FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 449-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-25-74

The undersigned hereby requests SITE CLEARANCE 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 6; Section 2
   Block 1; Lot 2; Addition WILDERNESS PARK FIRST
   Street Address 551 SALTILLO Rd.

2. Property Use: Residential ☒; Commercial ☐
   No. of Bedrooms 3. Describe:
   Other Use ☐
   Describe:

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

4. Distance to public sewer: _____ ft.

Dennis H. Spath
Signature of Applicant (Owner or Lessee)

621 Trailridge Rd.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/27/74. Date Frwd. 5/27/74.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____.
   ACTION: Approved ☐ Disapproved ☐
   Signature:

3. City or County Engineer: Date Rec'd. 5-27-74. Date Frwd. 5-27-74.
   ACTION: Approved ☐ Disapproved ☐
   Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Dave Bohac Bldg Insp.

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 449-C

DATE: 5-25-74

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8 NORTH ; Range 6E ; Section 2 ; Block 1 ; Lot 2 ; Addition WILDERNESS PARK FIRST.
Street Address 551 SALTILLO Rd.

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Dennis H. Spath
Signature of Applicant (owner or lessee)

621 Trailridge Rd.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 8/6/74 by: O.S.
Date: by:
Date: by:

3. Date: 5/27/74 Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/28/74 by: Jerrold C. Hood

FORM HD- 43(73) 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 475-6221)

FILE NO. 449-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Denis Spath
Address _____

Dates of Tests: 5-23 74 to 5-24-74. Weather: Precip. 0 Temp. 80°F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	5/23	5/30 PM	5/24	6:15 PM	5/24	6:15 PM	12"	7:45 PM	10¼	30m	½	
2	"	"	5:30 PM	"	"	"	"	"	"	11¼	"	¼	
3	"	"	"	"	"	"	"	"	"	11¼	"	¼	
4	"	"	"	"	"	"	"	"	"	10¼	"	½	
5	"	"	"	"	"	"	"	"	"	10	"	¾	
6	"	"	"	"	"	"	"	"	"	10½	"	½	

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

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 4323595

(Do not write below this line)

REVIEWING ACTION

REMARKS: Laterals to be run so that areas of holes # 2, 3 & 6 are avoided

DATE: May 27, 1974

Approved Percolation Rate(s)
A. 69 min./inch
B. _____ min./inch
C. 53 min./inch holes 1, 4 & 5

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 449-C

SPECIFICATIONS

DATE: _____

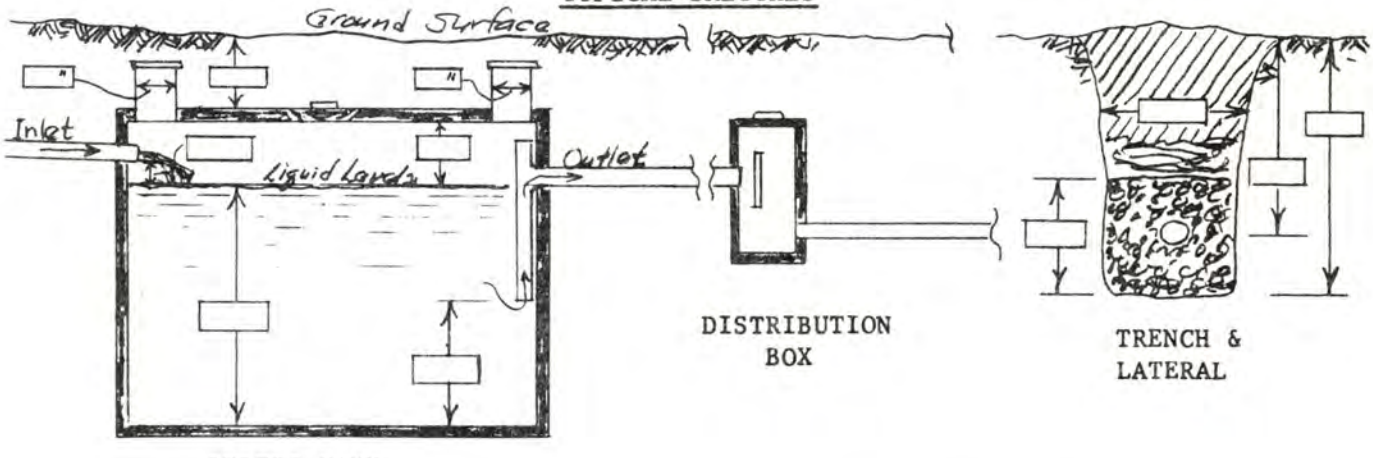
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Precast)
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 4 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 in.
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 Concrete No. available outlets 6.
2. Factory Built: Yes ☒, (Company Precast)
No ☐
3. Dimension: Length 24 in.; Width 18 in.
Depth 18 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade __in.
Number 3; Length of each line ___ft
Total length of Laterals 234 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in.
4. Filter Material: Sand & Gravel.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 551 SALTILLO

Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition WILDERNESS PARK ESTATES 1ST ADD.

Directions to Property 1/4 MILE WEST OF HIGHWAY 77 ON SALTILLO ROAD

Location of Well NORTH OF GARAGE Tap Location: Inside ☒ Outside ☒

Location of Sewage System SOUTH OF HOUSE Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	DENNIS & JOAN SPATH	551 SALTILLO	476-7511 W
Tenant/Buyer:	JERRY L. GREINER	5808 SPRUCE	483-5642
Return to:	JERRY L. GREINER	5808 SPRUCE 68516	483-5642

Signature of Applicant Jerry L Greiner Address 5808 SPRUCE Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 4/14/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 4/15/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 0.2 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: PROBABLY A GOOD IDEA TO FILL IN LOW SPOTS OVER THE LATERALS TO KEEP SURFACE WATER FROM STANDING ON THEM. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY EVEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/20/93

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.

034

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. 4/15/93 2:19 P.M. (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 2, BLK 1, WILDERNESS PARK ESTATES, SEC. 2, T8N, R6E (29-41)

NAME AND ADDRESS OF OWNER

DENNIS SPATH
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. 7990 (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 APR 15 P4:01

OUT '93 APR 16 P4:01

'93 APR 16 P5:05

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 3415

DATE COLLECTED 4 (MO.) 15 (DAY) 93 (YEAR) 2:19 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DENNIS SPATH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 6 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 68509

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

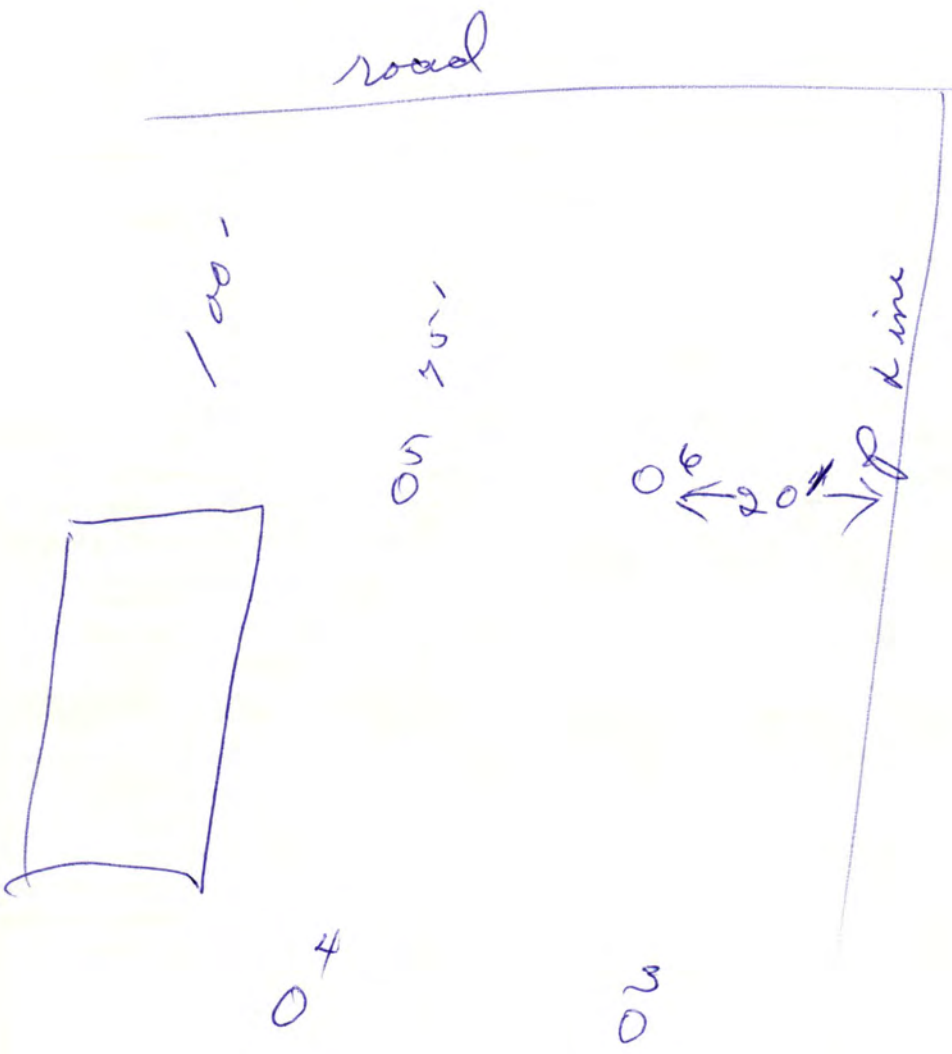
NITRATE — N 0.2 mg/l

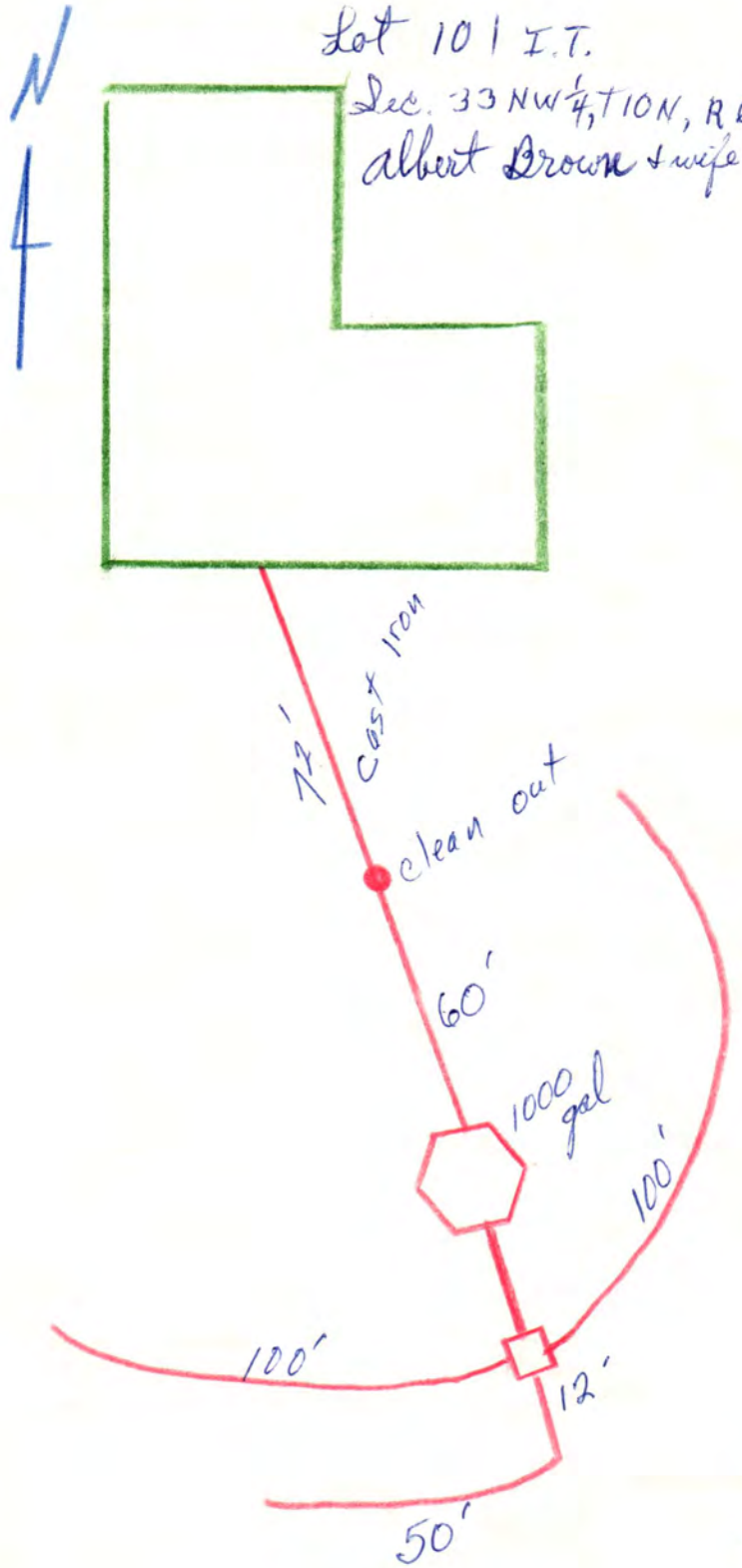
NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88


road
100'
35'
05
06
20'
property line
04
03
01
02



8-6-74

Insp by

Orin S.