LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 97380168701

SEWAGE INSTALLATION
LAGOON

Issued 11/19/97
Expires 05/19/98
Revenue Code 3157

Establishment

J A AMBER
T7N R8E SEC 18 QTR SE
~~26200~~ 24800 S 110 ST-HICKMAN

FEES: $150.00

Permittee

J A AMBER
26200 S 110 ST
HICKMAN NE 68372

TOTAL $150.00

Issued By Gregg Wright MD.
~~M. Jane Ford~~
Health Director

5478

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 ~~2480~~ S 110 City Hickman NE, Zip 68372
(no rural route)

Legal Description W/2 of SE/4 18 7N 8E
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 J. A. Amber Signature _____

Address 2200 S. 110 City/State/Zip ~~Fremont~~ Hickman Ne 68372

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Southwick, Brad Company Name Southwick Sewer & Drain

Address 17201 S. 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 2 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 11/19/97 Date frwd 11/19/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/19/97
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 2789

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-18-97

System Location (Indicate correct number and street)

Address ~~2124800~~ S 110 (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 40 in.
3. Distance between dwelling and ~~septic tank~~: 255 ft.
4. Number of clean-outs: Lagoon 4
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ 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

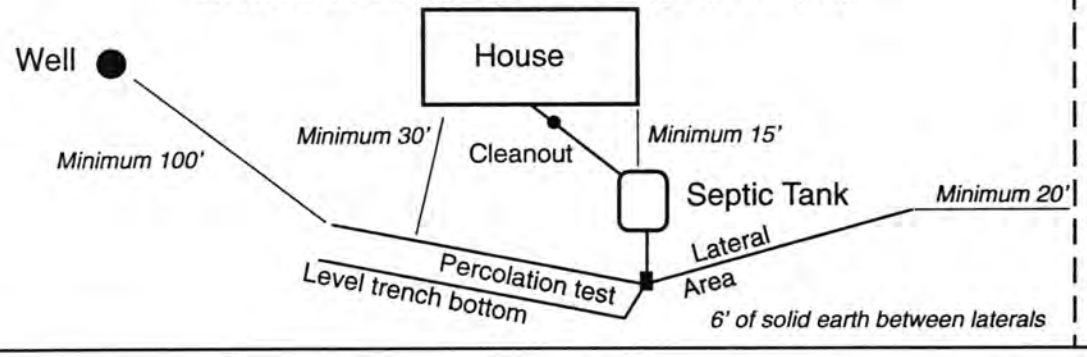
(Provide as-built drawings on back of this form)

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)



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

441-8038

Legal Description T7N; R8E Sec 18 Location 24800 So. 110th St

Owner/Requestor J.A. Amber

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) Locked needed on gate. Warning signs (4 minimum) needed on fence. Plant grass to prevent soil erosion. (11) Only able to locate one septic cleanout. LCHD records do not indicate an inspection was conducted during installation. Drawing submitted by installer does not accurately reflect measurements indicated.

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 X

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 (3)
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: Paul Drotzmann Received by: ___

Date: 10-30-98

WA1002

Properly abandon old unused well in trees S.E. of house (300' ± from barn). Water well decommissioning application (LPSNRD) left with inspection form.

P23653-13

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

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 Lot I SW 18-7-8 or 24200 S. 110 St. Hickman, NE
Parcel ID 20-18-300-001-000 (i.e. 99-99-000-999-999)
Twp 7N Range 8E Section 18 1/4 1/4 Block Lot I Addition
Directions to Property Rock Rd. E to 110th St then S. to 24800 + Call owner
Location of Well 50 feet S. of house Tap Location: Inside ☐ Outside ☐
Location of Sewage System 100 yds E. of house Year Installed UNK
Site Hazards (dogs, etc.)
AGENT LISTING JIM ADAMS 430-9002

	NAME	ADDRESS	PHONE
Present Owner:	Judy Ambler	24200 S 110 St. Hickman 68372	791-5986
Tenant/Buyer	Steve/Cheryl Heilman	1717 Westminster Way Annapolis MD 21401	410-849-2424
Return to:	Andrew Douglas	345 D. Corners Lincoln, NE 68505	436-3399 (Fax)

Signature of Applicant X [signature] Address 1717 Westminster Way Annapolis MD 21401 Date 8/15/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/2/03 Amount #200.00 Check No. 1022 Initials CW

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 9/3/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.3 ppm	☐ ppm

SEWAGE SYSTEM: Approved ☐ Provisional ☐ Disapproved ☒

Additional Site Visits: Date / / by; Date / / by; Date / / by

Comments: COBRALS THAT RESULT IN AN ACCUMULATION OF MANURE MUST BE AT LEAST 100 FEET FROM THE WELL. SEWAGE LAGOON NEEDS LOCKON GATE, WARNING SIGNS ON FENCE, VEGETATION CUT INSIDE FENCE AND CATTAILS KILLED OUT. LAGOON NEEDS MORE WATER. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/8/03

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

Lincoln-Lancaster County
HEALTH DEPARTMENT

COPY

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDD 402-441-6284

May 7, 1998

J. A. Amber
26200 So. 110th St.
Hickman, NE 68372

Re: Sewage Installation Permit #973801687

Dear Mr. Amber:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its review of sewage installation permits that never received final approval. This file indicates that the Sewage Installation Permit expires May 14, 1998.

Please contact this office by May 19, 1998 if you wish to have this permit extended for another six months. If LLCHD is not contacted, the permit will be considered expired and the file closed.

Since this sewage system has not received final approval by LLCHD, future loan approvals or repair permits may be disapproved.

If you have any questions, please contact me at 441-8029.

Sincerely,

Jerrold C. Hood

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

Enclosure
cc: EH File

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2271-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 29, 1986 — THIS PERMIT EXPIRES

DAVID MC EWEN — ISSUED TO

2210 SO. 49 STREET LINCOLN, NE 68506 — ADDRESS

T7N; R8E; Sec 18 SW/4; 1½ South of 110th & Panama Road — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE, 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	DATE	AMOUNT
117 G	10-30-85	

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 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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2271-C

DATE: 10/29/85

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. 17N ; Range R8E ; Section 18 SW/4 ;
   Block _____ : Lot 1 : Addition _____
   Street Address 1½ South of 110th & Panama Road.

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

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

4. Distance to public sewer: _____ ft.

David McEwen / Builder
Signature of Applicant (Owner or Lessee)

2210 So. 49th St. Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/29/85. Date Frwd. 10/29/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/29/85. Date Frwd. 10/29/85. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 10/29/85. Date Frwd. 10/29/85. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/21/85 by: DS
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/21/85 By: DS

VOID

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: 471-7800

B

FILE NO. 2271-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range R8E ; Section & ¼ Section 18 SW 4
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 ☐ . WT
Dates of Tests: 10-24 to 10-25-85. Weather: Precip. 0 Temp. 70.

OWNER: Judith Amber

Address: RFD HICKMAN, NE

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	36	10/24	11:30	10/25	11:00	10/25	1:30	32 1/4	2:00	23	30	3/4	
2			AM		AM		PM	26 1/8	PM	26 3/4		5/8	
3								25 5/8		25 3/4		5/8	
4								24		25		1	
5								13 3/4		23 5/8		1 1/4	
6								22		22 3/4		3/4	
								26		28		2	
												7 6 .85	

Brad Southwick
Signature of Person Conducting Test

Address 7016 48 Hickman Rd Phone 792-2462

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: OCTOBER 29, 1985

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

APPROVED

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. 2271-C

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

CLOSED

REVIEWING ACTION

Remarks: _____

Date: OCTOBER 29, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 532 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM CONTROL NUMBER 11384

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C	R	CASH RECEIPT NUMBER	DATE OF DEPOSIT	ACCOUNTING PERIOD	BUDGET FY
			19499	M M D D Y Y: 10 30 85	M M Y Y	YY: 86

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT

OFFSET CASH ACCOUNT

COMMENTS: L & L County Health

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							Sewer Permit			
														2271-C	60 00		

CLOSED

TOTAL 60 00

PREPARED BY:
NAME _____ TITLE _____

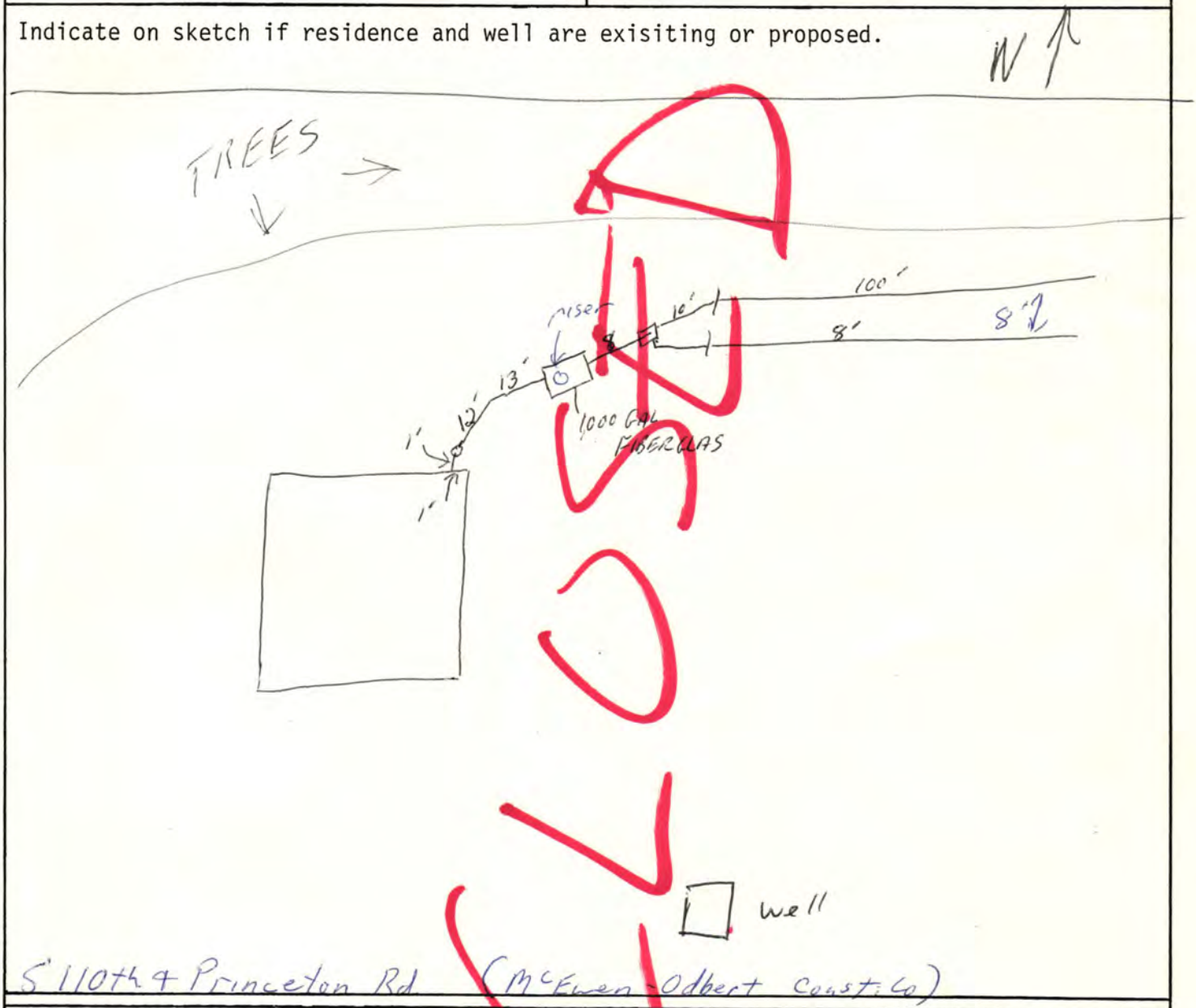
APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME M & G TITLE _____ DATE 10-30-85

ORIGINAL

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: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

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



VOID

5' 110th & Princeton Rd (McEwen-Odbert Constr Co)

REVIEWING ACTION

Remarks: _____

_____

Date: _____

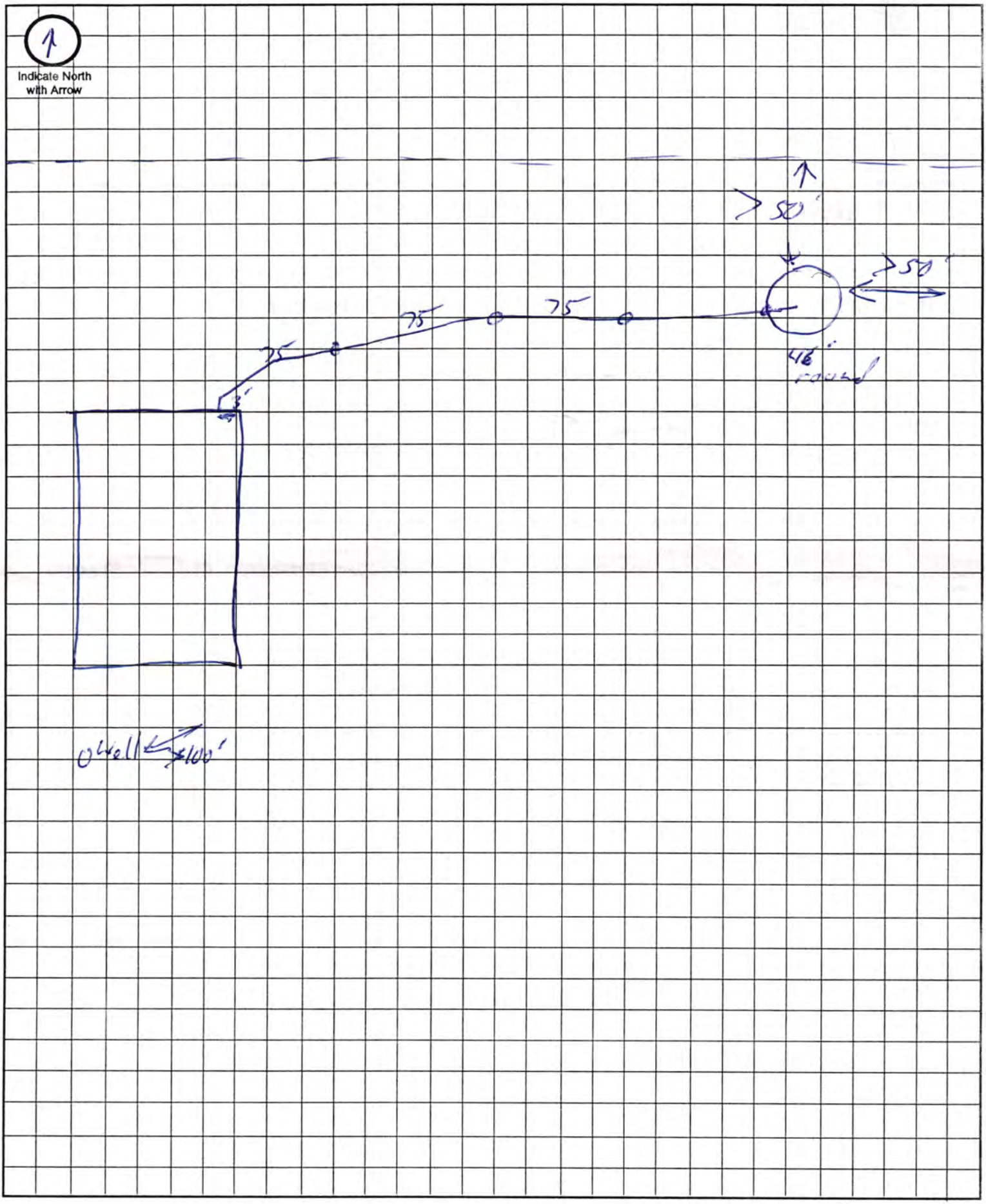
Minimum Design Requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____

Signature of Reviewing Official

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s