LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2277-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — May 14, 1986
TYPE OF PERMIT — THIS PERMIT EXPIRES

ROBERT K. PETERSON — ROUTE #1 — CRETE, NE 68333
ISSUED TO — ADDRESS

T8N; R5E;of 6th PM; Part of SE¼ SE¼ Sec 30
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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

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: 471-7800

A

FILING FEE: $_____

FILE NO. 2277-C

DATE: 11-7-85

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 North; Range 5 E. of 6th P.M.; Section 30 (Part of SE¼ SE¼);
   Block _____: Lot _____: Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____

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

4. Distance to public sewer: several miles ft.

Robert K Petersen
Signature of Applicant (Owner or Lessee)

Rt. 1, Crete, Nebr. 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/13/85. Date Frwd. 11/14/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/14/85. Date Frwd. 11/14/85. ACTION: Approved ☒ (see note) Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 11/14/85. Date Frwd. 11/14/85. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL pending approval of Subdivision

Site Visits:
Date: _____ by: _____
Date: 11/13/85 by: J.C.H.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

* CW/OI

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. 2277-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N. ; Range 5 E. of 6th P.M ; Section & ¼ Section 30 Part of SE¼ of SE¼
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property). Copy of survey attached.
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Robert Peterson

Address: Rt. 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.)

Robert G Peterson
Signature of Person Conducting Test

Address Omaha, Neb Phone 402-334-7290

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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.

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

Copy of survey attached.

Residence, well and sewage lagoon are existing.

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

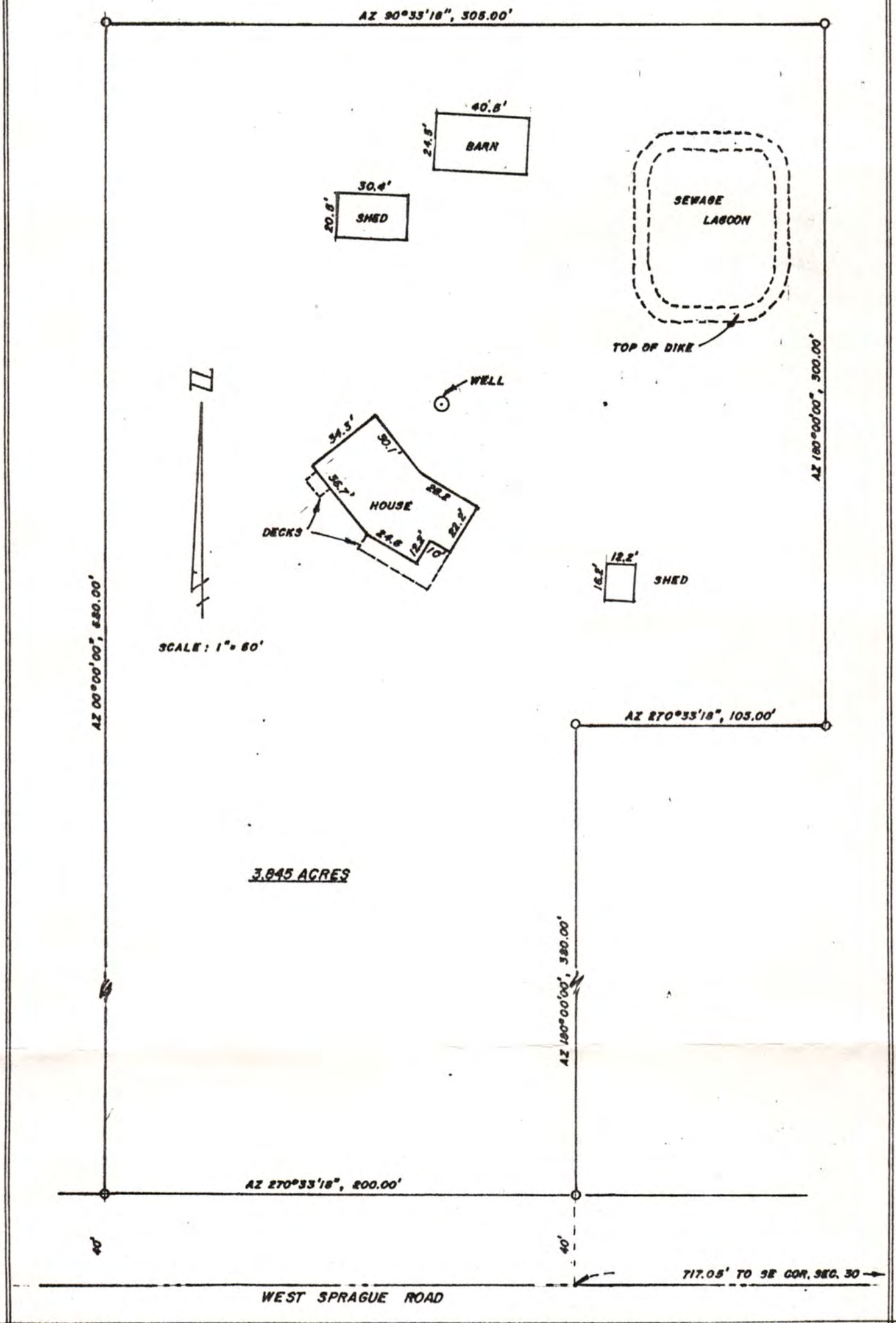
Survey Record

LANCASTER COUNTY, NEBRASKA

October 22, 1985
Part SE¼SE¼ Sec. 30-8-5
Sheet 3 of 3

2277-C

BUILDING SITE PLAN
PART SE¼SE¼ Sec. 30, T8N, R5E, LANCASTER CO.



003

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

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: 4-3-92

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

Legal Description of Property: TWP. 8 North; RANGE 5 E of 6th P.M.; SECTION 30 Part of SE¼ SE¼; BLOCK ____

LOT ____; ADDITION _____; Street Address West Sprague Rd + SW 128th

Directions to Property It is the first house west of the intersection of West Sprague Road + SW 128th on the north side of West Sprague Road.

Location of Well 50 feet east of the house Tap Location: Inside ☑ Outside ☐

Location of Sewage System 125 feet east of the house Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Leonard + Barbara Kaslon	RR1 Box 116B Crete, Ne. 68333	826-5295
Tenant/Buyer:			
Return to:	Leonard Kaslon	RR1 Box 116B Crete, Ne 68333	826-5295

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

Signature of Applicant Leonard Kaslon Address RR1 Box 116B Crete, Ne 68333

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 6, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE APRIL 9, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 4/7/92	by L.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____	by ____
Nitrate <0.1PPM	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: ORIGINAL SEWAGE LAGOON WAS INSTALLED WITHOUT INSPECTION HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.E.H.S. DATE APRIL 10, 1992

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

BIOLO[illegible]AL 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 4/7/92 2:55PM. (MO./DAY/YR./HOUR (9-16)) BY L. C. Hood (17-28)

ADDRESS OR LOCATION SE¼ OF SE¼ SEC. 30, T8N, R5E (29-41)

LEONARD KASLOW

NAME AND ADDRESS OF OWNER

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. 7334 (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 ET (76-79)

IN '92 APR -7 P2:47

OUT '92 APR -8 P2:15

'92 APR -7 P3:47

RECEIVED '92 APR -8 P5:09

REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151809

DATE COLLECTED 4 (MO) 7 (DAY) 92 (YEAR) 2:55 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LEONARD KASLOW

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE1/4 SECT 30 TWNSHP 8 N RANGE 5 E

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 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 RHS

FOR ACCOUNTING USE ONLY

LWN 88