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. 913800667

DATE: 1-3-91

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 _____ : Addition EAST 197.0' OF WEST 985' OF S1/2 OF SE1/4
   Street Address 6240 West Bennett Rd.

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: 7 miles ft.

Signature of Applicant (Owner or Lessee)

7925 Cooper Ave.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/2/91 . Date Frwd. 1/2/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-2-91 . Date Frwd. 1-2-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Brown

3. City or County Engineer: Date Rec'd. 1-2-91 . Date Frwd. 1-2-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 26 Apr 91 by: PAUL DROTZMANN
Date: 5-7-91 by: PAUL DROTZMANN
Date: 6-11-91 by: PAUL DROTZMANN

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/18/91 By: Paul Brown

FORM 23-43

DO

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: LEGAL: The East 197.0 Feet of the West 985 Feet of the South ½ of the SE¼ of Section 1, T8N, R5E of the 6th P.M.

Location: Township 8 ; Range 5 ; Section & ¼ Section _____.
Property Dimensions: 197' ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 11-25 to 11-26. Weather: Precip. 0 Temp. 60

OWNER: Poe Development c/o Hanssen RE3

Address: 6240 West Bennet Rd. Martell, NE 68404

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		11/25	3 PM			11/26	3 PM				30 min.	0 3/4"	
2							3:30					0 1/2"	
3							4					0 3/4"	
4							4:30					1 1/2"	
							5						
							5:30						
							6						
							6:30						
							7:00				4 hr.		

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

Signature of Person Conducting Test

Address 7925 Copper Ave. Phone 483-4632

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: January 2, 1991

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: 471-7800

C

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

FILE NO._____

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

REVIEWING ACTION

Remarks:_____

Date: January 2, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 266 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 798 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property L 7, Irregular Tracts in the SE¼ of Section 1, T8N, R5 E of the 6th PM, LC, NE
Directions to Property ~~77 & Saltillo go West on Saltillo to SW 42nd St. 1 So. 1½ West~~ 1 mi So. 1½ mi West

Land Owners Name: Poe Development Co. Mike Poe
Address: 7925 Cooper Ave. Lincoln, NE 68506
Phone:

Send Results to:
Name: Poe Development Co.
Address: 7925 Cooper Ave.
Phone: Lincoln, NE 68506 483-4532

Land Owners Signature Mike & Ruth Poe

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	160'
Casing Material	PVC
Casing Diameter	5"
Is well located in a pit	NO
Type of pump	

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

HOUSE FOUNDATION	10 (distance)	FEET	U/D
CESSPOOL		FEET	U/D
SEPTIC TANK	100	FEET	U/D
SEWAGE DISTRIBUTION FIELD	100	FEET	U/D
WASTE STABILIZATION LAGOON		FEET	U/D
BARN YARD		FEET	U/D
NEAREST WELL	100	FEET	U/D
NEAREST PASTURELAND		FEET	U/D
NEAREST CROPLAND	40	FEET	U/D
SHOP		FEET	U/D
GRAINERY		FEET	U/D
FUEL TANKS		FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

FEE $15.00

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

Legal Description T8N R5E Sec 1 Location 6240 W. Bennet Rd
Owner/Requestor MIKE POE DEVELOPMENT

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".

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

REMARKS Well 95-90 ft from distribution field unable to collect water sample. ~~Distant~~ Distance does not coincide w/ water test application nor the maps sent to office

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 X 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. 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: PD + DS
Date: 5-20-91

Received by: _____

WA1002

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

Legal Description T8N R5E Sec 1 Location 6240 W. Bennett Rd
Owner/Requestor Mike Poe

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
X New system, followup
___ Existing system, repair
___ Existing system, followup
X Loan approval
___ Consultation
___ Other (Specify)

REMARKS (5) Poe got in and redid a section of the distribution field (see changes on map). Discussed new lateral w/ Jerry & Doug before calling Poe to backfill. Everyone agreed that this should be acceptable

Collected coliform water sample also

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 X 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 Bojanus Date: 6-11-91
Received by: ___

WA1002

WATER CHEMISTRY

STATE LAB NO. 151-2936

COMPLETE INFORMATION BELOW

DATE COLLECTED 5-17-91 2:00
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION 6400 Bennett RD

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR LOT 7 SECT 1 TWNSHP 8 N S RANGE 5 E W

REPORTED 91

RECEIVED 5-18-91

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD - E.H. WATER
2200 ST. MARY'S
LINCOLN, NE 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY JW
FOR ACCOUNTING USE ONLY

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390048501

Issued 11/09/95
Expires 05/09/96
Revenue Code 18754

Establishment
TODD LUGN
T8N R5E SEC 1
6240 W BENNET ROAD

FEES: $50.00

TOTAL $50.00

Permittee
TODD LUGN
6240 W BENNET RD
MARTELL NE 68404

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10-17-95

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 5E ; Section 1 ;
Block _____; Lot _____; Addition _____
Street Address 6240 West Bennet Rd.

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

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

4. Description of proposed alteration, extension or repair: Abandon Septic System
Install Sewage Treatment Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	7400 00

Lead

Todd Lugn Brad Southwick
Signature of Applicant (owner or lessee)

6240 W. Bennet Rd 17201 S 72
Address Markell, Ne Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50 ck

2. Site Visits:
Date: 10-17-95 by: rm / neighbor
Date: 6-17-98 by: rm fence up
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Ron Hoyt

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-17-98 by: Ron Hoyt

000503009 1of NO3 + COLI P15228-21

P15228-21

APR 6 2000

ESCROW Closing April 28, 00

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Lot 7 SE 1-8-5

old LCR 2912 new LCR 4216

Legal Description of Property: Street Address 6240 W Bennet Rd RR1 Bx 43-H Martell Ne 68404

Twp 8N Range 5E Section 1 1/4 1/4 Block Lot 7 Addition

Directions to Property West from SW 40 + W Bennet Rd

Location of Well Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Ron + Tammie Hanson	6240 W Bennet Rd RR1 Bx 43 H Martell Ne 68404	794-4074
Tenant/Buyer:	Tim + Deanna Wismer	3416 W St Lincoln Ne 68523	464-9731
Return to:	Leslie Applegate Woods Bros	1940 'O' St #312 Lincoln Ne. 68510	465-6069

434-3720 LILLIAN - CAPITOL TITLE FAX

Signature of Applicant Tim Wismer Address 3416 W St. Date 04/03/2000

Lincoln Ne. 68503

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	4/6/00	Date	/ /
Initials	ls	Case No.	
Amount	$150.00 ls	Initials	
Check No.	7167 ✓		

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4/7/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 5/1/00 by J.C.H.
Bacteria	☒ 0 /ml	☐ /ml	Provisional	☐	Date / / by
Nitrate	☒ 1.6 ppm	☐ ppm	Disapproved	☒	Date / / by

Comments: LAGOON NEEDS SIGNS, LOCK ON GATE, CATAILS KILLED OUT. PERMITTED SEWAGE SYSTEM BUT NO EVIDENCE OF INSPECTION. 5/1/00 Corrected. Cattails Sprayed. J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/2/00

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

228-21

LOGO---LLCHD

Laboratory Water Test Request

ab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

Reason: Annual Well, Loan Approval, New Well, Other:

Collected by: JERROLD HOOD Date/Time 4/7/00 / 2 :05 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 6240 WEST BENNET ROAD
MARTELL, NEBRASKA

Legal Description: T8N R5E Sec 1 1/4___ 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: # 26 1.6 mg

4-10-00

Wayne J Mellhoff

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 9139006670

Issued 01/07/91
Expires 07/07/91

ESTABLISHMENT

MIKE POE
T8N R5E SEC 1 QTR SE

FEES: Permit 013754 $150.

Total $150.

PERMITTEE

MIKE POE
7925 COOPER AV
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
1/7/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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

APR 1 1 2000

Laboratory Report Printed on: April 10, 2000

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P15228-21**
Sampled By: **JERROLD HOOD**
Location: **NG**
Sample Point:

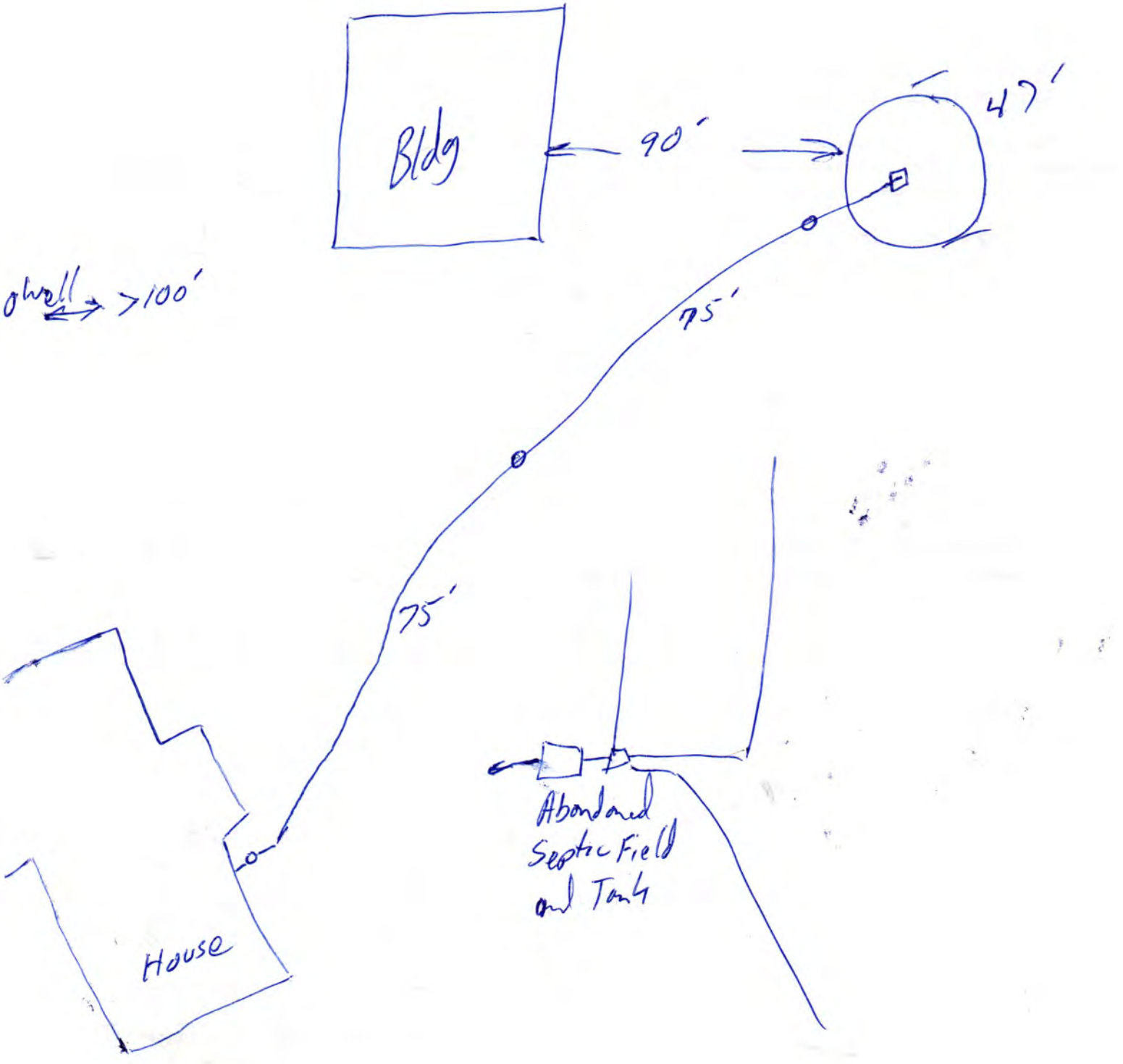
Date Collected **07-Apr-2000 02:05 PM**
Date Received: **07-Apr-2000**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	04/08/00	CC	**Total coliform absent - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	04/08/00	CC	**E. coli absent**

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

For inquiries on result interpretation call: (402) 471-2541.

N/A


Bldg
90'
47'
owell
>100'
75'
75'
House
Abandoned
Septic Field
and Tank