LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 906-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 24, 1977 — THIS PERMIT EXPIRES

Dale Arnold — ISSUED TO

2820 North 48 Street, Lincoln, NE — ADDRESS

T8N: R5E: Sec. 2-NE¼: Lot #9: — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624X15X	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

HEALTH

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 906-C

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

DATE: 8-19-76

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. 8 ; Range 5 ; Section 2 NE¼
   Block _____; Lot 19 ; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Dale Arnold
Signature of Applicant (Owner or Lessee)

2601 N 47 2820 N 48
Address c/o Dove Duffield Builder

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8-19-76. Date Frwd. 8-25-76.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Ronald Mayeux

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____.
   ACTION: Approved ☐ Disapproved ☐
   Signature: _____

3. City or County Engineer: Date Rec'd. 8-25-76. Date Frwd. 8-25-76.
   ACTION: Approved ☐ Disapproved ☐
   Signature: Henry Graff
   Rec'd Mail 8/24/76

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. 706-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. 8; Range 5; Section 2 NE¼ _____; Block _____; Lot 19; Addition _____.
Street Address ~~2601~~ _____.

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

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

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).

Dale Arnold
Signature of Applicant (owner or lessee)

~~2601 N 04~~ 2820 N 48th
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 8-19-76
Filing Fee: $ 30.00

2. Site Visits:
Date: 10-22-76 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: 8-25-76
Approved ☒; Disapproved ☐
by: Ronald Mayeur

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-76 by: James Weverka

FORM HD- 43(73) 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 475-6221)

FILE NO. 906-C

PROPERTY WHERE SOIL TESTED:

Owner: Dale Arnold

Location: Township 8; Range 5
Section & ¼ Sect. 2 NE4

Address c.o. Dave Griffith NO Builder 48. 260 80 28 20 148

Property Dimensions: ____ft. x ____ ft.
Area: ____acres. (Attach sketch of property showing hole location). Lot 19

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐

Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: 8-18-76 to 8-19-76. Weather: Precip. ____ Temp. ____

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32	8-18	9:	8-18	1:	8-19	8:A	6	17:	4 5/8	60	1 3/8	
2										5		1	
3										4 3/8		1 3/8	
4										5 1/8		7/8	
5										5		1	
6										4 3/4		1 1/4	

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

Little Dennis Co.
Signature of Person Conducting Test

Address 2425 Ho
Phone: 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS: Not approved - Health Dept. must witness perk test in T 8N, R5E, Sec 2. An attempt was made to witness, but no one was on lot 19 and no perk test holes could be found

DATE: 8-19-76

Approved Percolation Rate(s)
A. ____ min./inch
B. ____ min./inch
C. ____ min./inch

Ron Magnuson
Signature of Reviewing Official

Since test was not witnessed can only approve installation of a lagoon D. Grams - Health Dept.

FORM HD- 43(73) 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 475-6221)

FILE NO. 906-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: 8-24-76 to 8-25-76. Weather: Precip. none Temp. 75°

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
#1	30"	8-24-76	9:00	8-25-76	9:00	8-25-76	9:00	24¼"	9:30	24¼"	30	0	
#2	30"	"	"	"	"	"	"	24½"	"	24½"	"	0	

Sintek Service Co & Ron Magnuson
Signature of Person Conducting Test

Address _____
Phone: _____

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

0 percolation rate

(Do not write below this line)

REVIEWING ACTION

REMARKS: Percolation rate is too slow for a sub-surface disposal system. A lagoon is recommended

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

DATE: 8-25-76

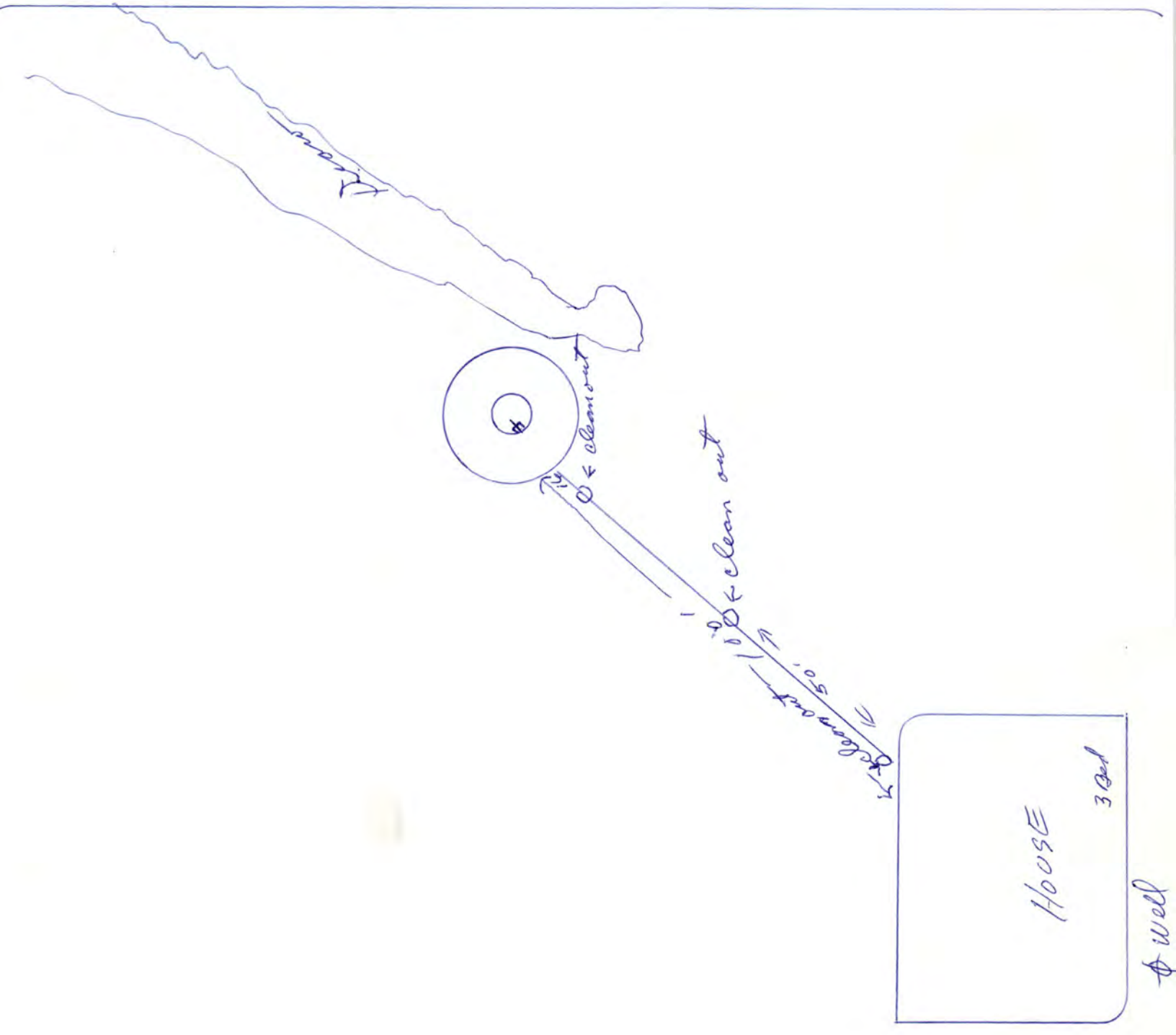
Ronald Magnuson
Signature of Reviewing Official

Dale Arnold

NEW ONE

Dave Griffith Builder

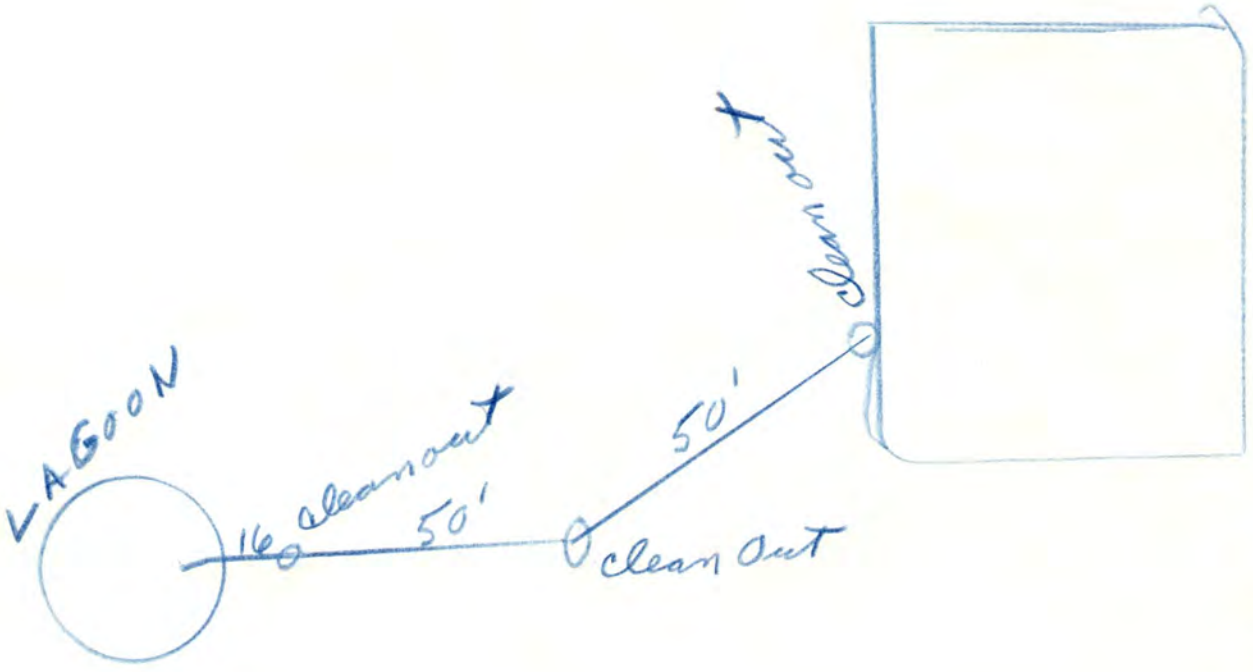
Sec 2 T8 R5



Arnold

Dave Griffith
Builder

sec 2 T8 R5



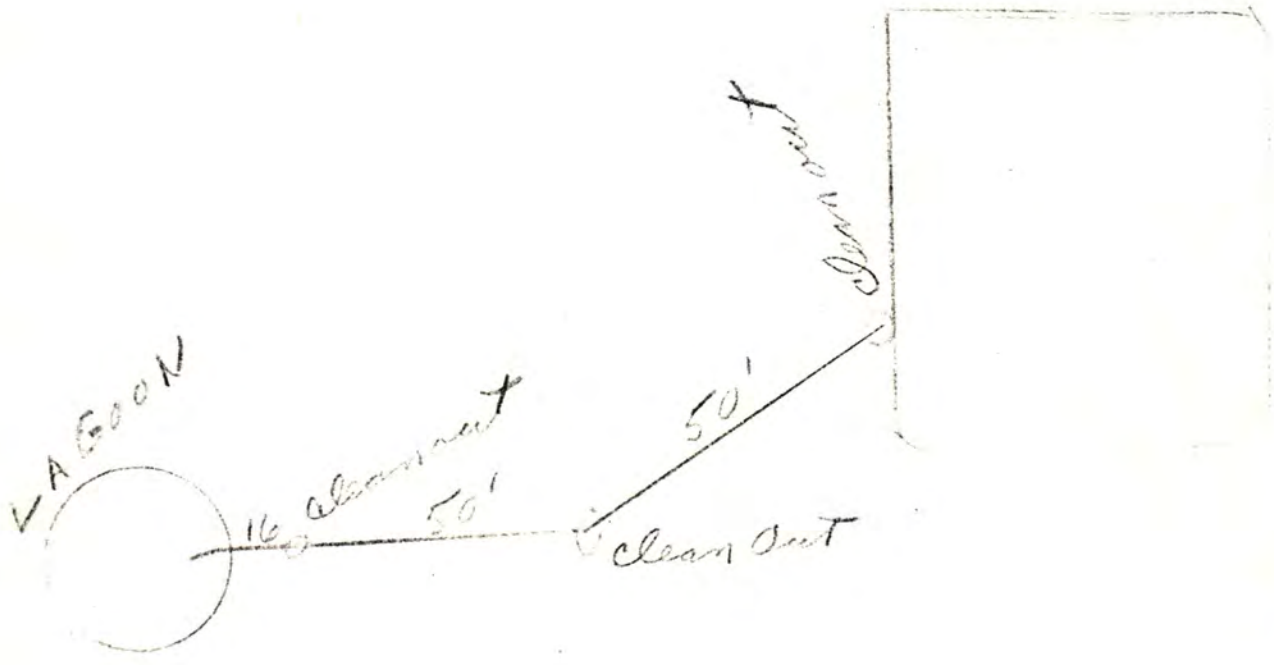
Sweetbriar

Finished Sec.

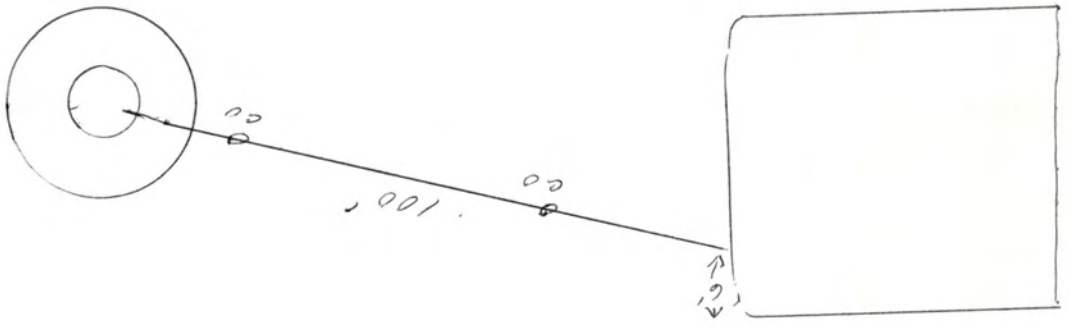
Daniel

Dave Griffith
Hamilton

sec 2 T1 R5



ϕ_N



This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☐

DATE: _____

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☐ Evaluation of the Individual Water Supply

☐ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 8N ; Range 5E ; Section 2 ;
Block _____ ; Lot 19 ; Addition Irreg. Tract in NE 1/4, Sec. 2 .
Street Address 12101 SW 72nd .
Directions on how to get to property Take the West Denton Rd. to SW 70th, then South 3 miles to the Saltillo Rd., jog right a short distance to SW 72nd, then South, 6th house on the west side of the road. (A-frame home)
Location of well South of Home .
Where is tap: Inside ☐ Outside ☐ .

	NAME	ADDRESS	PHONE
Present Owner:	Kathryn Bond	315 Prestwick Rd. Lincoln	464-1077
Tenant: (VACANT)	Agent: George Perry c/o Town & Country Realty	3613 O St. 68510	489-9311
Lending Agency:	First Federal Lincoln	135 N Cotner	475-0521

(Do not write below double lines)

Health Department: Date Received 3/12/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 4-3-79 by _____
Date _____ by _____
Date _____ by _____

Darel E. Kaufman
Signature of Applicant
Darel Kaufman
1235 Lancaster Dr. Lincoln
Address

PRELIMINARY STATUS -- DATE 4-3-79

Water System:
Approved ☐ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval _____ .

☐ See Attached Letter.

FINAL APPROVAL -- DATE _____

Water System ☐ . Sewage Disposal System ☐ . BY _____

Form Number 20215-0878

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

P562-17

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTE**

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned with payment t

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.

Legal Description of Property: Street Address 1210 SW 72nd

Twp 8N Range 5E Section 2 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well South of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Richard J. Cowell	1210 SW 72nd Martell, NE 68404	797-5875
Tenant/Buyer:	Wilfred A. Wichman	4150 Greenwood St. Lincoln NE 68504	402-466-4437
Return to:	Wilfred A Wichman	4150 Greenwood st. Lincoln NE 68504	402-466-4437

Signature of Applicant Wilfred A Wichman Address 4150 Greenwood st Lincoln, NE 68504 Date 12 / 7 / 98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 12 / 7 / 98
Initials WP
Amount $150.00
Check No. 5307 ✓

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

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 12 / 10 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ Corrected
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ <0.1 ppm	☐ ___ppm

SEWAGE SYSTEM *
Approved ☐
Provisional ☐
Disapproved ☒ Corrected

Additional Site Visits
Date 12 / 23 / 98 by mm
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: LAGOON NEEDS SIGNS & LOCK. ELECTRICAL COVER PLATE IS MISSING OFF OF ELECTRICAL CONDUIT TO WELL HEAD. SMALL DEPRESSION BY WELL See Attached Letter ☐ *

FINAL STATUS

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

Approved by Ron Mayfield, R.S. Date ___/___/___

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: 10-95

MEMORANDUM

TO: Letter to all concerned with real estate transfer of property at 12101 SW 72nd Street

FROM: Ron Marquart, Field Staff

DATE: December 24, 1998

The on-site inspection of the sewage treatment lagoon serving the home at 12101 SW 72nd Street reveals a high level of water in the lagoon. The recommended water level in a properly functioning lagoon is 2 to 3 feet. The water level is presently at about 4 feet. It is strongly recommended that the water level in a lagoon not be held at a greater than 4 feet level because this allows less than one foot before overflowing the lagoon dike. Maintaining too high of a water level in a lagoon could result in overflow and erosion damage of the dike, or seepage through the dike of the lagoon.

Apparently construction of the lagoon predates county regulations. No record of a permit or inspection for this lagoon can be found. For these reasons, only a provisional approval can be given to this sewage treatment lagoon.

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

DEC 28 1998

Laboratory Report Printed on DEC-24-98

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **PRIVATE T/E COLI**

Laboratory Number: **P5612-17**
Sampled By: **RON MARQUART**
Location: **12101 SW 72(COWELL)**
Sample Point:

Date Collected: **23-Dec-1998 01:00 PM**
Date Received: **23-Dec-1998**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Limits
BACT REPORT LEVEL	COLILERT	12/24/98	RG	Final Report			
E. COLI	COLILERT	12/24/98	RG	E. coli negative		cfu/100ml	0
TOTAL COLIFORM	COLILERT	12/24/98	RG	Total coliform negative - meets bacteriological standards		cfu/100ml	0

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

Lincoln-Lancaster County Health Department

MAR 2 7 2002

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 12101 SW 72nd Martell NE 68404

Parcel ID 02-02-200-013-000 (i.e. 99-99-999-999-999)

Twp 8N Range 5 Section 2 1/4 ___ 1/4 ___ Block ___ Lot 19 Addition ___

Directions to Property Hwy 77 to Saltillo Rd, go west on Saltillo Rd To sw72nd turn South to property

Location of Well South of house 25 feet Tap Location: Inside ☐ Outside ☐

Location of Sewage System West side of house with fence around it Year Installed ?

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Shirley & Wilfred Wichman	12101 SW 72nd Martell, NE 68404	402-797-2323
Tenant/Buyer:	Tyler & Christine Thody	4221 Greenwood St Lincoln, NE 68504	466-6058
Return to: Agent	Katherine Ley - Woods Bros	7141 A St Lincoln, NE 68510	416-2817 / 434-3801 (Fax)

Signature of Applicant Tyler Thody / Christine M. Thody Address 4221 Greenwood St. Lincoln, NE 68504 Date 3/25/02 / 3/25/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/28/02 Amount 200.00 Check No. 10088 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 3/28/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☐	Date 4/29/02 by DS-JC
Provisional	☒ 4/29/02	Date ___/___/___ by ___
Disapproved	☒	Date ___/___/___ by ___

Comments: Excess sludge and solids have been removed as requested in letter of 4/1/02. A clarifier product has been added by a contractor to further clean up the situation. While it appears that lagoon should function properly with the addition of water it is impossible to predict based on the age + size of lagoon, Buyer should be aware that an update to current design standards may be necessary if future problems occur. See Attached Letter ☐

FINAL STATUS

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

~~Approved~~ Provisional by Doug Smith Date 4/29/02

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

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

APR 1 2002

Laboratory Report Printed on:

March 29, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P20374-15**
Sampled By: **DOUG SMITH**
Location: **12101 SW 72ND**
Sample Point:

Date Collected: **28-Mar-2002 02:30 PM**
Date Received: **28-Mar-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	03/29/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/29/02	JN

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