LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1238-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 8, 1978 — THIS PERMIT EXPIRES

ROBERT J. DUBORD — ISSUED TO

3403 LAURA AVE. LINCOLN, NE 68510 — ADDRESS

T8N, R5E, Section 1 Lot 8

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977

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)

Lot 8

FILE NO. 1238-C

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

DATE: 12-6-77

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

SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 5E ; Section 1
   Block ____ ; Lot 8 ; Addition ____
   Street Address F.T.

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.

Robert J Dunbar
Signature of Applicant (Owner or Lessee)

3403 Iowa Ave
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/8/77 . Date Frwd. 12/8/77 . ACTION: Approved ____ ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12/8/77 . Date Frwd. 12/8/77 . ACTION: Approved ____ ☒ Disapproved ☐ Signature: Harry A. Sherwood

3. City or County Engineer : Date Rec'd. 12-8-77 . Date Frwd. 12-8-77 . ACTION: Approved ____ ☒ Disapproved ☐ Signature: Henry 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)

Lot 8

FILE NO. 1238-C

DATE: 12-6-77

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. SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 5E ; Section ____ ; Block ____ ; Lot 8 ; 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. 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).

Robert J Dubord
Signature of Applicant (owner or lessee)

3403 Sauer Ave
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: ____ by: ____
   Date: ____ by: ____
   Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐ 12/8/77
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: ____ by: ____

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. 1238-C

Lot 8

SPECIFICATIONS

DATE: 12-6-77

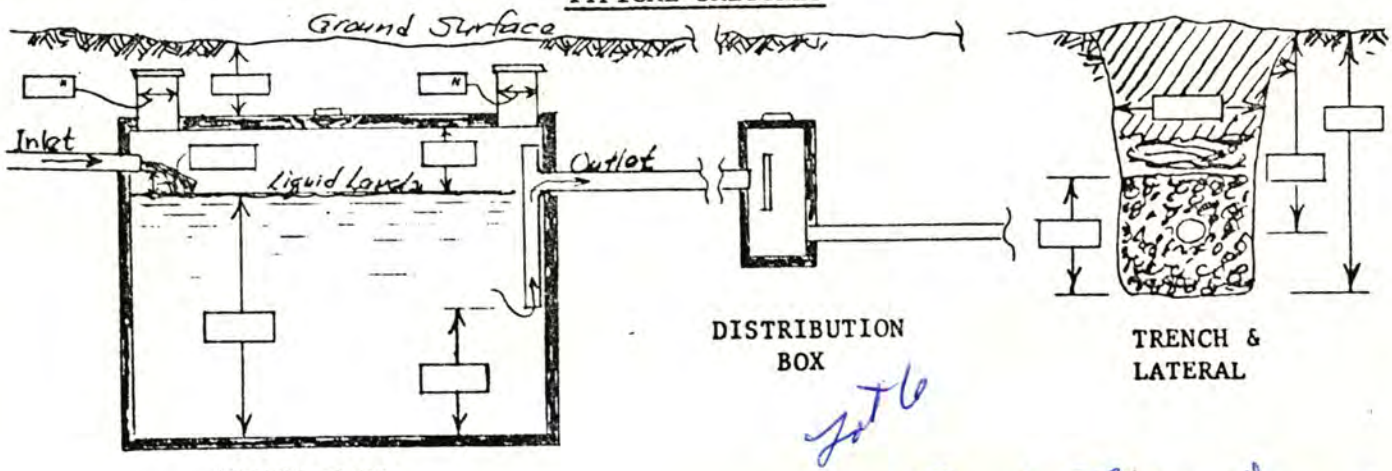
A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ___ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments ___.
2. Capacity 1000 gals.; Liquid depth 53 in.
3. Factory Built: Yes ☐ (Company Inlet)
No ☐
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. ___ in.
Below Grade 8 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 4 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line 50 ft.;
Property Line ___ft.

C. DISTRIBUTION BOX
1. Material Pla; No. available outlets ___.
2. Factory Built: Yes ☒, (Company Hardcore) No ☐
3. Dimension: Length 18 in.; Width 12 in Depth 12 in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☒, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Perforated
2. Lateral Lines: Depth below grade 18 in.
Number ___; Length of each line ___ft
Total length of Laterals 313 ft.;
Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Pla
Distance between lateral lines ___ft.
3. Trench Dimensions. Depth 18 in.; Width 36 in.
4. Filter Material: road Gravel
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line 50 ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



for Lot 6

Robert T Dunbar
Signature of Applicant

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. 1238-C

Lot 8

SPECIFICATIONS

DATE: 12-6-77

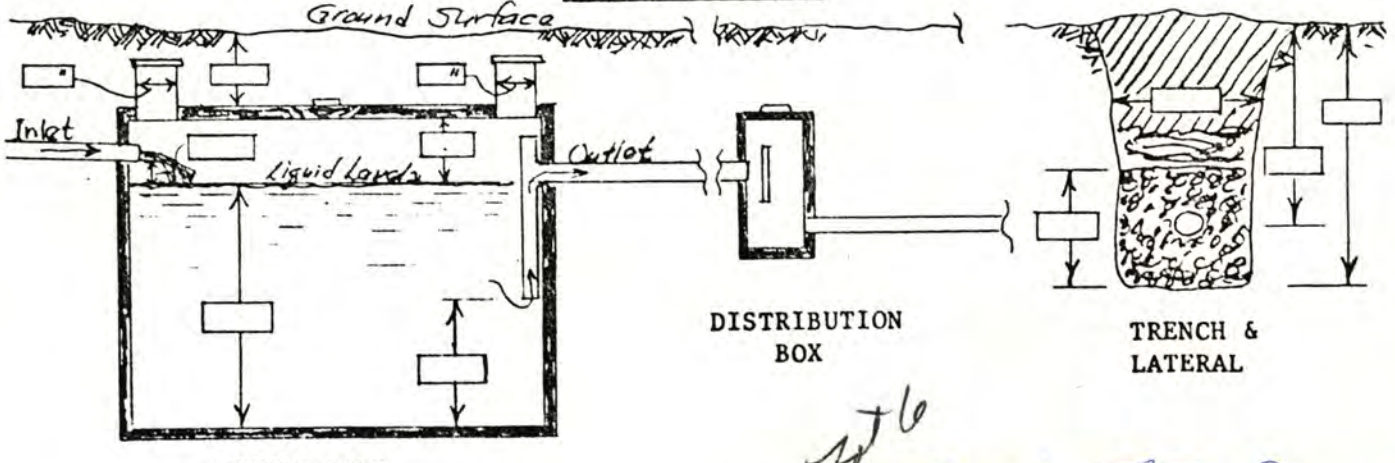
A. BUILDING SEWER
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ___ ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ~~Conc~~ ; No. of compartments 1000.
2. Capacity ___ gals.; Liquid depth 53 ~~in.~~
3. Factory Built: Yes ☐ (Company ~~Amtab~~)
No ☐
4. Manholes: Over Inlet; diam. 21 in.
Over Outlet; diam. ~~6~~ ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☒
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 4 in.
7. Depth ~~of~~ top of tank below finished grade ___ in.
8. Distances To:
Well or Suction Line 100 ft.; 50
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Pla; No. available outlets ___.
2. Factory Built: Yes ☒, (Company Hardcore No ☐
3. Dimension: Length 18 in.; Width 12 in
Depth 12 in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☒, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated
2. Lateral Lines: Depth below grade 18 in.
Number ___; Length of each line ___ ft
Total length of Laterals 318 ft.;
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Pla
Distance between lateral lines ___ ft.
3. Trench Dimensions. Depth 18 in.;
Width 36 in.
4. Filter Material: road Gravel
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ~~50~~ ___ ft.
Property Line ___ ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Robert J Dunbar
Signature of Applicant

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 474-1541)

Lot 8

FILE NO. 1238C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 : Range 5
Section & ¼ Sect. 1
Property Dimensions: ____ ft. x ____ ft.
Area: 5.97 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Robert J Dubord
Address: 3403 Laura Ave
Lot 7

Dates of Tests: 12-5-77 to 12-6-77. Weather: Precip. no Temp. 20

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	16	12-5	10	12-5	2	12-6	1	6	2	5	60	1	
	↓	↓	↓	↓	↓	↓	↓	↓	↓				
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	5	↓	1	
3										5		1	
4										4 3/4		1/4	
5										4 7/8		1/8	
6										4 3/4		1/4	

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

Signature of Person Conducting Test
SINTEK SERV. CO.
Address 2425 SOUTH ST.
LINCOLN, NE 68502
Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam. (S.C.S.)

DATE: December 8, 1977

Approved Percolation Rate (a)
A. 53 min./inch
B. ____ min./inch
C. ____ min./inch

Gerald C. Hood
Signature of Reviewing Official

Official Survey Record

LANCASTER County, Nebraska

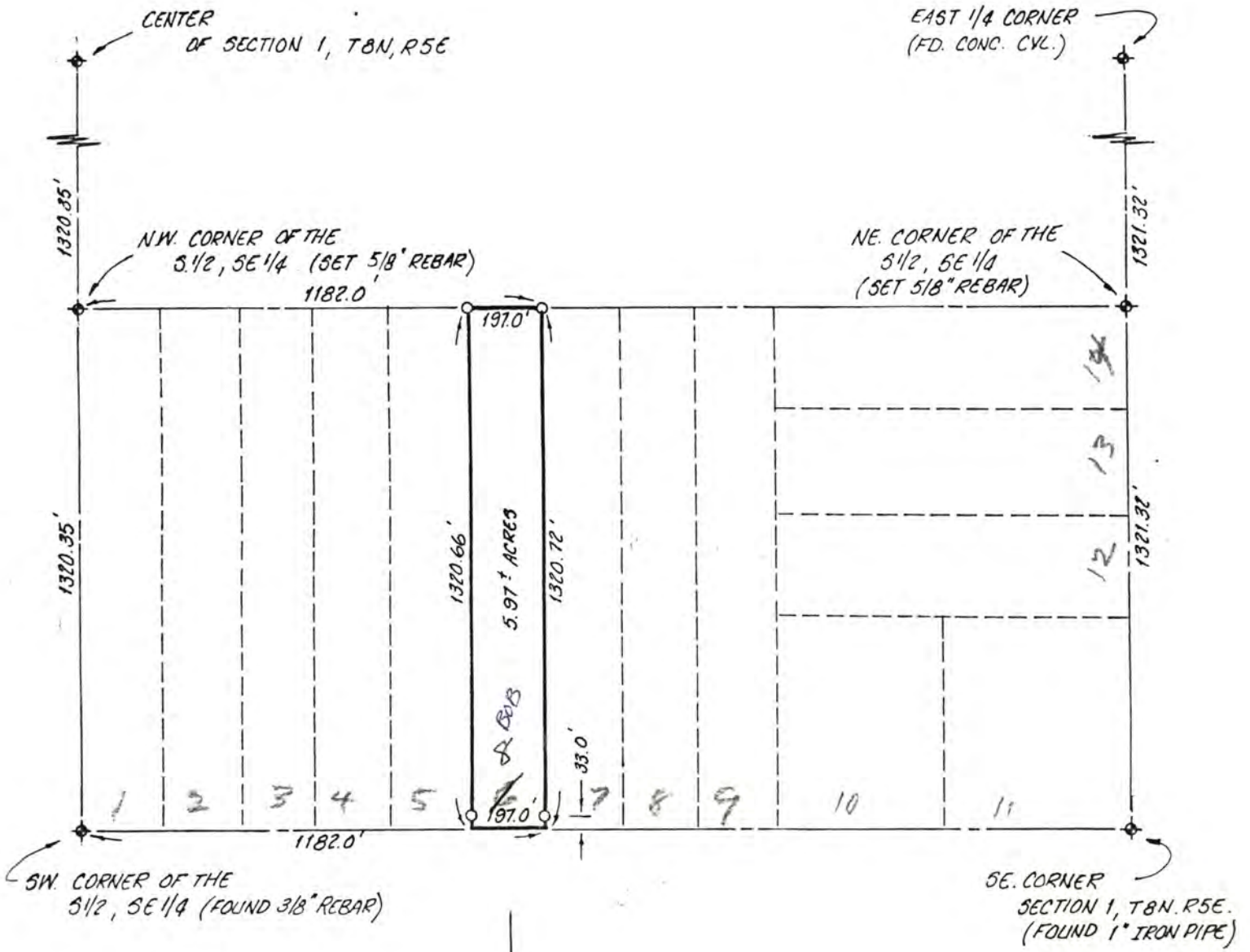
ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 Starr Street Lincoln, Nebraska 68505

Telephone 466-5538

Survey of the East One Hundred Ninety-Seven and No Tenths (197.0) feet of the West One Thousand One Hundred Eighty-Two and No Tenths (1,182.0) feet of the South One-Half of the Southeast Quarter of Section 1 T 8 N, R 5 E of the 6th P.M.

Job No. 0276

Date September, 1977



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1575-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 6, 1980 — THIS PERMIT EXPIRES

Joe Shrader — ISSUED TO

535 Oak Street, Crete, NE 68333 — ADDRESS

T8N, R5E, Section 1, Lot 9 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977

County Treasurer's Office
Lancaster Co
Lincoln, Nebraska

MISCELLANEOUS RECEIPT

No. 8868

Received of: L & L Co. Health

Date of Receipt: 8-6-79

Amount

For: 1575 C

Fund: Genl

TOTAL 60-00

FRANK GOLDEN
COUNTY TREASURER

By BJ

ORIGINAL

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

A

FILING FEE: $ 60.00

FILE NO. 1575-C

DATE: 8-3-79

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. 8N ; Range 5E ; Section 1 ; Block ____ : Lot 9 I.L. : Addition SEE ATTACHED
   Street Address ____

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

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

4. Distance to public sewer: ____ ft. changed to lagoon

Joe Shrader
Signature of Applicant (Owner or Lessee)

535 OAK ST. CRETE, NEBR
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/3/79. Date Frwd. 8/6/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-6-79. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. 8-6-79. Date Frwd. 8-6-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Braff

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 11/30/79 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/27/81 By: Jerrold C. Hood

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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1575-C

Indicate on sketch if residence and well are exisiting or proposed.

Lot 9

REVIEWING ACTION

Remarks: _____

Date: August 3, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 954 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Official Survey Record

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
7116 Starr Street Lincoln, Nebraska 68505

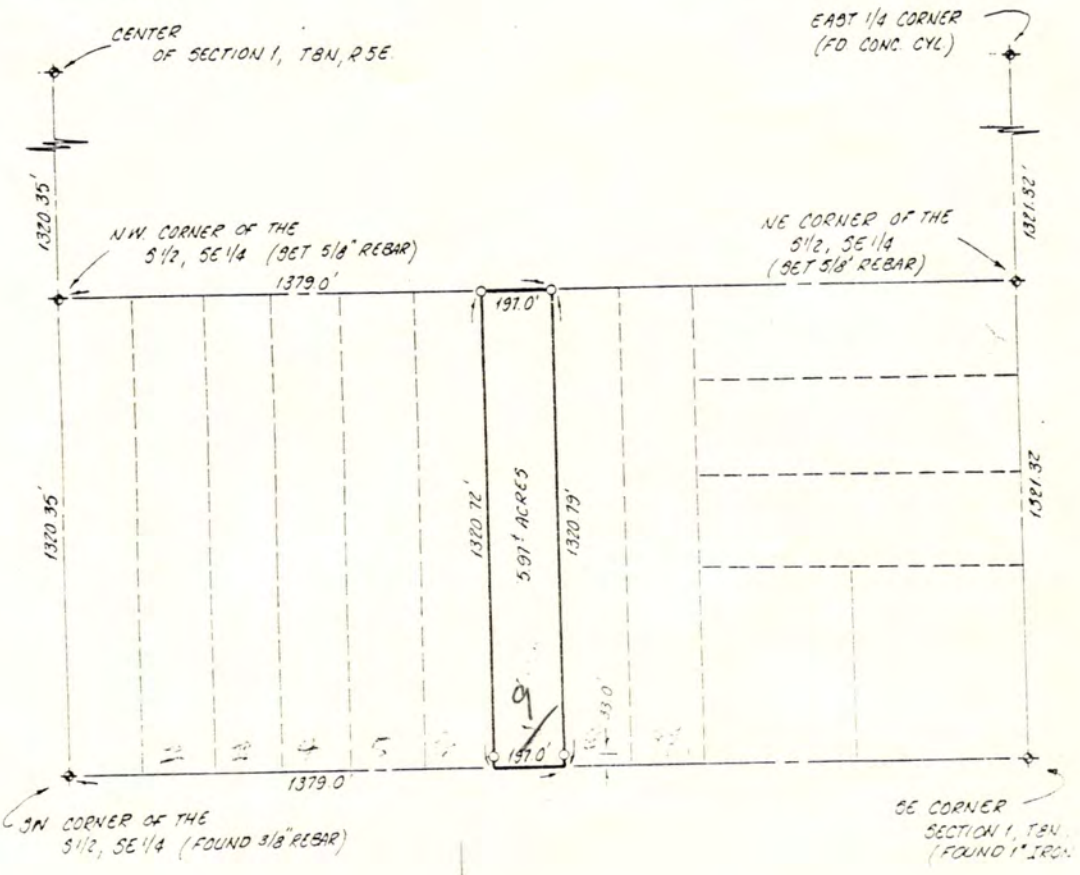
Telephone 466-

Sheet 1 of 1

Survey of the East One Hundred Ninety-Seven and No Tenths (197.0) feet of the West One Thous Three Hundred Seventy-Nine and No Tenths (1,379.0) feet of the South One-Half of the Southeast Quarter of Section 1 T 8 N, R 5 E of the 6th

Job No. 0276

Date September, 19



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 474-1541)

Lot 9

FILE NO. 1237-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____ : Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ ft. x _____ ft.
Area: 5.92 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Robert J Dawson
Address: 3403 Laura Ave
Lot 7

Dates of Tests: 12-5-77 to 12-6-77. Weather: Precip. no Temp. 20

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	18	12-5	11	12-5	3	12-6	2	6	3	4 7/8	60	1 1/8	
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	4 5/16	↓	1 1/16	
3										5		1	
4										5		1	
5										4 15/16		1 1/16	
6										4 7/8		1 1/16	

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

Signature of Person Conducting Test
SINTER SERVICE CO.
2425 SOUTH ST.
LINCOLN, NE 68502
475-1486
Address _____
Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam. (S.C.S.)

DATE: _____

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoob
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1614-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 22, 1979 — THIS PERMIT EXPIRES

Joseph W. Schrader — ISSUED TO

R.R. 1, Hallam, NE — ADDRESS

T8N; R5E; Section 1; Lot No. 9 I.T. — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILING FEE: $ 60.00

FILE NO. 1614-C

Lot 9

DATE: 10-22-79

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 1 ;
   Block _____ : Lot #9 I.T. : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

changed to lagoon

Joseph W. Schrader
Signature of Applicant (Owner or Lessee)

RR 1 Hallam
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/22/79. Date Frwd. 10/22/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dan S. Kent

3. City or County Engineer: Date Rec'd. 10-22-79. Date Frwd. 10-22-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Krafft

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/30/79 by: L.C.H.
Date: 7/1/80 by: D.S.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/27/81 By: Jerrold C. Hood

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 474-1541)

FILE NO. 1615 C

Lot 9

PROPERTY WHERE SOIL TESTED:
Location: Township 8N : Range 5E
Section & ¼ Sect. 1
Property Dimensions: ____ft. x ____ft. Lot 9
Area: 5.97 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Larry Maciejewski
Address: 6901 Van Dorn

Dates of Tests: 12-6-77 to 12-7-77. Weather: Precip. No Temp. 31

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	18	12-6	10	12-6	2	12-7	11	6	12	4⅞	60	1⅛	
	↓	↓	↓	↓	↓	↓	↓	↓	↓		↓		
2										5		1	
3										5		1	
4										5		1	
5										4⅝		1⅜	
6										4⅝		1⅜	

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

SINTEK SERV. CO.
2425 SOUTH ST.
LINCOLN, NE 68502
Signature of Person Conducting Test
Address 475-1486
Phone ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: 6" minimum at the Clay Fill (S.C.D.)

DATE: December 8, 1977

Approved Percolation Rate (a)
A. 45 min./inch
B. ____ min./inch
C. ____ min./inch

Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1614-C

Indicate on sketch if residence and well are exisiting or proposed.

Lot 9

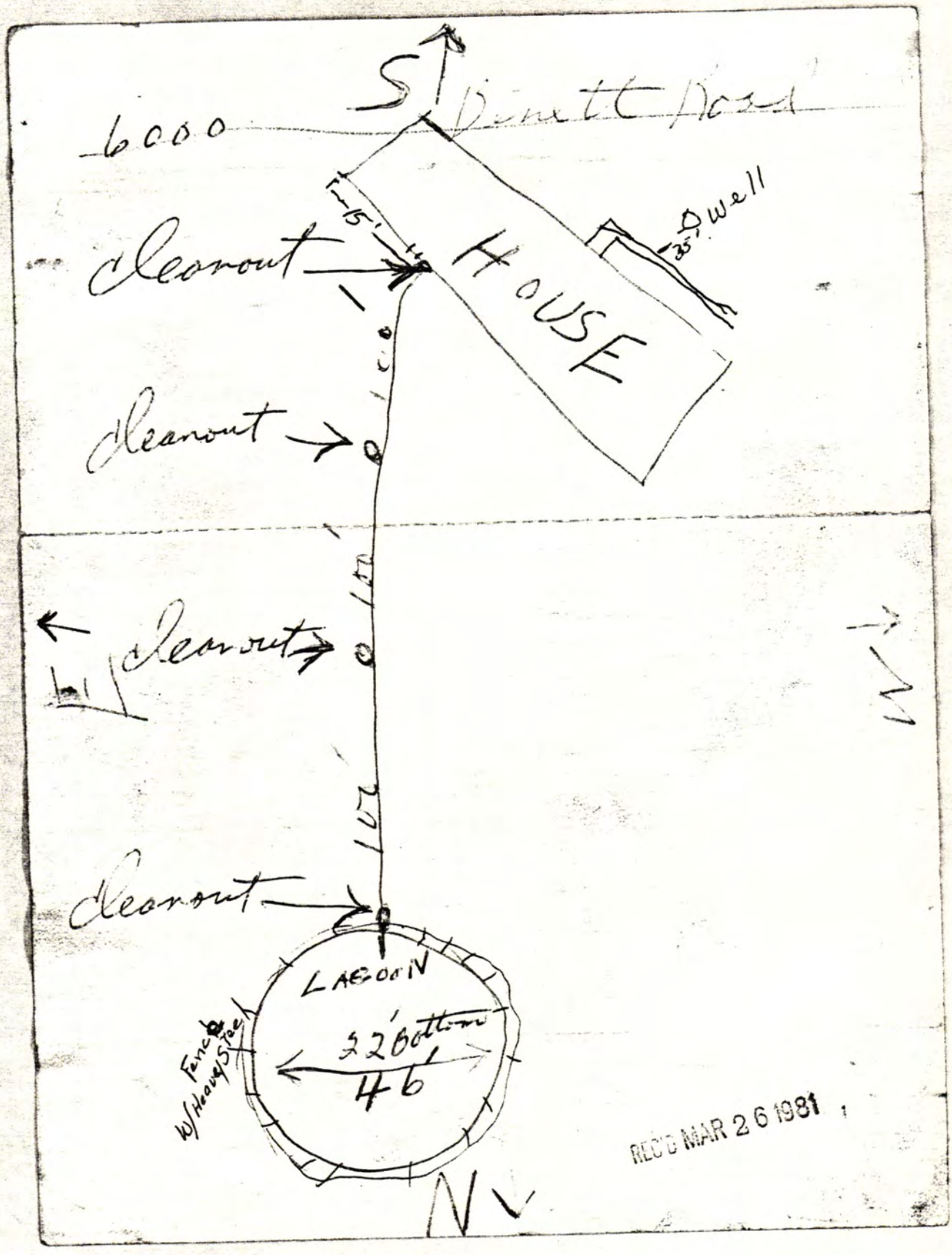
REVIEWING ACTION

Remarks: _____

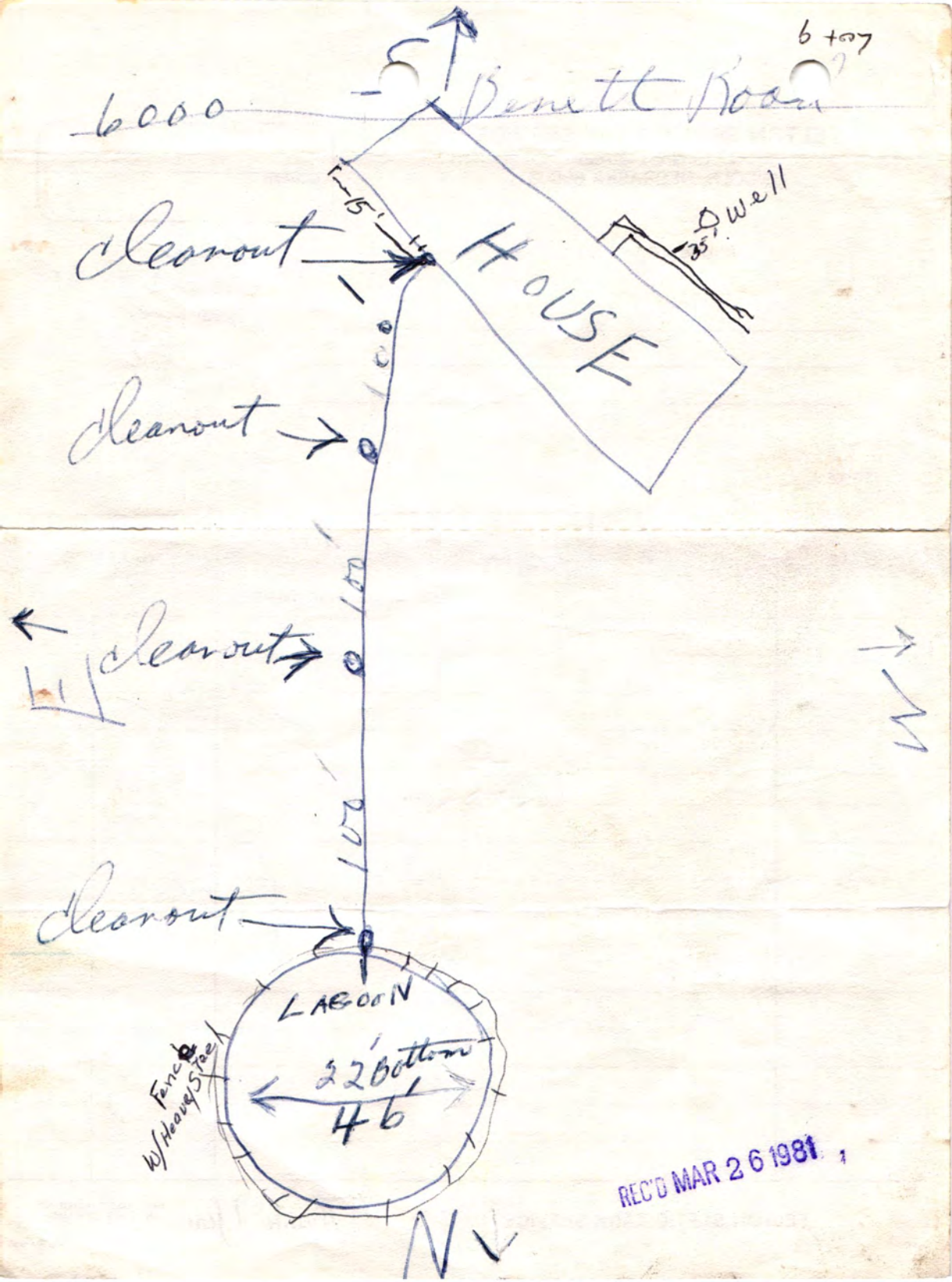
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 953 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



RECD MAR 26 1981


6 + 07
6000
Bennett Road
cleanout
HOUSE
well
35'
cleanout
cleanout
cleanout
LAGOON
22' Bottom
46'
Fence
W/Heavy Steel
N
REC'D MAR 26 1981

004

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to reques

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 6200 W. Bennet Rd.
Twp 8N Range 5E Section 1 1/4 SE 1/4 ___ Block ___ Lot 10 Addition ___
Directions to Property ___

Location of Well South of House Tap Location: Inside ☐ Outside ☐
Location of Sewage System North West of House Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Dan Gillessen	6200 W. Bennet Rd	794-8315
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant Dan Gillessen Address 6200 W Bennet Date 12/28/92
Martell, Ne 68404

HEALTH DEPARTMENT USE ONLY

Date Received 12/28/92 – Well registration fee charged
Received $150.00 Check ☐ Cash ☐
– No fee charged, construction within 6 months

PRELIMINARY STATUS--By Doug Svec **DATE:** 12/28/92

See file for construction inspection

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ____/ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 1.4 ppm	☐ ____ppm	Disapproved ☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Svec Date 1/5/93

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.

Check # 5840

$15.00 FEE

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property TWP. 8N; RANGE 5E; Sect 1.
Directions to Property _____

Land Owners Name: DAN Gillessen
Address: 6200 W. Bennet Rd. MARTELL, NE 68404
Phone: 794-8315

Send Results to:
Name: SAME
Address:
Phone:

Land Owners Signature _____

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	~200
Casing Material	unk
Casing Diameter	unk
Is well located in a pit	No
Type of pump	Submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	15 (distance)	FEET	U/D
CESSPOOL	—	FEET	U/D
SEPTIC TANK	—	FEET	U/D
SEWAGE DISTRIBUTION FIELD	—	FEET	U/D
WASTE STABILIZATION LAGOON	>500	FEET	U/D
BARN YARD	>250	FEET	U/D
NEAREST WELL	—	FEET	U/D
NEAREST PASTURELAND	—	FEET	U/D
NEAREST CROPLAND	—	FEET	U/D
SHOP	—	FEET	U/D
GRAINERY	—	FEET	U/D
FUEL TANKS	—	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE	—	FEET	WHAT? _____

Ruth received from Doug Smith CK# 5840 $15.00
deposit to water wells 019851
CW122892

ADM.0002/34

RECEIVED DEC 28 1992
#5840. $15 cc

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE COLLECTED AND MAILED ON:

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

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

DATE COLL. 12/28/92 1100 BY D.S. (17-28)
MO./DAY/YR./HOUR (9-16)

ADDRESS OR LOCATION Dan Gillessen (29-41)
Lot 10 Sec 1 8N 5E

NAME AND ADDRESS OF OWNER
Send to:
Lincoln-Lancaster Co. Health
2200 So. Mayer 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. 311600 (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 ____ (76-79)

IN

OUT

DEC 28 A11:45 '92 DEC 29 P3:08

WATER CHEMISTRY

STATE LAB NO. 15 7566

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 1.4 mg/l

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

THIS IS A 2 PARAMETER COMBINATION TEST REQUEST

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

ECTED 12 MO 28 DAY 92 YEAR 1100 HOUR

LLECTED BY Doug Smith

OCATION Dan Gillespie

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT 1 TWNSHP 8 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
Lincoln-Lancaster Co. Health
2200 St Mary's
Lincoln, Ne. 68502

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

REPORTED '93 JAN -4 AM 7:6

RECEIVED '92 DEC 28 AM 11:45