LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380091901

Issued 10/02/92
Expires 04/02/93
Revenue Code 18754

Establishment
DOUG MANTON
T8N R5E SEC 2
LOT 6
7401 W SALTILLO ROAD

FEES: $150.00

TOTAL $150.00

Permittee
DOUG MANTON
1410 GARFIELD ST
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 9-28-92

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 N ; Range 5E ; Section 2 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address 7401 W SALTILLO

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

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

4. Distance to public sewer: _____ ft.

Gary Martin
Signature of Applicant (Owner or Lessee)

1410 GARFIELD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/29/92. Date Frwd. 9/29/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/29/92. Date Frwd. 9/29/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-29-92 Date Frwd. 9-29-92 ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-27-93 by: P.D Need percolation test Received on 8-5-93 P.D
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-5-93 By: Paul Drotzmann

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

FORM 23-43

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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	24"	4/13				4/14	1⅛					6	
2	30"					4/14	1					7	
3	30"					"	1 1/10					6	
4	30"					"	1¼					7	
5						"	1¼					8⅝	
6						"	1¼					8"	

Sum of Percolation Rates: 6"
Average of Rates: _____
Mean of Rates: _____

Dale Wayne Fries
Signature of Person Conducting Test

Address Rt 1 Phone _____

(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

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description T8N R5E Sec 2 Lot 6 Location 7401 W. Saltillo
Owner/Requestor Doug Manton

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ✓ New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Permit application stated Lagoon system, but septic installed ~~220~~ 220' of lateral w/ 1000 gal tank. No perc test done to indicate proper amount of lateral needed
All other components appear satisfactory at time of inspection
Contacted Friesen + he said he'd get the perc test numbers in to the LLCHD

3-5-93 Perc test received

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. (5.) Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: _____
Date: 4-27-93

WA1002

008

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 7401 W. SALTILLO RD

Twp 8 Range 5 Section 2 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition ___

Directions to Property 6 M. West OF Hwy 77 ON SALTILLO RD. 300 YDS S. OF SALTILLO

Location of Well 100' N.W. OF House Tap Location: Inside ☒ Outside ☐

Location of Sewage System S. OF House Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Doug Manton	7401 W. Saltillo Martell NE 68404	794 7402
Tenant/Buyer:			
Return to:	Doug Manton	Box 45 H Martell 68404	

Signature of Applicant Doug Manton Address 301 US H Martell 68404 Date 7/21/93

HEALTH DEPARTMENT USE ONLY

Date Received 7/20/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Paul Drutzmann **DATE:** 7/21/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ <0.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 7/21/93 by PD

Date 7/30/93 by PD

Date 8/5/93 by PD

8/20/93 PD

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Paul Drutzmann Date 8/30/93

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.

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WATER CHEMISTRY

STATE LAB NO. 153-6

COMPLETE INFORMATION BELOW

DATE COLLECTED 7-21-93 10:50
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Doug Manton 7401 W. Saltillo

PROPERTY LEGAL DESCRIPTION: COUNTY LANL

QRTR _____ SECT 2 TWNSHP 8 (N) S RANGE 5 (E) W

REPORTED

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD

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 less than 0.1 mg/l

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

TEST(S) BY CC
FOR ACCOUNTING USE ONLY

LWN 88

'93 JUL 20 P3:30

'93 JUL 21 AM 7:20

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 7-21-93 10:50 (MO./DAY/YR./HOUR (9-16)) BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION Doug Manton 7401 w. Saltillo (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
Lincoln, NE 68502

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. 143-16079 (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM 2 (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 _____ (76-79)

IN JUL 21 AM 11:21

OUT JUL 22 PM 1:47

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 7-30-93 10:15 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION Doug Manton 7401 W. Saltillo (29-41)

NAME AND ADDRESS OF OWNER

LCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

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. 17187 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 1 (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 [signature] (76-79)

IN '93 JUL 30 P12:40

OUT '93 JUL 31 P1:0

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 8-5-93 9:25 (9-16) MO./DAY/YR./HOUR BY PAUL DROFTMANN (17-28)

ADDRESS OR LOCATION Doug Manton 7401 W. Saltillo (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

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. 143-180516 (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)

IN AUG -5 AM 1:38

OUT

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 8-20-93 10:00 (9-16) MO./DAY/YR./HOUR BY PAUL DROZEMANN (17-28)

ADDRESS OR LOCATION Doug Manton 7401 W. Saltillo (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
Lincoln, NE 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: _____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: _____ (43)
1. G[illegible]AMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABOR[illegible] NO. 19905 (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE _____ (57-60) mg/LITER

NITRATE _____ (61-64) mg/LITER

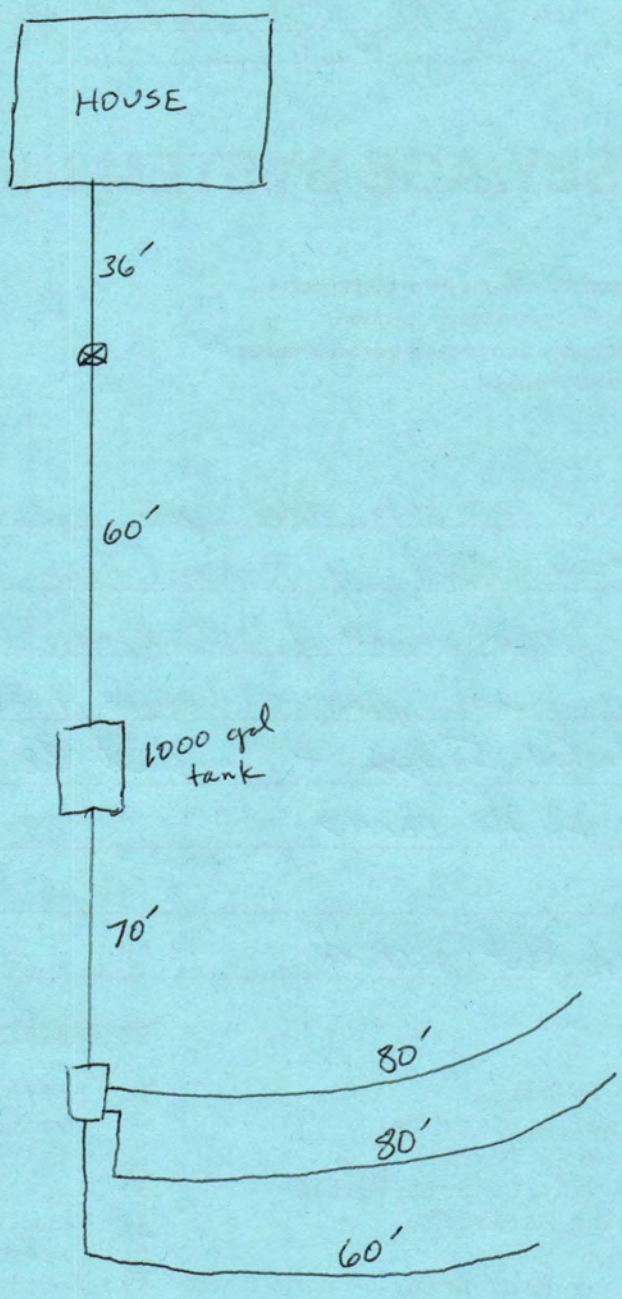
TPC _____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN AUG 20 P2:58 '93

OUT AUG 21 P4:19



Paul Drotzmann
4-27-93