Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380222601

Issued 08/01/00
Expires 02/01/01
Revenue Code 3157

Establishment

MARIUS KROESE TRUST
T7N R8E SEC 34 QTR NE
NE 1/4 OF NE 1/4
16101 FIRTH RD-ADAMS

FEES: $150.00

Permitee

MARIUS KROESE TRUST % DONALD M KROESE
RRT 1 BOX 31
ADAMS NE 68301

TOTAL: $150.00

Leon F. Vinci, MPH, Health Di

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

01361

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

A

Permit Number: 00380222A

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 16101 FIRTH ROAD (no rural route) City ADAMS NE, Zip 68301

Legal Description NE ¼ of NE ¼ 34 7 8
(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 Marius Kroese Trust Signature Donald M. Kroese P.R.

Address Rt 1 Box 31 City/State/Zip ADAMS NE 68301

☒ Check if owner designed system Home Phone 402-791-5808 Work Phone 402-325-3387

C. Contractor

Name Self 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 Self Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 8/1/00 Date frwd 8/1/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-1-00 Date frwd 8-1-00 ACTION ☒ Approved ☐ Disapproved Signature _____
Burm must be 1' above BASE FLOOD elevation

3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jim Flowers

11/15/01 Need fence, signs, drawing, splattpad + seeded, ok

Installation Final Written Approval

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

Date OCTOBER 22, 2002

Business Office Use Only

Date Rec'd 08/01/00

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 7269

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

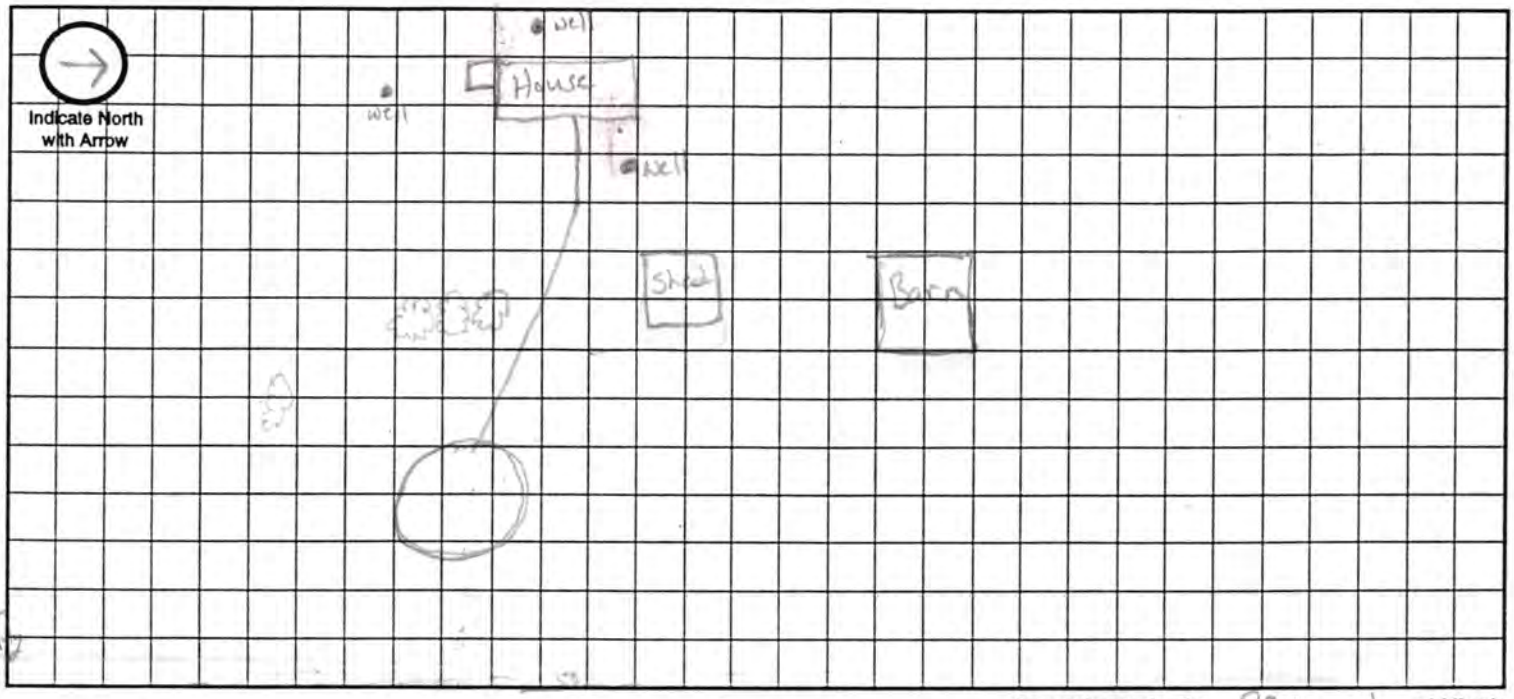
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380224

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other lagoon must be sealed

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Donald M. Groen Date 7/30/00

FORM 23-102 10-96

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

B

Permit Number: 0038 02224

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

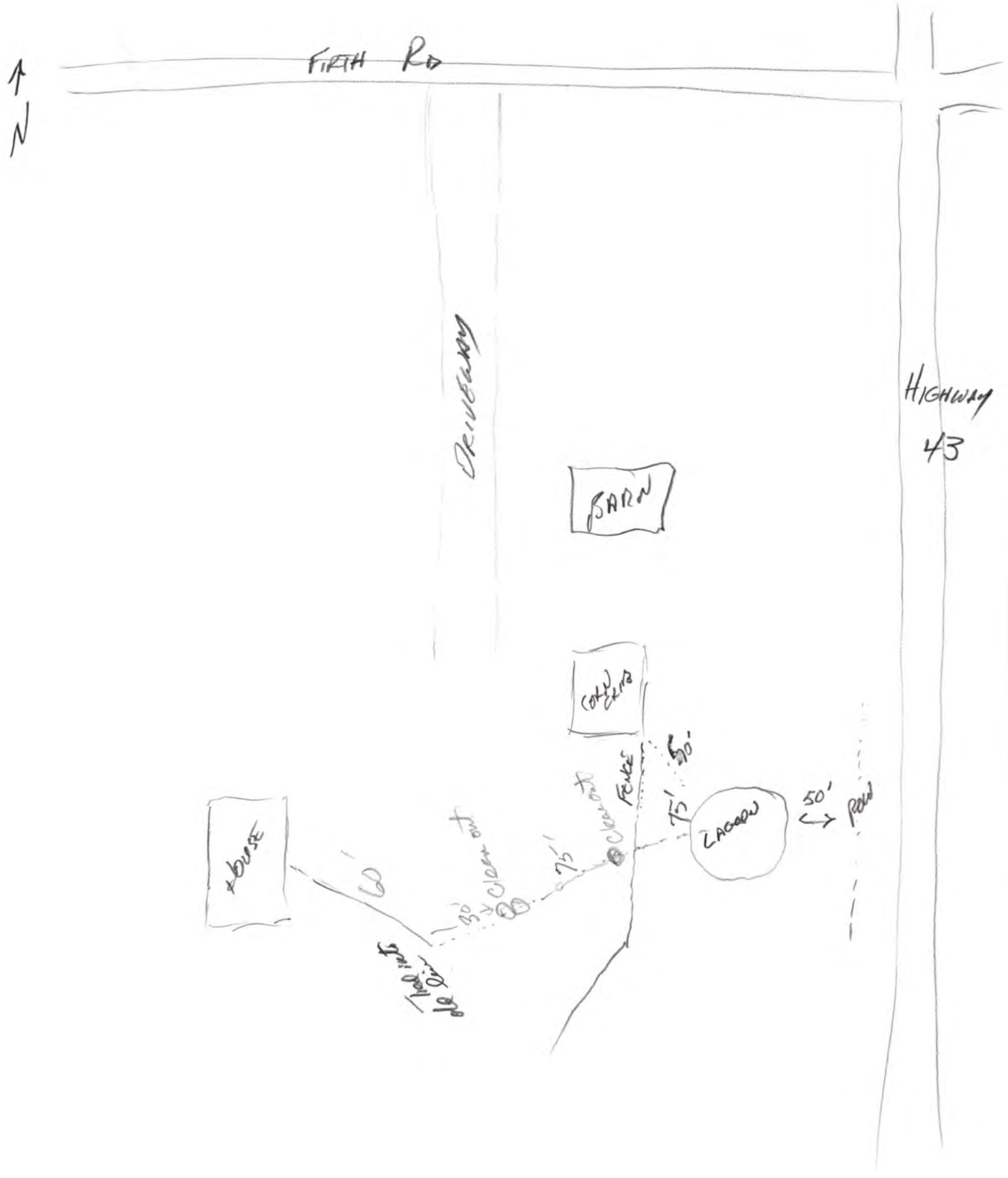
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Owner wants lagoon only and agrees to seal w/ bentonite

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96


N
FIRTH RD
DRIVEWAY
HIGHWAY 43
BARN
CATTLE CHUTE
FENCE
75'
50'
LAGOON
50'
ROAD
HOUSE
Mobile Home
50' clear out
75'
clear out

10/16/02
Coli + No3

Coli
10/24/02

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 16101 Frath Rd Adams, NE

Parcel ID 20-34-200-002-000 (i.e. 99-99-999-999-999)

Twp 7N Range 8E Section 34 1/4 NE 1/4 Block ___ Lot 32 Addition ___

Directions to Property SW Corner of Bonnell & Frath Rd

Location of Well 100' ~~West~~ of House

Tap Location: Inside ☐ Outside ☑

Location of Sewage System 200' ~~South~~ East of House Year Installed 2002

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Donald Kaese	21700 S 148th Adams, NE 68301	791-5808
Tenant/Buyer:	Spencer Pavey JR	9611 Burton Cheney, NE 68526	420-7199
Return to:	John Akerson Home Real Estate	7211 S 2nd Lincoln, NE 68512	430-8305 436-3299 (Fax)

Signature of Applicant [signature] Address 9611 BURTON ST CHENEY NE 68521 Date 10/14/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/15/02 Amount 200.00 Check No. 7243 Initials cw

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/16/02

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☑
Bacteria	☑ 0 /ml (OK 10/25/02)	☐ ___ /ml
Nitrate	☑ .06 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☑

Additional Site Visits

Date 10/22/02 by J.C.H.
Date 10/23/02 by J.C.H.
Date 10/24/02 by J.C.H.

See Letter → 10/29/02 Verification of abandonment of well received from Nebraska H.H.S.S. 10/25/02 by F.P.

Comments: UNUSED WATER WELL UNDER WINDMILL MUST BE PROPERLY ABANDONED OR IF TO BE USED BROUGHT UP TO STANDARDS. SEWAGE LAGOON HAS NEVER BEEN ACCEPTED. NEEDS FENCE, WARNING SIGNS, NEEDS TO BE SEALED, NEED AS-BUILT CONSTRUCTION DRAWINGS. JUNK MUST BE REMOVED FROM SLOPE SOUTH OF LAGOON. ~~AND DEBRIS~~ See Attached Letter ☑

ALL ABOVE MUST BE ACCOMPLISHED WHETHER PROPERTY IS SOLD OR NOT. COULD TELL IF SPLASH PAD WAS THERE.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/29/02

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

ESRI ArcExplorer 2.0

Map Title16101 firth road



Thursday, Oct 31 2002

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

OCT 18 2002

Laboratory Report Printed on: October 17, 2002

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

Laboratory Analysis For: Private Coliform

Sample Comments:

Laboratory Number: **P21372-35**
Sampled By: **JERROLD HOOD**
Location: **16101 FIRTH ROAD**
Sample Point:

Date Collected: **16-Oct-2002 10:10 AM**
Date Received: **16-Oct-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform present - does not meet bacteriological standards**	cfu/100ml	9223B-PA	10/17/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/17/02	JN

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

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

OCT 3 0 2002

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: October 28, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21606-29**
Sampled By: **DOUG SMITH**
Location: **16101 FIRTH RD**
Sample Point:

Date Collected: **25-Oct-2002 11:40 AM**
Date Received: **25-Oct-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/26/02	SR
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/26/02	SR

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

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

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

OCT 2 8 2002

Laboratory Report Printed on: October 25, 2002

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

Laboratory Analysis For: Private Coliform
Sample Comments:

Laboratory Number: **P21372-34**
Sampled By: **JERROLD HOOD**
Location: **16101 FIRTH RD**
Sample Point:

Date Collected: **24-Oct-2002 01:07 PM**
Date Received: **24-Oct-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/25/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/25/02	JN

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

Nemaha Natural Resources District
Abandoned Well Program Application

Approved 10 / 25 / 02 C

NEMAHA NRD

1. Landowner's Name: Donald M. & Sheryl J. Kroese
2. Mailing Address: 27700 So 148th
3. City, State, Zip: Adams NE 68301
4. Phone #: 402-791-5808 5. Social Security #: Donald 505-68-9322
6. Well location(s): Legal Description (¼, ¼ Section-Township-Range, County)
   Located in NE Corner of Lot 32 in NE Corner of Sec 34-7-8
7. Describe well(s) to be abandoned: (Hand Dug or Cased, Depth, Diameter, etc.)
   2" Cased in Pit with Sand Point. Depth unknown
   Beneath Windmill Tower
8. An aerial photo of the mile section with the location(s) of the well(s) marked is also **required** along with this form. *(see your county NRCS or FSA office)*

Additional Requirements:

a. NNRD approval is required before the well abandonment procedures begin.

b. The well(s) must be closed according to the Department of Health & Human Services and Department of Environmental Quality regulations governing water well abandonment standards and a licensed well driller must conduct the work.

c. The NNRD will pay 75 percent cost-share assistance on approved well abandonment costs up to a maximum of $300.00 for each cased well and $700.00 for each hand dug well. ***Note: Eligible cost-share does not include payment for removal of any exposed or buried pipes, tanks, pumps, tower, wellhouse or other apparatus.***

d. The landowner has **90 days** to complete work after receiving an approval letter from the NNRD. It is the landowner's responsibility to keep the well driller on schedule.

e. The NNRD may spot check the well(s) prior to, during, or after proper well abandonment.

f. A description of the abandonment process and a copy of the bill listing the materials used must be submitted prior to payment.

I understand these requirements:

Donald M. Kroese (Signature)

10/24/02 (Date)