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. 425-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 2 ; Lot 3 ; Addition _____.
Street Address Wilderness Park Estate

2. Property Use: Residential _____ [X]; 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: ~~5/8/74~~ by: ~~L.C.H.~~
Date: 5/8/74 by: L.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ~~5/8/74~~ 5/8/74 by: Jerrold C. Hood

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. 425-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 NE¼ 2
   Block 2 ; Lot 2 ; Addition
   Street Address Hildersen Park Estate 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. Hood

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
MJ

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. 425-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 Sanitation
Address 210 Lincoln Benefit Life Bldg

Dates of Tests: 4/18/74 to 4/19/74. Weather: Precip. wet Temp. 75

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	4/18/74		4/19/74		4/19/74					3 hrs	3	
2												5	
3												4	
4												7	
5												3	
6												4	

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

Roy E. Bailey
Signature of Person Conducting Test

Address 4131 Cleveland
Phone: 489-8208

(Do not write below this line)

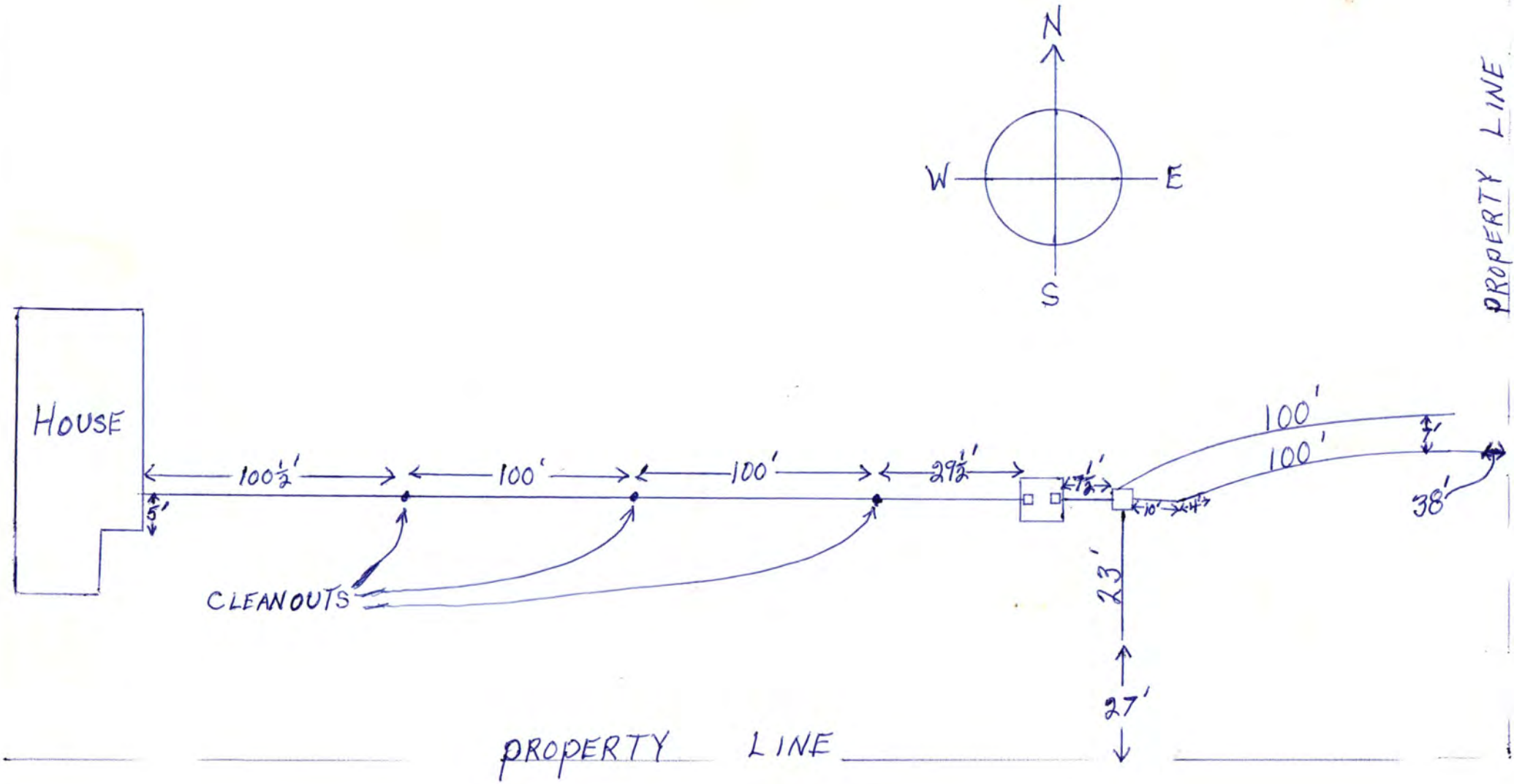
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 22, 1974

Jerrold C. Hood
Signature of Reviewing Official


N
W
E
S
PROPERTY LINE
HOUSE
100½'
100'
100'
29½'
7½'
100'
100'
7'
38'
5'
10'
4'
CLEANOUTS
23'
27'
PROPERTY LINE

9504111022

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

2749

Legal Description of Property: Street Address 11600 S. 7th Street, Roca NE 68430

Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition 1ST

Directions to Property Wilderness Park Estates.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Duane Lundy	11600 S. 7th, Roca NE 68430	423-5684
Tenant/Buyer:	Jan & Mark Osborn	PO Box 31 - Cortland NE 68331	798-7785
Return to:	NE Title FAX #(402) 486-4949	5635 O STREET LINCOLN, NE. 68510	486-4900

Signature of Applicant X Jan Osborn Address X PO Box 31 CORTLAND NE. 68331 Date 03/30/95

HEALTH DEPARTMENT USE ONLY

Date Received 04/04/95 Received $150.00 ✓ Check ☑ #1635 Cash ☐

PRELIMINARY STATUS–By Jerrold C. Hood **DATE:** 4/6/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SERIOUSLY ADVISE SPREADING MORE DIRT OVER LATERALS AS THEY HAVE SUBSIDED SOMEWHAT. SHOULD MAKE IT SO THAT SURFACE WATER DOESN'T STAND ON LATERALS. APPEARS GROUND SQUIRRELS HAVE BEEN DIGGING INTO LATERALS. THE SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF 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 4/10/95

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.

'95 APR -7 P2:12

REPORTED

'95 APR -6 A10:59

RECEIVED

WATER CHEMISTRY

STATE LAB NO. 152387

COMPLETE INFORMATION BELOW

DATE COLLECTED 4 (MO.) 6 (DAY) 95 (YEAR) 10:34 AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DUANE LUNDY

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.3 mg/l

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

TEST(S) BY LW

FOR ACCOUNTING USE ONLY

LWN 88

'95 APR -7 P1:12

REPORTED

'95 APR -6 A10:59

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 7089

FOR LABORATORY USE ONLY

DATE COLLECTED 4 (MO.) 6 (DAY) 95 (YEAR) 10:34 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DUANE LUNDY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 6 E

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

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

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

LWB 88

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

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. 425-C

SPECIFICATIONS

DATE: 4-22-74

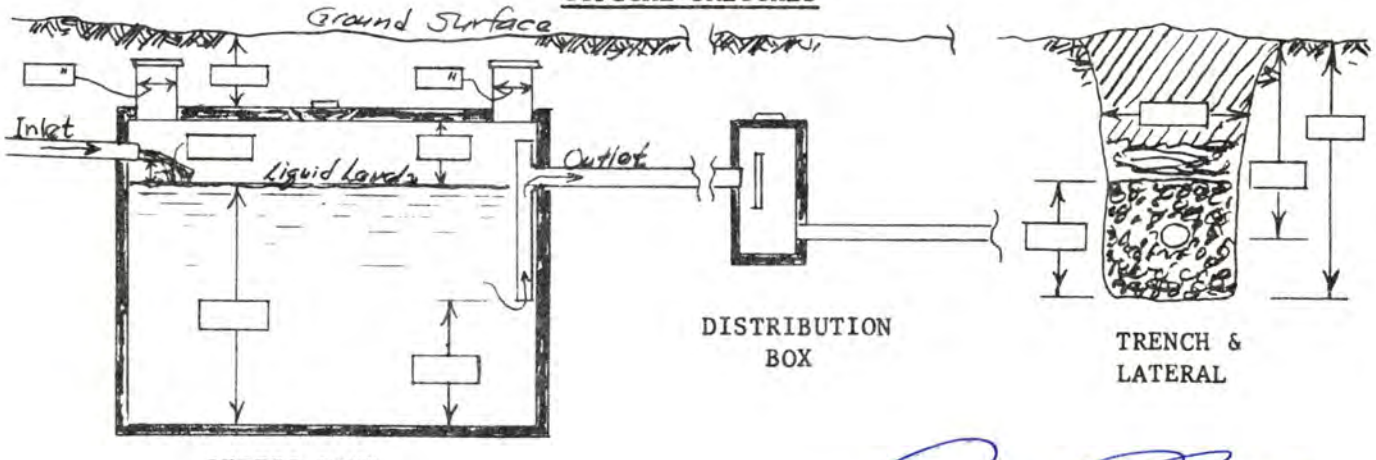
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 330 ft.
4. Number of clean-outs 6.
5. Distances To:
Well or Suction Line ___ft.;
Stream — ft.; Pressure Line ___ft.;
Property Line 40 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 FIBER-A-GLASS
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 ___ft.;
Stream — ft.; Pressure Line ~~___~~ ft.;
Property Line 40 ft.

C. DISTRIBUTION BOX
1. Material CON; 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 7½ 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 3; Length of each line 100 ft Total length of Laterals 223 ft.; +23 Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines 7 ft.
3. Trench Dimensions: Depth 48 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 27 ft.
6. Percolation Rate: 42 minutes/inch

TYPICAL SKETCHES



Signature of Applicant