LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1016C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 21, 1977 — THIS PERMIT EXPIRES

Ronald G. Kroese — ISSUED TO

Benedt, NE 68317 — ADDRESS

T7N, R8E, Section 28, Addition West 60 Acres of W½ of NE¼ LOT 2 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ ~~$~~0.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
(illegible)	3-21-77	30.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health — ISSUING OFFICER

2832

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1016-C

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

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 28
Block _____; Lot 2 IT ; Addition ~~WEST 60 ACRES OF~~ W½ OF NE¼
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Ronald D Krouse
Signature of Applicant (Owner or Lessee)

Bennet Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/21/77 . Date Frwd. 3/21/77 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Jerrold C. Hoad

2. Supt. Bldg. Insp.: Date Rec'd. 3-31-77 . Date Frwd. _____ . ACTION: Approved ☐ ☐ Disapproved ☐ Signature: ER

3. City or County Engineer: Date Rec'd. 3/21/77 . Date Frwd. 3/21/77 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Henry J Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1016-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N ; Range 8E ; Section 28 ; Block ; Lot 2 I.T. ; Addition WEST 60 ACRES OF N½ OF NE¼ Street Address _____.

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3 Describe: _____
Other Use _____
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Ronald D Kroesel
Signature of Applicant (owner or lessee)

Bennet Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-15-77 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 8/21/77
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-15-77 by: James Weverka

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1016-C

SPECIFICATIONS

DATE: _____

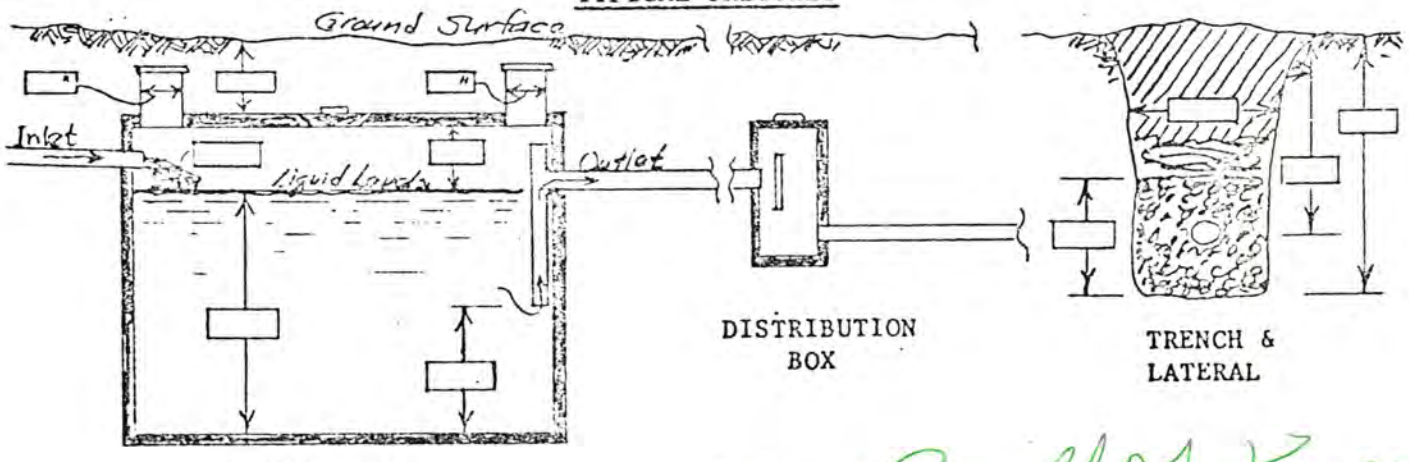
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line ___ft
Total length of Laterals 152 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 19 minutes/inch

TYPICAL SKETCHES

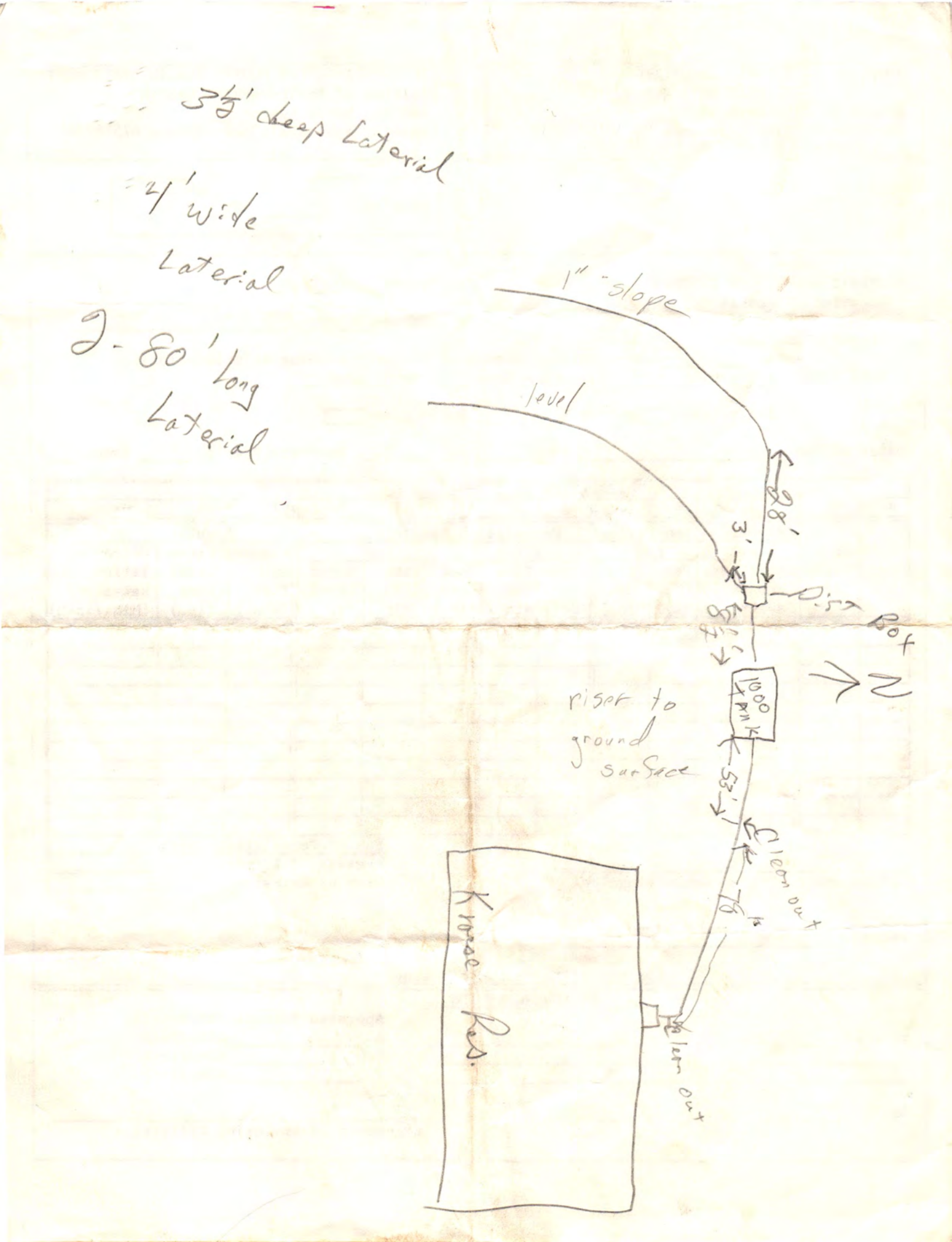


Ronald D Kroese
Signature of Applicant

3½' deep Lateral

4' wide Lateral

2-80' long Lateral



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.

[x] Evaluation of the Individual Water System Date: April 10 1989

[x] Evaluation of the Sewage Disposal System [x] Enclosed is $75.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 28; BLOCK ___

LOT 2; ADDITION _____; Street Address NE¼ or W 60 rods of W½, Lancaster County, Nebraska between 134th and 148th Streets on Pella

Directions to Property Road. It is on the South side of Pella Road. A rust colored brick and frame ranch style house with large evergreens along the road.

Location of Well East of house Tap Location: Inside [ ] Outside [ ]

Location of Sewage System West of house Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Ron Kroese	RFD, Panama, NE	791-5540
Tenant/Buyer:	Gary Pritchard	605 Waverly Rd., Raymond, NE	477-0941
Return to:	Kim Topp, Woods Bros. Realty	3201 Pioneer Blvd., Lincoln, NE 68502	

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

Signature of Applicant Kimberly Topp Address Woods Bros. Realty, 3201 Pioneer Blvd., Lincoln, NE 68502

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 11, 1989 Received $75.00 Check [x] Cash [ ]

PRELIMINARY STATUS--DATE 4/12/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	[x]	[ ]	Approved:	[ ]	Date 4/12/89	by J.C.H
Bacteria	[x]	[ ]	Provisional:	[ ]	Date 4/14/89	by J.C.H.
Nitrate	[x]	[ ]	Disapproved:	[x]	Date _____	by ___

Comments: SEPTIC TANK IS OVERLY FULL AND HAS BEEN FULLER. BEARS CHECKING INTO BY SEPTIC PUMPER. BROKEN LID NEEDS TO BE REPLACED. NEED A LITTLE DIRT FILLED IN AROUND WELL. SEPTIC SYSTEM IS NEARLY 12 YEARS OLD. 4/14/89 Via Telephone, Septic tank was pumped. Well recision filled. J.C.H. ACCORDING TO LAW SEPTIC TANK WAS SUPPOSED TO BE PUMPED BY A LICENSED PUMPER AND CONTENTS DISPOSED OF IN ACCORDENCE WITH LANCASTER COUNTY RESOLUTION # 2832.

See Attached Letter [ ]

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: [x]	Approved: [x]	Provisional Approval: [ ]

APPROVED BY Donald C. Hoover R.S. DATE APRIL 17, 1989

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 4/12/89 12:30 P.M. (9-16) BY J. C. Wood (17-28)

ADDRESS OR LOCATION SEC. 28, T7N, R8E (29-41)
LOT 2 I.T.

NAME AND ADDRESS OF OWNER

RON KROESE
R.F.D.
PANAMA, NEBRASKA
6

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

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. 26 (44-47)

DATE EXAMINED 4-12-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 STATE TEST (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjf (76-79)

IN
4-12-89
3:47 P
mjf

OUT
4-13-89
3 45
P
mjf

'89 APR 12 P1:32 RECEIVED

'89 APR 17 A9

WATER CHEMISTRY

STATE LAB NO. 15 2402

COMPLETE INFORMATION BELOW:

DATE COLLECTED 4 (Mo.) 12 (Day) 89 (Yr) 12:30PM. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RON KROESE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NE SECTION 28 TOWNSHIP 7 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

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

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 8.1 mg/l (Less than)
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: CR

FOR ACCOUNTING USE ONLY

LRWC 85