box86 City/State/Zip Adams Nebr 68301

☐ Check if owner designed system Home Phone 788-2725 Work Phone Same

### C. Contractor

Name Scott Prange Company Name Prange Const.

Address RR#1 Box 77 City/State/Zip Adams NE 68301

☒ Check if contractor designed system Work Phone 560-1327

### 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 6/27/97 Date frwd 6/27/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/27/97 Date frwd 6/27/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 06/29/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

~~By~~ 2-3-98

~~Date~~ Paul Drotzmann

***Business Office Use Only*** 3238

Date Rec'd 6-27-97

Amt Paid 150.00

Rec'd By CW Cash/Check No. 6658

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

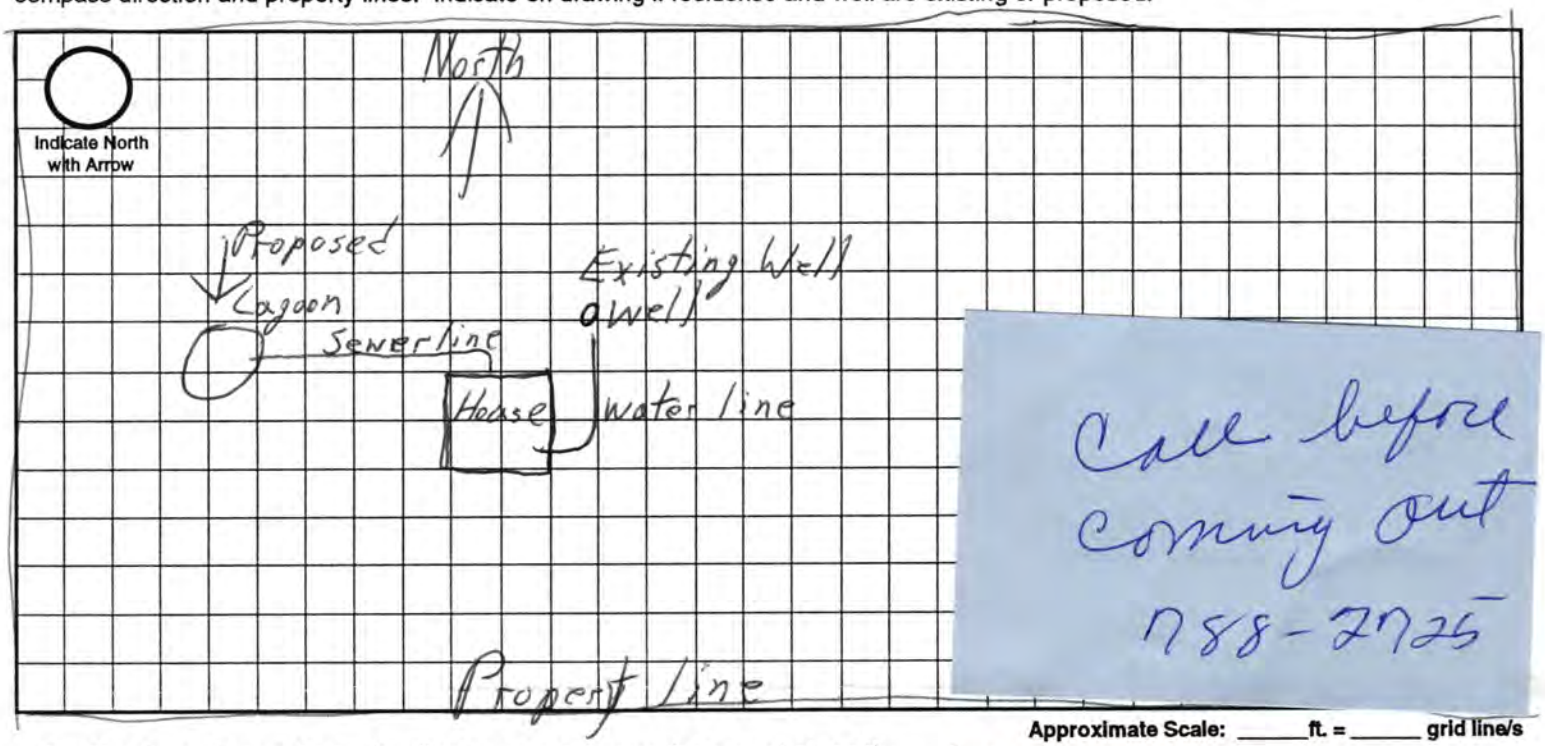
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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) 17600 Princeton Rd City Adams NE, Zip 68301

## 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

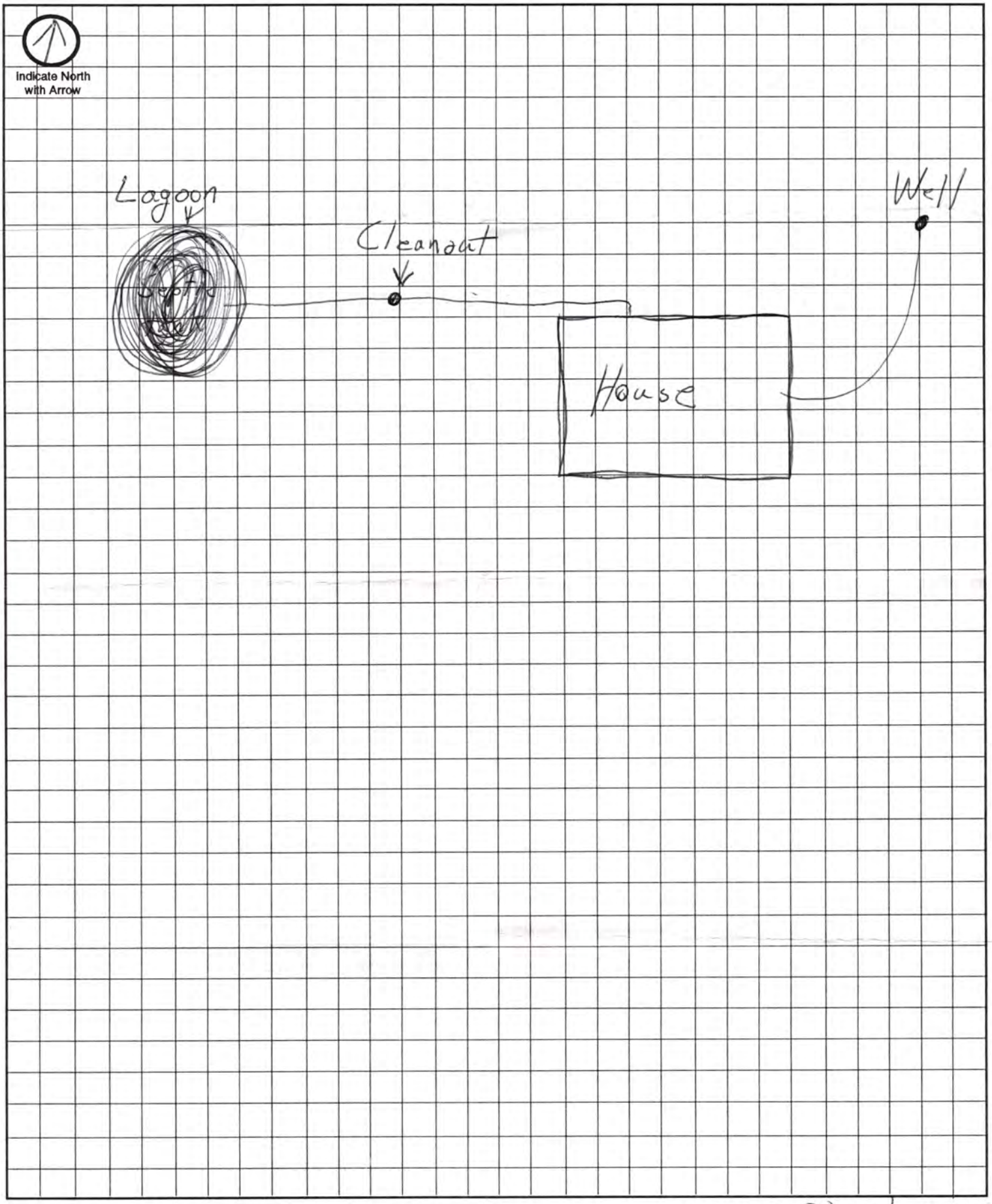
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| 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 _____

Installer _____ Date _____

# As Built Drawing




Approximate Scale: 20 ft. = 1 grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description _____ Location _____

Owner/Requestor _____

# 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
_____ Loan approval
_____ Consultation
_____ Other (Specify)

REMARKS _____

_____

_____

_____

_____

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach 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 ___ 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 Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____

Date: _____

WA1002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-8-13 Location 17600 Princeton Rd

Owner/Requestor Holden

# 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".

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

REMARKS (8) Trees need to be removed. The pond should be kept free of shrubbery higher than 10 ft within 50 feet and trees within 100 feet. Seed with grass as soon as possible

(11) No perc test results submitted with permit application. Thus, lagoon is required to be sealed w/ bentonite or a plastic liner

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit 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 ___ Septic X 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. (8.) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. (11.) Other Deficiencies (Specify) Bentonite

Inspected by: Paul Drotzmann Received by: ___

Date: 8-27-97

WA1002

Construct fence and submit measured drawing, as built, of the lagoon. Call when fence is up. 441-8038

980203013

# Lincoln-Lancaster County Health Department

**3140 "N" Street, Lincoln, Nebraska 68510 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

CR 3536

Legal Description of Property: Street Address 17600 Princeton Rd, Adams, NE 68301

Twp 7N Range 8E Section 13 1/4 SW 1/4 Block Lot 1 Addition

Directions to Property Hwy 43 So. to Princeton Rd., ~~of the intersection~~ East 1 mile, NE corner of intersection

Location of Well 8-10 yards S of back door Tap Location: Inside ☒ Outside ☒

Location of Sewage System Approx. 40-60 yrd W. of back of house Year Installed

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| CR 15850 Present Owner: | Francis Hanson | 17600 Princeton Rd. | |
| Tenant/Buyer: | Doug + Cindy Holden | A CR 71633 Rt. 1 Box 86 Adams, NE 68301 | 788-2725 |
| Return to: | Kim Topp | 3201 Pioneer Lincoln, NE 68502 | |

Signature of Applicant Kimberly Topp Address Date 5/8/97

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**HEALTH DEPARTMENT USE ONLY**

Date Received 05/12/97 Received $150.00 Check ☑ Cash ☐ #300

**PRELIMINARY STATUS--By** Paul Drotzmann **DATE:** 5/16/97

1-28-98 PD

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☐ | ☒ | Approved ☐ | Date 5/20/97 by P.D. |
| Bacteria | ☒ 0 /ml | ☐ /ml | Provisional ☐ | Date 8/27/97 by P.D. |
| Nitrate | ☒ <0.1 ppm | ☐ ppm | Disapproved ☒ | Date 1/27/98 by PD |

**Comments:** open cistern, rats, tires, depression around well, windmill well needs abandonment unable to locate septic system 5-20-97 Sewage located in ditch P.D.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Paul Drotzmann Date 2/3/98

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.

'98 JAN 28 AM 11 13 RECEIVED

'98 JAN 30 PM 3 07 REPORTED

COMPLETE INFORMATION BELOW

# WATER CHEMISTRY

STATE LAB NO. 15413

DATE COLLECTED 1-28-98 (MO DAY YEAR) 10:00 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Holden; 17600 Princeton Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SW SECT 13 TWNSHP 7 (N) (S) RANGE 8 (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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY VR

FOR ACCOUNTING USE ONLY

LWN 88

'98 JAN 28 PM 2 02 REPORTED

'98 JAN 27 PM 12 26 RECEIVED

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO 14 1645

DATE COLLECTED 1-27-98 (MO. DAY YEAR) 11:00 (HOUR)

SAMPLE COLLECTED BY P. DROZMANN

SAMPLE LOCATION Holden; 17600 Princeton Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 13 TWNSHP 7 S RANGE 8 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 CC

FOR ACCOUNTING USE ONLY

LWB 91

Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDDY 402-441-6284
M. JANE FORD, HEALTH DIRECTOR

May 21, 1997

Francis Hanson
17600 Princeton Road
Adams, NE 68301

Dear Ms. Hanson:

An inspection was conducted on May 12 and May 20, 1997 at the property generally located at 17600 Princeton Road, (T7N, R8E, Section 13, Lots 1), Lancaster County, Nebraska. An inspection of the sewage disposal system serving this property revealed the following:

1. Sewage wastewater flowing at the ground surface in the road ditch near the intersections of So. 176th and Princeton Road

2. The septic tank not located

3. Soil depression around water well

4. Open cistern, motor vehicle tires, rodents

The unregulated discharge of sewage onto the ground surface is in violation of County Resolution 2832, Regulating Individual Sewage-Disposal Systems. Proper sewage disposal is important in preventing the spread of communicable disease and in protecting the environment from sewage pollution.

Thus, this problem must be corrected within 30 days of the mailing of this letter. Any corrections of sewage disposal systems must be in compliance with County Resolution #2832 Section 4 and be inspected prior to backfilling. Because the existing septic system pre-dates regulations, a NEW CONSTRUCTION permit is required. If you decide to keep the existing septic tank, and it meets standards and is structurely sound, the sludge and scum levels need to be measured to determine if the tank needs pumping.

Regarding the water well, the well serving the house for domestic uses is located in a depression. Therefore, we will not sample for biological contamination until the well conforms to current regulations and standards. The old windmill well needs to be properly abandoned because it is no longer operational and is poorly maintained.

The open cistern needs to be backfilled and graded to surface. The vehicle tires need to be properly disposed or recycled. And bait needs to be placed to control rodent activity.

If there are any questions, please contact me at 441-8038.

Sincerely,

Paul Drotzmann

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

FEB 2 1998

D

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

Permit Number: 9738016030 1

# Sewage Disposal System

## As Built Plans & Specifications

Date 1-29-98

**System Location (Indicate correct number and street)**

Address 17,600 (no rural route) City Adams NE, Zip 68301

## A. Building Sewer

1. Material: PVC Plastic
   Diameter: 4" in.
2. Distance above basement floor: 4FT in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 200 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 300 ft.
   stream 1500 ft.
   pressure line None ft.
   property line 200 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

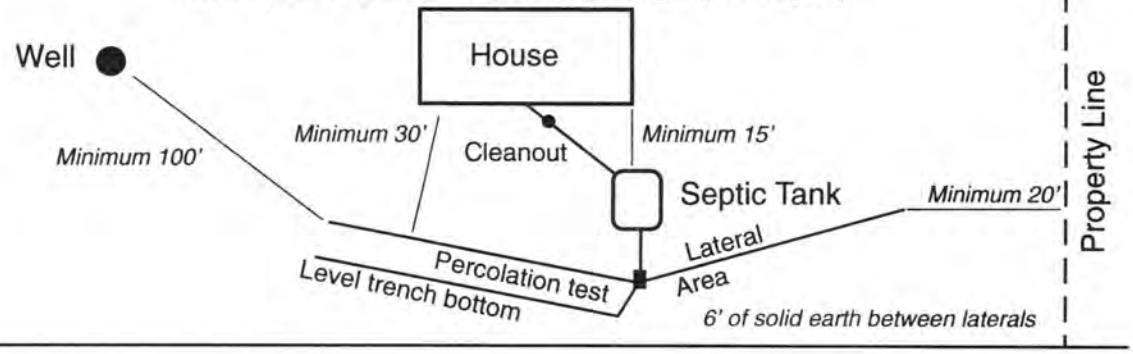
*(Provide as-built drawings on back of this form)*

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)




FORM 23-103 10-96