LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1374-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 25, 1979 — THIS PERMIT EXPIRES

James Murray — ISSUED TO

RFD 1, Crete, NE 68333 — ADDRESS

T6N, R6E, Section 17 NE¼ of NE¼ — 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 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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1374-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. 8 N ; Range 5 E ; Section Sec. 17 NE¼ NE¼
   Block _____ : Lot _____ : 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.

James L. Murray
Signature of Applicant (Owner or Lessee)

RFD 1 CRETE NEBR 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/25/78. Date Frwd. 7/25/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nooe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-25-78. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Tom Rasch

3. City or County Engineer: Date Rec'd. 7-25-78. Date Frwd. 7-25-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/25/79 by: L. C. H.
Date: 8/10/81 by: D.S
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/10/81 By: D.S

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. 1374-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 5E ; Section & ¼ Section NE¼ of the NE¼ Sec. 17.
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 7-20-78 to 7-21-78. Weather: Precip. .20" Temp. 90's.

OWNER: JAMES G. MURRAY

Address: RFD 1 CRETE, NEBR. 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	7/20	8:45	7/21	11:30	7/21	11:30	6½"	12/7/21	6"	30 MIN	½"	
2	37	"	"	"	"	"	11:34	6¼"	"	5⅝"	34 "	⅝"	
3	36	"	"	"	"	"	11:37	6"	"	5⅝"	35 "	⅜"	
4	36	"	"	"	"	"	11:40	6⅜"	"	5¾"	34 "	⅝"	
5	35	"	"	"	"	"	11:45	6¼"	"	5½"	32 "	¾"	
6	36	"	"	"	"	"	11:47	6⅛"	"	5⅝"	35 "	½"	

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

Norman G. Murray
Signature of Person Conducting Test

Address RFD 1 Crete Nebr. 68333 Phone 826-3840

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): Shelby Clay Loam or Steinauer Clay Loam

Date: July 25, 1978

Jerrold C. Hood
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 ☐

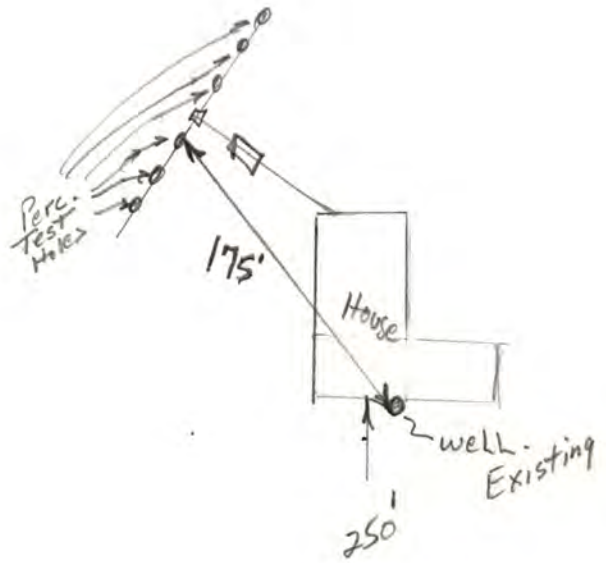
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 234 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
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: 474-1541

D

DATE: _____

FILE NO. 1374-C

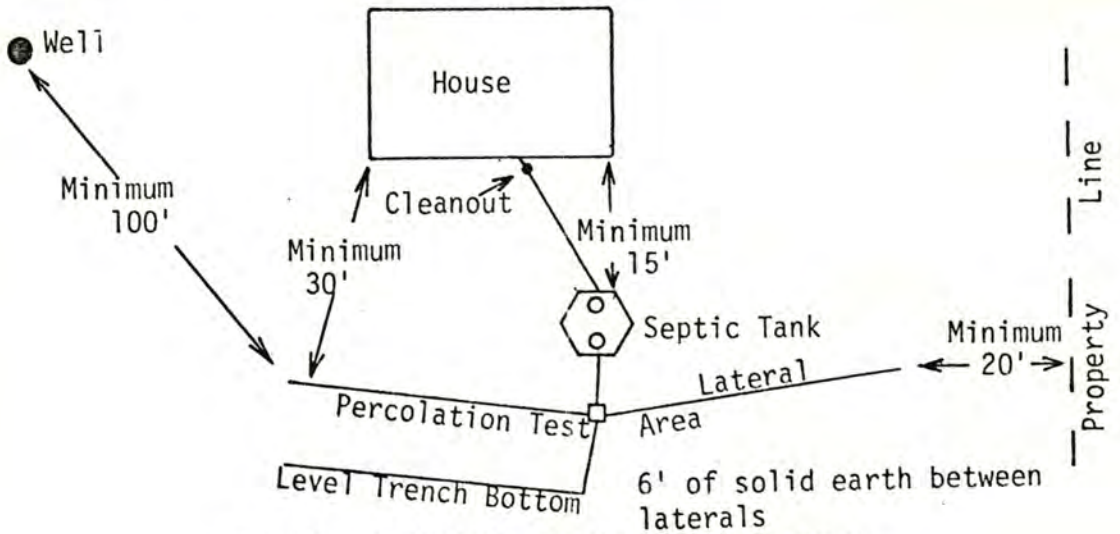
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Concrete ; Diameter 24 in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 175 ft.; Stream 250 ft.; Pressure Line _____ ft.; Property Line 400 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 150 ft.; Stream 275 ft.; Pressure Line _____ ft.; Property Line 375 ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 25 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 50 , 50 , _____ , _____ , _____ ft.;
Total length of laterals 234 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

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: 5-2-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 ~~$150.00~~

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

LOT ____; ADDITION _____; Street Address 14301 S.W. 114th

Directions to Property 3/4 Mile NORTH OF HWY 33 + ON SW 114th

5½ NE ¼ NE ¼ 17-8-5 Lincoln, Nebr. Lancaster County

Location of Well in lower level of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW OF HOME Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Eugene Stich	14301 SW 114th	797-7745
Tenant/Buyer:			
Return to:			

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received _____ Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 5/8/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 5/8/90 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 5/14/90 by J.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: LITTLE SEEDLINGS IN LAGOON. UNCAPPED OPENING IN SANITARY SEAL. 5/14/90 all corrected. J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Nash R.S. DATE MAY 14, 1990

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

.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

MAY -9 P4:12

'90

MAY -8 P3:34

REC.

REP.

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 150 - 3307

DATE COLLECTED 5 (Mo.) 8 (Day) 90 (Yr) 2:35 PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EUGENE STICH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NE SECTION 17 TOWNSHIP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
TH, LINCOLN, NE 68502

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 0.1 mg/l (less than)
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY:

FOR ACCOUNTING USE ONLY

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 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 5/8/90 2:35pm (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 17, T8N, R5E (29-41)

NAME AND ADDRESS OF OWNER
EUGENE STICH
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. 140-8707 (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 90 MAY -8 P3:34

OUT 90 MAY -9 P1:22

Lincoln-Lancaster County Health Department

012

3140 "N" Street, Lincoln, Nebraska 68510 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 14301 SW 114TH St Crete Ne 68333

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

Directions to Property S 1/2 OF NE 1/4 - NE 1/4 HWY 77 to HWY 33 WEST TO 114TH ST NORTH 3/4 MILE ON WEST SIDE ROAD

Location of Well NORTH OF HOUS, Tap Location: Inside ☒ Outside ☒

Location of Sewage System NW OF HOUSE - NORTH OF METAL BUILDING Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	ROGER CERVENY	14301 SW 114TH	797-7599
Tenant/Buyer:	DARWIN L BLUE	12817 WARIZONA PL LAKEWOOD CO 80228	(303) 986-5936
Return to:	GAYLORD BECKER	WOODS BROS REALTY 3201 PIONEER BLVD 68502	434-3600

Signature of Applicant Gaylord J Becker Address 3201 Pioneer Blvd Date 6/26/96

HEALTH DEPARTMENT USE ONLY

Date Received 6/26/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By John Chess **DATE:** 7/2/96 6-27-96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒ 7-8-96 Uninspected	☐	Approved ☒ 7-7-96	Date 6/28/96 by JC
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 7/2/96 by JC
Nitrate	☒ <.1 ppm	☐ ___ ppm	Disapproved ☒ 6-27-96	Date ___/___/___ by ___

Comments: 6/28/96 - meet with owner, Agreed to remove trees, Reachar fence, Re inspect One week from Monday 7/7/96 - MOST OF THE TREES HAVE ALREADY BEEN REMOVED, NEW POSTS INSTALLED TO HELP REACHAR FENCE HAVE NEW OWNER CONTACT TU Dept. For PUBLICATION ON THE LIST TO KEEP A CHECK ON SYSTEM See Attached Letter ☒

FINAL STATUS

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

Approved by John J Chess Date 07/08/96

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 CHEMISTRY

STATE LAB NO. 15 4568

COMPLETE INFORMATION BELOW:

DATE COLLECTED 6 (Mo.) 27 (Day) 96 (Yr) (Hour)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Roger Cerveny

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER ____ SECTION 17 TOWNSHIP 8 (N) (S) RANGE 5 (E) (W)

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REP. REC. REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess
3140 N
Lincoln Ne
68510

JUL 2 96 PM 3 46

JUN 27 96 P3:32

'96

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE less than 2.1 mg/l
- ☒ NITRATE-N less than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET GB

FOR ACCOUNTING USE ONLY

LRWC 85

Collected from Roger Cerveny's well 7/25/96

WATER MICROBIOLOGY

STATE LAB NO 14126666

COMPLETE INFORMATION BELOW

DATE COLLECTED 05 (MO.) 30 (DAY) 96 (YEAR) ____ (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION CERVENY

PROPERTY LEGAL DESCRIPTION: COUNTY CANCASTER

QRTR ____ 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:
John Chess
ENVIRONMENTAL Health
3/4ON

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

REPORTED '96 JUN 29 PM 5 15

RECEIVED '96 JUN 28 PM 12:1[illegible]

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 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

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER J&L Beeman

