LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1246-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 21, 1978 — THIS PERMIT EXPIRES

MRS. AUDREY GILLIAM — ISSUED TO

PLEASANTEDale, NE 68423 — ADDRESS

T8N, R6E, Section 30, Block 6, Lot 1, Addition Bluestem Heights

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-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. 1246-C

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

DATE: Dec 20, 1977

The undersigned hereby requests SITE CLEARANCE 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 6 ; Lot 1 ; Addition Bluestem Heights
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Mrs. Audrey Gilliam
Signature of Applicant (Owner or Lessee)

Pleasant Dale, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/21/77. Date Frwd. 12/21/77.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12/21/77. Date Frwd. 12/21/77.
ACTION: Approved ☐ Disapproved ☒
Signature: Williamson

3. City or County Engineer: Date Rec'd. 12-21-77. Date Frwd. 12-21-77.
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. 1346-C

DATE: Dec. 20, 1977

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 30 ; Block 6 ; Lot 1 ; Addition Bluestem Heights.
Street Address _____.

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

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Pleasant Dale, Nebr
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7/7/86 by: J.C.H.
Date: 8/12/86 by: J.C.H.
Date: 8/12/86 by: J.C.H.

3. Date: Approved ☒; Disapproved ☐ 12/21/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ by: _____

* PIPE LINE COVERED WITHOUT INSPECTION.

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. 1246-C

SPECIFICATIONS

DATE: _____

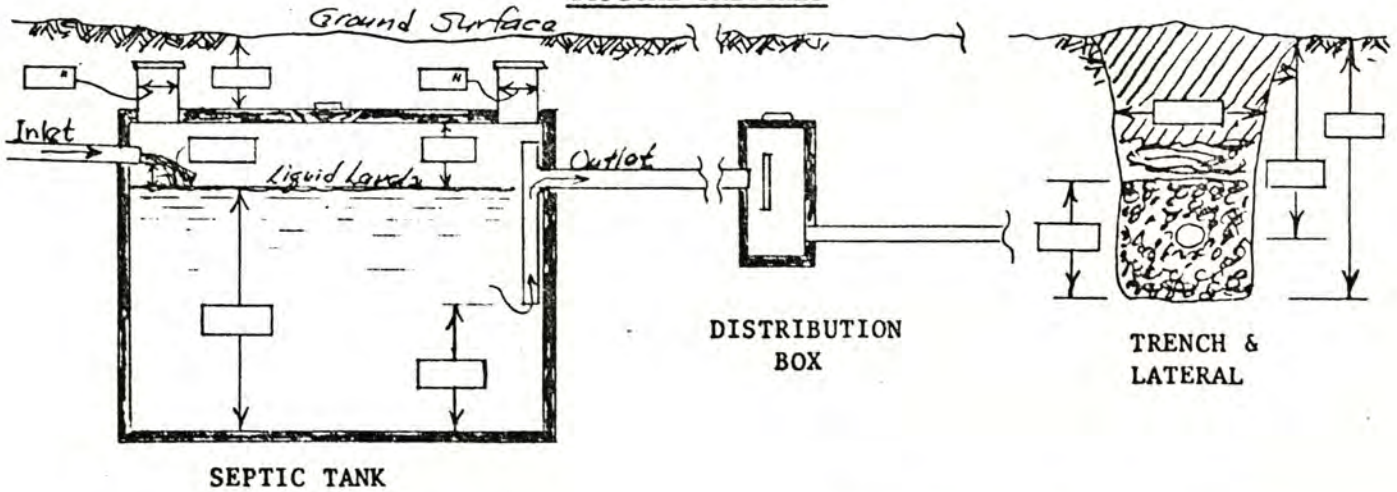
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

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 474-1541)

FILE NO. ~~1346~~ 1346-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: _____ to _____. 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				
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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)

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

_____
Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

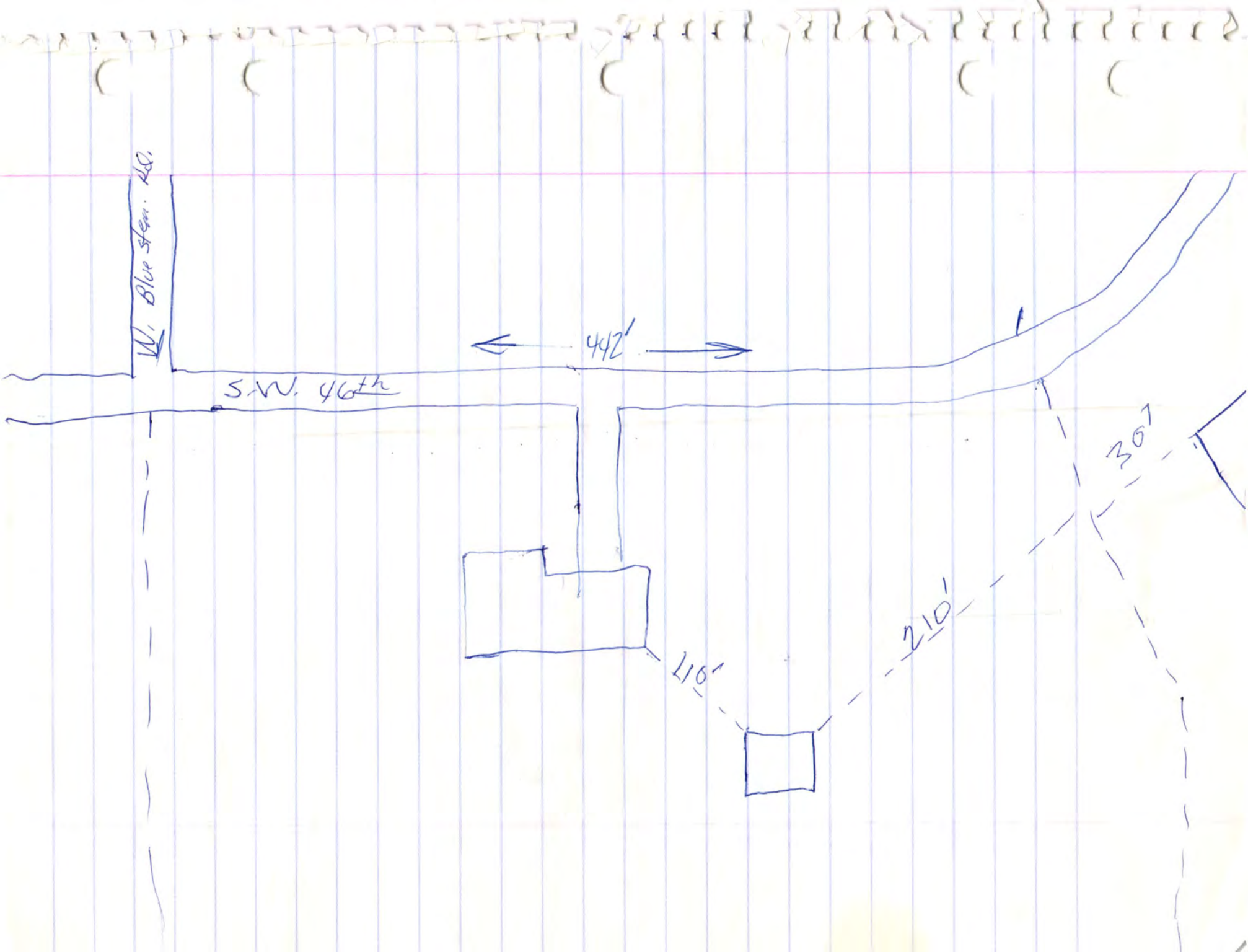
REMARKS: _____

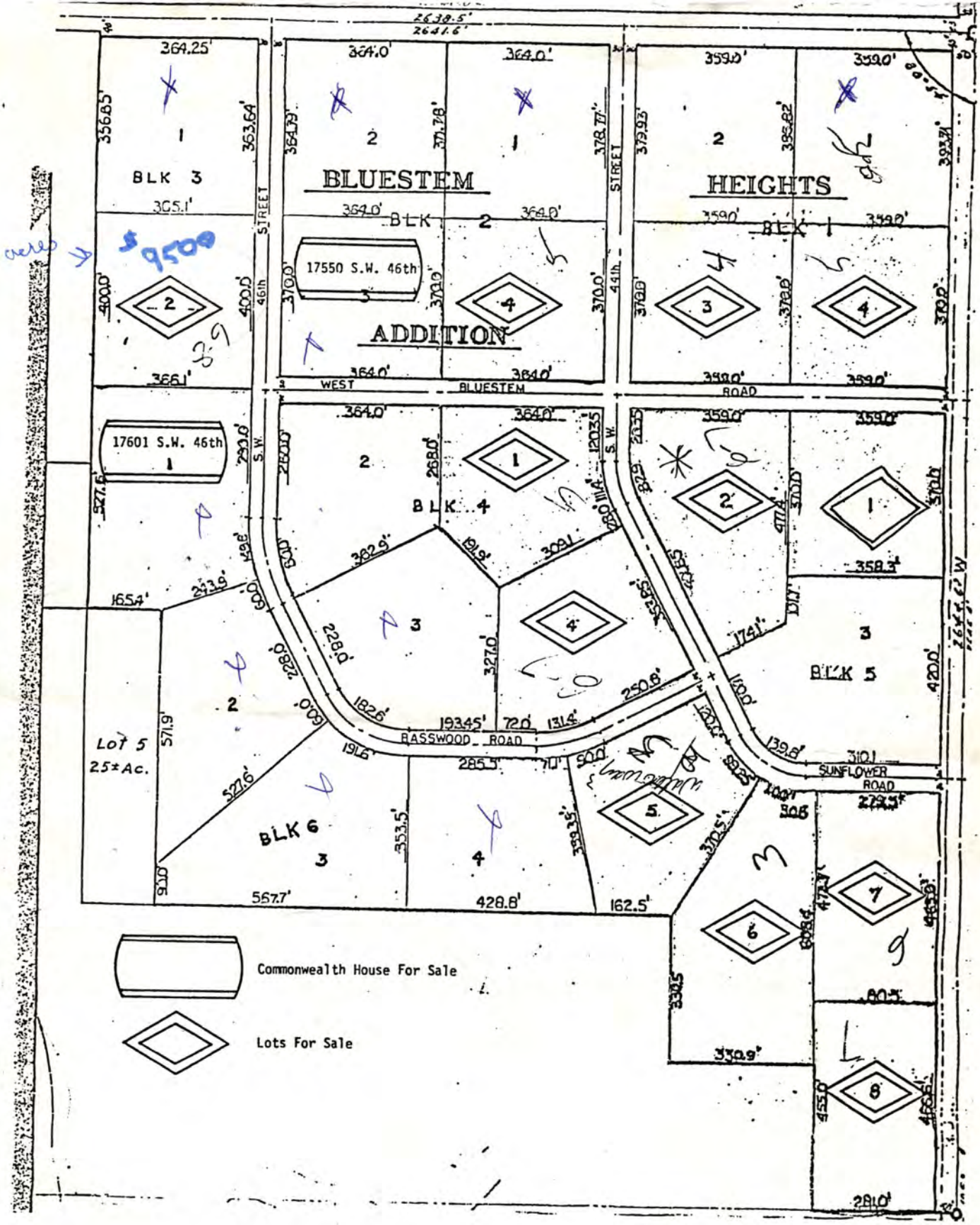
DATE: _____

To be performed

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

_____
Signature of Reviewing Official


W. Blue Stem. Rd.
S.W. 46th
442'
30'
210'
110'


BLUESTEM
ADDITION
HEIGHTS
BLK 3
BLK 2
BLK 1
BLK 4
BLK 5
BLK 6
17550 S.W. 46th
17601 S.W. 46th
WEST BLUESTEM ROAD
BASSWOOD ROAD
SUNFLOWER ROAD
STREET
Lot 5
2.5± Ac.
Commonwealth House For Sale
Lots For Sale

013

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 2/13/92

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

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 30 ; BLOCK 6

LOT 1 ; ADDITION BLUESTEM HEIGHTS ; Street Address 17601 SW 46th St.

Directions to Property 1 mile west of Martell on Martell Rd.

Location of Well Front Yard - Tap Location: Inside ☒ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Robert Miller	17601 SW 46th	794-4758
Tenant/Buyer:	SAME		
Return to:			

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

Signature of Applicant Robert A. Miller Address 17601 SW 46th Martell 68464

==========

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 13, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/14/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 2/14/92 by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 2/19/92 by J.C.H.
Nitrate 4.0ppm	☒	☐	Disapproved:	☒	Date _____ by _____

Comments: LAGOON NEEDS MORE WATER IN IT. NEED CLEANOUT ON THE DIKE REPAIRED. GROUND AROUND WELL IS MOUNDED RIGHT UP AGAINST AIR VENT. Corrected 2/19/92 J.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE FEBRUARY 21, 1992

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

WATER CHEMISTRY

STATE LAB NO. 15 803

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO) 14 (DAY) 92 (YEAR) 9:43 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROBERT MILLER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 30 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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 4.0 mg/l

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

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED FEB 14 '92 A10:25

REPORTED FEB 14 '92 P5:37

004

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 17601 SW. 46th Mantell

Twp 8N Range 6E Section 30 1/4 ___ 1/4 ___ Block 6 Lot 1 Addition BLUE STEM HEIGHTS

Directions to Property W on Hi 33 to SW 42nd St. South 1 mile to Mantell Rd, West 2 blks to SW 46th - South to 17601 SW 46th

Location of Well in front of House in flowerbed Tap Location: Inside ☑ Outside ☐

Location of Sewage System SW of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Miller	17601 SW 46th	794-4798
Tenant/Buyer:	Leslie Knorr	926 Oak St	435-3258
Return to:	Kasey Hartman	Woods Bros Realty Inc 3201 Pioneers Blvd - 68502	430-8144 434-3661

Signature of Applicant Kasey Hartman Address 3201 Pioneers Blvd Lincoln Date 8/12/96

HEALTH DEPARTMENT USE ONLY

Date Received 8/12/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/13/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria LAB PHONE	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 8.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED A LOCK ON LAGOON GATE. ALTHOUGH NITRATE LEVEL OF WATER SUPPLY IS NOT ABOVE THE 10 P.P.M. LEVEL IT IS HIGH ENOUGH TO BE WATCHED. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/16/96

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 CHEMISTRY
STATE LAB NO. 15540
FOR LABORATORY USE ONLY
TEST METHOD: USEPA METHOD 353.2
NITRATE ANALYSIS FOR DRINKING WATER
NITRATE – N 8.2 mg/l
NOT TESTED BECAUSE OF: ☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAI
TEST(S) BY ET
FOR ACCOUNTING USE ONLY
COMPLETE INFORMATION BELOW
DATE COLLECTED 8 MO. 13 DAY 96 YEAR 1:23PM HOUR
SAMPLE COLLECTED BY JERROLD HOOD
SAMPLE LOCATION MILLER
PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER
QRTR NE SECT 30 TWNSHP 8 N RANGE 6 E
NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:
PLEASE PRINT COMPLETE ADDRESS
REPORT IS TO BE MAILED TO:
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510
NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502
RECEIVED AUG 14 96.
REPORTED AUG 14 96.

SAMPLE COLLECTED BY JERROLD HOOD
SAMPLE LOCATION MILLER
PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER
QRTR NE SECT 30 TWNSHP 8 N RANGE 6 E
NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:
PLEASE PRINT ADDRESS
THIS LAB REPORT IS 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
RECEIVED AUG 13 96.
REPORTED AUG 16 96.

WATER MICROBIOLOGY
STATE LAB NO. 14687
FOR LABORATORY USE ONLY
TEST METHOD: X MEMBRANE FILTER ☐ MPN
COLIFORM PURITY TEST FOR DRINKING WATER
TOTAL COLIFORMS 1 PER 100 ML.
☐ THE WATER MEETS BACTERIOLOGICAL STANDARD
X 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: ☐ INSUFFICIENT AMOUNT ☐ EXCESSIVE AGE ☐ IMPROPER CONTAINER ☐ DAMAGE
TEST METHOD NUMBER: NIPDWR 141.27
TEST(S) BY
FOR ACCOUNTING USE ONLY

'96 AUG 14 P1:3 REPORTED

'96 AUG 13 P3:04 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 155640

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 8 (MO) 13 (DAY) 96 (YEAR) 1:23PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MILLER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 30 TWNSHP 8 N RANGE 6 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 8.2 mg/l

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

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

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

LWN 88

WATER MICROBIOLOGY

STATE LAB NO 14 16187

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO.) 13 (DAY) 96 (YEAR) 1:23 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MILLER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 30 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 1 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

RECEIVED '96 AUG 13 P3:04

'96 AUG 15 PM 3 05