Original

AUG 26 1996

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 16500 Olive Creek Rd.

*See Attached Twp 7 Range 8 Section 11 1/4 SW 1/4 Block Lot Addition

Directions to Property Hwy 2 East to Hwy 43 (Bennet Corner) turn South - go thru Bennet to Olive Creek Rd. - turn East - go 1/4 mile - house on North side of Rd

Location of Well See Attached ~~Tap Location:~~ Inside ☐ Outside ☐

Location of Sewage System See Attached Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Kim Fosler	RR1 Box 7901 Adams, NE 68301	788-2508
Tenant/Buyer:			
Return to:			

Signature of Applicant Kim Yoder Address RR1 Box 7901 Adams, NE 68301 Date 8/22/96

HEALTH DEPARTMENT USE ONLY

Date Received 8/26/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Paul Drotzmann DATE: 8/27/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 20.1 ppm	☐ ____ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 9/5/96 by PD
Date __/__/__ by ____
Date __/__/__ by ____

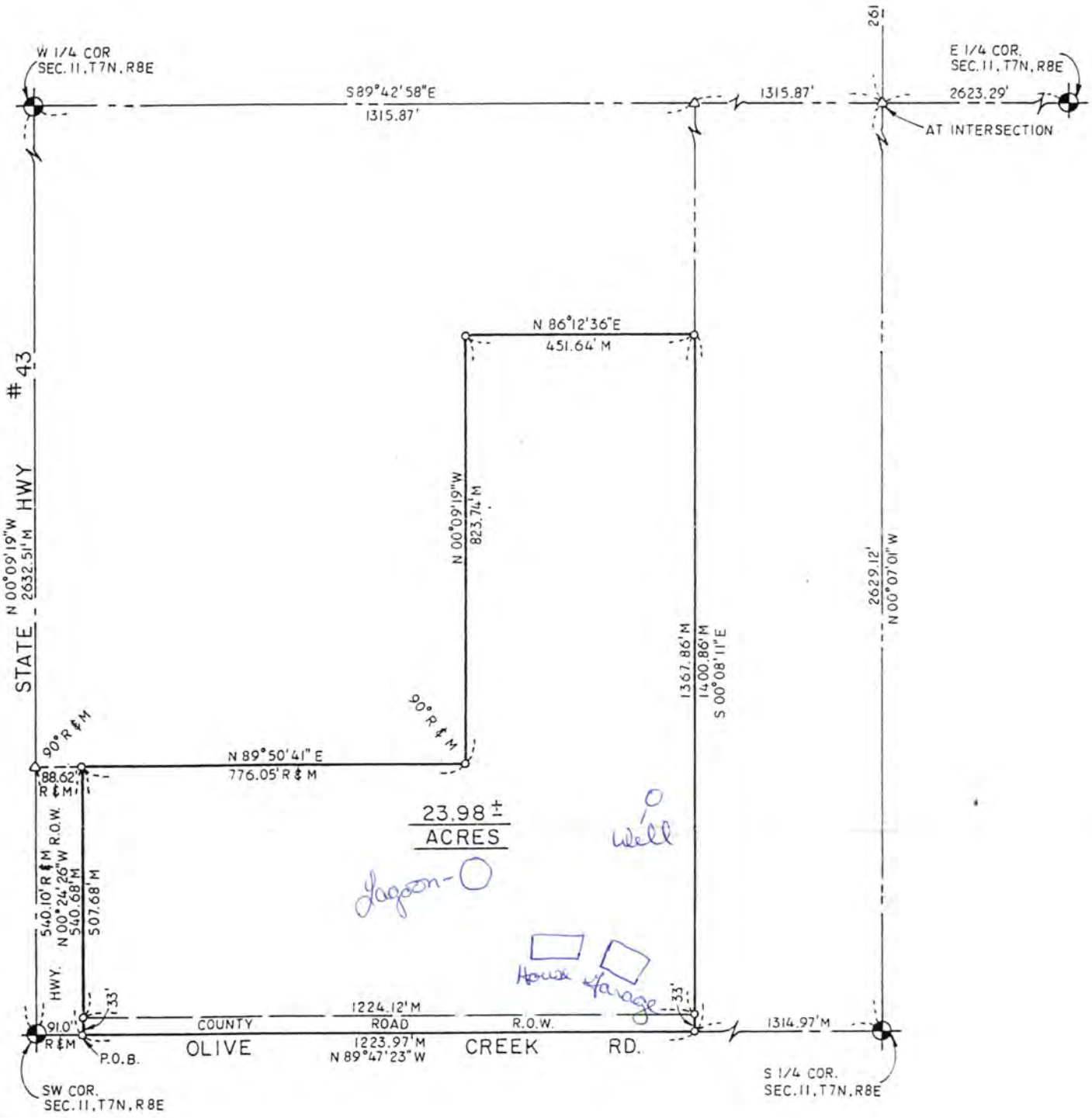
Comments: Need fence, gate, lock, warning signs. Unable to locate permit

9-5-96 Gate locked, fence up, warning signs attached. See Attached Letter ☒

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

Approved by Paul Drotzmann as directed by J. Mixer + S. Holmes Date 9/6/96

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.



NEBRASKA REGISTERED LS-469 LAND SURVEYOR LESLIE J. SIEDSCHLAG

SURVEYOR'S CERTIFICATE

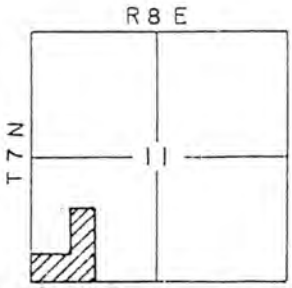
I, Leslie J. Siedschlag, a Registered Land Surveyor in the State of Nebraska, hereby certify that this survey was made under my direct supervision on November 20, 1995 and that all dimensions shown are in feet and decimals of a foot and are correct to the best of my knowledge and belief.

Leslie J. Siedschlag

Leslie J. Siedschlag, Nebraska L.S. No. 469

LEGEND

- Corners Found
- Corners Found
- o Corners Set ($5/8$" Iron Bar)
- △ Temporary Point
- R Recorded Distance
- M Measured Distance



SITUATION SKETCH

FIELD BOOK CERT 7 PAGE 40
DRAWN BY: Dick DATE: 11-26-95

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. 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 ___ 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

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

September 5,1996

Kim and Don Fosler
RR 1 Box 7901
Adams, NE 68301

Dear Mr. and Mrs. Fosler:

At your request, a "loan approval" inspection was conducted August 27, 1996 at 16500 Olive Creek Road, Lancaster County, Nebraska. At the time of inspection, the following deficiencies were identified:

1. No permit was obtained prior to the construction of the onsite waste disposal system. Construction of an individual sewage disposal system without a permit is a violation of County Resolution 2832, Section 4.

2. The waste stablilization pond was lacking proper fencing, a locked gate, and warning signs.

3. No perculation tests were conducted to determine if the pond would properly retain water.

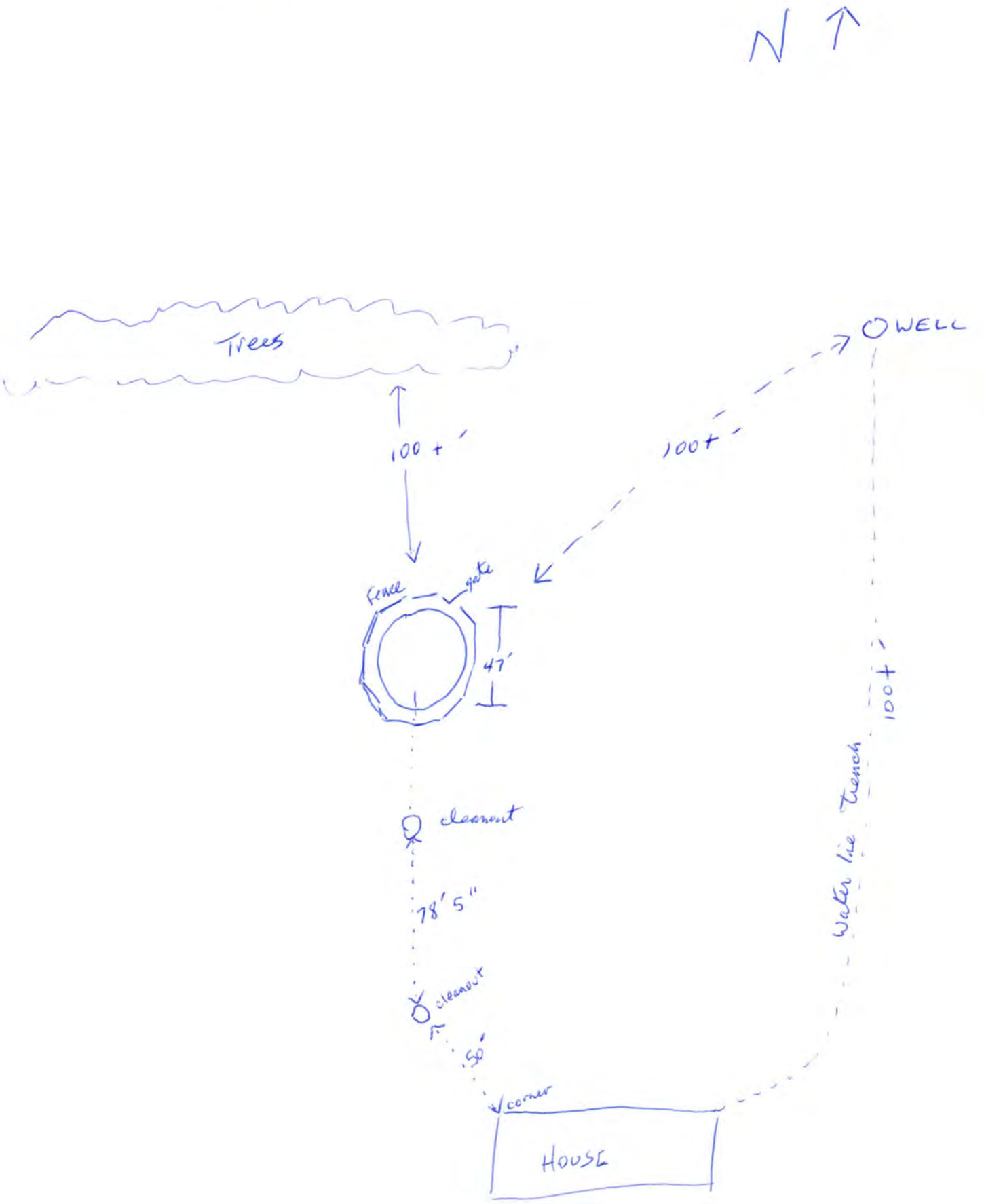
Since no inspections were conducted during the installation of the sewer line or the digging of the lagoon, this department is unable to approve the septic system at this time. As you have discussed with this department, a "provisional approval" may be granted once you can show minimum construction requirements are met.

When you have corrected the above violations or if you have further questions, please contact me at 441-8038.

Sincerely,

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

System installed without permit or inspections. No perc tests conducted to determine soils ability to retain wastewater
9-5-86 Paul Drotzmann



WATER MICROBIOLOGY

STATE LAB NO 1417307

COMPLETE INFORMATION BELOW

DATE COLLECTED 8-27-96 10:13
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Foster; 16500 Olive Creek

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 11 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

REPORTED '96 AUG 28 PM 2 51

RECEIVED '96 AUG 27 AM 11 21

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: RB

FOR ACCOUNTING USE ONLY

LWB 91

'96 AUG 27 AM 11 19

'96 AUG 29 PM 4 23

RECEIVED

REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156415

DATE COLLECTED 8-27-96 10:13
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTLMANN

SAMPLE LOCATION Foster ; 16500 Olive Creek

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR _____ SECT 11 TWNSHP 7 N S RANGE 8 E W

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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

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: 471-7800

D

DATE: 9-5-96

FILE NO. _____

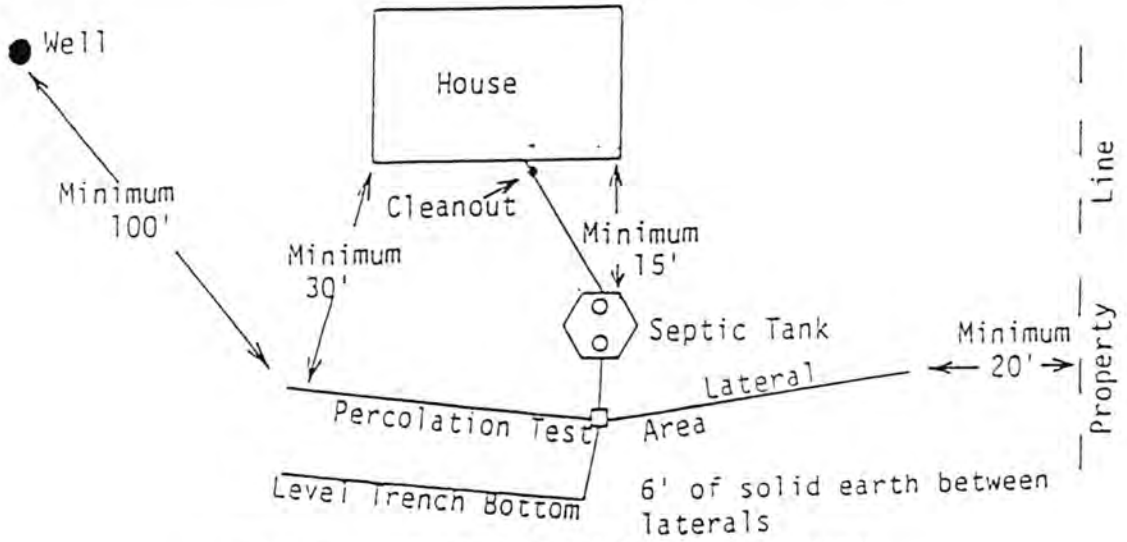
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: UNKNOWN
1. Material C ; 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 2.
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 + 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN