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. 91380074701

Issued 08/23/91
Expires 02/23/92

ESTABLISHMENT

ROBERT SIEDHOFF
T8N R5E SEC 17
ELSNER LAKESIDE BLK 1 LOT 3
BOBWHITE TRAIL RR#1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ROBERT SIEDHOFF
1940 FOREST ST
CRETE NE 68333

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/28/91	PAID

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

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._____

DATE: 8-19-91

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 17 ;
Block 1 : Lot 3 : Addition Elsner Lakeside Estates #1
Street Address Bobwhite Trail RR#1 Crete, NE 68333

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 2 . Describe_____

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

4. Distance to public sewer: no Sewer ft. Experimental SYSTEM

Robert Siedhoff
Signature of Applicant (Owner or Lessee)

1940 Forest
Crete, NE 68333 826-4141 eve
Address day 826-2525

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/21/91. Date Frwd. 8/21/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-21-91. Date Frwd. 8-21-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumo

3. City or County Engineer : Date Rec'd. 08/21/91. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd D. Wagenhoff

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/26/91 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/29/92 By: Jerrold C. Hood *

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

* PROVISIONAL APPROVAL EXPERIMENTAL SYSTEM

FORM 23-43

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:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 410' ft. x 318.75 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 8-8-91 to 8-9-91. Weather: Precip. .10 Temp. 75

OWNER: Robert Siedhoff
Address: 1940 Forest Crete, NE 68333

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	36"	8-8	08:00 Am	8-9	8:30 Am	8-9	8:30	2"	1:30 Pm	32	300	30"	10
2	36"	"	"	"	"	"	"	2"	"	26	"	24"	12.5
3	36"	"	"	"	"	"	"	2"	"	28 5/8	"	26 5/8	11.27
4	36"	"	"	"	"	"	"	2"	"	35 1/2	"	33 1/2	8.95
5	36"	"	"	"	"	"	"	2"	"	32 1/8	"	30 1/8	9.96
6	36"	"	"	"	"	"	"	2"	"	31 7/8	"	29 7/8	10.04

Sum of Percolation Rates: 62.72
Average of Rates: 10.45
Mean of Rates: _____

Judith R Siedhoff
Signature of Person Conducting Test

Address 1940 Forest, Crete, NE Phone 826-4141

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: See attached revision to 30 min.
Soil Type (SCS): Wymore Silty Clay Loam
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 ☒

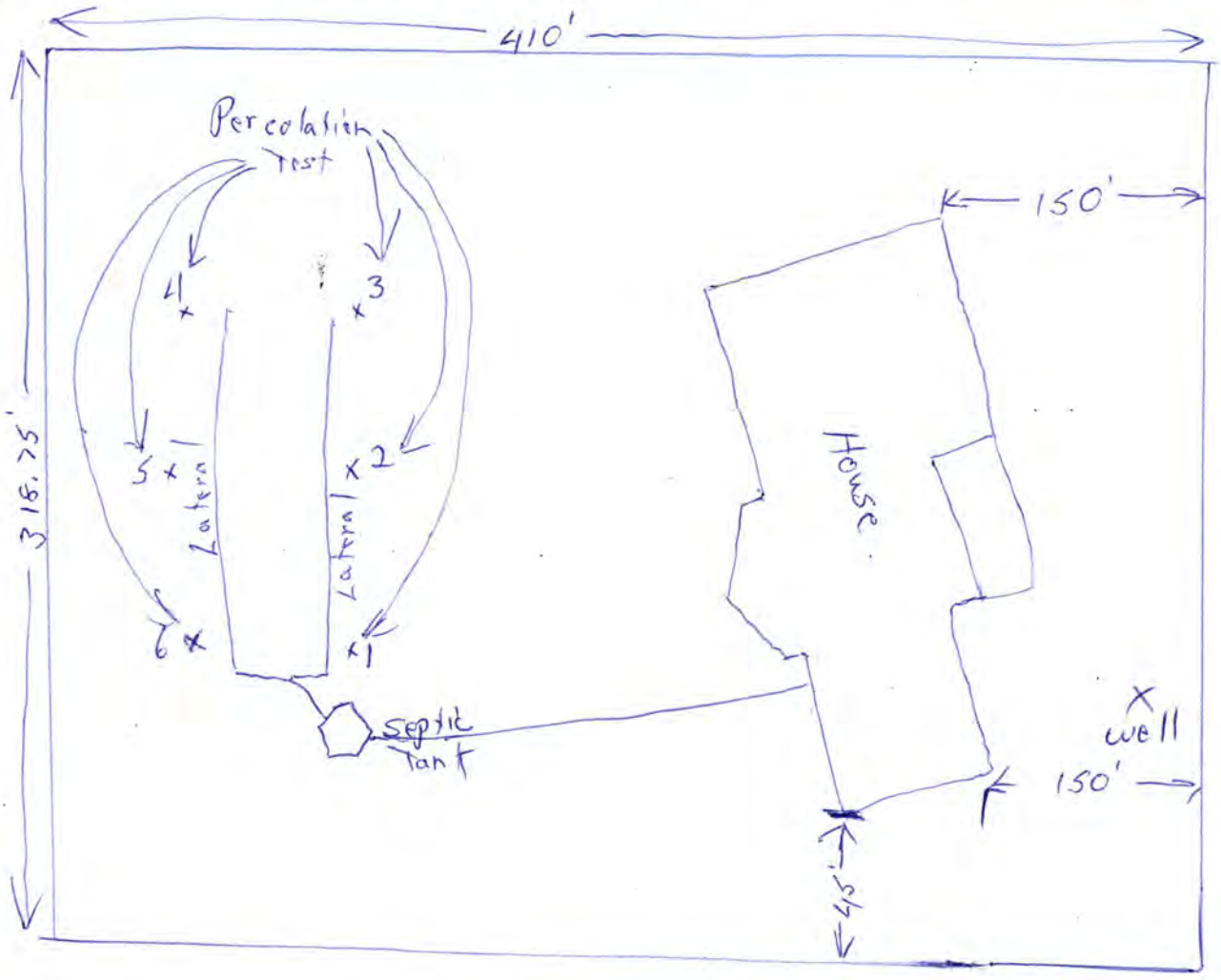
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: August 21, 1991

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 _____ sq.ft.

Jerrold C. Hoo
Signature of Reviewing Official

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: _____

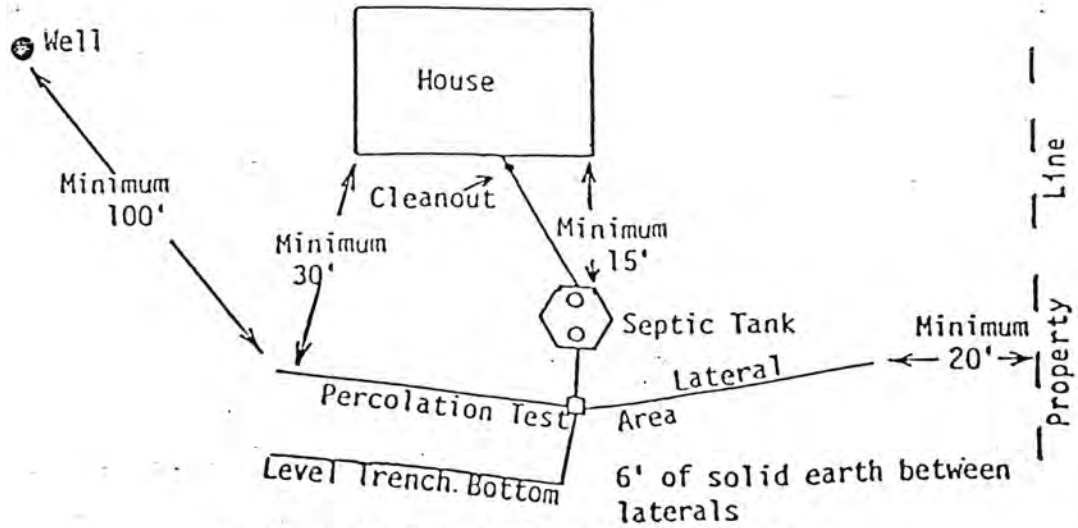
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4/ in.
2. Distance above basement floor _____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 157 ft.; Stream — ft.; Pressure Line 108 ft.; Property Line 22 ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company _____)
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 157' ft.; Stream — ft.; Pressure Line 108 ft.; Property Line 22 ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets 6 .
2. Factory Built: Yes ☒ No ☐ (Company _____)
3. Distance from Septic Tank 25'6" 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 4" . Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 100 , 100 , _____, _____, _____ ft.; Total length of laterals 200 ft.; Distance between lateral lines 20 ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel , Depth of Material _____ in.
5. Distances to: Well or Suction Line 160 ft.; Stream — ft.; Pressure Line 111 ft.; Property Line 30 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

015

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 _____

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Elmwood Estates 1st Add

Directions to Property Call Bob Sudhoff at work 826-2525

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Robert Sudhoff	RR1 Box 242	826-4144-home
Tenant/Buyer:	Same		
Return to:	Cornhusker Bank	5555 South St Lincoln Ne 68506	434-2223

Signature of Applicant Wayne McCoy Address Cornhusker Bank Date 9/16/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/16/93 Received $150.00 Check ☒ #5754 Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 9/17/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: SEWAGE SYSTEM IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION,

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 9/22/93

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.

023

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO [redacted]CTED AND MAILED ON:

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

ACCOU[redacted] ____ (16-22) ADD. TESTS 3 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 9/17/93 10:34AM (9-16) MO/DAY/YR./HOUR BY J. C. Nood (17-28)

ADDRESS OR LOCATION LOT 3, BLK 1, ELNERS LAKESIDE ESTATES, SEC. 17, T8N, R5E (29-41)

NAME AND ADDRESS OF OWNER ROBERT SIEDHOFF

LINCOLN-LANCASTER COUNTY ENVIRONMENTAL HEALTH

2200 ST. MARY'S AVENUE

LINCOLN, NEBRASKA 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. 23099 (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 CC (76-79)

IN

SEP 17 P 4:28

OUT

SEP 18 P 9:28

'93 SEP 17 P3:41 RECEIVED

'93 SEP 21 P4:37 REPORTED

WATER CHEMISTRY

STATE LAB NO. 15 10071

C[illegible]NFORMATION BELOW

FOR LABORATORY USE ONLY

[illegible]TED 9 (MO.) 17 (DAY) 93 (YEAR) 10:34 A.M. (HOUR)

SA[illegible]LLECTED BY JERROLD HOOD

SAMPLE LOCATION ROBERT SIEDHOFF

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 TWNSHP 8 N RANGE 5 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

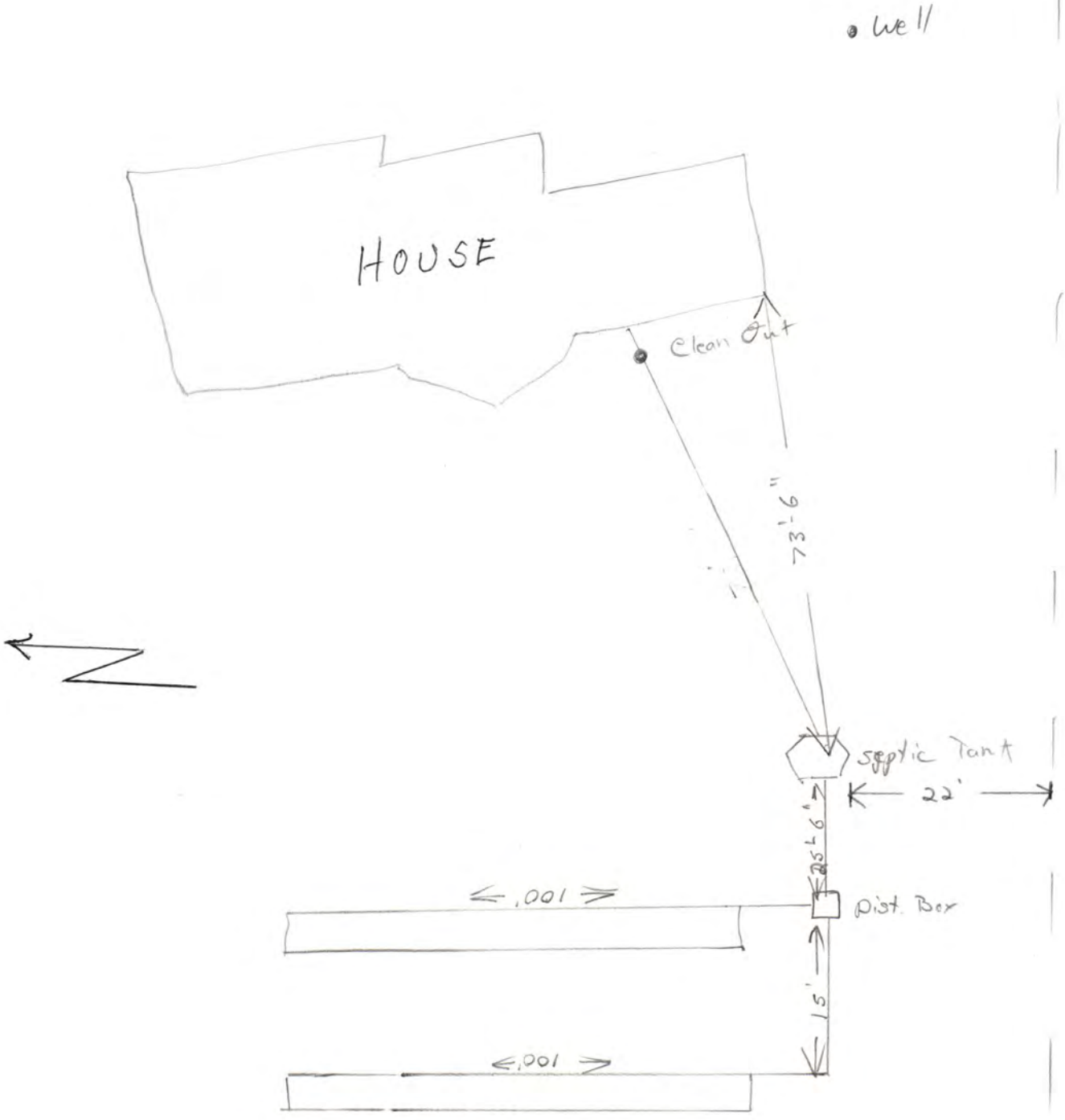
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWN 88


well
HOUSE
Clean Out
73'-6"
septic Tank
22'
25'-6"
Dist. Box
≤.001≥
15'
≤.001≥