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. 90890063201

Issued 08/22/90
Expires 02/22/91

ESTABLISHMENT
TERRY KRUEGER
T8N R6E SEC 24 QTR SE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
TERRY KRUEGER
RROUT
BOX 00010
ROCA NE 68430

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/24/90	PAID

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

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: $ 150.00

FILE NO. _____

DATE: 8-21-90

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. 8 north ; Range 6 east ; Section 24 ;
   Block NE 1/4 : Lot SE 1/4 : Addition _____
   Street Address 1/2 mile so 25 & Roca Rd
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ Lagoon
4. Distance to public sewer: — ft.

Must be sealed

Terry J. Krueger
Signature of Applicant (Owner or Lessee)

RT 1 Box 10, Roca, NE. 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/22/90. Date Frwd. 8/22/90. ACTION: Approved ☒ Disapproved ☐ Signature: Conrad C. Head
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-23-90. Date Frwd. 8-23-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen
3. City or County Engineer: Date Rec'd. 8/23/90. Date Frwd. 8/28/90. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/14/90 by: L.C.H.
Date: 11-29-90 by: mm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-29-90 By: Ron Magnuson

FORM 23-43

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 north; Range 6 east; Section & ¼ Section 24 - NE¼.
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 8-16-90 to 8-17-90. Weather: Precip. 0 Temp. 87.

OWNER: Terry L. & Kathryn L. Krueger

Address: RT 1 BOX 10
Roca NE 68430

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	36	8/16	10:30 AM	8/16	9:45 PM	8/17	11:45 AM	18	12:15 PM	18 1/4	30	1/4	120
2	36									18 1/8		1/8	240
3	36									18 1/8		1/8	240
4	36									18 1/8		1/8	240
5	36									18 1/4		1/4	120
6	36	8/16	10:30 AM	8/16	9:45 PM	8/17	11:45 AM	18	12:15 PM	18 1/4	30	1/4	120

Sum of Percolation Rates: 1080
Average of Rates: 180
Mean of Rates: _____

Terry L. Krueger
Signature of Person Conducting Test

Address RT 1 BOX 10 Roca NE 68430 Phone 794-5855

(Do not write below this line)

REVIEWING ACTION

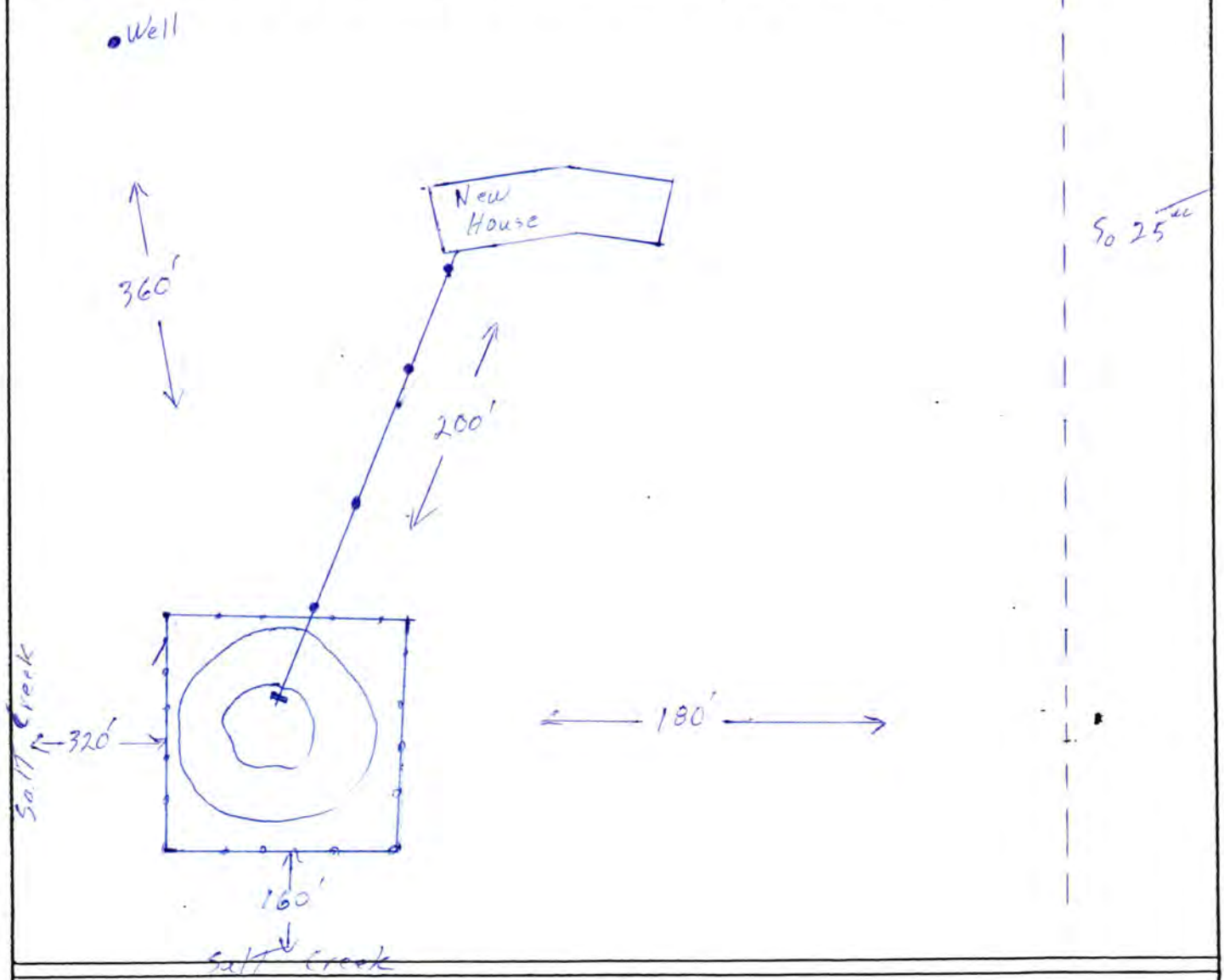
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 22, 1990

Jerrold C. Hood
Signature of Reviewing Official

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: 471-7800 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

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



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____

Signature of Reviewing Official

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. 3 (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY T8N, R6E, 24 NEW WELL County (6-7)

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

DATE COLL. 10-17-89 (9-16) MO./DAY/YR./HOUR BY mm (17-28)

ADDRESS OR LOCATION well tap. (29-41)
1/2 mile S. of Roca on 25, on W. side

NAME AND ADDRESS OF OWNER

Terry Krueger
Rt #1 Box 10
Roca, NE 68430

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

IN

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. _____ (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM _____ (54-56) /100 mL.

FLUORIDE _____ (57-60) mg/LITER

NITRATE _____ (61-64) mg/LITER

TPC _____ (65-68) /100 mL.

LAB. PROCEDURE _____ (69-75)

ANALIZED BY _____ (76-79)

OUT

'89 OCT 17 P3:27 REC. '89 REP. OCT 19 A10:41

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 15 9320

DATE COLLECTED 10 (Mo.) 17 (Day) - 89 (Yr) 0900 (Hour)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION T. Krueger

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLC HD

2200 S. Mays

Lincoln NE

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 10.4 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