LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380007701

Issued 12/08/89
Expires 06/08/90

ESTABLISHMENT

SAM BARTELS
T8N R6E SEC 17
LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

SAM BARTELS
2940 A ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938000077

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 156.00

FILE NO. _____

DATE: 12-7-89

The undersigned hereby requests SITE CLEARANCE and PERMIT 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 17 ;
   Block 8 : Lot 31T : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ~~X~~3 ; Commercial ☐ Other Use ☐
   No. of Bedrooms ~~X~~3. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Distance to public sewer: _____ ft. Must be sealed

Samuel J Barta
Signature of Applicant (Owner or Lessee)

2940 A ST #116
Address
LINCOLN, NE 68510

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/7/89. Date Frwd. 12/12/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12-12-89. Date Frwd. 12-12-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. 12/12/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ingold Deutmeyer

REMARKS OR REASONS FOR DISAPPROVAL SYSTEM WAS COVERED AND PUT INTO USE BEFORE INSPECTION WAS MADE.

Site Visits:
Date: 3/25/91 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 3/27/91 By: Jerrold C. Hood

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

* PROVISIONAL APPROVAL SEE UNDER REMARKS.

FORM 23-43

WK = 477-4141

FORM 20105-0477
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: 471-7800

B

PERMIT: 18754

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 6E ; Section & ¼ Section SW¼ SECTION 17 LOT 3
Property Dimensions: 1320 ft. x 1320 ft. Area: 37.7 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . PAWNEE/WYMORE

Dates of Tests: 5-5-90 to 5-6-90 . Weather: Precip. 0 Temp. 45-75°.

OWNER: SAM BARTELS

Address: 2901 A ST #116 LINCOLN, NE 68510

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30-32"	5-5	11:15	5-6		5-6	10:10	10	10:45	9 3/8	35	1/2	35/.125
2	"	"	"	"		"	10:10	8 1/2	10:46	8 1/8	36	3/8	36/.375
3	"	"	"	"		"	10:11	11 1/2	10:46	11 1/4	35	1/4	35/.25
4	"	"	"	"		"	10:12	13	10:46	12 5/8	34	3/8	34/.375
5	"	"	"	"		"	10:12	17	10:46	17	34	—	34/ NEG.
6	"	"	"	"		"	10:13	9 1/2	10:47	9 1/4	34	1/4	34/.25

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

Sam Bartels
Signature of Person Conducting Test

Address 2901 A ST #116 LINCOLN, NE 68510 Phone 476-0730

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official

Shm Bartels

SW¼ S17, T8N, R6E

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 471-7800

D

DATE: 5-6-90

FILE NO. _____

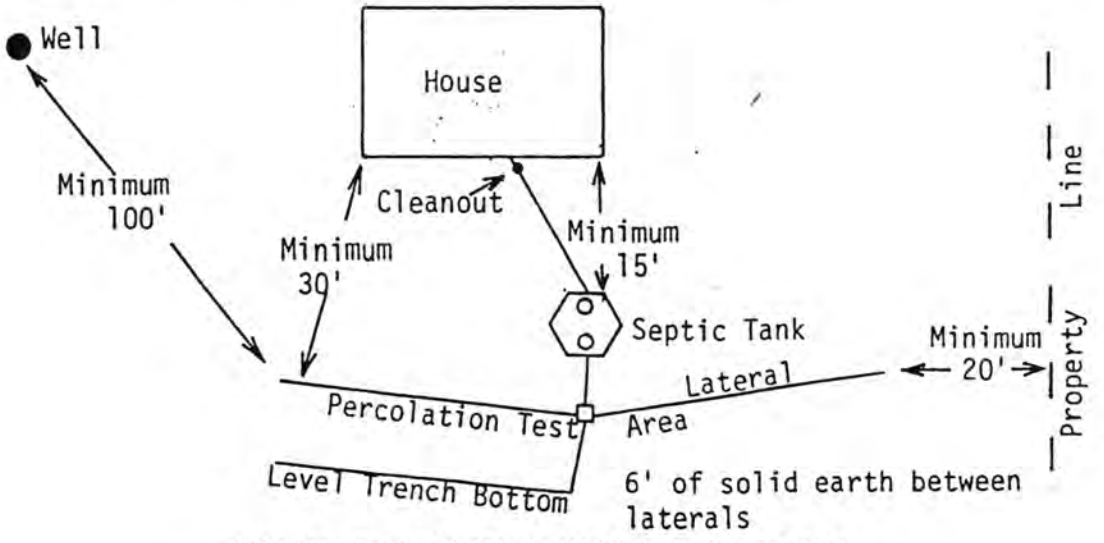
SPECIFICATIONS AS BUILT

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:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 3-22-91

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

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 17 ; BLOCK ___

LOT ___; ADDITION _____; Street Address 3950 W. ROCA RD

Directions to Property 3 ⅞ miles west of intersection Hwy 77 + 33
North side of road.

Location of Well 175' northeast of home Tap Location: Inside ☐ Outside ☐

Location of Sewage System 250' northwest of home Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	SAMUEL L. BARTELS	3950 W. ROCA RD MARTELL, NE 68404	794-4019
Tenant/Buyer:	SAME		wk 477-4141
Return to:	SAME		

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

Signature of Applicant Samuel L Bartels Address 3950 W. ROCA RD MARTELL, NE 68404

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 22, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/25/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3/25/91 by L.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: NO EVIDENCE INSPECTION WAS MADE OF ORIGINAL LAGOON INSTALLATION. NO DRAWING OF LAGOON. TREES ARE A LITTLE CLOSE. PROVISIONAL APPROVAL IS GIVEN TO SEWAGE LAGOON BECAUSE SEWER LINE WAS COVERED AND LAGOON PUT INTO OPERATION PRIOR TO CONSTRUCTION INSPECTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE MARCH 27, 1991

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

EXAMINATION OF DRINKING WATER

COLLECTED AND MAILED ON:

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

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

DATE COLL 3/25/91 11:11AM (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 17, T8N, R6E (29-41)

NAME AND ADDRESS OF OWNER SAMUEL BARTELS
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS 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. 5834 (44-47)

DATE EXAMINED (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE mg/LITER (57-60)

NITRATE mg/LITER (61-64)

TPC /100 mL. (65-68)

LAB. PROCEDURE MF (69-75)

ANALIZED BY BT (76-79)

IN
MAR 25 91 11:50

OUT
MAR 26 91 10:20

WATER CHEMISTRY

STATE LAB NO. 15216

...TE INFORMATION BELOW

COLLECTED 3 (MO.) 25 (DAY) 91 (YEAR) 11:11 A.M. (HOUR)

...LE COLLECTED BY JERROLD HOOD

...MPLE LOCATION SAMUEL BARTELS

PROPERTY ...AL DESCRIPTION: COUNTY LANCASTER

...WTR SW SECT 17 TWNSHP 8 N RANGE 6 E

REPORTED

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

RECEIVED

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 CONTAINER

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88

* Closing 1-18-94 *

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 3950 W ROCA RD

Twp 8N Range 6E Section 17 1/4 SW 1/4 SW Block — Lot 3 Addition See attached

Directions to Property NE CORNER OF ROCA RD + SW 42ND ST NORTH SIDE OF HWY

Location of Well NW CORNER OF BLDG Tap Location: Inside ☐ Outside ☑

Location of Sewage System NW Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	SAMUEL L BARTELS	3950 W ROCA RD MARTELL NE 68404	794-4019 434-9668 W.K.
Tenant/Buyer:	SAME		
Return to:	MFM (MIDLAND FINANCIAL MORTGAGE)	SUITE 145 4535 NORMAL BLVD LINCOLN NE	483-4500

Say TO: 483-7043 ATTN Diane Robel

Signature of Applicant Samuel L Bartels Address 3950 W. Roca Rd Date 1/12/94

Martell, Ne 68404

YOU NOT MAIL!!

HEALTH DEPARTMENT USE ONLY

Date Received 1/12/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Gerald Hood **DATE:** 1/13/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☑	☐	Approved ☐	Date 1/18/94 by L.C.H.
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 7.0 ppm	☐ ____ ppm	Disapproved ☑	Date ___/___/___ by ___

Comments: CLEANOUT BROKEN AND OPEN. Repaired 1/18/94 L.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 1/19/94

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.

ADDITIONAL COMMENTS

LEGAL DESCRIPTION: That part of Lot 3, I.T. in the southwest 1/4 of the southwest 1/4 of 17-8N-6E of the 6th p.m., Lancaster County, Nebraska, more particularly described as follows: Beginning at a point 78.2' north of the S/16 corner and on the east line of the southwest/4 of the southwest/4 of 17-8N-6E of the 6th p.m., Lancaster County, Nebraska; thence continuing north along said east line 885.4'; thence parallel to the south line to a point on the north right-of-way line of West Roca Road said point being 83.6' north of said south line of the southwest /4; thence east along said north right-of-way line 990.02; to the point of beginning.

'94 JAN 18 P4:03

RECEIVED

'94 JAN 13 P2:55

WATER CHEMISTRY

STATE LAB NO. 15 484

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 1 (MO.) 13 (DAY) 94 (YEAR) 2:20 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SAMUEL BARTELS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 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: 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 CONTAINER

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88

'94 JAN 14 P2:27

REPORTED

'94 JAN 13 P2:55

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 1084

FOR LABORATORY USE ONLY

DATE COLLECTED 1 (MO.) 13 (DAY) 94 (YEAR) 2:20 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION SAMUEL BARTELS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 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

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

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWB 91