LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390028601

Issued 07/13/92
Expires 01/13/93

ESTABLISHMENT

JOEL HEITBRINK
T7N R8E SEC 21
14200 PELLA ROAD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

JOEL HEITBRINK
6430 CAMPBELL DR
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/13/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

WATER CHEMISTRY

STATE LAB NO. 153290

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 18 (DAY) 92 (YEAR) 11:37 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOEL HEITBRINK

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QTR SE SECT 21 TWNSHP 7 N RANGE 8 E

REPORTED '92 JUN 19 P6:51

RECEIVED JUN 18 P2:30

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 DEPARTMENT
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 1.9 mg/l

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED JUL 0 8 1992

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: 7-6-92

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [X] 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 28 SE/4 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 14200 Pella 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 [X] open end

4. Description of proposed alteration, extension or repair: install septic Tank & 266 of lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 3300 00

Joel Heithrink by Brad Southwick
Signature of Applicant (owner or lessee)

Adams, Ne Hickman, Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/25/92 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/13/92 by: J. C. Hood

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

RECEIVED JUL 0 8 1992

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Country Acres

Location: Township 9N ; Range 7E ; Section & ¼ Section 29 SHO
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: 7-1 to 7-2 . Weather: Precip. Tr Temp. 90 .

OWNER: Robert Jones

Address: 6231 Princess Margaret Dr. Lincoln, Ne. 68516

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	26	7-1	8:30	~~7-2~~	8:00	7-3	11:30	20	12:00	20¾	30	¾	
2			P	7-3	A			18¼	4 00 N	18½		¼	
3								19⅜		20⅛		¾	
4								16⅞		17¼		⅜	
5								20⅛		20⅜		¼	
6								19		20⅛		1⅛	
												6 3.5	

Brad Smithurst
Signature of Person Conducting Test

Address 1015 CH4 Waterman Phone 792-2462

Sum of Percolation Rates: .58
Average of Rates: _____
Mean of Rates: _____

4Bdrm 1250
4- 313' 3- 417'

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

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

14200 Pella Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 8E ; Section & ¼ Section 28 SE/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 ☐ .
Dates of Tests: 4-9/ to 4-9/ . Weather: Precip. _____ Temp. _____ .

OWNER: Mike Saylor

Address: 14200 Pella Rd

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	3/4	
2												3/4	
3												1	
4												1/8	
5												7/8	
6												3/4	
7													

Brad Smithwick
Signature of Person Conducting Test

Address 1015 CH4 Waverly Phone 792-2462

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

(Do not write below this line)

REVIEWING ACTION

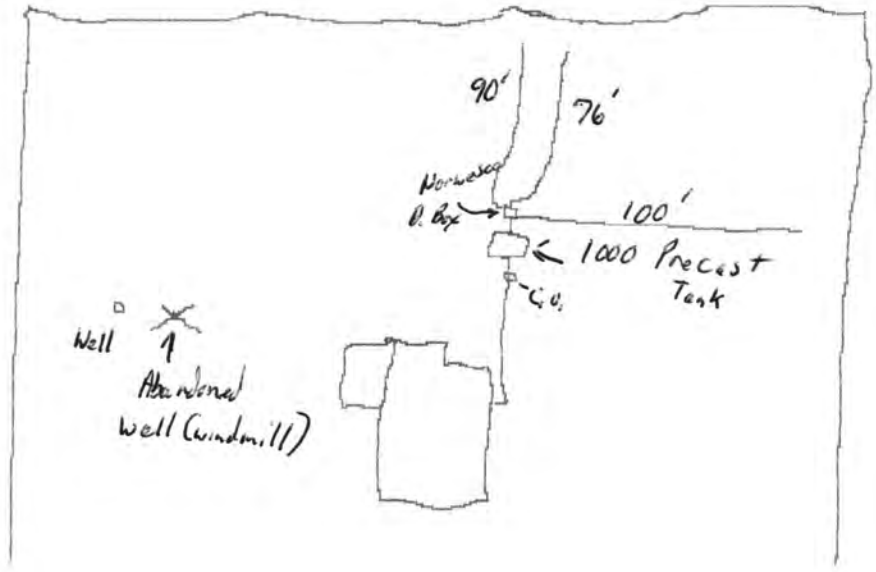
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official



N
E

Joel Heathbrink
14200 Pella Rd.
6-25-92
Southwick Sewer & Drain
Hickman, Ne 68372

Percolation - 4 - 91 3 Bdrm House

	30 min
# 1	3/4
2	3/4
3	1
4	1 1/8
5	7/8
6	3/4

-7-2-

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: June 17, 1992

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 31; BLOCK ____

LOT ____; ADDITION _____; Street Address 14200 Pella Road

Directions to Property 3 Miles South of Panama Spur of 43 Highway and 1 1/4 South West

Location of Well West of Home Tap Location: Inside ☑ Outside ☑

Location of Sewage System To be set Near by Bed Southwest Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Paul Hutchinson	6430 Campbell Dr. Lincoln	488-3421
Tenant/Buyer:	R. Steven Lund	Rt#1 Box 170 Panama	421-6392
Return to:	Lund Dispersa-Home Realty	3910 South Street Lincoln, Nebr. 68506	488-4663

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Paul Hutchinson By Lund Address Home Real Estate 3910 South Street

==========

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 17, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 18, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 6/18/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 6/25/92 by J.C.H.
Nitrate 1.9 p.p.m.	☒	☐	Disapproved:	☐	Date 6/29/92 by J.C.H.

Comments: OLD DUG WELL, WELL PIT BESIDE IT. Corrected 6/29/92. NEW SEWAGE SYSTEM 6/25/92 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JULY 8, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

OLD WELL ABANDONED

FOR LABORATORY USE ONLY

LOGICAL EXAMINATION OF DRINKING WATER

D BE COLLECTED AND MAILED ON:

____ WK. ____ DAY ____ SAMP/DAY ____
(2-3) (4) (5) (6-7)

1. FL 2. N
3. BOTH 4. TPC

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23)

DATE COLL. 6/29/92 12:03 P.M. BY J. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION SE¼ SEC. 21, T7, R8E
(29-41)

JOEL HEITBRINK

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)

1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 14884 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mF (69-75)

ANALIZED BY ET (76-79)

2 JUN 29 P2:30 '92 IN

OUT JUN 30 P2:06

033

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

Legal Description of Property: Street Address 14200 Pella Rd. Adams NE

Twp 7N Range 8E Section 21 1/4 SE 1/4 Block ____ Lot ____ Addition ____

Directions to Property ____

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ____ Year Installed ____

CR# 011479

	NAME	ADDRESS	PHONE
Present Owner:	R. Steven Lund	14200 Pella Rd Adams NE 68301	
Tenant/Buyer:	Brian D. Warrington	6739 Rockwood Lane Lincoln NE 68516	
Return to:	Kim Wagner	225 N. Cotner Blvd Lincoln NE	430-6249

Signature of Applicant X [signature] Address ____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 4/17/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/20/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 3.6 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ____

Date ___/___/___ by ____

Date ___/___/___ by ____

Comments: ____

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/23/96

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.

WATER CHEMISTRY

STATE LAB NO. 153674

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO) 20 (DAY) 96 (YEAR) 11:27 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION R. STEVEN LUND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 21 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 96 MAY 21 PM 4 30

RECEIVED 96/05/20 13:57

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.6 mg/l

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

TEST(S) BY: RBJ

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED 96 MAY 21 PM 1 40

RECEIVED 5/20/96 MAY 22 PM

WATER MICROBIOLOGY

STATE LAB NO 149308

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 20 (DAY) 96 (YEAR) 11:27 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION R. STEVEN LUND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 21 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

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

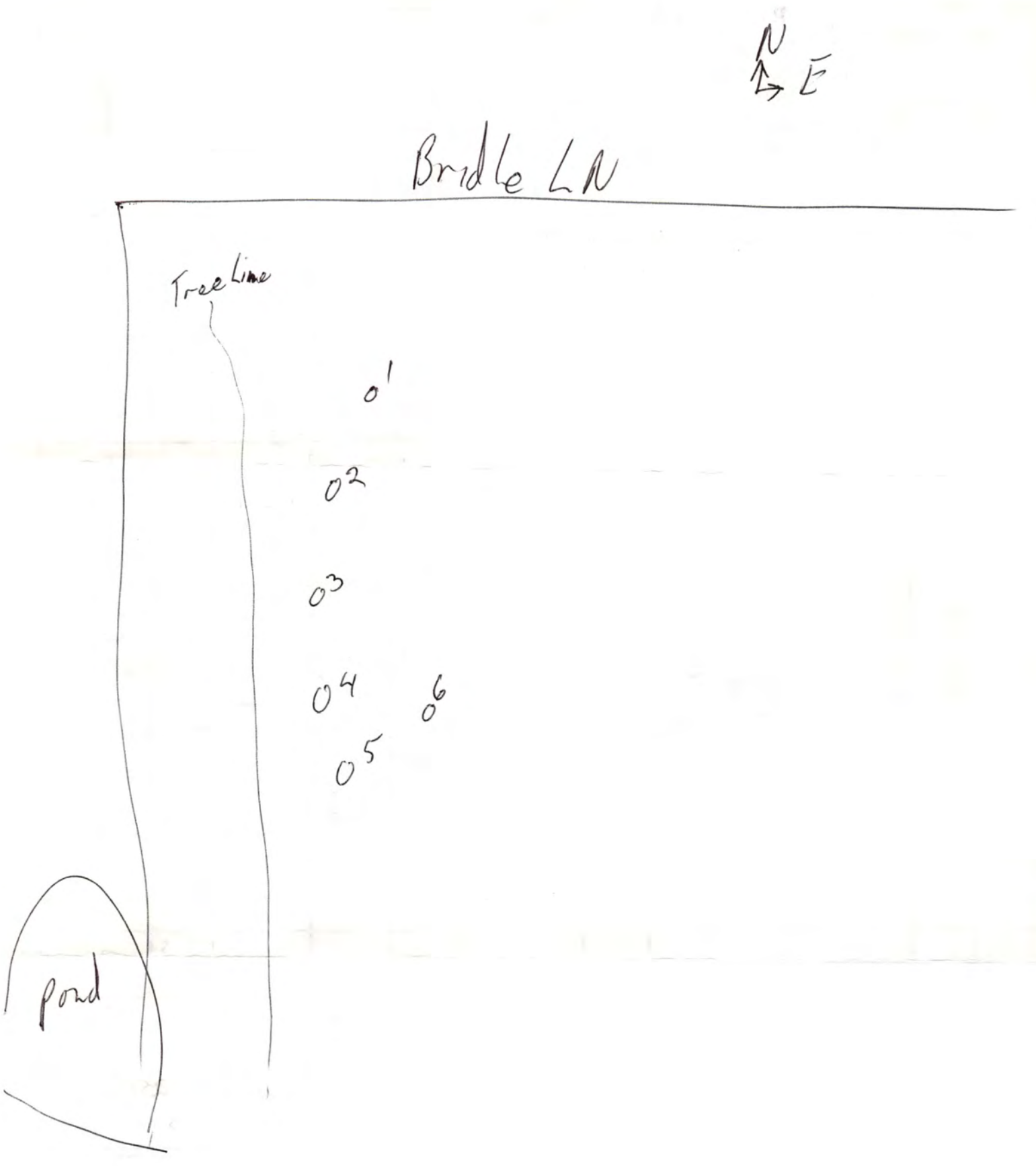
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91


N
E
Bridle LN
Tree Line
01
02
03
04
05
06
pond