FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

T8N, R6E, SEC. 2 LOT 1, BLOCK 2
WILDERNESS PARK ESTATES

FILE NO. _____

SPECIFICATIONS

OUTSIDE 3 MILE JURISDICTION

DATE: _____

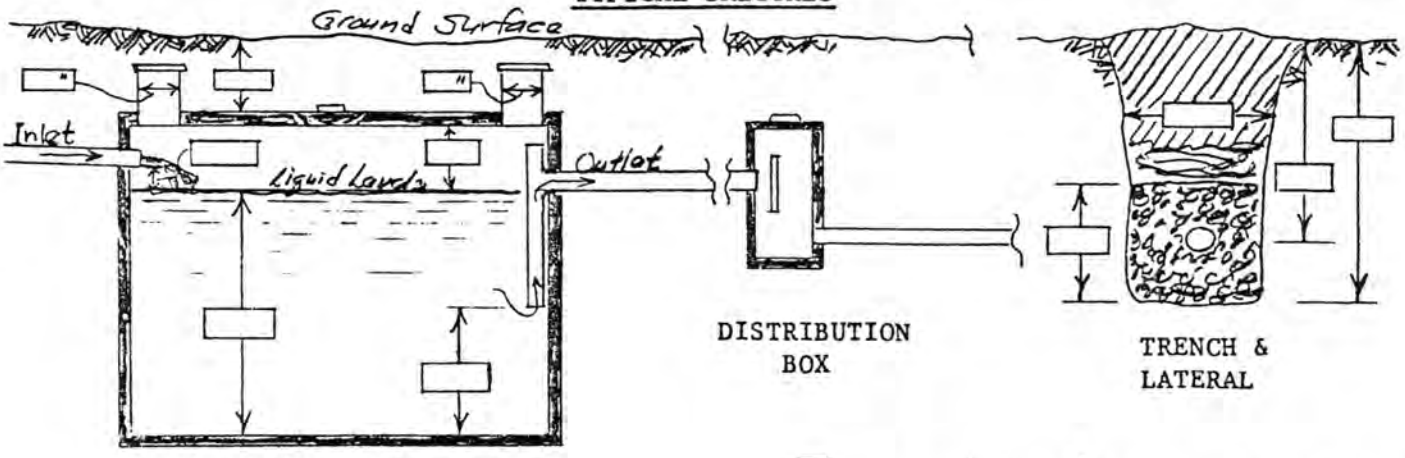
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 194 ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade ___ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ 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 CON; No. available outlets 5.
2. Factory Built; Yes ☒, (Company PRE-CAST STED No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 5 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 2; Length of each line 100 ft Total length of Laterals 194 ft.; 794 Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLA
Distance between lateral lines 9 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: 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

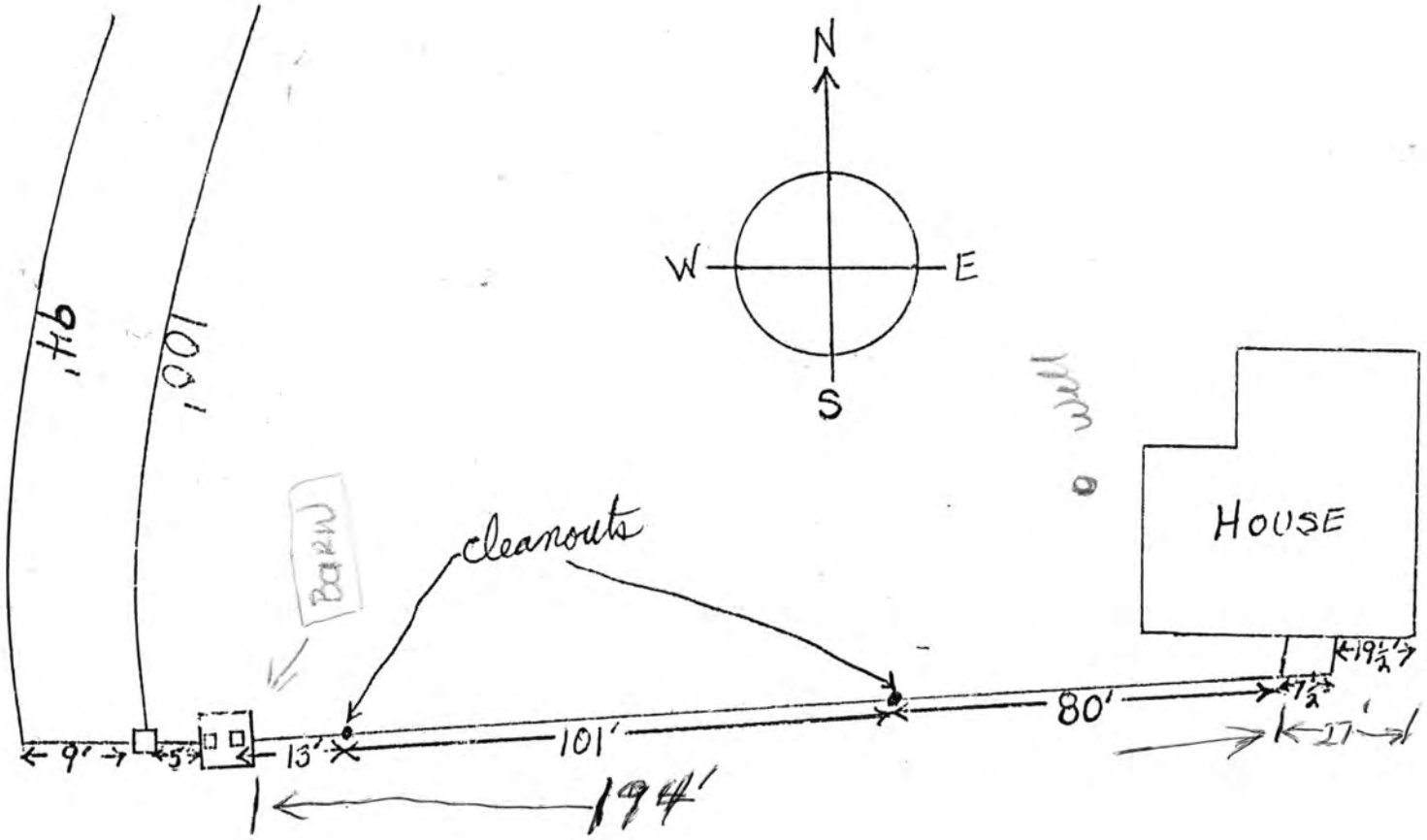


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

ROGER BAILEY-INSTALLER
[redacted] Applicant



Clean out under stone - small rock

Original mailed to DeVries

MAR 19 2002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

Copy faxed 3/29/02

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 11501 So. 5 ST. LINCOLN

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

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

Directions to Property SALTILLO RD + 5th ST.

Location of Well see attached Tap Location: Inside ☐ Outside ☐

Location of Sewage System " " Year Installed ____

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	LOREN SAATHOFF		Home – 421-2731 Cell → 416-0133
~~Tenant~~/Buyer:	DAVID WOOD	915 N 5th St Drexel MO 64742	816-246-2258
Return to:	WOOD BROS / SHARON DEVRIES	7100 So. 29th ST LINCOLN 68516	402-314-1450 434-3625 (Fax)

Signature of Applicant Dick K. Wood → Address ____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/19/02 Amount 200.00 Check No. 3101 Initials MO

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 03/20/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 3/26/02 by OK

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction of wastewater treatment system. If septic tank has not been pumped in the last 2 or 3 years it is recommended that it be checked to determine if pumping is needed. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 03/28/02

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

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

MAR 2 2 2002

Laboratory Report Printed on:

March 21, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P20016-49**
Sampled By: **DOUG SMITH**
Location: **11501 S 5TH**
Sample Point:

Date Collected: **20-Mar-2002 10:15 AM**
Date Received: **20-Mar-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform present - does not meet bacteriological standards**	cfu/100ml	9223B-PA	03/21/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/21/02	JN

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

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

MAR 2 8 2002

Laboratory Report Printed on:

March 27, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P20016-50**
Sampled By: **DOUG SMITH**
Location: **11501 S 5TH**
Sample Point:

Date Collected: **26-Mar-2002 02:20 PM**
Date Received: **26-Mar-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	03/27/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/27/02	JN

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

#011124C27 007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-78

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

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: 9-13-93

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

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 2 ; BLOCK 2
Wilderness Park Estates B 2 Lot 1

LOT 1 ; ADDITION _____ ; Street Address _____

Directions to Property ½ mile West of Hwy 77 on Saltillo Rd - Corner of 5th + Saltillo - 2 Story house

Location of Well West of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of Barn Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	Loren W Saathoff	RR1 Bx52 Roca Ne 68430	421-273/ 473 1182 -WK Loren
Tenant/Buyer:	" "	"	
Return to:	James Lonergan Commercial Federal WILL PICK UP	5555 O St Lincoln Ne 68510	223-5291 -WK Doris 473-0812 JIM

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

Signature of Applicant Loren Saathoff Address RR1 Bx 52 Roca NE 68430

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HEALTH DEPARTMENT USE ONLY

Date Received 11/03/93 Received $150.00 Check ☑ #473822 Cash ☐

PRELIMINARY STATUS--DATE 10/5/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☐	Date 10/5/93 by J.C.H.
Bacteria	☒	☐	Provisional: ☒	Date _____ by ____
Nitrate 0.1	☒	☐	Disapproved: ☐	Date _____ by ____

Comments: SHOULD FILL IN WHERE DIRT HAS SUNKEN OVER LATERALS ESPECIALLY SINCE DOWNSPOUT FROM BARN DIRECTS WATER THERE. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SEWAGE SYSTEM PREDATES REGULATIONS 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 NOVEMBER 10, 1993

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

027

WATER MICROBIOLOGY

STATE LAB NO. 1428633

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 11 (MO) 5 (DAY) 93 (YEAR) 1:05 PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LOREN SAATHOFF

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 68502

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

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 ET

FOR ACCOUNTING USE ONLY

LWB 88

RECEIVED '93 NOV -5 P2:52

REPORTED '93 NOV -6 P2:08

WATER CHEMISTRY

STATE LAB NO. 15/5962

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 5 (DAY) 93 (YEAR) 1:05 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LOREN SAATHOFF

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 68502

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

REPORTED

RECEIVED

'93 NOV -9 P1:43

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88