LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 975-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

July 7, 1977 — THIS PERMIT EXPIRES

Leonard F. Hartwig — ISSUED TO

460 Crystal, Lyons, NE 68038 — ADDRESS

T8N; R6E; Section 21 NW¼; North 465' of West 650' of Lot 30 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	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

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. 975-C

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

DATE: June 17, 1976

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

NORTH 465' OF WEST 650' OF LOT 30 I.T.

1. Legal description of property: Twp. 8N ; Range 6E ; Section 21 NW¼
Block ____ ; Lot 30 I.T. ; Addition ____ 6.93 ac -
Street Address ____

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms three. Describe: ____
Other Use ____ ☐
Describe: ____

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

4. Distance to public sewer: None ft.

Leonard F. Hartwig
Signature of Applicant (Owner or Lessee)

460 Crystal, Lyons, Nebr. 68038
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/22/76. Date Frwd. 11/23/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 1-7-77. Date Frwd. ____. ACTION: Approved ☐ Disapproved ☒ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 1/7/77. Date Frwd. 1/7/77. ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

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. 975-C

DATE: June 17, 1976

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 21 NW¼ NORTH 465' OF WEST 659' OF LOT 30 I.T.
; Block ; Lot 30 I.T. ; Addition .
Street Address .

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms three
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).

Leonard J. Starling
Signature of Applicant (owner or lessee)

460 Crystal, Lyons, Nebr. 68038
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 3/24/77 by: L.C.H.
Date: 4-1-77 by: jw
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 4/22/77
by: Jerrold C. Pool

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-1-77 by: James Wevelka

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. 925-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range R6E
Section & ¼ Sect. 26 NW¼
Property Dimensions: ___ ft. x ___ ft.
Area: 122 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Leonard F. Hartwig
Address 460 Crystal, Lyons, Nebr. 68038

Dates of Tests: 10-14 to 10-15. Weather: Precip. ___ Temp. ___°

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"	10-14	10:00	10-15	1:00	10-15	1:00	20	1:30	18	30 min	2	30 / 2
2	36"	10-14		10-15	1:00	10-15	1:00	20	1:30	17½	"	2½	30 / 2½
3	36"	10-14		10-15	1:00	10-15	1:00	19	1:30	18	"	1	30 / 1
4	36"	10-14		10-15	1:00	10-15	1:00	21	1:30	19	"	2	30 / 2
5	36"	10-14		10-15	1:00	10-15	1:00	20	1:30	17	"	3	30 / 3
6	36"	10-14	10:05	10-15	1:00	10-15	1:00	21	1:30	18	"	3	30 / 3

Sum of Percolation Rates 13½
Average of Rates: 2.25
Mean of Rates: 30 min / 2.25 in.

Jerry Bouma
Signature of Person Conducting Test

Address Faith, Nebr.
Phone: 791-5730 - 791-5760

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 13 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: November 22, 1976

Gerrold C. Hoob
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)

FILE NO. 975-C

SPECIFICATIONS

DATE: June 17, 1976

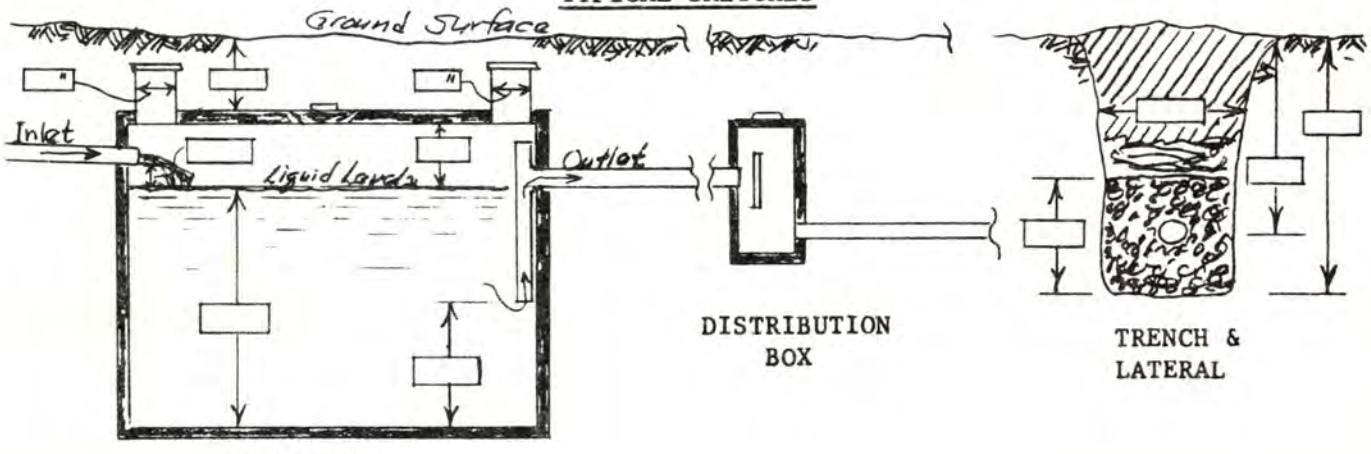
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___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 ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 136 or 181 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 or 36 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 13 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

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. 975-C

SPECIFICATIONS

DATE: June 14, 1976

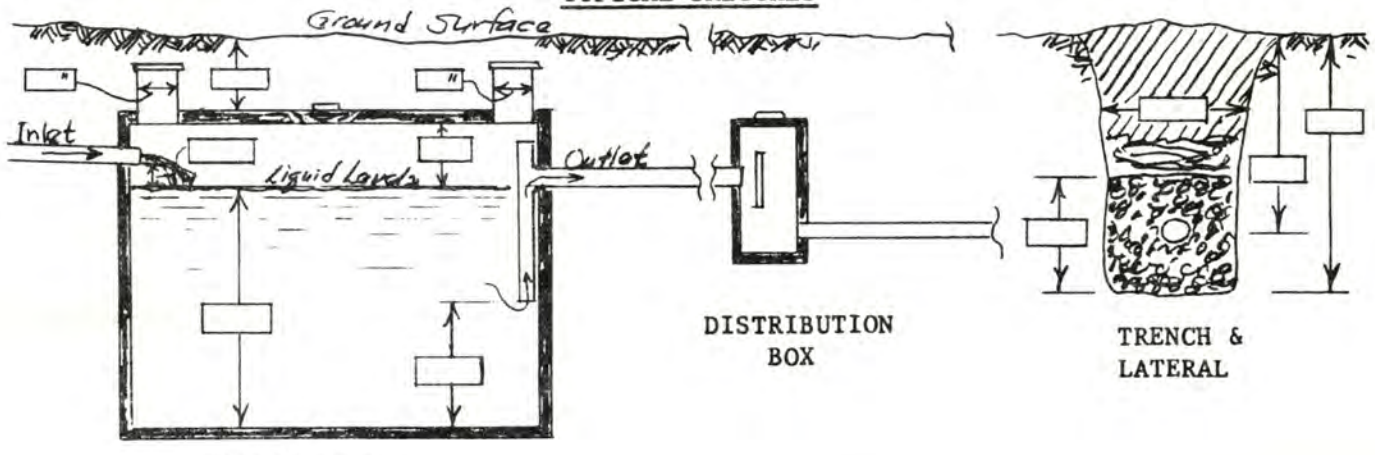
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___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 ____ft.

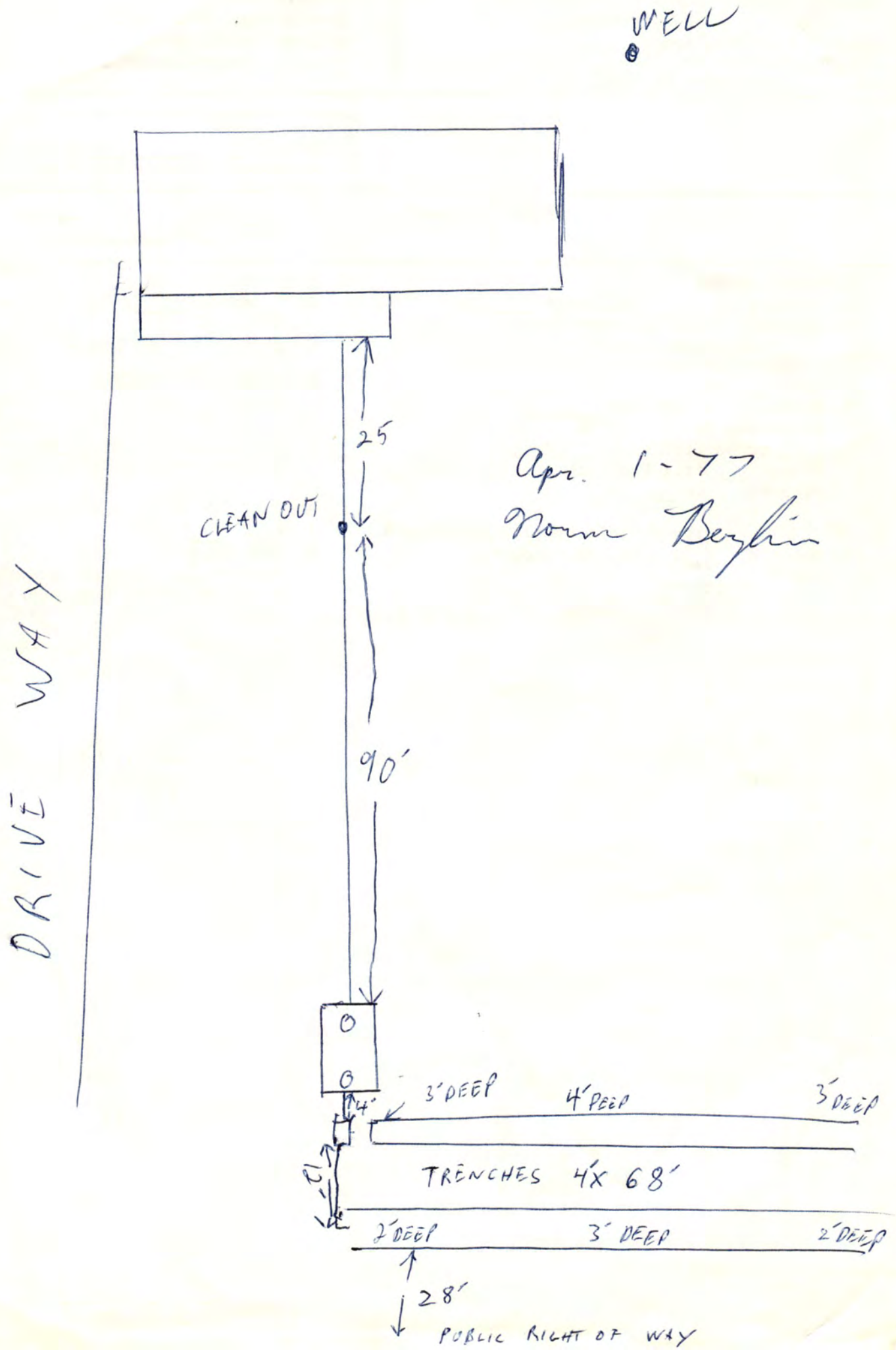
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____ No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant



Apr. 1-77
Norm Berglin

007

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

Legal Description of Property: Street Address 2205 W. Rock Road 3228

Twp 8N Range 6E Section 21 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Lots 50 & 51 NW 1/4 Centerville 21-8-6 4SN 3/4 mile WEST of Centerville on Hwy 33)

Location of Well West of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of House Year Installed 1977

SELLER REQUEST TO BE PRESENT WHEN INSPECTED

	NAME	ADDRESS	PHONE
Present Owner:	LEONARD HARTWIG	2205 W. ROCA RD BOX 66 E RR1 MARTEL NE 68404	794-4005
Tenant/Buyer:	RUSSEL ROBERTSON	8700 SW 12 LINCOLN NE 68523	421-6443
Return to:	NEBRASKA TITLE	5635 "O" STREET SUITE 101 LINCOLN NE 68510	486-4900

Signature of Applicant Russel Robertson Address 8700 S.W. 12th Lincoln NE. 68523 Date 12/16/96

HEALTH DEPARTMENT USE ONLY

Date Received 12/26/96 Received $150.00 Check ☑ Cash ☐ #2147

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 12/30/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 4.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___ See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 1/3/97

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.

WATER MICROBIOLOGY

STATE LAB NO 142749

COMPLETE INFORMATION BELOW

DATE COLLECTED 12-30-96 10:00
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. D ROTZMANN

SAMPLE LOCATION Hartwig; 2205 W. Rock Rd.

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR NW SECT 21 TWNSHP 8 (N) S RANGE 6 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

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

FOR LABORATORY USE ONLY

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

TEST(S) BY CC
FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED '96 DEC 30 AM 11:36

REPORTED DEC 31 '96 11 56

WATER CHEMISTRY

STATE LAB NO. 151262

COMPLETE INFORMATION BELOW

DATE COLLECTED 12-30-96 10:00
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Hartwig; 2205 W. Rock Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR NW SECT 21 TWNSHP 8 S RANGE 6 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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 4.2 mg/l

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

TEST(S) BY SW
FOR ACCOUNTING USE ONLY

LWN

RECEIVED '96 DEC 30 AM 11:36

REPORTED '96 DEC 31 AM 11 51

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. _____

SPECIFICATIONS

DATE: Apr 1-77

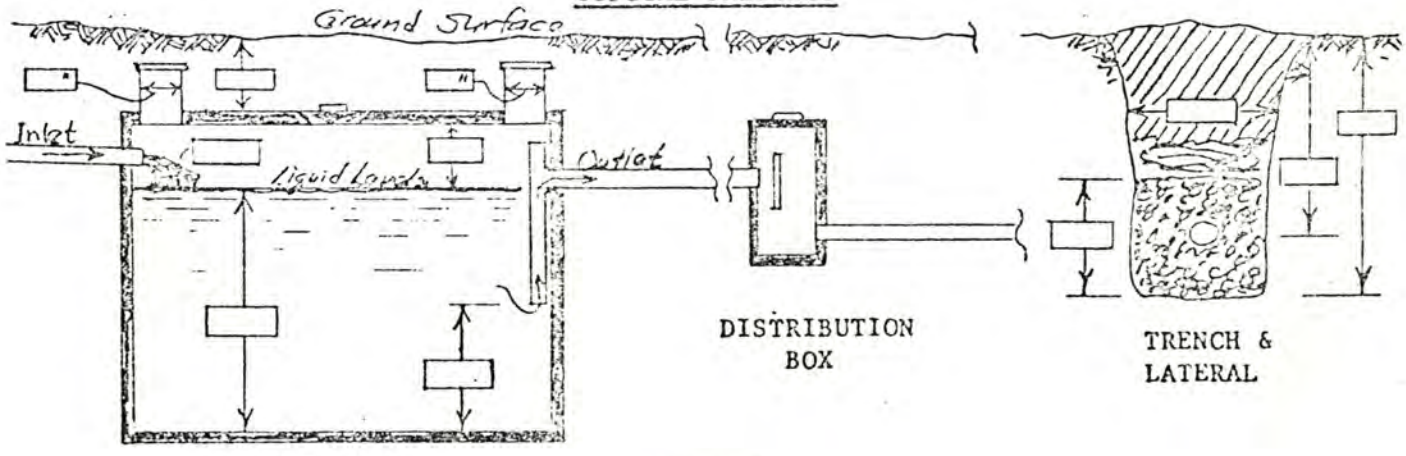
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBER GLAS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company CORR-A-GLAS
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade 8 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 8 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material CONCRETE; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST No ☐
3. Dimension: Length ____in.; Width ____in. Depth ____in.
4. Distance from Septic Tank 4 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 2; Length of each line 68 ft
Total length of Laterals 136 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber GLAS
asbestos ☐; clay ☐; other _____
Distance between lateral lines 8 ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant