LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380118101

Issued 06/22/94
Expires 12/22/94
Revenue Code 18754

Establishment
W AL UNDERWOOD
T8N R5E SEC 17
ELSNER LAKESIDE ESTA BLK 2 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
W AL UNDERWOOD
BOX 00218
SEWARD NE 68434

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: $ 150.00

FILE NO. _____

DATE: June 20 1994

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 2 : Lot 3 : Addition Elsner Lakeside Estates
   Street Address 15500 Bob White Trail

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. EXPERIMENTAL

W. A Thulenwood
Signature of Applicant (Owner or Lessee)

P.O Box 218 Seward, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/20/94. Date Frwd. 6/20/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 6-20-94. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 6/20/94. Date Frwd. 6/20/94. ACTION: Approved ☒ Disapproved ☐ Signature: Doug Cahill

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/9/94 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 9/9/94 By: Jerrold C. Wood

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL

FORM 23-43

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

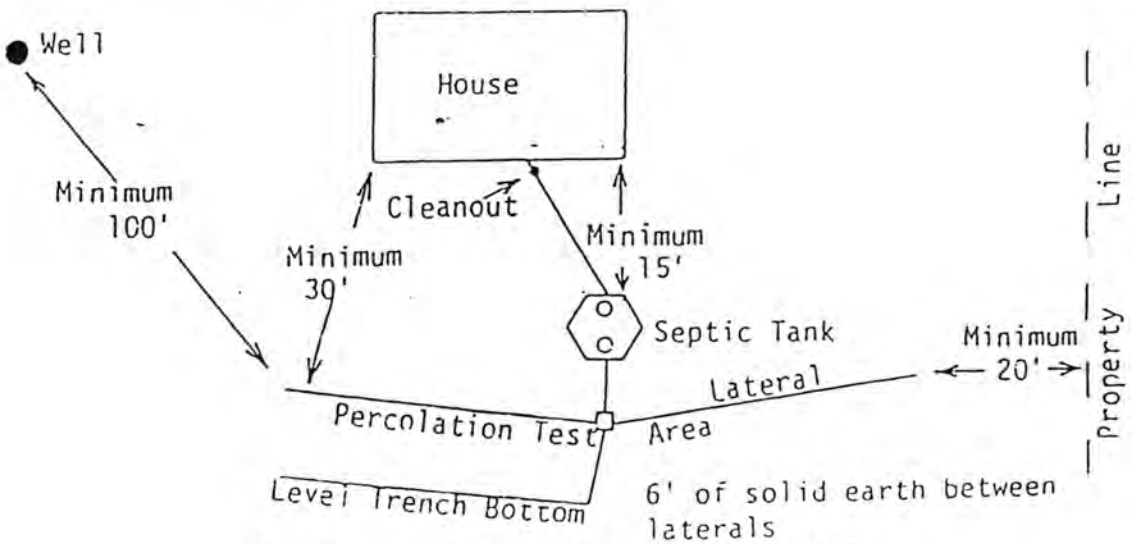
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

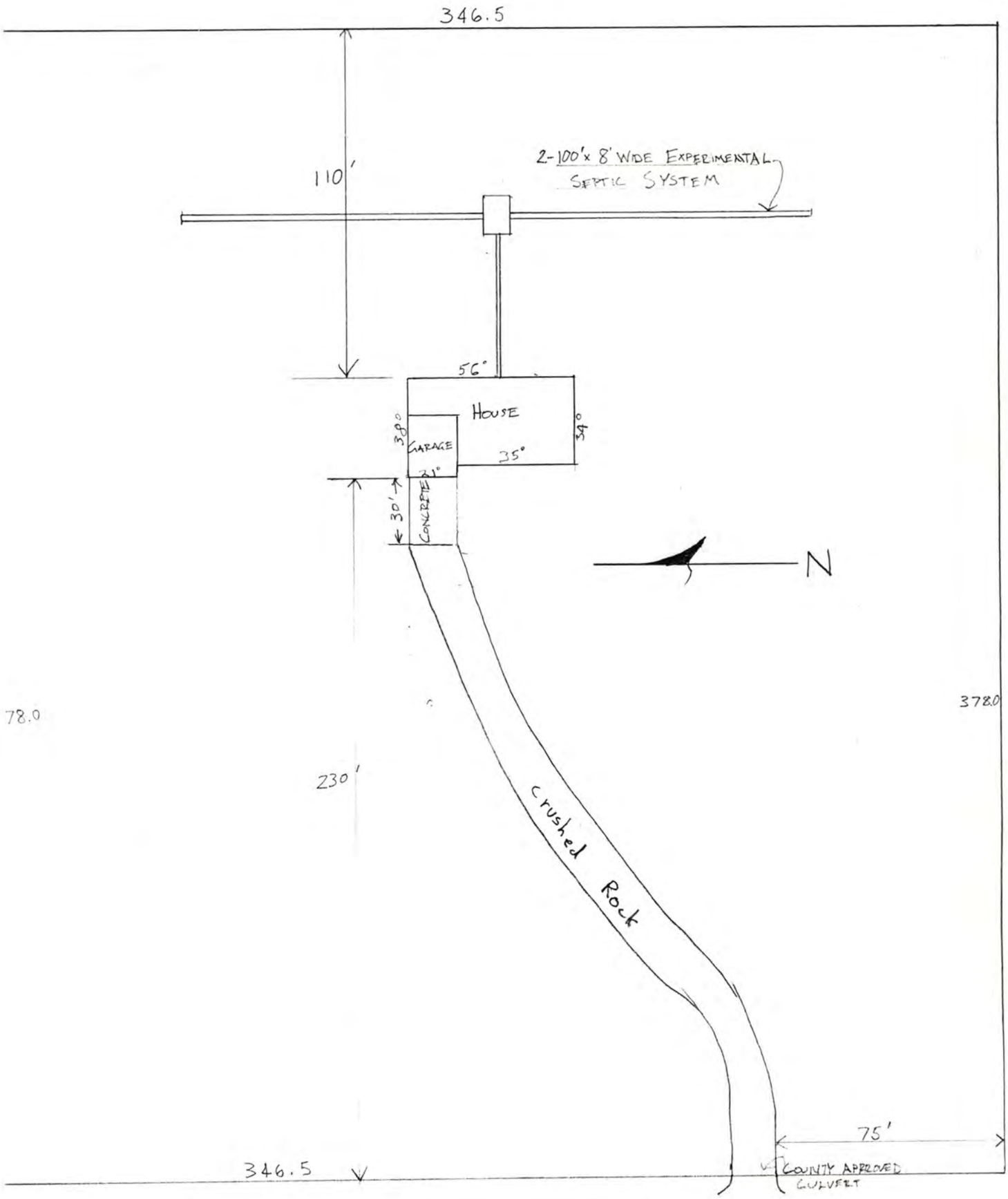
B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

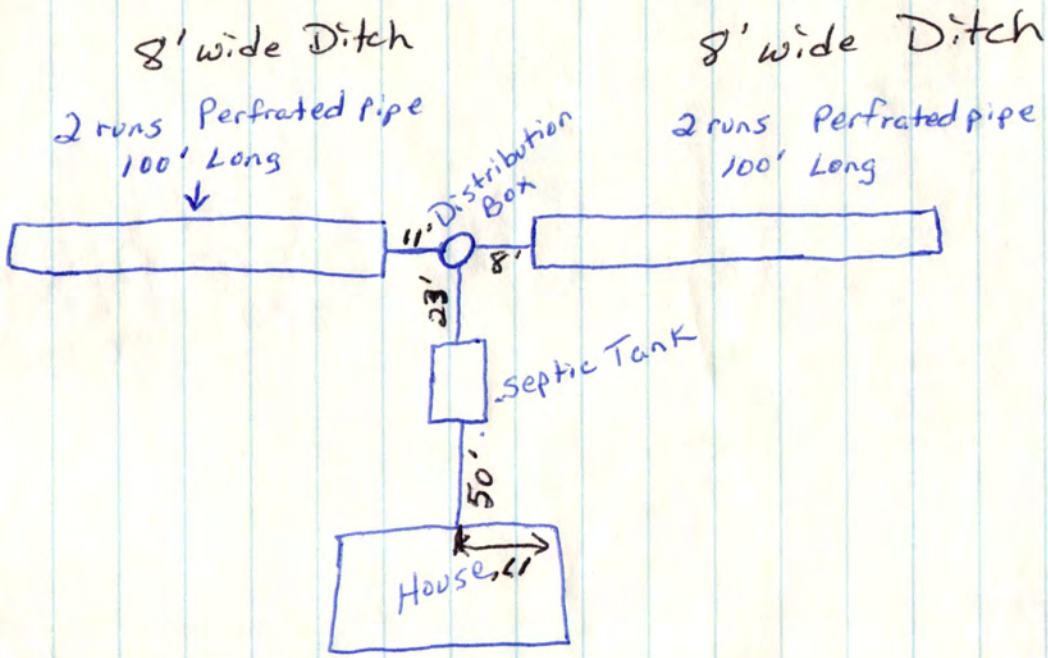


LOT 3, BLOCK 2, ELSNER LAKESIDE ESTATES, 1ST ADDITION

LINCOLN, LANCASTER COUNTY R-3 ZONING

SCALE: 1/4" = 10'-0" BILL UNDERWOOD

E


8' wide Ditch
2 runs Perfrated Pipe
100' Long
8' wide Ditch
2 runs Perfrated Pipe
100' Long
Distribution Box
11'
8'
23'
Septic Tank
50'
House, 41'

2

S

W

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 15,500 BOBWHITE TRAIL

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition ELSNER LAKESIDE EST.

Directions to Property ___

Location of Well ___ Tap Location: Inside ☒ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	LARRY BROOKS	RR1 BOX 242 A4 CRETE, NE 68333	826-4295
Tenant/Buyer:			
Return to:	LARRY BROOKS FAX TO: DEB HOLSING NORWEST BANK	RR1 BOX 242 A4 CRETE, NE 68333	

Signature of Applicant Larry W. Brooks Address RR1 Box 242A4 CRETE, NE 68333 Date 9/13/94

HEALTH DEPARTMENT USE ONLY

Date Received 9/13/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hoad **DATE:** 9/14/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐ 01	Approved ☐	Date 9/20/94 by ___
Bacteria	☐ ___/ml	☒ 3 /ml	Provisional ☒	Date 9/22/94 by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS OF EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hoad R.E.H.S. Date 9/26/94

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.

WATER MICROBIOLOGY

STATE LAB NO. 14 22529

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 14 (DAY) 94 (YEAR) 11:04 AM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LARRY BROOKS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

REPORTED

RECEIVED

SEP 14 94

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
3140 "N" STREET
LINCOLN, NERASKA 68510

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

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 3 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 15/6455

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 14 (DAY) 94 (YEAR) 11:04 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LARRY BROOKS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

REPORTED '94 SEP 16 A9:35

RECEIVED '94 SEP 14 A11:39

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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 DWF

FOR ACCOUNTING USE ONLY

LWN 88

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.

Legal Description of Property: , Street Address 15500 Bobwhite Trail, Crete, NE

Twp 8 Range 5 Section 17 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Elsner Lake Estates

Directions to Property Hiway 33 to Crete, Approx. 2-3 miles East of Crete.

Location of Well South Side of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Rear of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Larry + Kate Brooks	15500 Bobwhite Tr.	402-826-4295
Tenant/Buyer:	R. Jason & Kari L. Maly	↓	↓
Return to:	R. Jason & Kari L. Maly	1504 Meadow Lane York, Ne. 68467	402-362-1656

Signature of Applicant R Jason Maly Address 1504 Meadow Lane York, Ne. 68467 Date 8/16/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 08/19/99
Initials ___
Amount 150.00
Check No. 1381

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

...or disapproval is based on State and local standards for construction, location and water quality. Inspection is ...ible construction and operation at the time of inspection. Approval or provisional approval does not imply or ...rantee of system operations.

... Applicant after approval Yellow - Environmental Health Pink - Business Office