LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1362-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 11, 1979 — THIS PERMIT EXPIRES

Mrs. Bob Gilliam — ISSUED TO

Rt. 1, Pleasant Dale, NE 68423 — ADDRESS

T8N; R6E; Sect. 30; Block 6; Lot 4; Bluestem Heights — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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 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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1362-C

DATE: _____

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 6 : Lot 4 : Addition Bluestem Heights
   Street Address _____

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

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

4. Distance to public sewer: _____ ft. TO BE DETERMINED BY PERCOLATION TEST

Mrs. Bob Gillam
Signature of Applicant (Owner or Lessee)

Rt. #1, Pleasant Dale, Ne. 68423
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/78. Date Frwd. 7/11/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/11/78. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7-10-78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL 7-11-78

Site Visits:
Date: 11-15-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-15-78 By: James Weverka

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. 1362-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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.)

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:_____

Soil Type (SCS):_____

Date:_____

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

_____
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: 474-1541 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

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: 474-1541

D

DATE: _____

FILE NO. _____

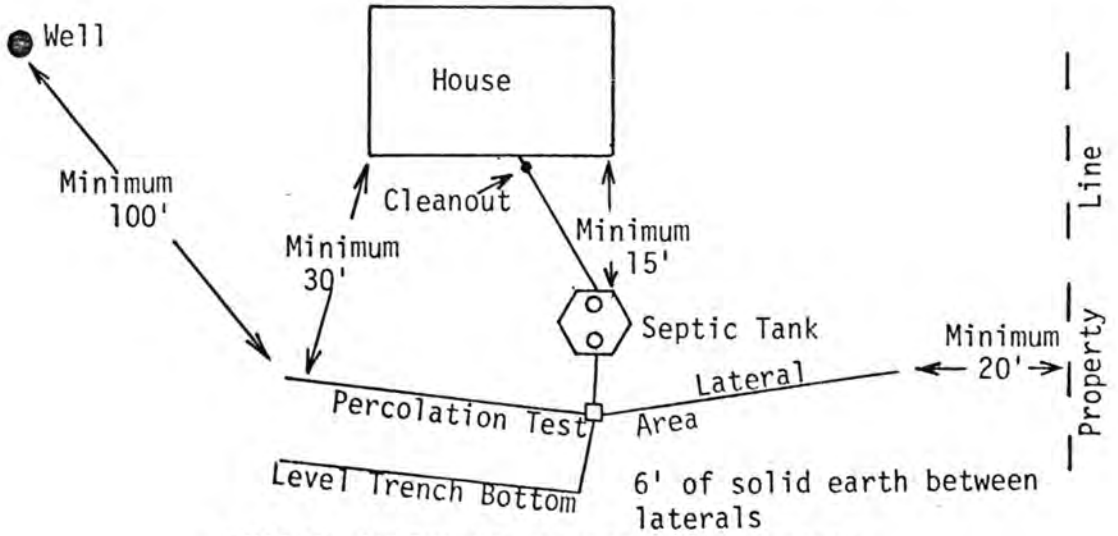
SPECIFICATIONS AS BUILT

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:
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.

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

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

TO: Jerry Hood - City-County Health Department
2200 St. Mary's Avenue
Lincoln, Nebraska

I, David Sedlacek, authorize Mr. Bob Gilliam (Builder) and Rolando Bretos, Jr. (Houseowner) to place his lagoon closer than 50 feet from my property line.

David Sedlacek

Rolando Bretos, Jr.

Bob Gilliam (Builder)

DATE: 10-13-78

Approved (Jerry Hood)

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: Nov. 14, 1978

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

in writing

Legal description of property: Twp. 8N ; Range 6E ; Section 30 ;
Block 6 ~~#8~~ ; Lot 4 ; Addition Bluestem Heights .
Street Address 4401 Basswood .
Directions on how to get to property Crete Hgway to S.W. 42 then 1 mile South to West Martell Rd .

Location of well .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	Bob Gilliam	Rt. #1 Pleasant Dale	796-3425
Tenant:			
Lending Agency:	First Federal	Clocktower 70th & A	

hold for pickup

(Do not write below double lines)

Health Department: Date Received 11/14/78
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 11-15-78 by jw
Date _____ by _____
Date _____ by _____

Mrs. Bob Gilliam
Signature of Applicant
Rt. #1 Pleasant Dale
Address

PRELIMINARY STATUS -- DATE 11-15-78

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

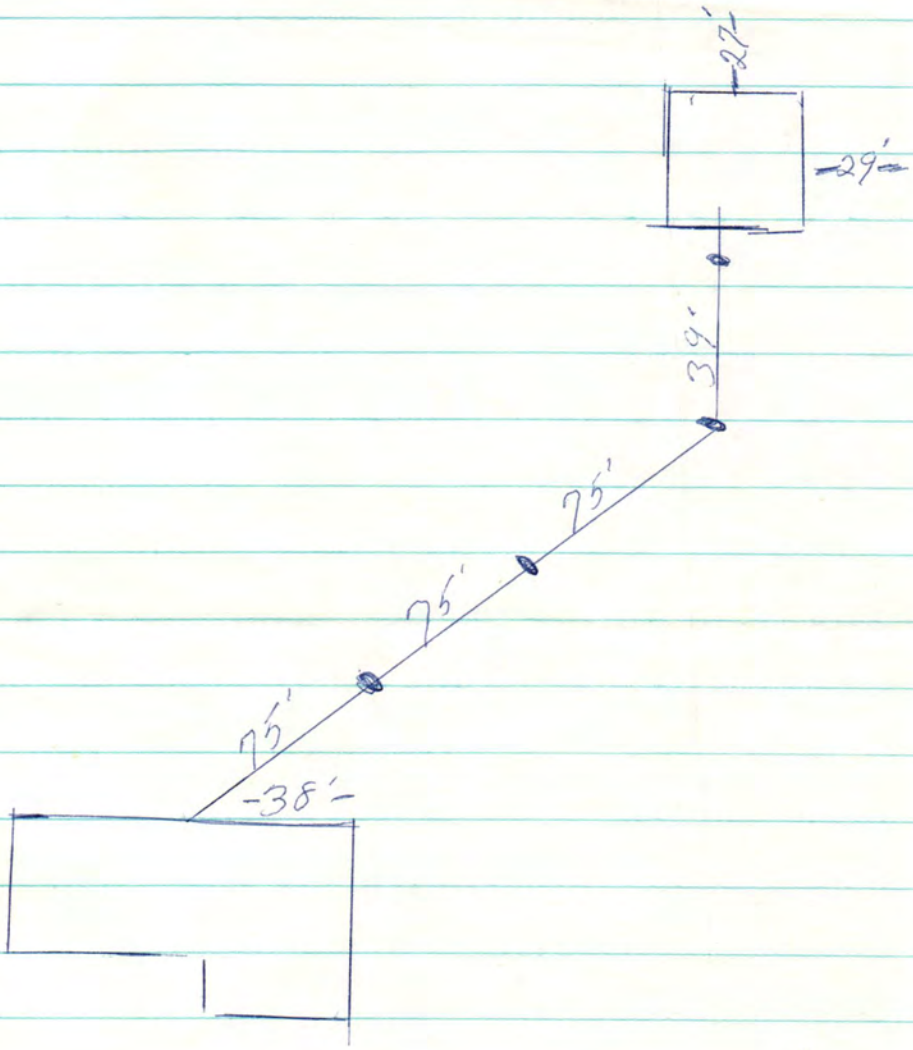
Corrections Required or Reasons for Disapproval .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 11-16-78

Water System ☒ . Sewage Disposal System ☒ . By James Weverka

Form Number 20215-0878



4401 Basswood

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACC ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 7/29/92 (9-16) BY John Chess (17-28)

ADDRESS OR LOCATION 4401 Basswood / 11:00am (29-41)

8N 6E S30 BKG LOT 4 Bluestem

NAME AND ADDRESS OF OWNER

Lincoln Health Dept
ATTN John Chess
2200 St Marys
Lincoln NE
68502

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. ____ (44-47)

DATE EXAMINED 10058 (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 JW (76-79)

IN 4-29-92

OUT '92 APR 30 P2:10

'92 MAY -1 A9:07

REPORTED

'92 APR 29 A11:41

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 2211

DATE COLLECTED 4 (MO.) 29 (DAY) 92 (YEAR) 11:10 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION 4401 Bassswood - Gries

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, LLCHD

2200 St Marys

Lincoln NE

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 less than 0.1 mg/l

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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88

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: 4-28-92

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

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

LOT 4; ADDITION BLUE STEM HEIGHTS; Street Address 4401 BASSWOOD DRIVE, MARTELL

Directions to Property HIGHWAY 77 SOUTH TO HIGHWAY 33, HIGHWAY 33 NE WEST TO S.W. 42, S.W. 42 SOUTH TO SUNFLOWER, WEST ON SUNFLOWER TO BASSWOOD DRIVE

Location of Well FRONT YARD/NORTH SIDE Tap Location: Inside ☐ Outside ☒

Location of Sewage System REAR/SOUTHWEST SIDE Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	DENNIS & DEBBIE GRIES	4401 BASSWOOD DR. MARTELL, NE	794-4458
~~Tenant~~/Buyer:	JON & KAREN DYKE	6120 So. 53 68516	423-7782
Return to:	JANE E. STENTZ WOODS BROS. REALTY, INC.	7141 A ST., LINCOLN, NE	483-4741 560-4057

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

Signature of Applicant Dennis K Gries Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 28, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4/29/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☑	☐	Approved:	☐	Date 4-29-92 by JR
Bacteria	☑	☐	Provisional:	☐	Date 5-6-92 by JR
Nitrate <1 PPM 4/24/92	☑	☐	Disapproved:	☐	Date 5-11-92 by JR

No S.S. Well

Comments: Cattails in Lagoon, Lack of Signs, Lack of Locked gate. 5/11/92 - Cattails have been treated, Lagoon Locked, Signs posted. Copy of easement attached

See Attached Letter ☒

FINAL STATUS

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

APPROVED BY John J Chess REHS DATE 5/11/92

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