LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1584-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 20, 1980 — THIS PERMIT EXPIRES

Tauno E. Ahola — ISSUED TO

Route 1, Crete, NE 68333 — ADDRESS

T8N, R5E, Section 32 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1584-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. SEE ATTACHED 8N ; Range 5 E ; Section 32 ;
   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.

Jan P Ellingson
Signature of Applicant (Owner or Lessee)

Rt 1 Crete NEBR
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/17/79. Date Frwd. 8/20/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Dale S. Kaese

3. City or County Engineer: Date Rec'd. 8-20-79. Date Frwd. 8-20-79. ACTION: ~~Approved~~ ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-27-79 by: MW part of sewer line from house
Date: 10-18-79 by: MW
Date: 1/28/82 by: L.C.H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: ~~10~~ 6/18/93 By: L. C. Wood

Fenced but no man gate. willows and smartweed. 1/29/82

5:00 9:00

1 2 Sunday 8/12/19

presoak 4hrs.

Monday after work readings

22	21¼	16½
22½	19	14½
24	20¾	16½
24	19½	19½
21¼	20¾	16½
24½	22¾	20½

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. 1584-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 5 E ; Section & ¼ Section 32.
Property Dimensions: 450 ft. x 485 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Aug 12-79 to AUG 13 79. Weather: Precip. DRY Temp. 70.

OWNER: JAMES ELLINGSON

Address: RT 1 CRETE

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	7-12	NOON	7-13	8 PM								
2	36												
3	36												
4	36												
5	36												
6	36												

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

James P Ellingson
Signature of Person Conducting Test

Address RT 1 CRETE 68333 Phone 826-5285

(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 ☐

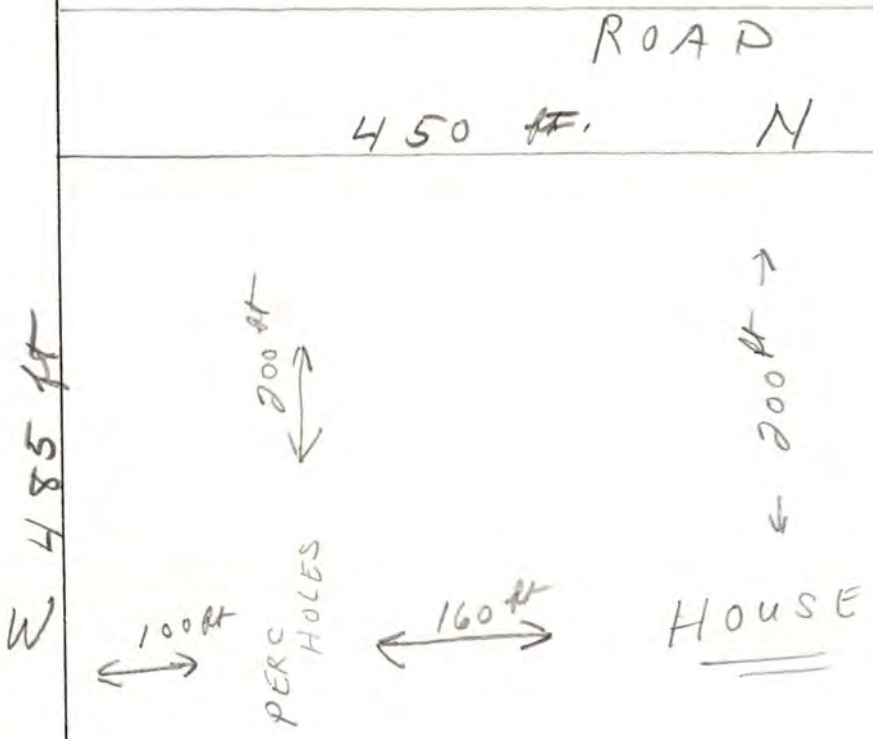
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1584-C

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

SURVEY RECORD

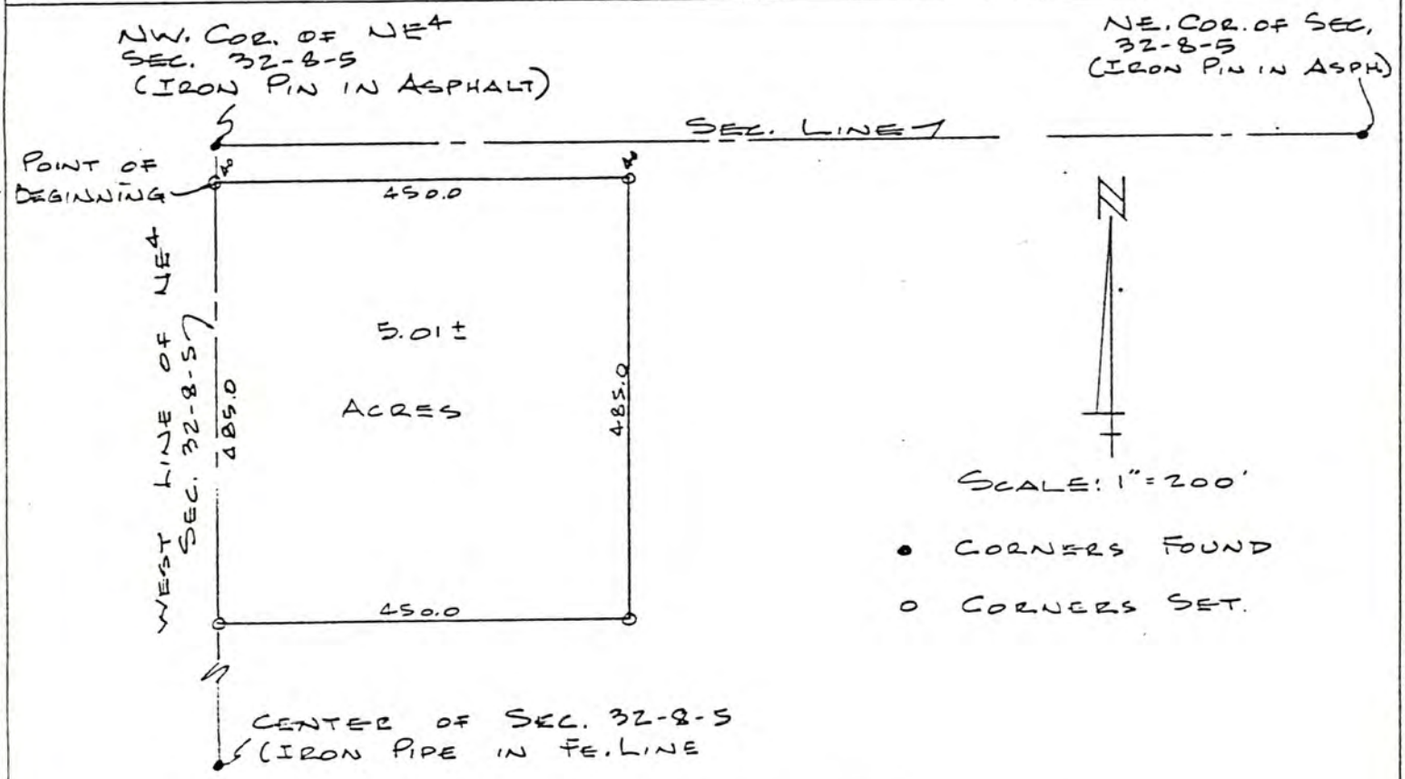
LANCASTER COUNTY, NEBRASKA

Survey of

PART OF NE¼ Section 32 T. 8 N., R. 5 E of 6th P.M.

County Survey No.

Date JULY 14 19 79 Weather FAIR, WARM



LEGAL DESCRIPTION

A tract of land in the Northeast Quarter of Section 32, Township 8 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska, more particularly described as follows: Commencing at the Northwest corner of said Northeast Quarter; thence Southerly along the West line of said Northeast Quarter, a distance of 40.0 feet to the Point of Beginning; thence Easterly and parallel to the North line of said Northeast Quarter, a distance of 450.0 feet; thence Southerly and parallel to the West line of said Northeast Quarter, a distance of 485.0 feet; thence Westerly and parallel to said North line, a distance of 450.0 feet to the West line of said Northeast Quarter; thence Northerly along said West line, a distance of 485.0 feet to the Point of Beginning, said tract containing 5.01 acres, more or less.

NEBRASKA REGISTERED LS-246 LAND SURVEYOR PAUL E. KASL

LAND SURVEYOR'S SEAL

PAUL E. KASL
SURVEYOR L.S.–246
3101 LOVELAND DRIVE
LINCOLN, NEBRASKA 68502

Signed this 18th day of JULY 1979

Name Paul E. Kasl

RECEIVED JUN 14 1993

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

013

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:			
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 06/14/93 Received $75.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE JUNE 16, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 6/16/93 by CH
Bacteria	☒	☐	Provisional:	☐	Date 6/17/93 by CH
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: NEED WARNING SIGNS ON LAGOON FENCE. NEED VEGETATION CUT INSIDE FENCE AND WILLOWS KILLED OUT NEED LITTLE TREES REMOVED FENCE LINE. ok corrected 6/17/93 CH

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE _____

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

025

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. [redacted] K. ____ (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. 6/16/93 11:01 A.M. (9-16) BY J. C. Hood (17-28)
MO./DAY/YR./HOUR

ADDRESS OR LOCATION NW¼ SEC. 32, T8N, R5E (29-41)
JAMES P. ELLINGSON

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. 143-12258 (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 [signature] (76-79)

IN JUN 16 AM 11:50 '93

OUT JUN 17 P2:10

WATER CHEMISTRY

STATE LAB NO. 15 5277

COMPLETE INFORMATION BELOW

E COLLECTED 6 (MO) 16 (DAY) 93 (YEAR) 11:01A.M. (HOUR)

MPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JAMES ELLINGSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 32 TWNSHP 8 N RANGE 5 E

REPORTED '93 JUN 17 P4:46

RECEIVED '93 JUN 16 A11:49

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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET
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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12011 W Sprague Rd

Parcel ID 02-32-200-004-000 (i.e. 99-99-999-999-999)

Twp 8N Range 5E Section 32 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

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

Location of Sewage System lagoon S of House Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Julie Atkinson ~~William Atkinson~~		
Tenant/Buyer:	Daniel Leuty		
Return to:	Sharlene Stoetzel	7141 'A' Street Lincoln NE 68510	486-4891 486-4838 (Fax)

Signature of Applicant Daniel Leuty Address 8235 West O St Lincoln NE 68528 Date 7/29/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/29/02 Amount $200.00 Check No. 8795 Initials LO

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

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 7/30/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒ Approved 8/8 D.F
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/19/02 by J.C.H.

Date 8/21/02 by J.C.H.

Date ___/___/___ by ___

Comments: DEPRESSIONS AROUND WELL MUST BE FILLED IN. WEEDS, CATAILS, AND TREES AROUND SEWAGE LAGOON MUST BE REMOVED. BUILDING SOUTH OF LAGOON MUST BE REMOVED (CUTS OFF SOUTH WIND). LAGOON MUST BE ENTIRELY FENCED WITH 4 FOOT WELDED OR WOVEN WIRE. WARNING SIGNS MUST BE POSTED ON FENCE. NO SEWER OUTFALL SEEN. ALL JUNK & JUNK BUILDING MATERIAL MUST BE REMOVED FROM PROPERTY. See Attached Letter ☒

FINAL STATUS

WATER SYSTEM: Approved ☒ D.C. **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Wood R.E.H.S. Date 8/21/02

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.

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

Revised/Reprint: 9-00

8/19/02 NEED ALL TALL VEGETATION CUT AROUND LAGOON. NEED WARNING SIGNS ON FENCE. Corrected. 8/21/02 J.C.H.

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

AUG 7 2002

Laboratory Report Printed on: August 06, 2002

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21279-5**
Sampled By: **DOUG SMITH**
Location: **12011 W SPRAGUE**
Sample Point:

Date Collected: **05-Aug-2002 11:00 AM**
Date Received: **05-Aug-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	08/06/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	08/06/02	JN

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

8/12/02
- talked w/ Shailene
She will have other agen
Paul? Call m

- Weed Lagoon
- Finish 48' fence needed on West cut

BEEMAN Construction Co.

826-2415
Phone ~~2815~~

506 Linden Street
Crete, Nebraska

James Ellingston
File #1584-C

