LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1651-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 30, 1980 — THIS PERMIT EXPIRES

Sintek Service Co. — ISSUED TO

6710 North 7th Street — ADDRESS

T8N, R6E, Section 16, Lot 45 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $ 60 00

FILE NO. 1651-C

DATE: 4-30-80

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 16 ;
   Block _____ : Lot 45 I.T. : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Smith Sons Co.
Signature of Applicant (Owner or Lessee)

6710 N 7th Lin
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/30/80. Date Frwd. 4/30/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoad

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Roger Harris

3. City or County Engineer: Date Rec'd. 4-30-80. Date Frwd. 4-30-80. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/9/80 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/7/80 By: Jerrold C. Hoad

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

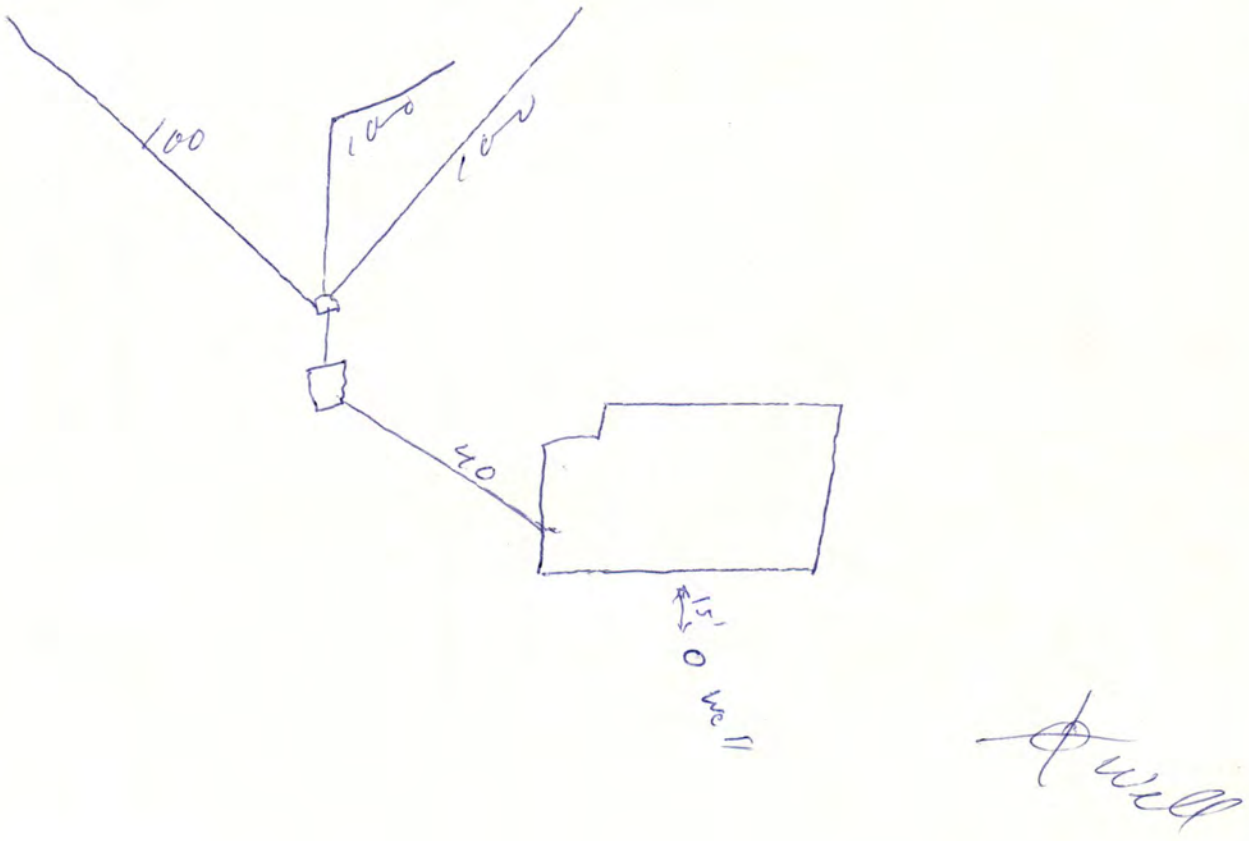
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1651-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: April 30, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 313 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

B

FILE NO. 1651-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 6E ; Section & ¼ Section 16 .
Property Dimensions: _____ ft. x _____ ft. Area: 3.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-17-80 to 4-18-80 . Weather: Precip. NO Temp. 60 .

OWNER: Smith Bros.
Address: 6710 No 7th

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.)
													53 min/in

Smith Bros. Co.
Signature of Person Conducting Test

Address 6710 No 7 Phone 4751486

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

(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

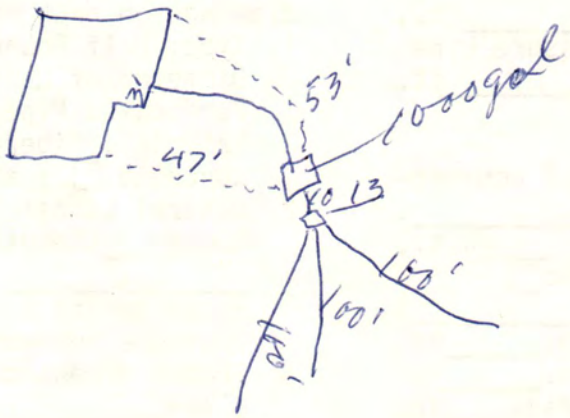
_____
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 7-7-88 INSTALLER Smith Bros.

AW. 27 Hi 33

Hi 33



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390033801

Issued 08/10/93
Expires 02/10/94
Revenue Code 18754

Establishment
MARVIN NELSON
T8N R6E SEC 16
LOT 45

FEES: $50.00

TOTAL $50.00

Permittee
MARVIN NELSON
701 E 4 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

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

$50.00

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

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

DATE: 8/5

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N; Range 6E; Section 16;
Block _____; Lot 45 I.T.; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: 100'x3' Lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Friesen Contractor
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	800

Brad Southwick For:
Marvin Nelson
Signature of Applicant (owner or lessee)

701 EAST 4TH, HICKMAN, NEBRASKA
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 8-5-93
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-5-93 by: PD
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Paul Dostrzewa

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-5-93 by: Paul Dostrzewa

P2885-5 P6759-32

Lincoln-Lancaster County Health Department

990319001

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

P7673-1

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

Example

This form must be completed and returned with payment to request a real estate transfer inspection.

RECEIVED ORIGINAL MAR 19 1999

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.

LCR 3968

Legal Description of Property: Street Address 2700 W. Roca Rd. 68430

Twp 8N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Hiway 77 So toward Beatrice to Hiway 33 (Crete Corner) go west on 33 2¾ miles North side of Hiway

Location of Well South of House. Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House North of Garage - Year Installed ? 1980. ADDED TO 1993

	NAME	ADDRESS	PHONE
Present Owner:	Galbraith, Clifford		
Tenant/Buyer:	Cynthia Bargerneeld	6225 So. 37th St	
Return to:	Mary A. Kuhlmann	7141 A Street Lincoln Ne 68510	432-0223

Signature of Applicant Mr Buyer by Mary A. Kuhlmann Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	2/3/99	Date	___/___/___
Initials	no	Case No.	
Amount	#150.00	Initials	
Check No.	7300		

PRELIMINARY STATUS--By Jerold C. Hood DATE: 2/4/99

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 3/12/99 by SB

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT IS BROKEN ON WELL HEAD. 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 Jim Bare Date 3/18/99

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

9903190-1

FEB 17 1999

ORIGINAL

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report printed on: FEB-09-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **EPA 353.2**

Laboratory Number: **P2885-5**
Sampled By: **HOOD, JERROLD**
Location: **CLIFFORD GALBRAITH**
Well ID:

Date Collected: **04-Feb-1999 01:00 PM**
Date Received: **05-Feb-1999**

Parameters	Method	Prep Date	Analysis Date	Analyst	Results	Qual	Units	Report Level
NITRATE+NITRITE (AS N)	353.2		02/05/99	VR	<0.1		mg/l	.05

Note: see reverse side of report for description of acronyms and data qualifiers

9903190001

MAR 19 1999

ORIGINAL

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on MAR-15-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

R/E Transfer
NO State #
~~NO~~ city # 9903190001

Results for: **PRIVATE T/E COLI**

Laboratory Number: **P7673-1**
Sampled By: **BARE, JIM**
Location: **2700 W ROCA RD**
Sample Point:

Date Collected: **12-Mar-1999 11:00 AM**
Date Received: **12-Mar-1999**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Level
TOTAL COLIFORM	COLILERT	03/13/99	KC	Total coliform negative - meets bacteriological standards		cfu/100ml	0
E. COLI	COLILERT	03/13/99	KC	E. coli negative		cfu/100ml	0

Note: see reverse side of report for description of acronyms and data qualifiers

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on MAR-05-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **PRIVATE T/E COLI**

Damage

Laboratory Number: **P6759-32**
Sampled By: **BARE, JIM**
Location: **2700 W ROCA RD**
Sample Point:

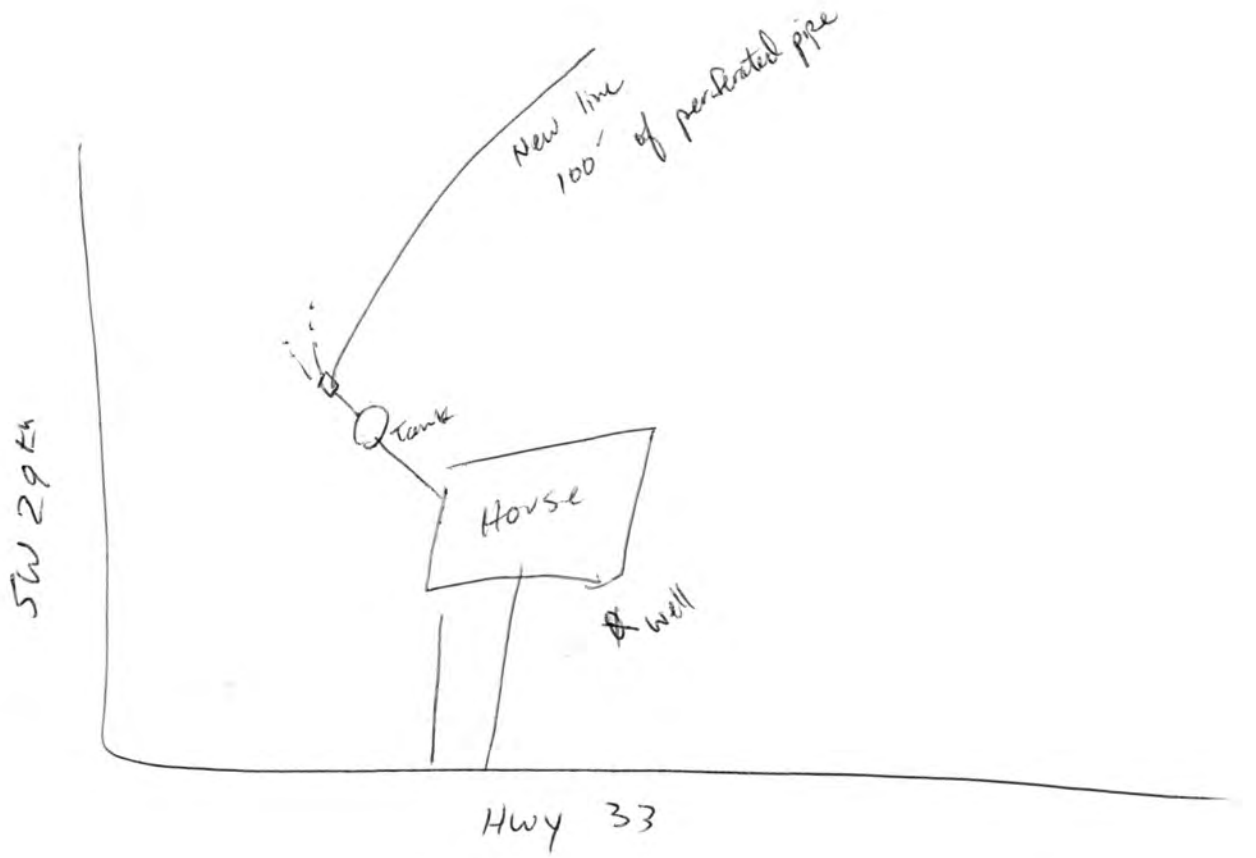
Date Collected: **04-Mar-1999 01:10 PM**
Date Received: **04-Mar-1999**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Level

Note: see reverse side of report for description of acronyms and data qualifiers

This sample was damaged. (by LAB?) Lab sent replacement sample bottle and Form

P7673-1


N
New line
100' of perforated pipe
Tank
Horse
well
SW 29th
Hwy 33