LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 633-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 3, 1975 — THIS PERMIT EXPIRES

Eugene L. Habrock — ISSUED TO

2602 W Street — ADDRESS

T8N; R5E; Sec. 2-NE¼; Lot 4 I.T.

LEGAL DESCRIPTION

NON-TRANSFERABLE

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 633-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. 8N ; Range 5E ; Section 2 NE¼
   Block _____; Lot 4 I.T ; Addition _____
   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.

Eugene L Habrock
Signature of Applicant (Owner or Lessee)

2602 "W"
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/4/75 . Date Frwd. 6/4/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/4/75. Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Chas Seale by Tom Brasch

3. City or County Engineer : Date Rec'd. 6-4-75 . Date Frwd. 6-4-75 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff Dep

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 8; Range 5 E
Section & ¼ Sect. NE¼ of Sec 2
Property Dimensions: 305 ft. x 775 ft.
Area: 5.43 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Eugene L Habrock
Address 2602 W

Dates of Tests: 6-2-75 to 6-3-75. Weather: Precip. — Temp. 80° F.

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	3'	6/2	11:30	6/3	11:30	6/3	2:30	30¾	3:30	30¾	60	—	
2	3'	6/2	11:30	6/3	11:30	6/3	2:30	29⅞	3:30	30	60	⅛	
3	3'	6/2	11:30	6/3	11:30	6/3	2:30	29¾	3:30	29⅞	60	⅛	
4	3'	6/2	11:30	6/3	11:30	6/3	2:30	31⅛	3:30	32⅛	60	¼	
5	3'	6/2	11:30	6/3	11:30	6/3	2:30	30¾	3:30	30⅞	60	⅛	
6	3'	6/2	11:30	6/3	11:30	6/3	2:30	29⅝	3:30	29⅞	60	¼	

Eugene L Habrock
Signature of Person Conducting Test

Address 2602 W
Phone: 475-1602

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

Not acceptable
See septic System

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: 6-3-75

Ronald Mergent
Signature of Reviewing Official

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 633-C

DATE: 6-3-75

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. 8N ; Range 5E ; Section 2 NE1/4 ; Block ; Lot H.I.T. ; Addition .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 3
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X] 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).

Eugene L Hubbard
Signature of Applicant (owner or lessee)

2602 W Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 6-3-75
Filing Fee: $ 30 . 00

2. Site Visits:
Date: Sept-6-75 by: mm
Date: Oct-27-75 by: mm
Date: Oct-28-75 by: mm

3. Date: Approved [X]; Disapproved [ ]
by: James Deveiber

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-28-75 by: Ron Magnuson

010

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 _____

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

Directions to Property SW. 70th & Sa

Location of Well N. W. of House 70' Aprox. Tap Location: Inside ☑ Outside ☐

Location of Sewage System NW of House 70' Aprox Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	Thomas L Gant	RT 1 Box 46C Martin III Nebr 68404	797-3485
Tenant/Buyer:			
Return to:			

Signature of Applicant Tom Gant Address RT 1 Box 46 C Martin II Nebr 68404 Date 11/23/92

HEALTH DEPARTMENT USE ONLY

Date Received 11/23/92 Received $150.00 Check ☑ Cash ☐ # 4444 MSB. DA

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 11/30/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☑	☐	Approved ☐	Date 12/2/92 by LCH.
Bacteria	☑ ____/ml	☐ ____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ____ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: LAGOON GATE NEEDS A LOCK ON IT. LAGOON IS RUNNING OVER SLIGHTLY ON DOWNHILL SIDE. Lock on gate. Lagoon pumped down. LCH 12/2/92. When weather warms up probably should pump it down the lower side of the lagoon. See Attached Letter ☐

FINAL STATUS

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

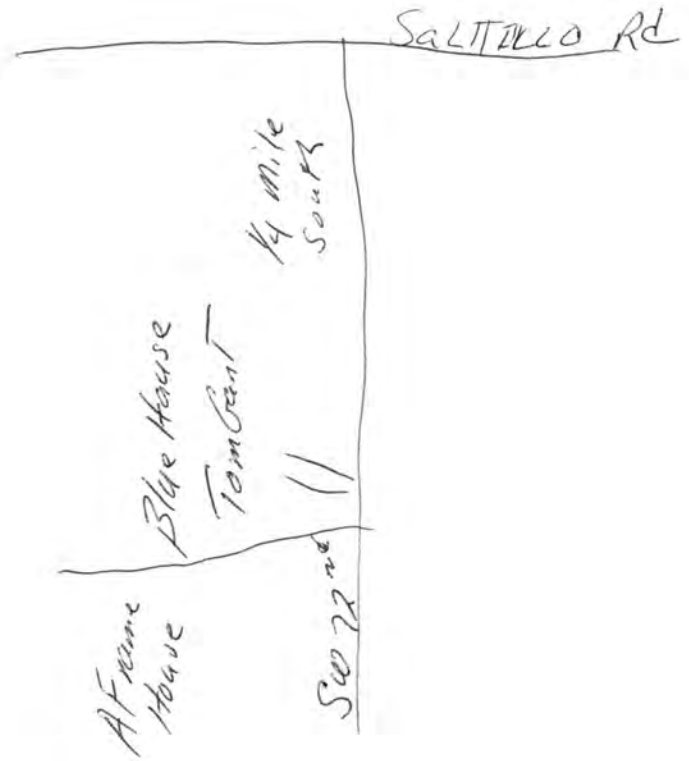
Approved by Jerrold C. Hood R.E.H.S. Date 12/2/92

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.

437_8607 Cellar

790 - 6163

N



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 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11/30/92 (9-16) 10:13A.M. BY L.C. Hood (17-28)

ADDRESS OR LOCATION LOT 4 I.T. 2 SEC. 2, T8N, R5E (29-41)

NAME AND ADDRESS OF OWNER TOM GANT
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68512

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. 142-29548 (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 RS (76-79)

IN

NOV 30 AM 11

OUT

92 DEC -1 P2:38

WATER CHEMISTRY

STATE LAB NO. 152-634

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO) 30 (DAY) 92 (YEAR) 10:13 A.M (HOUR)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION TOM GANT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 2 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

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

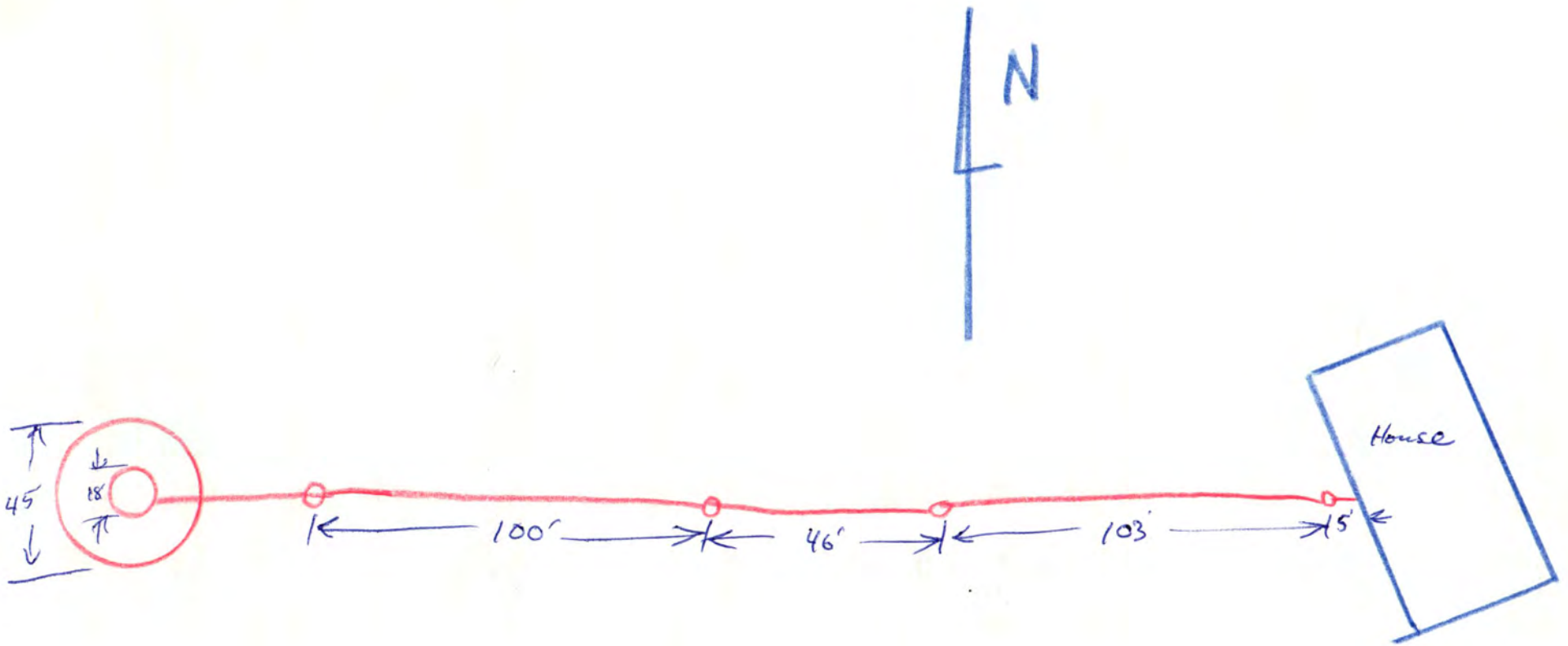
TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED DEC -1 92 P 3:30

RECEIVED NOV 30 92 11:48



Oct-28-75