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. 415-C

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

DATE: _____

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. T8N ; Range 6E ; Section 2
Block 2 ; Lot 2 ; Addition WILDERNESS PARK ESTATES 1ST ADD.
Street Address _____

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: MILES ft.

Lincoln Lee L.W.N.
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. 4/8/74 . Date Frwd. 4/9/74 . 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. _____ . Date Frwd. 4-9-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

4-9-74 Tom Baasch

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. 415-C

DATE: _____

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 2 ; Lot 2 ; Addition WILDERNESS PARK 1ST ADD.
Street Address _____.

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 Lee L.W.N.
Signature of Applicant (owner or lessee)

2/0 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: 5/2/74 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 4/9/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/2/74 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO. 415-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay [ ]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___ 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. East	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	24"	3/28	1045			3/29	10:43	11"					
							11:13	12 1/8					
							11:45	14 1/8					
							12:15	14 7/8					
							12:45	15 3/4					
							1:15	16 3/8					
							1:45	17 1/4					
							2:15	17 7/8					
							2:45	18 7/8				1	

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO. 415-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
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: _____
Address _____

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___ 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. East	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)
2	24"	328				329	10:45	10"					
							11 15	12 1/8					
							11 45	15					
							12 15	17 7/8					
							12 45	19 1/8					
							1 15	21					
							1 45	22 7/8					
							2 15	24 1/2					
							2 25	REFILL TO 19 1/4					
							2 55	20 1/8				7/8	

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___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. East	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)
3	24"	3/28				3/29	1049	9 3/4"					
							1119	12					
							1145	13 1/8					
							1215	14					
							1245	14 3/4					
							115	15 1/2					
							145	16 5/8					
							215	16 3/4					
							245	17 1/2				3/4	

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
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: _____
Address _____

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___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. East	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)
4	24"	3/28				3/29	10:50	8 5/8"					
							11:20	10 3/8					
							11:46	12 1/8					
							12:16	13 1/4					
							12:46	14					
							1:16	14 7/8					
							1:46	15 5/8					
							2:16	16 1/2					
							2:46	17 3/8			7/8		

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

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

_____
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___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. East	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)
5	24'	3/28				3/29	10:52	8 ¼					
							11:22	10 ½					
							11 50	11 ¼					
							12 20	12 3/16					
							12 50	12 5/8					
							1 20	13 ½					
							1 50	13 7/8					
							2 20	14 ½					
							2 50	14 3/4			1/4		

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

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

FILE NO _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____
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: _____
Address _____

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___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. East	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)
6	24'	3/28				3/29	10:54	7 1/2					
							11:24	9 7/8					
							11:50	10 7/8					
							12:20	11 3/4					
							12:50	12 5/8					
							1:20	12 7/8					
							1:50	13 1/4					
							2:20	13 3/4					
							2:50	14 1/4		½			

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
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)

11550 South 7th

FILE NO. _____

SPECIFICATIONS

DATE: _____

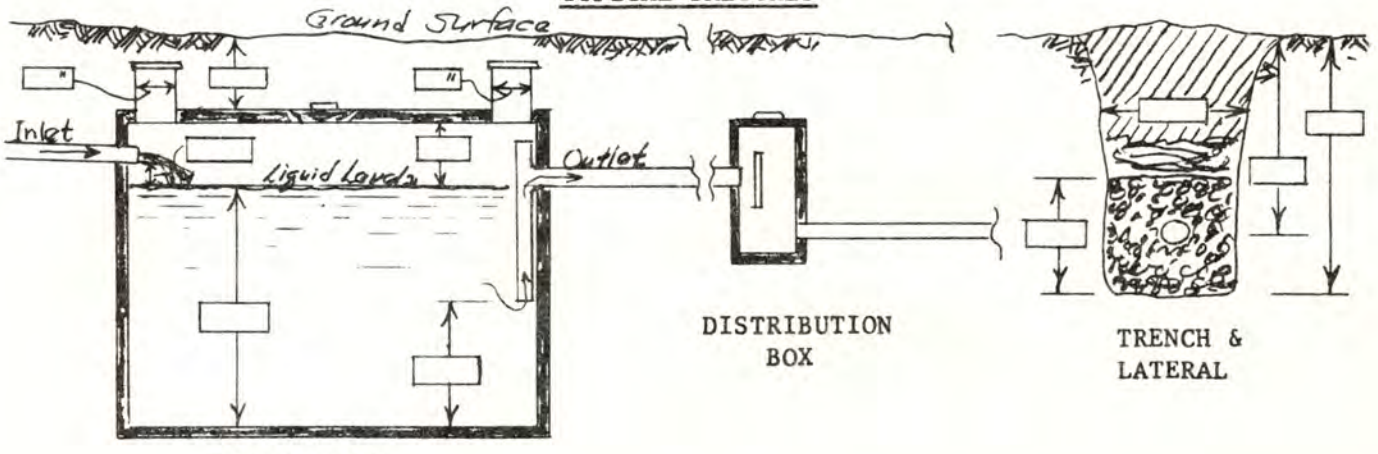
A. BUILDING SEWER:
1. Material PLASTIC Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 138'10" ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line NOT IN ft.;
Stream — ft.; Pressure Line ___ ft.;
Property 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 CORRIGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 16 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 NOT IN ft.;
Stream — ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRICTION BOX
1. Material CONCRETE; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALE ROUND
2. Lateral Lines: Depth below grade ___ in. Number 3; Length of each line 100 ft Total length of Laterals 223 ft.; +194"
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines ___ 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 NOT IN ft.;
Stream — ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 44 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

013

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

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: 2-9-92

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

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 2; BLOCK 2

LOT 2; ADDITION Wilderness Park Estates; Street Address 11550 South 7th Street

Directions to Property Hwy 77 South to Saltillo Rd. west to 7th Street First home south of Saltillo on east side of street Gray home and building

Location of Well ~~East S. of Home~~ Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW of metal Building Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	Orville Buss	R#1 Box 53C1 Roca	421-3206
Tenant/Buyer:	"	"	
Return to:	"	"	

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

Signature of Applicant Orville Buss Address R#1 Box 53C1 Roca NE 68430

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 10, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/11/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 2/11/92	by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 2/27/92	by J.C.H
Nitrate 0.1 PPM	☒	☐	Disapproved:	☐	Date	by

Comments: CONDUIT IS BROKEN ON WELL, 2 BOLTS MISSING OUT OF WELL CAP. Corrected 3/27/92 J.C.H. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SHOULD FILL DIRT IN OVER SEPTIC LATERALS WHERE THEY HAVE SUNKEN TO KEEP WATER FROM STANDING ON THEM. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.E.H.S. DATE MARCH 2, 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

WATER CHEMISTRY

STATE LAB NO. 15 718

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO.) 11 (DAY) 92 (YEAR) 11:28 AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ORVILLE BUSS

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
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 0.1 mg/l

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

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED

RECEIVED

'92 FEB 11 P12:03 FEB 12 P 4:58

BIOLOGICAL EXAMINATION OF DRINKING WATER

WELL REPAIRED

SAMPLE TO BE COLLECTED AND MAILED ON:

MO ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACC ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 2/27/92 11:04A.M. (MO/DAY/YR/HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 2, T8N, R6E, BLK2, LOT 2, WILDERNESS PARK ESTATES (29-41)

NAME AND ADDRESS OF OWNER ORVILLE BUSS

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. 4521 (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 BT (76-79)

IN FEB 27 P1:49

OUT FEB 28 AM 11

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to req

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 6-12-92

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

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 2 ; BLOCK 2

LOT 2 ; ADDITION Williams Park ; Street Address _____

Directions to Property Saltillo Rd to 5th Street turn South - 2nd home on West side of street

Location of Well front of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System Behind house Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	Mabel Herold		
Tenant/Buyer:	Robert Milam		
Return to:	Century Realty	2855 So 70th St	483-2951

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

Signature of Applicant Paul D Hardt Address 2855 So 70th St.

==========

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 15, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 16, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 6/16/92 by L.C.H.
Bacteria	☒	☐	Provisional:	☒	Date 6/17/92 by L.C.H.
Nitrate <10 PPM.	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SLIGHT DEPRESSION AROUND WELL. Corrected 6/17/92 SEPTIC SYSTEM WAS BUILT PRIOR TO REGULATIONS BUT WAS VOLUNTARILY INSPECTED. HOWEVER THE AMOUNT OF LATERAL WAS NOT BASED OFF OF A SOIL PERCOLATION TEST HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. 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:	SEWAGE DISPOSAL SYSTEM:
Approved: ☒	Approved: ☐ Provisional Approval: ☒

APPROVED BY Gerald C. Hood R.E.H.S. DATE JUNE 23, 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

'G.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

WATER CHEMISTRY

STATE LAB NO. 15324

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 16 (DAY) 92 (YEAR) 9:52 A.M. (HOUR)

PLE COLLECTED BY JERROLD HOOD

PLE LOCATION MABEL HEROLD

OPERTY 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

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 CONTAI

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED JUN 16 '92 P12:13

RECEIVED JUN 17 '92 P5:45

LOGICAL EXAMINATION OF DRINKING WATER DEPRESSION FILLED

FOR LABORATORY USE ONLY

E TO BE COLLECTED AND MAILED ON:

___ (2-3) WK. ___ (4) DAY ___ (5) SAMP/DAY ___ (6-7)

ACCOUNT NO. _____ (16-22) ADD. TESTS ___ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/17/92 9:51A.M. (8-16) BY L. C. Hood (17-28)

ADDRESS OR LOCATION BLK 2, LOT 2, WILDERNESS PARK ESTATES SEC. 2, T8N, R6E (29-42)

NAME AND ADDRESS OF OWNER MABEL HEROLD
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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. 142-14117 (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 _____ (76-79)

IN JUN 17 P1:06 '92

OUT JUN 18 P3:11

0208 20008

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

8N 6E Sec 2

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.

all LCR 1567

Legal Description of Property: Street Address 11550 South 7th Street - Roca NE

Parcel ID 08-02-200-012-000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block 2 Lot 2 Addition Wilderness Park Estates 1st Add.

Directions to Property ¼ mile east of 2 Highway 77 and South 10

Location of Well Back yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System Year Installed

Site Hazards (dogs, etc.)

NCR 7388

	NAME	ADDRESS	PHONE
Present Owner:	Orville & Beverly Buss	11550 S 7½ St. Lincoln, NE 68430	421-3206
Tenant/Buyer:			
Return to:	Jan & Dan Bolin	5740 Dogwood Drive Lincoln, NE 68516	484-7879 (Fax)

Signature of Applicant [signature] Address 5740 Dogwood Dr Lincoln, NE 68516 Date 08/12/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 08/12/02 Amount 200.00 Check No. 1801 Initials cw

DATA ENTRY Date____/____/____ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Svec **DATE:** 8/12/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ 0.0 /ml	☐ ____ /ml
Nitrate	☒ 0.8 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date____/____/____ by____

Date____/____/____ by____

Date____/____/____ by____

Comments: No visible malfunction of sewage system noted. Recommend checking septic tank to see if pump is in use or has been pumped within the last 2 years.

See Attached Letter ☐

FINAL STATUS

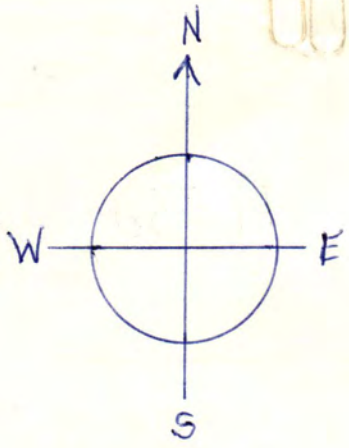
WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

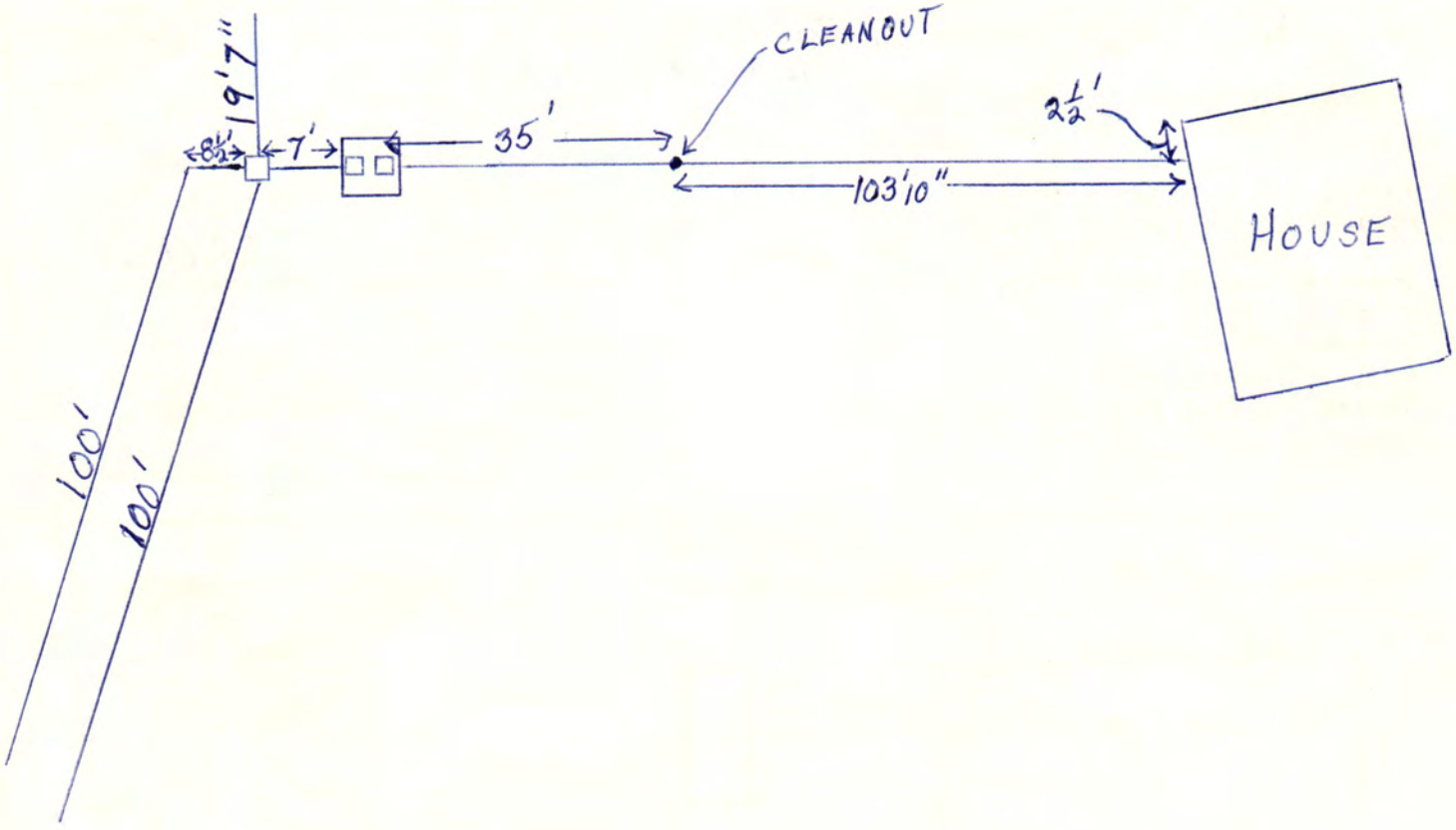
Approved by Doug Svec Date 8/15/02

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


N
W
E
S


CLEANOUT
16'7"
8½'
7'
35'
2½'
103'10"
HOUSE
100'
100'