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. 426-C

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

DATE: 4-22-74

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. 8N ; Range 6E ; Section 2 NE¼
   Block 1 ; Lot 4 ; Addition
   Street Address Wilderness Park Estates 1st addition

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.

Lincoln Securities
Signature of Applicant (Owner or Lessee)

210 Lincoln Benefit Life Bldg
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/22/74. Date Frwd. 4/22/74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob
2. Supt. Bldg. Insp.: Date Rec'd. . Date Frwd. . ACTION: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 4-22-74. Date Frwd. 4-22-74. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL

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

Received 4/22/74
Mick

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. 426-C

DATE: 4-22-74

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. 8N ; Range 6E ; Section 2 ; Block 1 ; Lot 4 ; Addition _____.
Street Address Hildermere Park Estate

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).

Lincoln Securities
Signature of Applicant (owner or lessee)

210 Lincoln Benefit Life Bldg
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-26-74 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 4/22/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-26-74 by: James Weverka

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. 426-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N; Range 6E
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: Lincoln Securities
Address 210 Lincoln Benefit Life Bldg.

Dates of Tests: 4/18/74 to 4/19/74. Weather: Precip. Wet Temp. 75 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	38	4/18/74		4/18/74		4/18/74					3 hrs	4	
2												3	
3												6	
4												6	
5												3	
6												3	

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

Ryan Daly
Signature of Person Conducting Test

Address 4131 Clifford
Phone: 489-8268

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 22, 1974

Jerrold C. Hook
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. 426-C

SPECIFICATIONS

DATE: 4-22-74

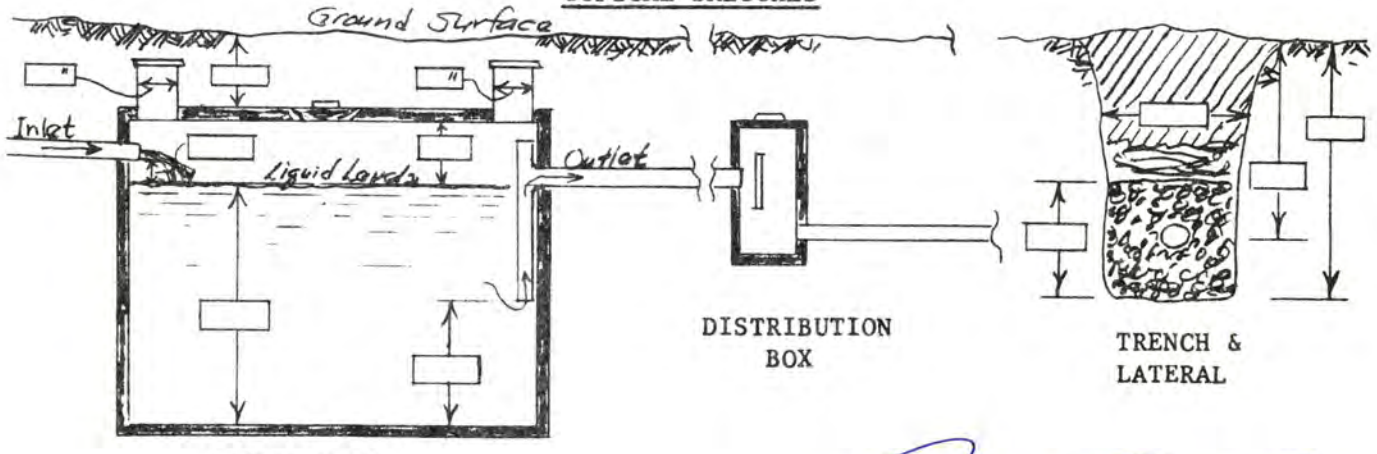
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber Glass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____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 Round
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 223ft.; 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: 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

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 11701 S. 7th St. Roca, NE.
Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 1 Lot 4 Addition WILDERNESS PARK ESTATES 1ST ADDITION
Directions to Property _____

Location of Well Southwest of house Tap Location: Inside ☒ Outside ☒
Location of Sewage System Northwest of house Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	DEVERE & Sylvia Wiles	11701 S. 7th St. Roca	423-3490
Tenant/Buyer:	Brian D. Brunke	2300 N. 56th St Lincoln NE. 68504	464-1076
Return to:	Buyer	↑ SAME	464-1076

Signature of Applicant Brian D. Brunke Address 2300 N. 56th St Lincoln, NE. 68504 Date 1/30/95

HEALTH DEPARTMENT USE ONLY

Date Received 01/30/95 Received $150.00 Check ☑ #650 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/31/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEPTIC TANK SHOULD PROBABLY BE CHECKED TO SEE IF IT NEEDS PUMPING.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 2/2/95

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 MICROBIOLOGY

STATE LAB NO. 14 2287

COMPLETE INFORMATION BELOW

DATE COLLECTED 1 (MO) 31 (DAY) 95 (YEAR) 12:01 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION DEVERE WILES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

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

FOR ACCOUNTING USE ONLY

LWB 88

REPORTED FEB 1 P1:14 '95

RECEIVED JAN 31 P1:15 '95

'95 FEB -3 A8:06

REPORTED

RECEIVED

'95 JAN 31 P1:15

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 7341

DATE COLLECTED 1 (MO.) 31 (DAY) 95 (YEAR) 12:01 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEVERE WILES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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 0.1 mg/l

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

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

LWN 88

010

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

9/11/96

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11701 S. 7th, Roca NE 68430

Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 1 Lot 4 Addition Wilderness Pack Est. 1st.

Directions to Property Hwy 77 to Saltillo Rd. - go West on Saltillo Rd. to 7th then go South. 2nd house on West side. HOME R.E. Sign in yard.

Location of Well West side of home - 1 stack stick Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest of house 2 Stacks sticking Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	Brian Brunke	6930 Colfax Ave Lincoln NE 68507	465-4648
Tenant/Buyer:			
Return to:	Capitol Title	4645 Normal Blvd Lincoln, NE 68506	434-3730

Signature of Applicant Lila Beintema for Feb. David Miller Address Capitol Title Date 9/10/96

Sellers Property bought in 1995. You did a test then.

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/11/96
Initials LB
Amount $ 150.00
Check No. # 2760

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/12/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY 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 9/16/96

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.

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

Revised/Reprint: 10-95

'96 SEP 13 AM 11 34

REPORTED

'96 SEP 12 P1:13

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1419045

FOR LABORATORY USE ONLY

DATE COLLECTED 9 (MO.) 12 (DAY) 96 (YEAR) 12:00 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRIAN BRUNKE

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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 91

WATER CHEMISTRY

STATE LAB NO. 157745

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 12 (DAY) 96 (YEAR) 12:00 PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRIAN BRUNKE

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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

'96 SEP 13 PM 3 47 REPORTED

'96 SEP 12 P1:13 RECEIVED

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

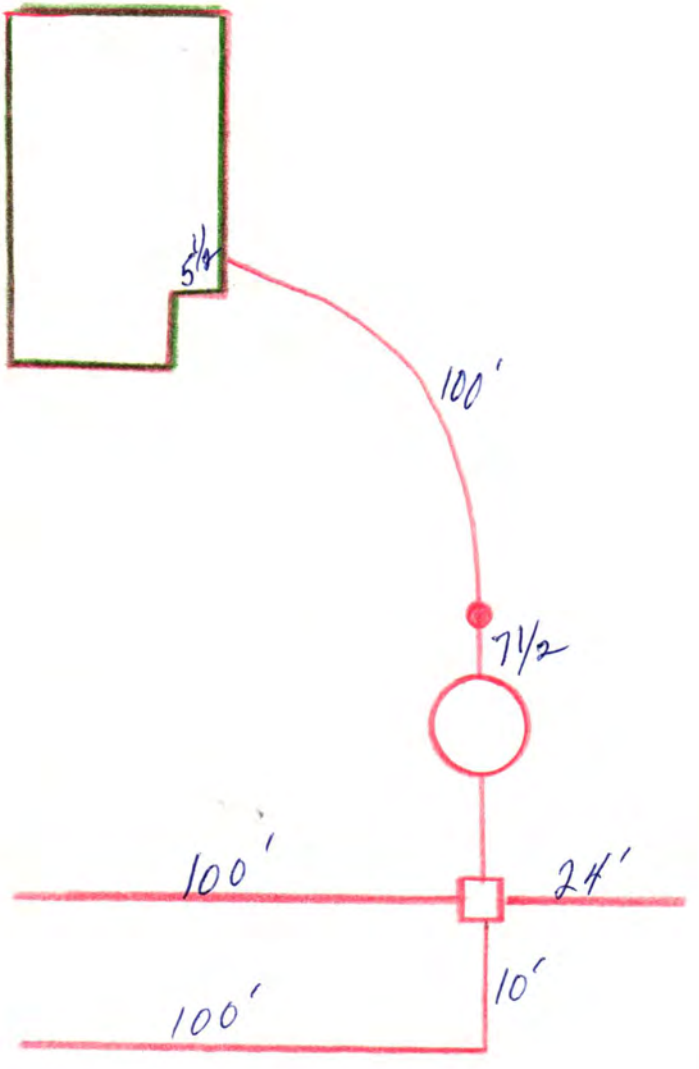
NITRATE — N Less than 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88



7-26-74