LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1421-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 29, 1979 — THIS PERMIT EXPIRES

Lindd Schneider — ISSUED TO

Box 244, Hickman, NE — ADDRESS

T7N, R8E, Section NE¼ of 8

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

2832

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

20109-0977

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: $ 30.00

FILE NO. 1421-C

DATE: _____

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 8E ; Section NE¼ 8 ;
   Block _____ : Lot _____ : Addition SEE ATTACHED
   Street Address RED #1 Hickman

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.

Linda L Schneider
Signature of Applicant (Owner or Lessee)

Box 244-
RR1 Hickman
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/78. Date Frwd. 9/28/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-29-78. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: J Baasch

3. City or County Engineer: Date Rec'd. 9-29-78. Date Frwd. 9-29-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date 10-6-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

B

FILE NO. 1421-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ ft. x _____ ft. Area: 5.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Sept 27, 1978 to Sept 28, 1978. Weather: Precip. 0" Temp._____.

OWNER: Linda L Schneider*

Address: POBox 244 Hickman, NE 68372

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	28	9/28	3:00 pm	~~9/28~~ 9/28	7:00 pm	9/29	2:15	6.0	2:45	5 1/2	30	1/2	6
2	32	9/28	3:00 pm	9/28	7:00 pm	9/29	2:20	6.0	2:50	5	30	1	
3	26	9/28	3:00 pm	9/28	7:00 pm	9/29	2:25	6.0	2:55	4 3/4	30	1 1/4	
4	30	9/28	3:00 pm	9/28	7:00 pm	9/29	2:30	6.0	3:00	4 7/8	30	1 1/8	
5	29	9/28	3:00 pm	9/28	7:00 pm	9/29	2:35	6.0	3:05	5 7/8	30	1/8	
6	36	9/28	3:00 pm	9/28	7:00 pm	9/29	2:40	6.0	3:10	6.0	30	0	

Dale W Schneider

Signature of Person Conducting Test

Address POBox 244 Hickman Ne. Phone 788-2788

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 28, 1978

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

Gerald C. Hood

Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

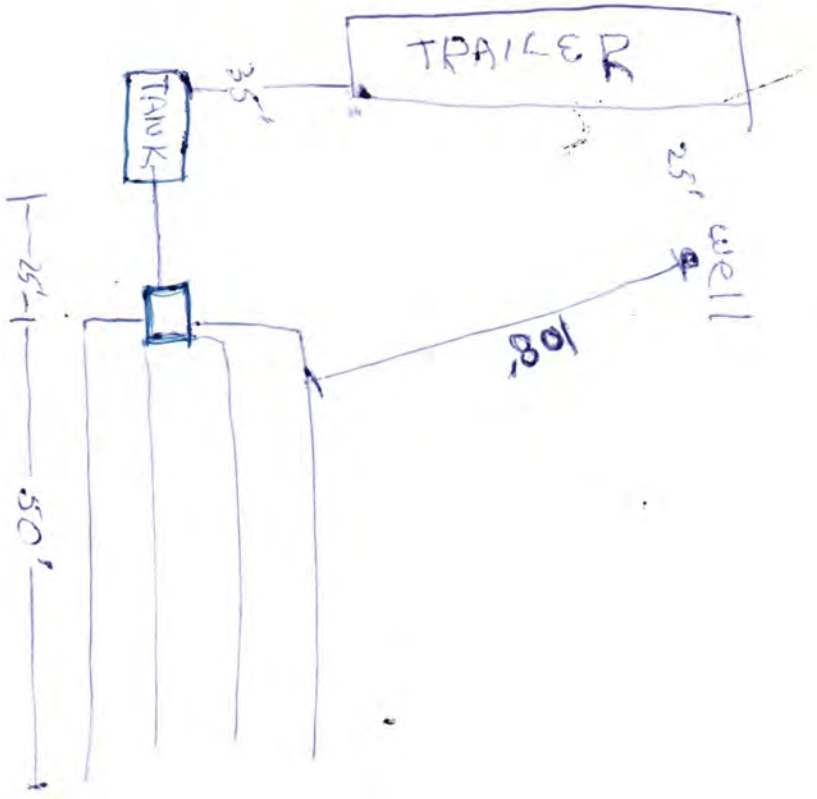
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1421-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: September 28, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 893 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Survey Record

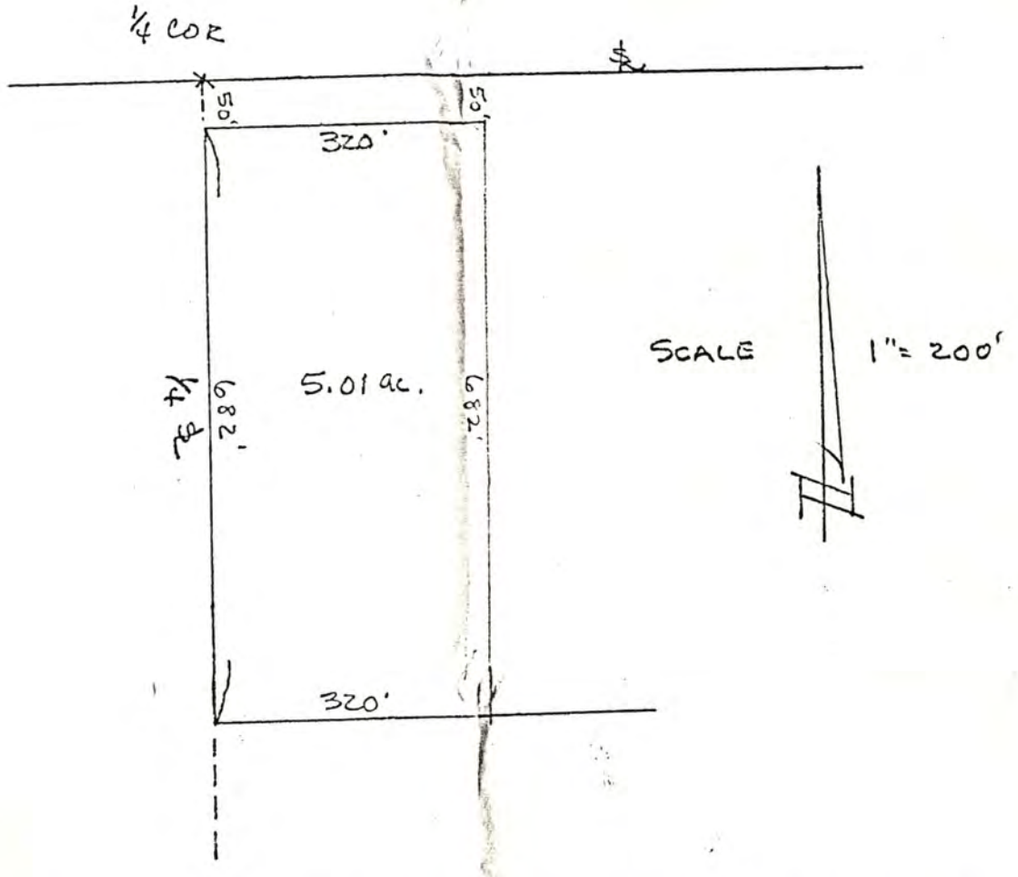
JOB NO.

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA

PHONE 432-3724

Survey of: AN IRREG TRACT SITUATED IN NE¼ Section 8 T 7 N, R 8 E of 6th P.M.



An irreg. tract of land situated in lot 6, I.T., NE ¼ of section 8, T7N R8E of the 6th. P.M., Lancaster, County, Nebr., more particularly described as follows;

The west 320' of the north 732' of the NE ¼, except the north 50' thereof, section 8, T7N R8E, the said tract containing 5.01 acres more or less.

NEBRASKA REGISTERED LS-252 LAND SURVEYOR ROBERT B. BATES, JR.

Land Surveyor's Seal

Signed this 25th day of August 1978

Name Robert B Bates Jr

Surveyor's license No. L.S. 252

Survey Record

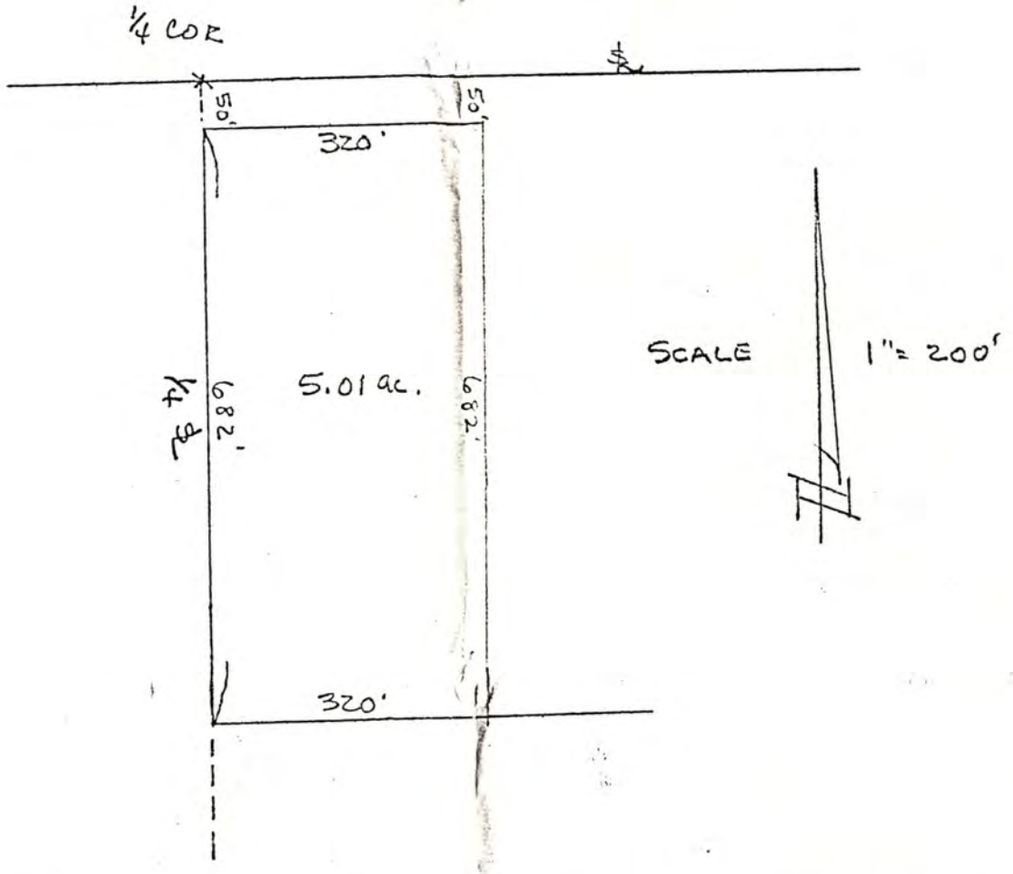
JOB NO.

LANCASTER COUNTY, NEBRASKA

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NEBRASKA REGISTERED LS-252 LAND SURVEYOR ROBERT B. BATES, JR.

Land Surveyor's Seal

Signed this 25th day of August 1978

Name Robert B. Bates Jr.

Surveyor's license No. L.S. 252

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: 471-7800)

FILE NO. _____

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

DATE: 11-8-94

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 8E; Section 8;
Block _____; Lot _____; Addition _____
Street Address 13001 Panama Rd.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: New Building
Sewer to existing Septic Tank

5. Work to be done by: Owner [ ]; or Contractor [ ], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$ _____
b. Labor	$ _____
c. Other	$ _____
TOTAL	$ 400.00

Kurt Frye
Signature of Applicant (owner or lessee)

RFD Hickman Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 0.00

2. Site Visits:
Date: 11-8-94 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-8-94 by: Paul

9503310O2

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APP

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to request a r

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 12701 Panama Road

Twp 7N Range 8E Section 8 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property From Hickman go ~ 1 mile South to Panama Rd turn east go ~ 5miles (Past Holland) (Past 120th St) South side of road Brown trailer + grey New House + Post

Location of Well North of trailer underneath wishing well Tap Location: Inside ☐ Outside ☒ 2

Location of Sewage System North of pole shed Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Kurt + Carla Frye	RR#1 Box 133A Hickman, Ne 68372	(402) 788-2710
Tenant/Buyer:			
Return to:	KURT + CARLA FRYE	R.R. #1, BOX 133A HICKMAN, NE 68372	788-2710

Signature of Applicant Carla Frye Address RR#1 Box 133A Hickman Ne 68372 Date 3/14/95

HEALTH DEPARTMENT USE ONLY

Date Received 03/15/95 Received $150.00 Check ☒ #7265 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 3/17/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 3/22/95 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SOME LEAKAGE AT END OF TWO LATERALS. CENTER LATERAL APPEARS UNDERUTILIZED. TOP OF WELL HAS OPENING IN IT. MUST BE SEALED. Septic lateral repaired + well repaired 3/22/95 J.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 3/24/95

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.

APPROVAL IS PROVISIONAL ON SEWAGE SYSTEM BECAUSE A PREVIOUS OWNER HAD INSTALLED IT WITHOUT AN INSPECTION PRIOR TO IT BEING COVERED WITH EARTH.

WATER CHEMISTRY

STATE LAB NO. 15/847

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO.) 17 (DAY) 95 (YEAR) 11:25 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION KURT FRYE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 7 N RANGE 8 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED '95 MAR 21 P2:23

RECEIVED '95 MAR 17 P12:00

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 JK

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '95 MAR 23 A11:20

RECEIVED '95 MAR 22 A11:18

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 145934

FOR LABORATORY USE ONLY

DATE COLLECTED 3 (MO.) 22 (DAY) 95 (YEAR) 10:35 A.M. (HOUR)

SAMPLE COLLECTED BY JEBROLD HOOD

SAMPLE LOCATION KURT FRYE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 7 N RANGE 8 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR ACCOUNTING USE ONLY

LWB 88

original

908

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

411/8029

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 12701 PANAMA RD

Twp 7N Range 8E Section 8 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property 2 mi so of HICKMAN to PANAMA ROAD THEN EAST Appox. 4 mi south side RD

Location of Well IN FRONT of Property Tap Location: Inside ☐ Outside ☐

Location of Sewage System South WEST of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	KURT FRYE	12701 PANAMA RD	788-2710
Tenant/Buyer:			
Return to:	FARMERS MERCH BANK	611 1ST STREET BOX E MILFORD NE 68405	

Signature of Applicant Kurt Frye Address 12701 PANAMA RD HICKMAN NE 68372 Date 9/8/97

HEALTH DEPARTMENT USE ONLY

Date Received 9/8/97 Received $150.00 ✓ Check ☒ #2078 Cash ☐

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 9/9/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☒	Date ___/___/___ by ___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Original system installed in 1978 never received final written approval - drawing never received. Sewer line installed 11/94 was inspected & approved. No visible sign of malfunction at time of inspection. Recommend checking septic tank to see if pumping is necessary if not done in past 2 years. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 9/12/97

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.

SEP 1 2 1997

WATER CHEMISTRY

STATE LAB NO. 156860

COMPLETE INFORMATION BELOW

DATE COLLECTED 9-9-97 (MO. DAY YEAR) 10:10 (HOUR)

SAMPLE COLLECTED BY P. DRotzmann

SAMPLE LOCATION Frye; 1270 / Panama Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 8 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 0.3 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

'97 SEP -9 PM2:31 RECEIVED

'97 SEP 16 AM 8:35 REPORTED

'97 SEP -9 PM 2:31 RECEIVED

'97 SEP 10 PM 2 14 REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14/9501

DATE COLLECTED 9-9-97 10:10
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Frye; 12701 Panama Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 8 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

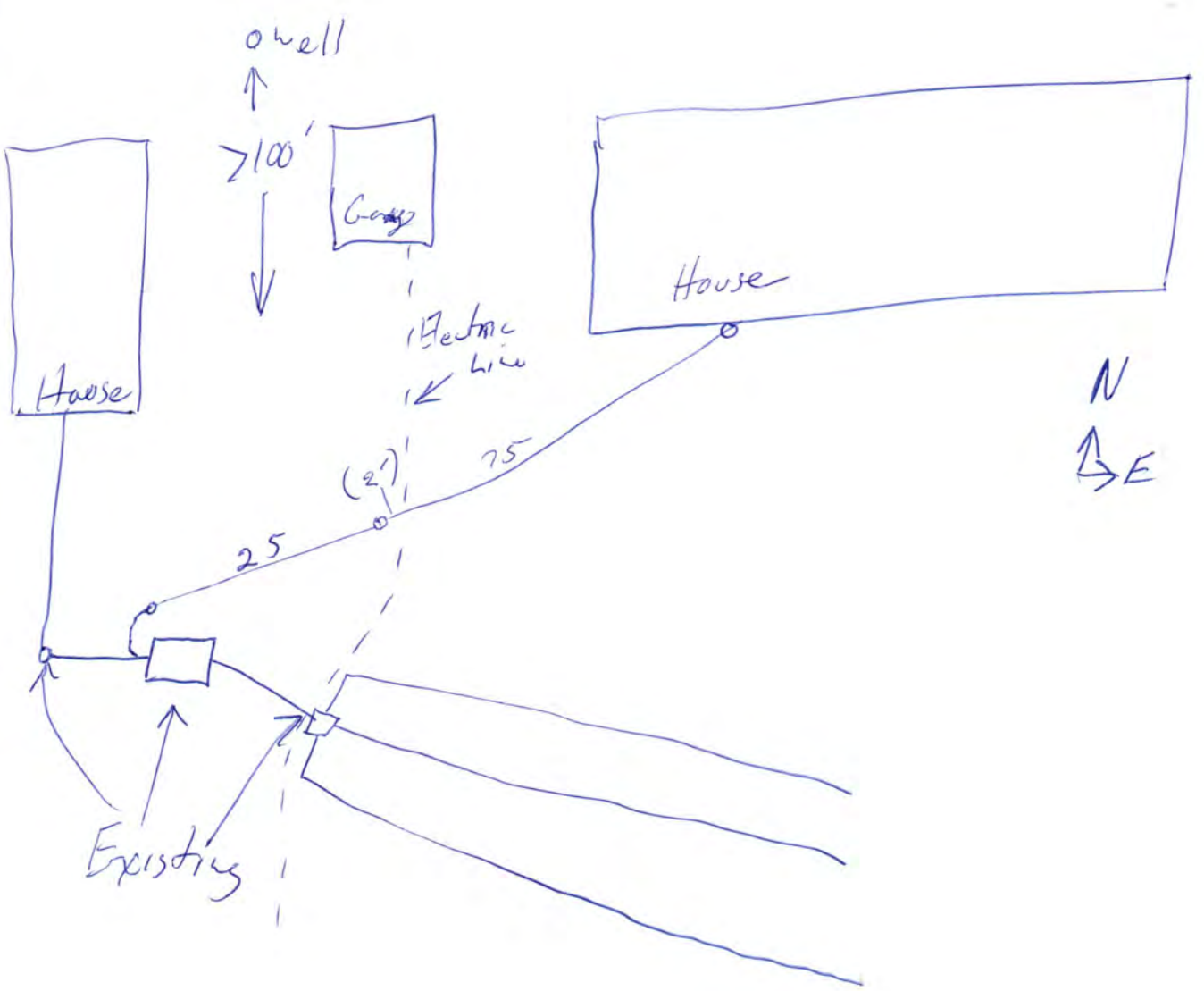
SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY SB

FOR ACCOUNTING USE ONLY

LWB 91


owell
>100'
Garage
House
House
Electric Line
N
E
(2')
75
25
Existing