LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98380184601

SEWAGE INSTALLATION
LAGOON

Issued 09/15/98
Expires 03/15/99
Revenue Code 3157

PAID

Establishment
ARTZ & SONS CONSTRUCTION
T8N R6E SEC 11 QTR NE
LOT 7
1101 BENNETT RD-ROCA

FEES: $150.00

Permittee
ARTZ & SONS CONSTRUCTION
4330 S 45 ST
LINCOLN NE 68516-1115

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008127

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 98380184G

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

@R 3771

Address 1101 Bennett Rd (no rural route) City Roca NE, Zip 68430

Legal Description Lot 7 N.E 1/4 of Sec 11 Township 8N Range 6 East
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name [illegible] Signature [illegible]

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Tom Art Company Name Artz + Sons Const.

Address 4330 So. 45th City/State/Zip 4330 So. 45th

☒ Check if contractor designed system Work Phone 432-1418 68516-1115

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Leroy Schwarsch Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/15/98 Date frwd 9/15/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/15/98 Date frwd 9/15/98 **ACTION** ☐ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 9/15/98 Date frwd 9/15/98 **ACTION** ☒ Approved ☐ Disapproved Signature [illegible]

12/14/99 FENCE UP. J. C.H. 12/16/99. Signs up, looks good. Lake a little short, J. C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JANUARY 18, 2001

Business Office Use Only

Date Rec'd 09/15/98

Amt Paid 150 ck

Rec'd By [illegible] Cash/Check No. 1392

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

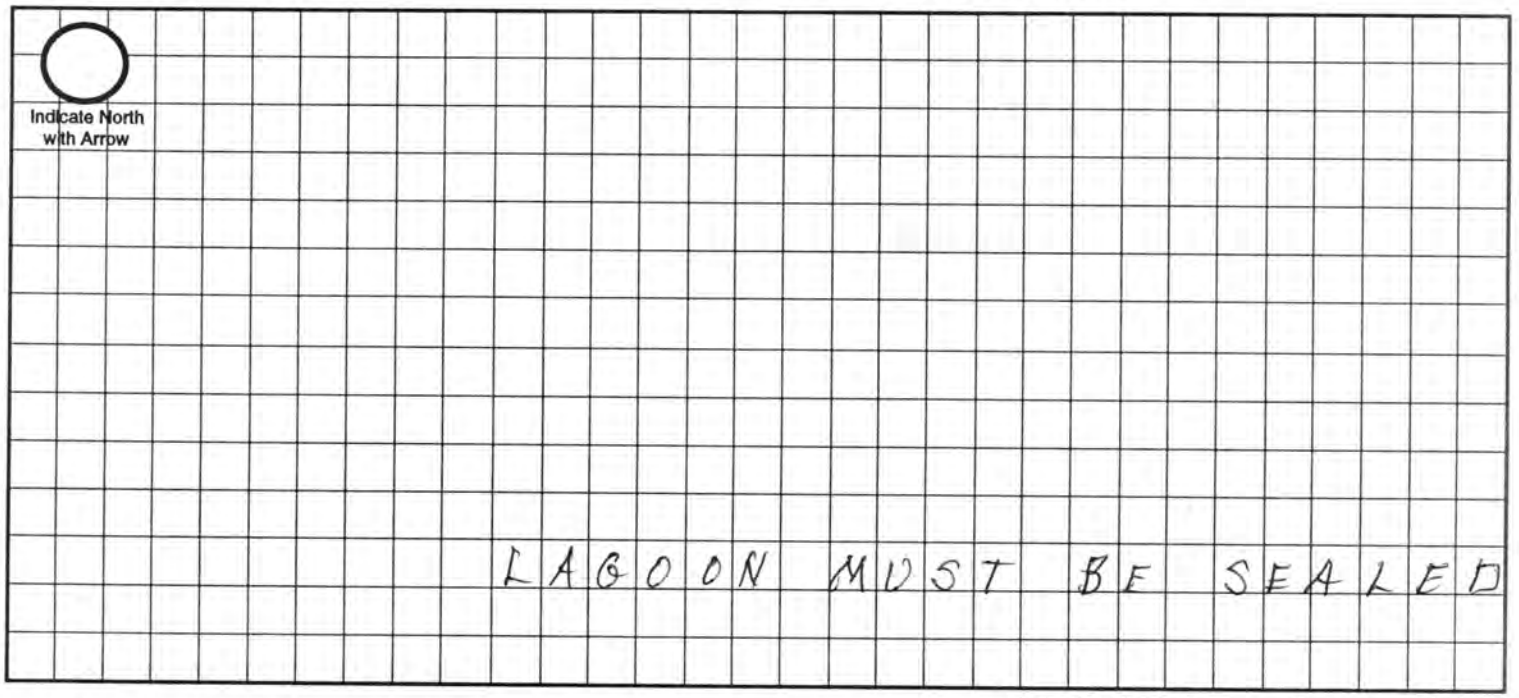
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Tracy J. Ott Date 9/15/98

Installer Larry Schwarch Date _____

FORM 23-102 10-96

DEC 2 1 1998

D

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System

As Built Plans & Specifications

Date 11-19-98

System Location (Indicate correct number and street)

Address 1101 Bennit Rd (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ~~18~~ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 340 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

Lagoon

~~B. Septic Tank~~

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

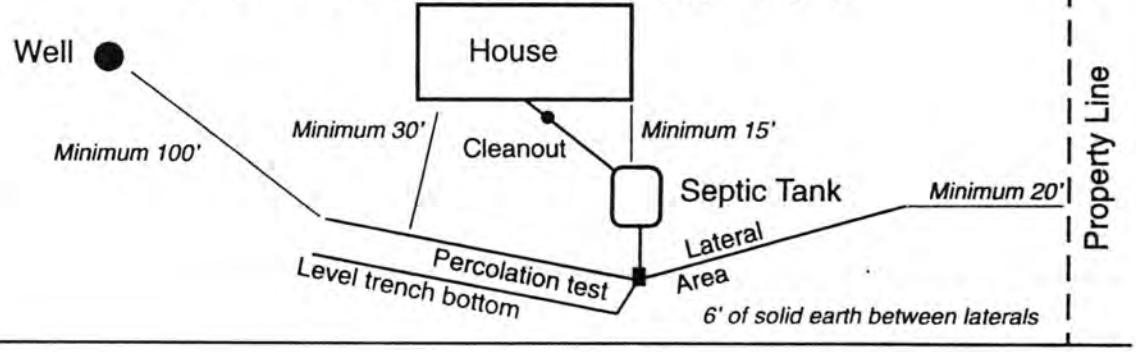
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

014

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: 3-16-92

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

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 11; BLOCK ____

LOT 7; ADDITION ____; Street Address RR 1 Box 79 Roca NE

Directions to Property Hwy 77 south of Lincoln to Bennet Rd (west side) turn in on access rd. White House with Black trim on west side

Location of Well 10' SE of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System 100 to 150' straight West of House thru trees Year Installed 1960

	NAME	ADDRESS	PHONE
Present Owner:	John Krueger	R+1 Box 79 Roca, NE	423-9157
Tenant/Buyer:	same		
Return to:	same John Krueger	R+1 Box 79 Roca, NE 68430	423-9157

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

Signature of Applicant John Krueger Address RR 1 Box 79 Roca, NE 68430

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 16, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/16/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☐	Date 3/16/92 by L.C.H.
Bacteria	☒	☐	Provisional: ☒	Date ____ by ____
Nitrate 0.1ppm	☒	☐	Disapproved: ☐	Date ____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. THIS SEWAGE SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. THE TOP OF THE WELL SHOULD ACTUALLY BE HIGHER. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Leland C. Wood R.E.H.S. DATE MARCH 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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

...OGICAL EXAMINATION OF DRINKING WATER

...E TO BE COLLECTED AND MAILED ON:

...Q. ____ (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. 3/16/92 2:23PM. (MO./DAY/YR./HOUR (9-16)) BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 7, T8N, R6E, SEC. 11 (29-41)

JOHN KRUEGER

NAME AND ADDRESS OF OWNER

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. 142-5733 (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 [illegible] (76-79)

IN 3-16-92

OUT '92 MAR 17 P1:11

'92 MAR 17 P2:45

REPORTED

'92 MAR 16 P4:24

RECEIVED

WATER CHEMISTRY

STATE LAB NO. 15 1404

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO.) 16 (DAY) 92 (YEAR) 2:23 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN KROEGER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 11 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 ET

FOR ACCOUNTING USE ONLY

LWN 88

(1)

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

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 1101 Bennett Rd.

Parcel ID 08 - 11 - 200 - 002 - 000 (i.e. 99-99-999-999-999) (new survey to be filed 3.33 acres)

Twp 8N Range 6E Section 11 1/4 1/4 Block Lot Addition

Directions to Property Hwy. 77 & Bennet Rd. 1/8 mile west

Location of Well N.E. of front door - approx 75 ft Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon approx 150 yd straight west of back door Year Installed 1999

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	John Krueger	13105 S. 12 - Roca	423-7012
Tenant/Buyer:	Mike & Karen Schwab	5301 Blueberry Ct.	434-7475
Return to:	Mike & Karen Schwab		

(Fax)

Signature of Applicant Karen L Schwab Address 5301 Blueberry Ct Lincoln, NE 68516 Date 2 / 12 / 03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2 / 14 / 03 Amount $200.00 Check No. 9129 Initials mo

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 2 / 18 / 03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: The sewage lagoon has an accumulation of decaying vegetation. This should not affect the proper operation of the lagoon provided that future vegetation growth is prevented. Future growth can be prevented or minimized by adding water to increase the water depth and by the use of herbicides or mechanical means if necessary. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 02 / 24 / 03

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 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

FEB 2 0 2003

Laboratory Report Printed on: February 19, 2003

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

Laboratory Analysis For: Private Coliform
Sample Comments:

Laboratory Number: **P22409-6**
Sampled By: **DOUG SMITH**
Location: **1101 W BENNETT RD**
Sample Point:

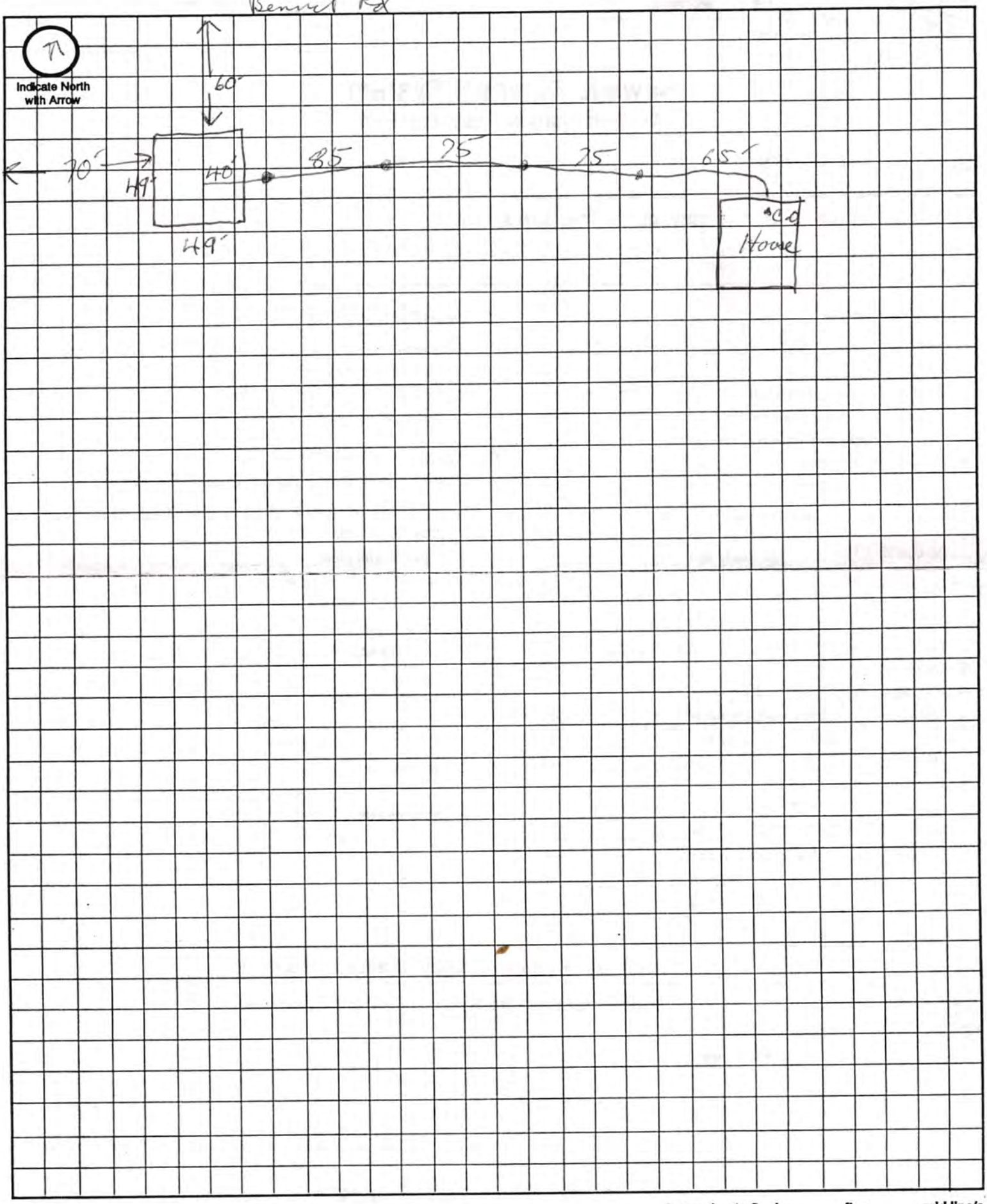
Date Collected: **18-Feb-2003 10:30 AM**
Date Received: **18-Feb-2003**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	02/19/03	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	02/19/03	KC

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

As Built Drawing

by Larry Schwenk for Tom Artz



Approximate Scale: _____ ft. = _____ grid line/s