LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1946-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

MAY 16, 1983
THIS PERMIT EXPIRES

SINTEK SERVICE CO 6710 NO. 7 TH LINCOLN NE 68521
ISSUED TO ADDRESS

T8N; R5E; SECTION 17; BLOCK 1; LOT 1; ADDITION ELSNER LAKESIDE ESTATES
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

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

20109-0977

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2455-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 23, 1987 — THIS PERMIT EXPIRES

SINTEK SERVICE COMPANY — ISSUED TO

6710 NO. 7 STREET, RT #5 LINCOLN, NE 68521 — ADDRESS

T8N; R5E; Sec 17; Bk 1; Lot 1; Elsner Lakeside Estates
LEGAL DESCRIPTION

REMARKS: NON-TRNASFERABLE ALTER, EXTEND OR REPAIR

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
MC	2-23-87	

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

A

FILING FEE: $ 60.00

FILE NO. 1946-C

DATE: _____

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 17 ;
   Block 1 : Lot 1 : Addition Elsner Lakeside Estates
   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: 5mi ft. EXPERIMENTAL SYSTEM MOUND SYSTEM

Lagoon

Smith Inv. Co
Signature of Applicant (Owner or Lessee)

6710 No 7 Lincoln Ne 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/16/82. Date Frwd. 11/16/82. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/16/82. Date Frwd. 11/16/82. ACTION: Approved ☒ Disapproved ☐ Signature: R. Harris

3. City or County Engineer: Date Rec'd. 11/16/82. Date Frwd. 11/16/82. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/5/83 by: JMN (Need drawing)
Date: 10-31-84 by: [illegible]
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 5 ; Section & ¼ Section 17 .
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: 11-1 to 11-2-82. Weather: Precip. _____ Temp. 50° .

OWNER: Linkletter

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.)
		all holes				⅓" drop		in	1 Hr.				
		did not	pass			3 Hr.	180 min	drop					1"

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

Signature of Person Conducting Test: Linkletter Sr.

Address 6710 No 7 Zip 68521 Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
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._____

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

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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 ☐

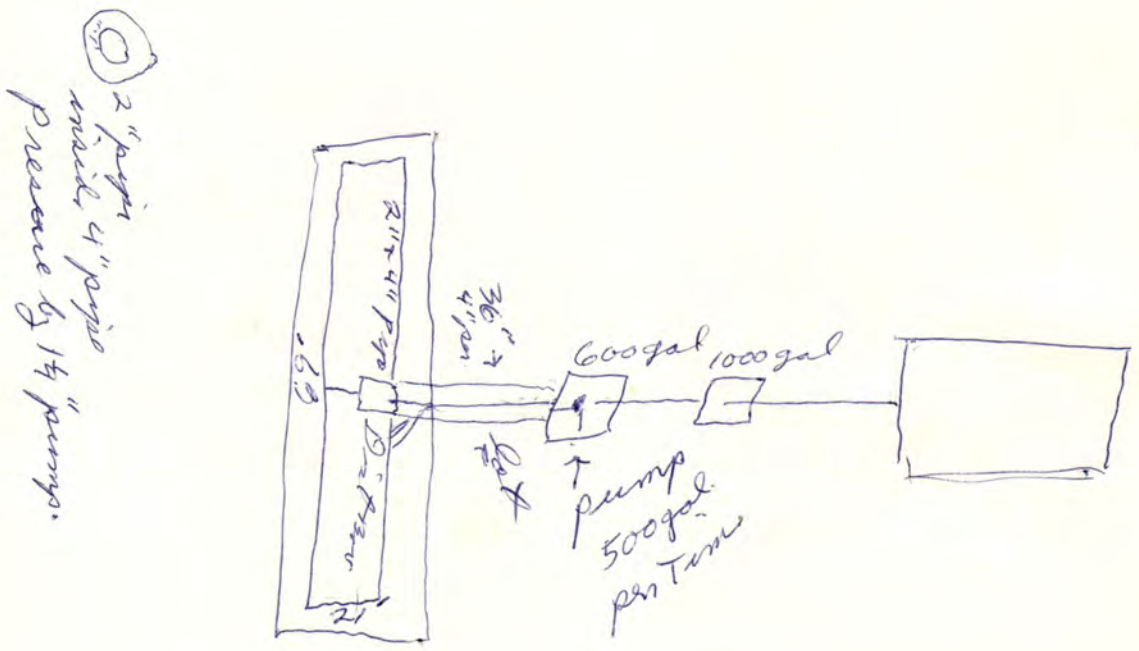
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



.15 gal per sq ft 1456 sq ft Block 1 Lot 1

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2455-C

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

DATE: 2-20-87

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 17;
Block 1; Lot 1; Addition Elsner Lakeside Estates
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Loosen Rock 3' Key trench around Loosen Clay Cracks Fill from cement up to berm

5. Work to be done by: Owner ☐; or Contractor ☒, Smith Sanitation
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 600

W. J. Smith
Signature of Applicant (owner or lessee)

6710 N 7
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 2-20-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 2-20-87 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood
PROVISIONAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 2-23-87 by: Ken Mayard

007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: Oct 24, 1991

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 17; BLOCK 1

LOT 1; ADDITION 1st; Street Address _____

Directions to Property Edgewater Lakeside Estate

1st house on left side of Road -

Location of Well West of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of House Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Pace Woods Sr	3737 So 27th	434-3500
Tenant/Buyer:	Dave Mohr	3910 No 71st	466-0867
Return to:	John Ball	3737 So 27 68502	437-6603

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant John Ball Address 3737 So 27th 68502

==========

HEALTH DEPARTMENT USE ONLY

Date Received 10-24-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-25-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-25-91 by P.D
Bacteria	☒	☐	Provisional:	☐	Date 10/30/91 by L.C.H.
Nitrate <0.1	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: Sewage line clean outs need to be repaired. Fence surrounding lagoon should be tightened up. Make sure the cattails are killed. All corrected 10/30/91 L.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.S. DATE October 30, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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. 10-25-91 11:00 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION 8N, 5E, Sec 17, Blk 1 PACE WOODS, SR. (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. 141-24916 (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 AP (76-79)

'91 IN OCT 25 P3:27

OUT '91 OCT 26 P3:16

OCT 29 '91 P5:09

REPORTED

RECEIVED

OCT 29 P2:43

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151-607

COLLECTED 10 - 25 - 91 11:00
MO. DAY YEAR HOUR

COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION PACE WOODS, SR

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QTR BLK 1 SECT 17 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:

LLCHD
2200 ST. MARY'S AVE
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 ET
FOR ACCOUNTING USE ONLY

LWN 88

'91 OCT 25 P4:36

REPORTED

'91 OCT 22 A11:54

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 155962

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 CONTAINE

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 8r

COLLECTED 10 / 22 / 91 11:07 A.M.
MO. DAY YEAR HOUR

COLLECTED BY JERRY HOOD

SAMPLE LOCATION 17701 BASSWOOD, MARTEL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR 6 SECT 30 TWNSHP 8 S RANGE 6 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

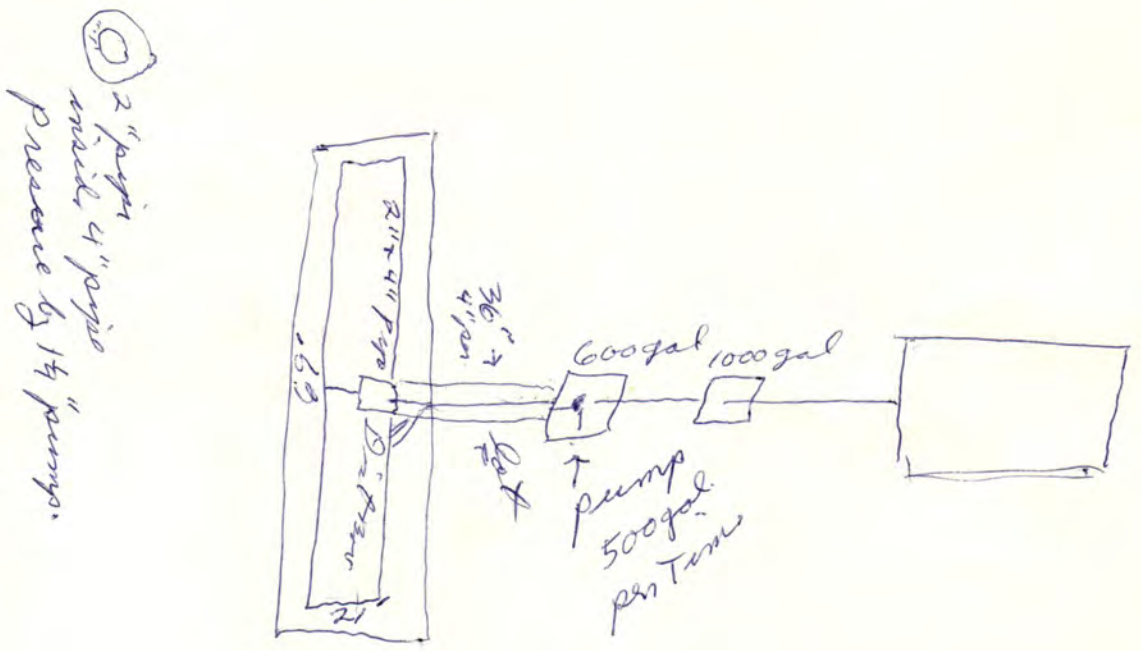
PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 ST. MARYS AVE
LINCOLN, NE 68502

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

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._____

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



.15 gal per sq ft 1456 sq ft Block 1 Lot 1

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____

Signature of Reviewing Official

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2455-C

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

DATE: 2-20-87

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1. Legal description of property: Twp. 8N ; Range 5E ; Section 17 ;
Block 1 ; Lot 1 ; Addition Elsinore Lakeside Estates
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Loosen Rock 3' Key trench around Loosen clay cover with from cement septic tanks

5. Work to be done by: Owner ☐ ; or Contractor ☒, Smith Bros Inc
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	over 400

D. J. Smith
Signature of Applicant (owner or lessee)

6710 N 7
Address

(Do not write below this line)

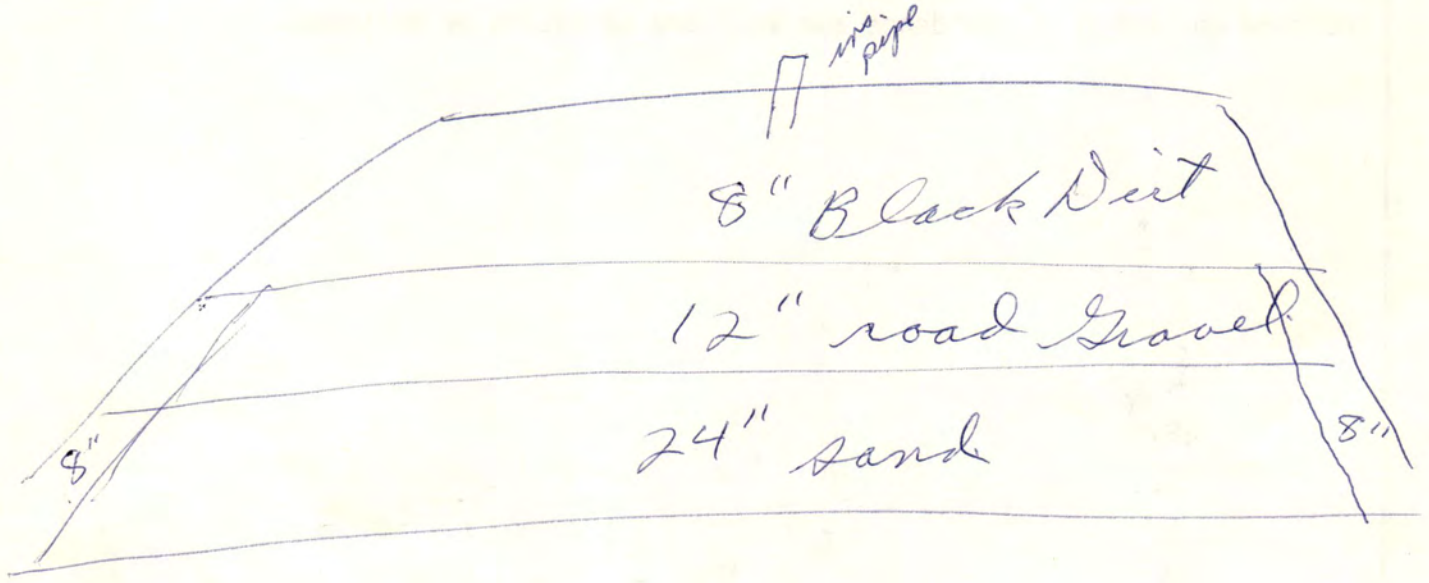
REVIEWING ACTION

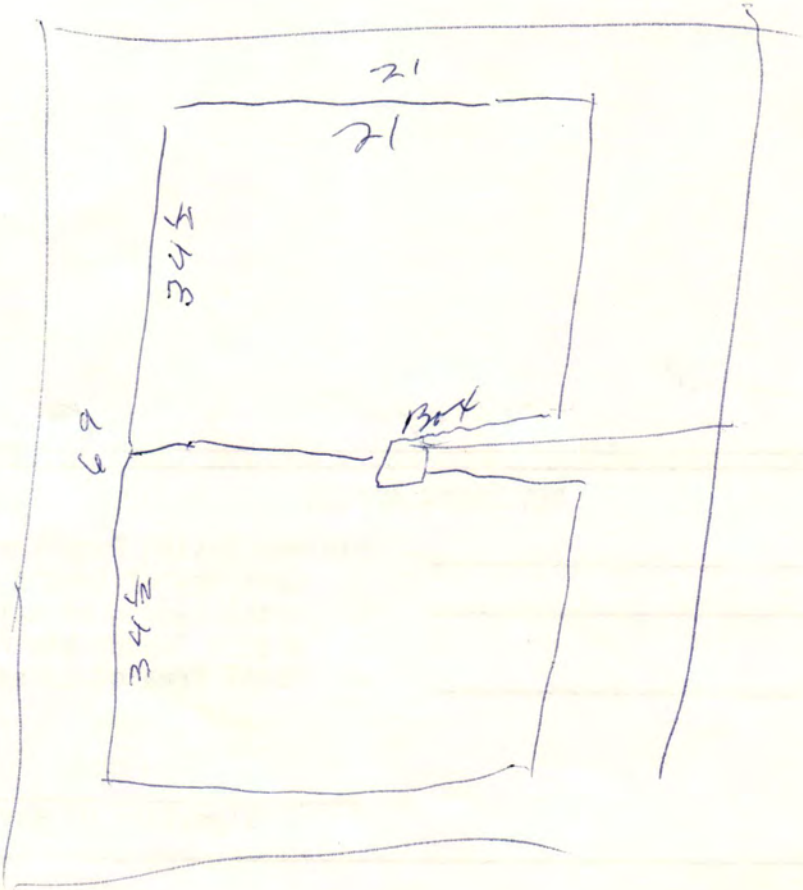
1. Date Rec'd: 2-20-87
Filing Fee: $ 30.00

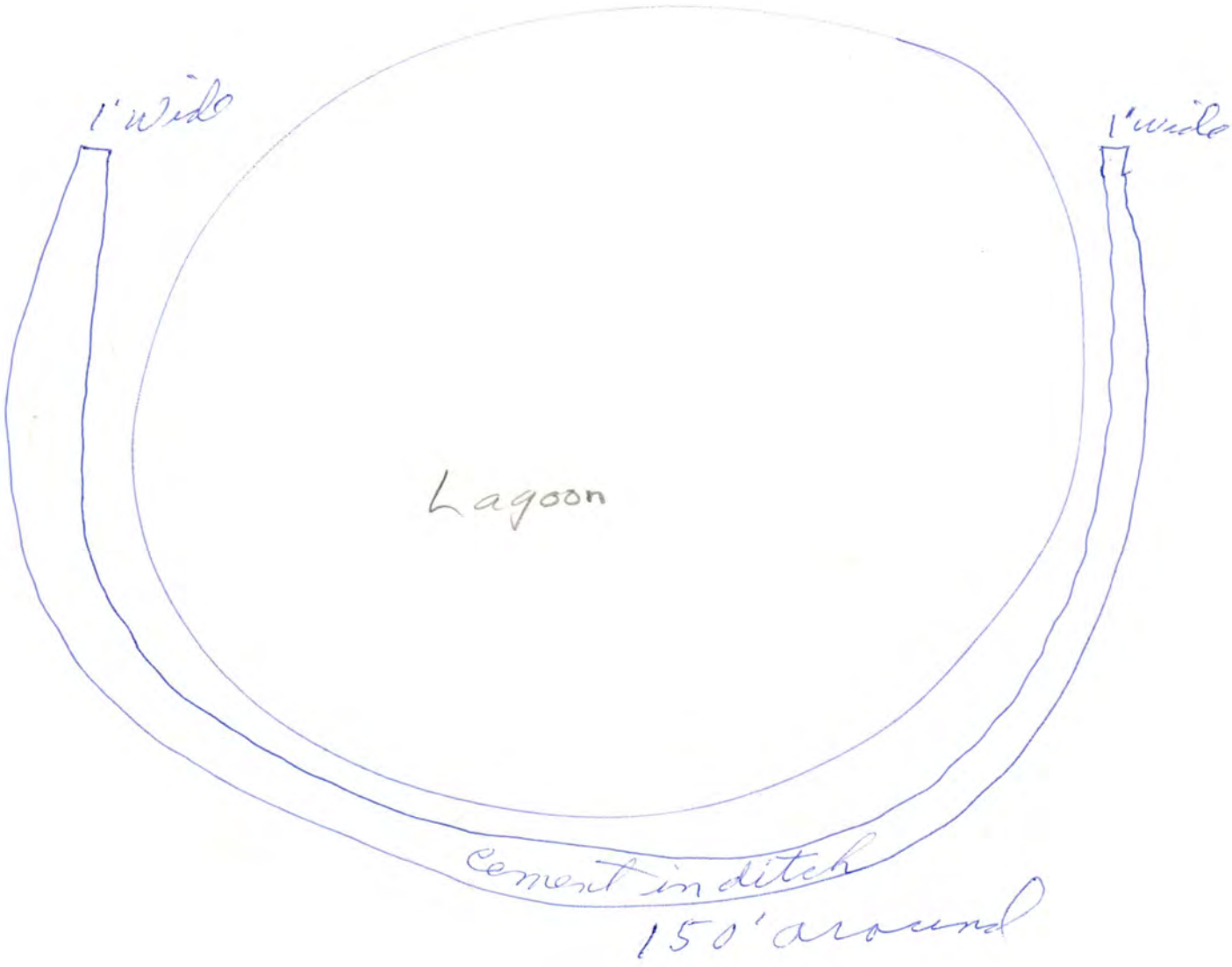
2. Site Visits:
Date: 2-20-87 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 2-23-87 by: Lon Mayard
PROVISIONAL


misc pipe
8" Black Dirt
12" road Gravel
24" sand
8"
8"


21'
21'
34'4"
34'4"
Box


1' wide
1' wide
Lagoon
cement in ditch
150' around


1' wide
3' deep
cement