Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005396

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380286701

Issued 07/28/04
Expires 01/28/05
Revenue Code 3157

Establishment:
PENDEL INC
T7N R8E SEC 26 QTR SE
E 1/2
27805 S 176 ST-ADAMS

FEES: $200.00

Permittee:
PENDEL INC
3700 NW 126 ST
LINCOLN NE 68524

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380286701

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 27805 S. 176th St (no rural route) City Adams NE, Zip 68301

Legal Description 3.5 Acres in East 1/2 SE 1/4 26-7-8 Lancaster Ne
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 Pendel Inc. Signature _____

Address 3700 NW 126th St City/State/Zip Lincoln, NE 68524

☐ Check if owner designed system Home Phone 402-796-2500 Work Phone 402-432-0443

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

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 7/29/04 Date frwd 7/28/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/28/04 Date frwd 7/28/04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/28/04 Date frwd 7/28/04 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood, R.E.H.S.

Date MARCH 23, 2005

Business Office Use Only

Date Rec'd 07/28/04

Amt Paid 200.00

Rec'd By LS Cash/Check No. 5420

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

AUG 2 2004

D

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

Permit Number: 043802867

Sewage Disposal System

As Built Plans & Specifications

pendel Inc

Date 7-27-04

System Location (Indicate correct number and street)

Address 27805 S 176 St. (no rural route) City Adams NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 12 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic~~ tank: 187 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 50+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ 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

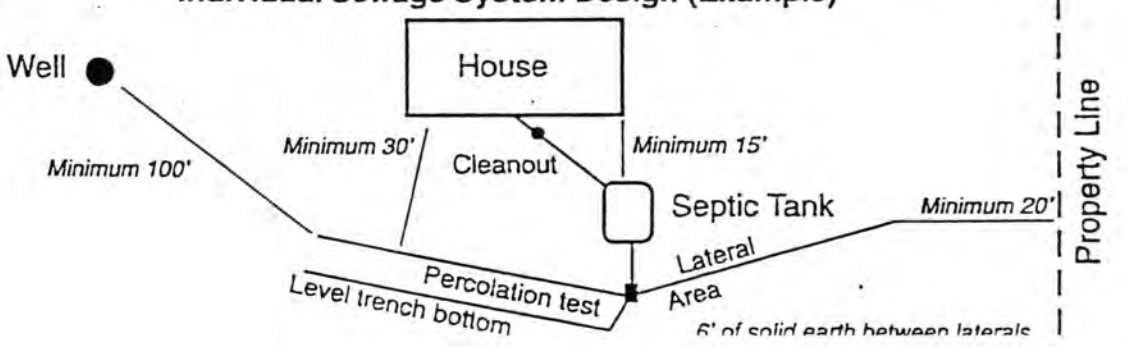
(Provide as-built drawings on back of this form)

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

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 21205 S 176th St. Firth NE

Parcel ID 20 - 26 - 400 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 7N Range 9E Section 28 1/4 1/4 Block Lot Addition

Directions to Property Hwy 43 to Firth Rd. Left on Firth to S 176th (1mile), Left on S 176 – 1st house on left

Location of Well North of house Tap Location: Inside ☐ Outside ☒ Front + Back

Location of Sewage System Lagoon N.W of house Year Installed 2/05

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Mark Carolyn Jones	3100 NW 126 St Lincoln NE 68524	432-0443
Tenant/Buyer:	Roger Turner	1926 S. 22nd Lincoln NE 68502	742-5943
Return to:	Lynne Schroeder	3737 S 27th Lincoln NE 68502	489-2222 434-3500 434-3510 (Fax)

Signature of Applicant Roger Turner Address 1926 S. 22nd LINCOLN, NE 68502 Date 3/8/06 2 Rf.

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/7/06 Amount $200.00 Check No. 2513 Initials CW

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/9/06

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 2.8 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 3/14/06 by J.C.H.

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: NEED WEEDS CUT DOWN AROUND LAGOON. 3/14/06 Done 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 3/14/06

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

MAR 1 3 2006

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

Laboratory Report Printed on: March 10, 2006

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P28973-54**
Sampled By: **JERROLD HOOD**
Location: **27805 S. 176TH ST**
Sample Point:

Date Collected: **09-Mar-2006 11:24 AM**
Date Received: **09-Mar-2006**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	03/10/06	TW/JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/10/06	TW/JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

RECEIVED

Lancaster County

County Assessor/Register of Deeds
Property Information

InterLinc

Parcel Identification No: 20-26-400-004-000

Taxing District:	0063 RURAL
Property Class:	RFRM RURAL FARM
Neighborhood:	3800 MARKET AREA EIGHT
Situs Address:	27805 S 176 ST RURAL
Final Value Summary for Tax Year 2005	
Total Value:	118,616

Property Owner:
PENDEL INC
% CAROLYN JAHDE
3700 NW 126 ST
LINCOLN NE 68524

Legal Description:
E1/2 SE 26-7-8 3.54+- AC IN EAST (05-16656)



Click Photo to Enlarge

Sale History:

Instrument #	Sale Date	Sale Price
2005022553	04/08/2005	0
2005022551	04/08/2005	0

Land and Miscellaneous

Residential Information Display Building 01

Building Sketch Display Building 01

Map

Treasurer's Information

County Assessor Property Information

As Built Drawing

