LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1599-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 12, 1980 — THIS PERMIT EXPIRES

Lawrence Ross — ISSUED TO

Box 68, Martell, NE 68404 — ADDRESS

T8N, R6E, Section 22 (Alter and Repair) — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 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: 475-6221)

FILE NO. 1599-C

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

DATE: _____

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 22 ;
Block _____; Lot 2 I.T.; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: 171' of HALF MOON LATERAL 48"

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ Over 200.00

[signature]
Signature of Applicant (owner or lessee)

Box 68 Martell, NE. 68404
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-13-79 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-13-79 by: Lon Marquart

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. 1599-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ ft. x _____ ft. Area: 11.94 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 9-10-79 to 9-11-79. Weather: Precip. 0 Temp. 85.

OWNER: Laurence W. Ross
Address: Box 68 Martell, NE. 68404

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"	9/10/79	4:30 PM	9/10	9 P.M.	9/11/79	10 AM.	12"	2 PM.	9 1/2	30	2 1/2	
2	30"	9/10/79	4:30 PM.	9/10	9 P.M.	9/11/79	10 AM.	12"	2 P.M.	9 5/8	30	2 3/8	
3	30"	9/10/79	4:30 PM	9/10	9 P.M.	9/11/79	10 A.M.	12"	2 PM.	9 3/4	30	2 1/4	
4	30"	9/10/79	4:30 PM	9/10	9 P.M.	9/11/79	10 AM.	12"	2 PM.	9 5/8	30	2 5/8	
5	30"	9/10/79	4:30 PM	9/10	9 P.M.	9/11/79	10 AM.	12"	2 P.M.	9	30	3	
6	30"	9/10/79	4:30 PM	9/10	9 P.M.	9/11/79	10 A.M.	12"	2 PM.	8 3/4	30	3 1/4	

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

Landis I. Ross
Signature of Person Conducting Test
Address Box 68 Martell, NE. Phone 794-6735

(Do not write below this line)

REVIEWING ACTION

Remarks: Rather fast for Wymore clay loam
Soil Type (SCS): Wymore clay loam grading into Morrill clay loam
Date: September 11, 1979

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: 8-23-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. T 8 N ; Range R 6 E 6th pm; Section 22 ;
Block ; Lot 21 Irregular ; Addition .
Street Address RFD MALCOLM .
Directions on how to get to property 14 miles Southwest of Lincoln & 1 mile North of Sprague & 1 mile East of Martell. (Out 77 to Crete Corner, 2 miles to Sprague turn South and go 1 mile E side ¼ mile lane N'd 2 stories house, white trim
Location of well Behind house 55. South of house, 400 ft. tank underground .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	Larry Ross	Rfd Malcolm Martell Box 68	794-6735
Tenant:			
Lending Agency:	State Federal Savings	4000 S. 27th, Lincoln Attn: Mike Eberl	435-3571

(Do not write below double lines)

Health Department: Date Received 8-24-79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 8-28-79 by mm
Date 9-13-79 by mm
Date 9-20-79 by mm (no power)
10/3/79 by L.C.H.

Diane K. Kuggey
Signature of Applicant
423-5966

4633 Hallcliffe, Lincoln, Ne
Address
488-658 office

PRELIMINARY STATUS -- DATE 8-28-79

Water System:
Approved ☐ Disapproved ☒

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval well pit. Sewage discharging to ground surface, with pressure line 4 feet within 200 ft. Total old tank within 50 ft. of existing well. All these problems must be corrected before approval can be given.

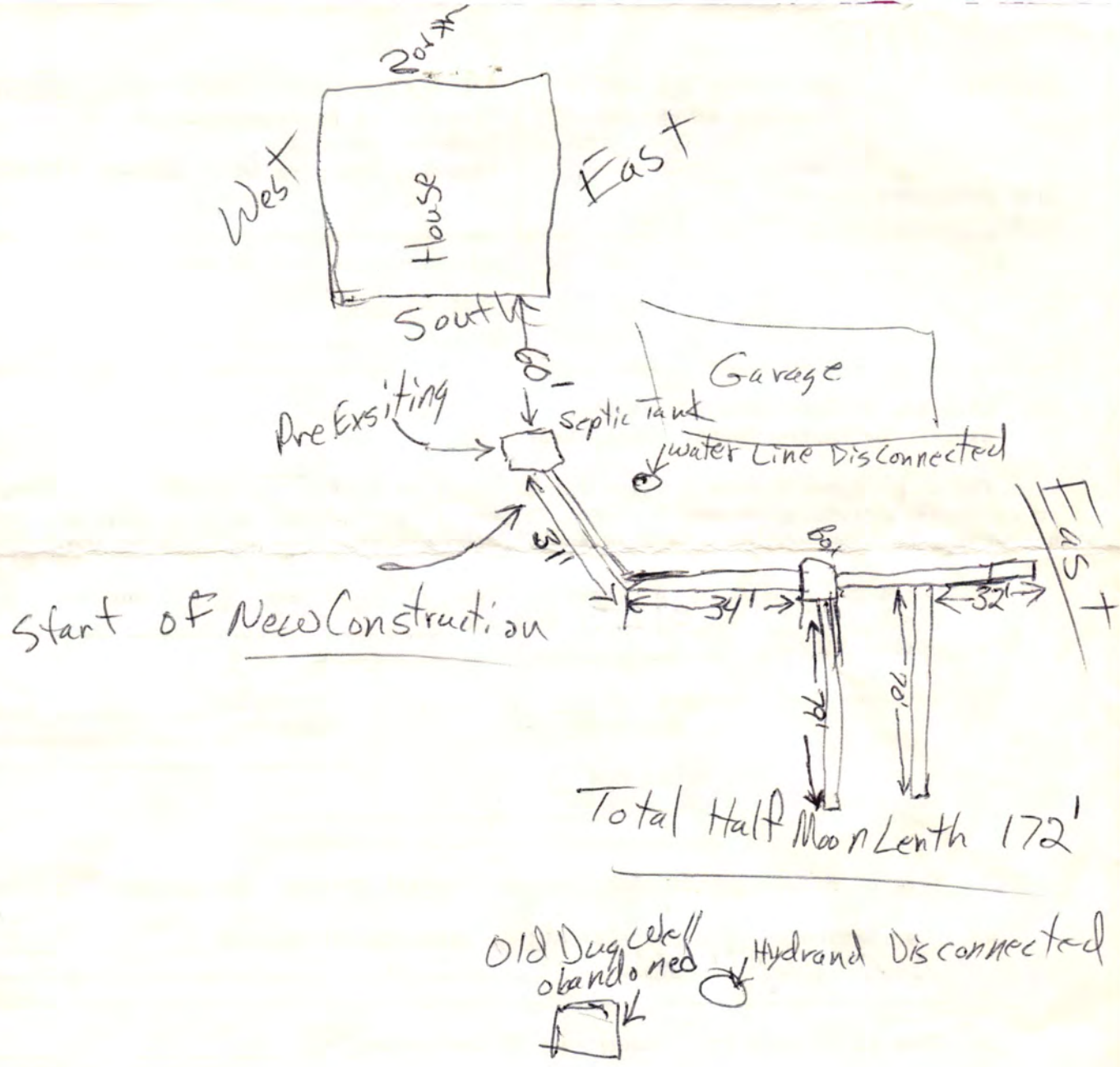
☒ See Attached Letter.

FINAL APPROVAL -- DATE 10/4/79 CORRECTIONS HAVE BEEN MADE

Water System ☒ . Sewage Disposal System ☒ .

BY Gerald C. Nagel

Form Number 20215-0878



9-13-74

Leonard Kern

001

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 17100 SW 14 3268

Twp 8N Range 6E Section 22 1/4 SW 1/4 Block ___ Lot 21 Addition ___

Directions to Property Hwy 77 So to Hwy 33 - West on 33 2miles So at Centerville Gas Sta - 1 Mi - Driveway on Eastside - 2 story Brown House

Location of Well NE Side of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System South of Driveway Year Installed Unknown

	NAME	ADDRESS	PHONE
Present Owner:	Scott E. & Yvonne Arner	Rt. #1, Box 74 Martell, NE 68404	794-4007
Tenant/Buyer:	N/A		
Return to:	First Commerce Mortgage Co. ATTN; Mark Haley	P.O. Box 81231 Lincoln, NE 68501	434-4959

Signature of Applicant Scott E. Arner Address Rt. #1, Box 74 Martell, NE 68404 Date 3/15/97

HEALTH DEPARTMENT USE ONLY

Date Received 03/17/97 Received $150.00 Check ☒ Cash ☐ #2852

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/19/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 4.9 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. FOUND NO EVIDENCE OF MAL FUNCTION.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/21/97

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.

'97 MAR 20 PM 1 36

REPORTED

'97 MAR 19 PM 3 47 RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 6146

DATE COLLECTED 3 (MO.) 19 (DAY) 97 (YEAR) 11:37 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SCOTT ARNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 22 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: ☒ 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

FOR ACCOUNTING USE ONLY

LWB 91

'97 MAR 20 PM 3 30

REPORTED '97 MAR 20 PM 3 47

RECEIVED '97 MAR 19 PM 3

WATER CHEMISTRY

STATE LAB NO. 157-1699

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO.) 19 (DAY) 97 (YEAR) 11:37 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SCOTT ARNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 22 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 4.9 mg/l

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

TEST(S) BY lw

FOR ACCOUNTING USE ONLY

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

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: 11-30-87

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00 #150.00

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 22; BLOCK ____

LOT 21 I.T.; ADDITION _____; Street Address R R 1, MARTELL NE

Directions to Property HWY 77 South 2 Corn Corners - West 2 miles on HWY 33 to Crittenden - South 1 mile - Behind School 2 BLOCKS EAST STEVE BROWN 2 STORY ASHER

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	DOUG - DEANNA KUPPIG	R R 1, MARTELL, NE	794-6765
Tenant/Buyer:	SCOTT - YVONNE ARNER	7025 YOSEMITE LINCOLN NE	
Return to:			

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

Signature of Applicant Roger C Hare - Woods Bros Address 3201 Pioneer Blvd. Lincoln, NE 68502

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received NOVEMBER 30, 1987 Received ~~$75.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE DECEMBER 4 1987

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 12/4/87 by JC
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: THIS SEWAGE SYSTEM WAS REWORKED IN 1979 SO PORTIONS OF IT PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL THERE WAS NO VISUAL EVIDENCE OF MALFUNCTION. See Attached Letter ☐

IF THE SEPTIC SYSTEM HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

FINAL STATUS

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

APPROVED BY _____ DATE DECEMBER 7, 1987

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (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. 12/4/89 3:27pm (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 22, T8N, R6E (29-41)
LOT 21 I.T.

NAME AND ADDRESS OF OWNER

DOUG KUPPIG
R.R. #1
MARTELL, NEBRASKA

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. #3 (44-47)

DATE EXAMINED 12-4-89 (48-53)

COLIFORM 0 /100 mL (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE 2.8 STATE TEST 12-5-89 mg/LITER (61-64)

TPC ____ /100 mL (65-68)

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjf (76-79)

IN 12-4-89 4/08 mjf

OUT 3:40 p mjf

'89 DEC -5 P4:27

REP.

REC.

C-4 P4:02

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 159-11279

DATE COLLECTED 12 (Mo.) 4 (Day) 89 (Yr) 3:27 P.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DOUG KUPPLE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 22 TOWNSHIP 8 N RANGE 6 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

...LABORATORIES

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 2.8 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET

FOR ACCOUNTING USE ONLY

LRWC 85