# 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. 92380079701

Issued 02/11/92
Expires 08/11/92

ESTABLISHMENT

KENT APTHORPE
T8N R6E SEC 30
BLUESTEM HEIGHT ADD BLK 5 LOT 2
4301 W BLUESTEM ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KENT APTHORPE
2925 RALEIGH ST
LINCOLN NE 68516

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 2/14/92 | 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: 2-10-92

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 30 ;
   Block #5 : Lot 2 : Addition Bluestem Height Addition
   Street Address 4321 W Bluestem Road

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: > 1 mile ft. Must Be sealed

Kent Grieve
Signature of Applicant (Owner or Lessee)

2925 Raleigh Lincoln Nebr 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/11/92. Date Frwd. 2/11/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-11-92. Date Frwd. 2-11-92. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen

3. City or County Engineer: Date Rec'd. 02/11/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☒ Signature: Judy Allerman

REMARKS OR REASONS FOR DISAPPROVAL _____

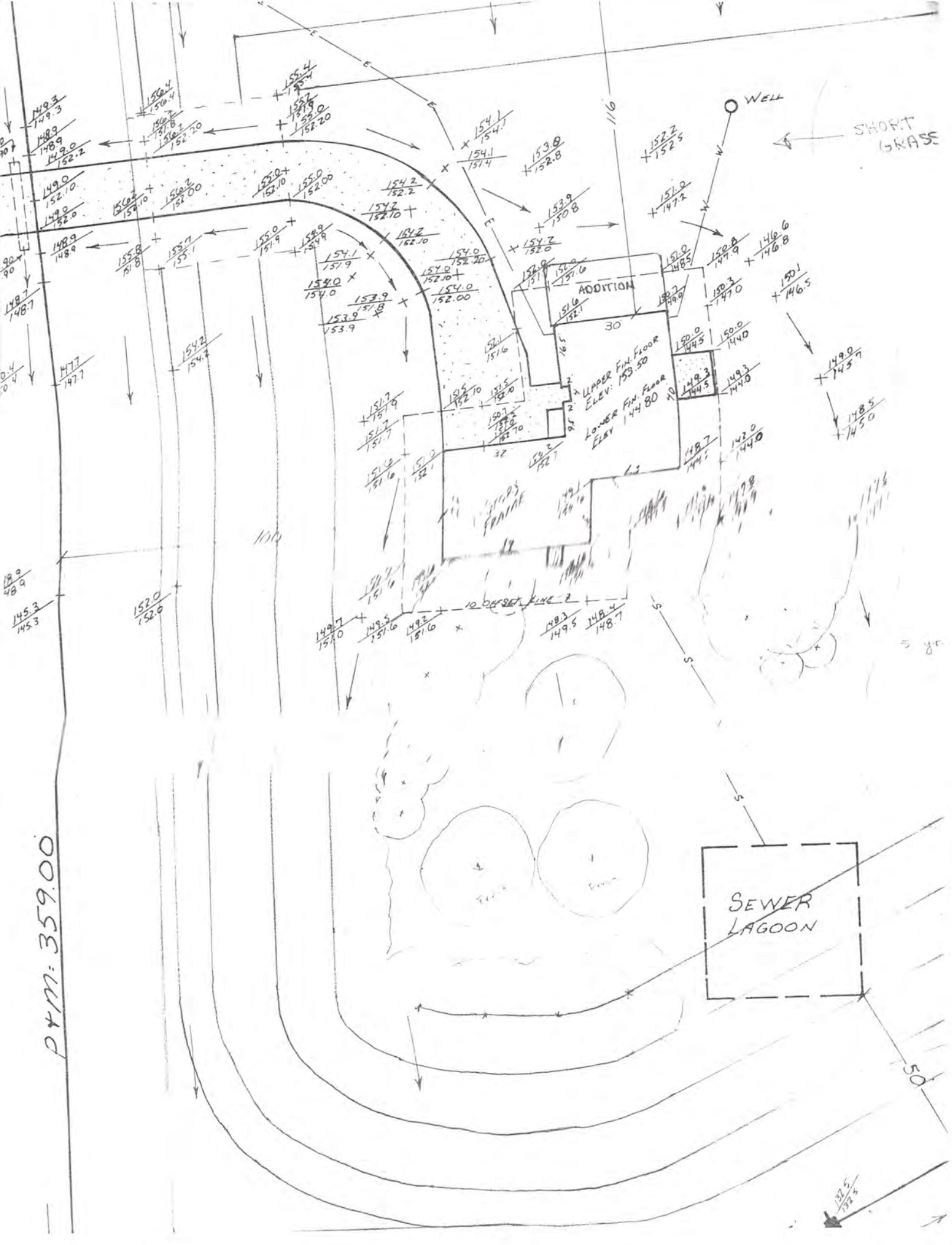
Site Visits:
Date: 5/6/92 by: JC
Date: 6/16/92 by: JC
Date: 6/19/92 by: JC

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/19/92 By: John Chen *

* Provisional Approval ~~Expiration~~ based on Fencing & backfilling - letter sent

FORM 23-43


WELL
SHORT GRASS
ADDITION
UPPER FIN. FLOOR ELEV. 153.50
LOWER FIN. FLOOR ELEV. 144.80
SEWER LAGOON
P.I.M. 359.00

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: 5-6-92

FILE NO. _____

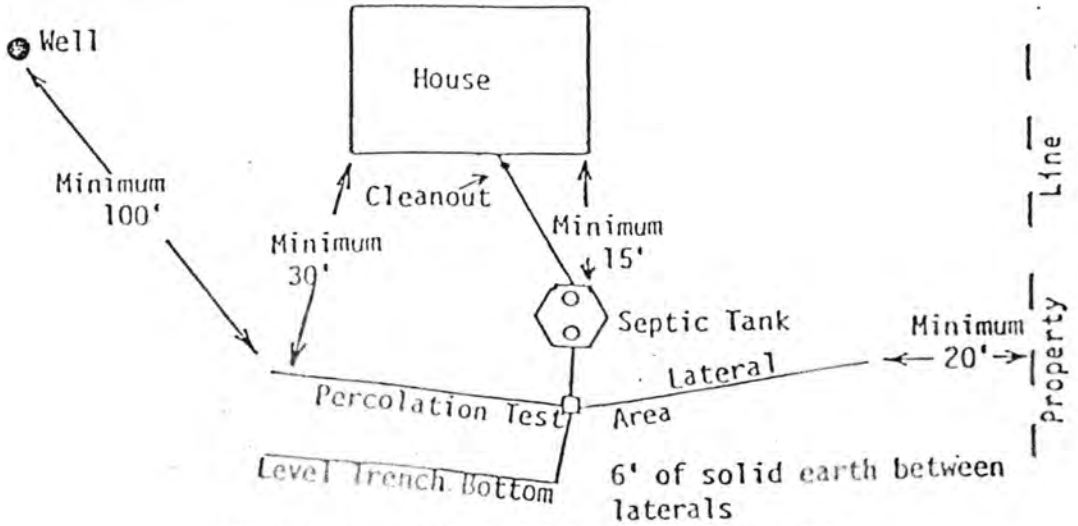
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material D2241; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank — ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 102' ft.; Stream — ft.; Pressure Line — ft.; Property Line 75' ft.

X 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.

X C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

X 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

4301 W Bluestem Rd

# APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: 6-8-92

30-86

Legal Description of Property BLS 18 T 2 Bluestem Heights Addition
Directions to Property 1.2 miles South of Hiway 33 to west Bluestem Rd 200yds west South side of Rd

Land Owners
Name: Scott & Sharrill Ludtke
Address: 4301 West Bluestem Rd
Phone: 466-2787

Send Results to:
Name: Leader Federal C/O Tom
Address: 100 N 56th Suite 107 Erickson
Phone: Lincoln Nebr 68504

Land Owners Signature Kent F Gethen (Builder) For owner

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

| | |
|---|---|
| Approximate Depth of well | 195' |
| Casing Material | PVC |
| Casing Diameter | 4" |
| Is well located in a pit | yes |
| Type of pump | 3/4 Horsepower |

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

| | | | |
|---|---|---|---|
| HOUSE FOUNDATION | 80 (distance) | FEET | U/(D) |
| CESSPOOL | 190 | FEET | U/(D) |
| SEPTIC TANK | | FEET | U/D |
| SEWAGE DISTRIBUTION FIELD | | FEET | U/D |
| WASTE STABILIZATION LAGOON | | FEET | U/D |
| BARN YARD | | FEET | U/D |
| NEAREST WELL | | FEET | U/D |
| NEAREST PASTURELAND | | FEET | U/D |
| NEAREST CROPLAND | | FEET | U/D |
| SHOP | | FEET | U/D |
| GRAINERY | | FEET | U/D |
| FUEL TANKS | | FEET | U/D |
| OTHER POTENTIAL CONTAMINATION SOURCE | | FEET | WHAT? |

ADM.0002/34

6-10-92 Samples collected

# OLOGICAL EXAMINATION OF DRINKING WATER

PLE TO BE COLLEC D 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 6/9/92 (MO./DAY/YR./HOUR) (9-16) BY John Chess (17-28)

ADDRESS OR LOCATION 4341 Bluestem — (29-41)

NAME AND ADDRESS OF OWNER

John Chess (Apthrope)
Env. Health
2201 Stmarys
Lincoln Ne

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. 42-13526 (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE _____ (57-60) mg/LITER

NITRATE _____ (61-64) mg/LITER

TPC _____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY CC (76-79)

IN JUN 10 P2:16 '92

OUT JUN 11 P3:

# WATER CHEMISTRY

STATE LAB NO. 15

COMPLETE INFORMATION BELOW

DATE COLLECTED 06 (MO.) 10 (DAY) 92 (YEAR) 1:35 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Outside faucet / Front Door

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR ____ SECT 30 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:
John Chess (Apthorpe)
ENV. Health
Lincoln NE
68502

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

REPORTED JUN 12 '92 P2:43

RECEIVED JUN 10 P2:16

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

## NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 2.3 mg/l

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

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

4301 West Bluestem Road
Wellmann Plumbing

