LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380096601

Issued 03/19/93
Expires 09/19/93
Revenue Code 18754

Establishment
DLR LOECK
T8N R6E SEC 30
BLUESTEM HEIGHTS BLK 6 LOT 5
4401 BASSWOOD COURT

FEES: $150.00

TOTAL $150.00

Permittee
DLR LOECK
731 YUKON CT
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $_____

FILE NO._____

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 5 : Addition BLUESTEM HEIGHTS LLCN.
   Street Address 4401 4343 BASSWOOD.
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: 2 ft.

D R Lovik (BUILDER)
Signature of Applicant (Owner or Lessee)

731 YUKON CT LINCOLN, NE
Address 560-4740 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/17/93. Date Frwd. 3/19/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/18/93. Date Frwd. 3/19/93. ACTION: Approved ☐ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 03/18/93. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8/13/93 by: J.C.H. Need fence. Need signs + lock
Date: 2/27/96 by: J.C.H.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/4/96 By: Jerold Hood

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

FORM 23-43

Perk Test Results for DRN Locke

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 _____; 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: 5-12 to 5-13-91. Weather: Precip. _____ Temp. _____.

Basswood + Sunflower
in Blue Stem development

OWNER: Eric NAGEL
Address: 2831 TIARRA Dr, APT 106

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				
Hole 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"	5-12	1:00	5-13	1:00								0
2	36"	5-12	1:00	5-13	1:00								0
3	36"	5-12	1:00	5-13	1:00								
4	36"	5-12	1:00	5-13	1:00			0 - drops					
5	36"	5-12	1:00	5-13	1:00								
6	36"	5-12	1:00	5-13	1:00			24 hrs					

Pat Strohmyer
Signature of Person Conducting Test

Address 4401 NO 27 Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

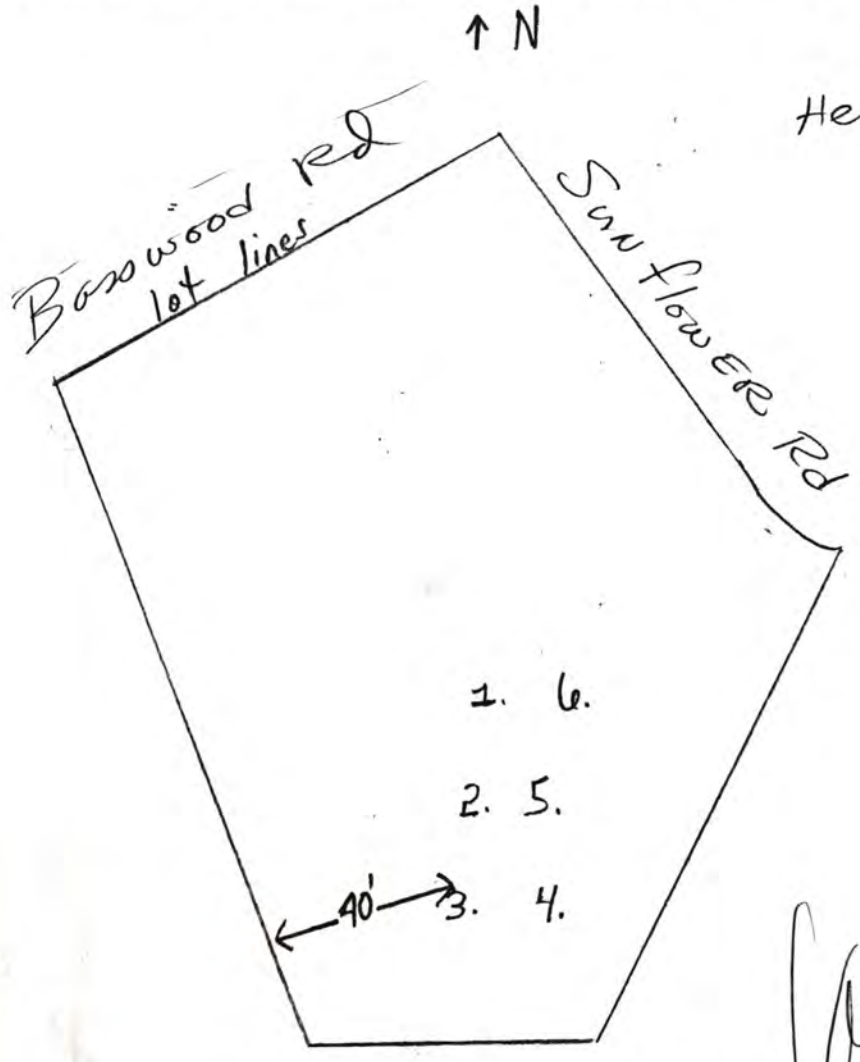
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Nagel

M 20102-0477 RELIMINARY 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

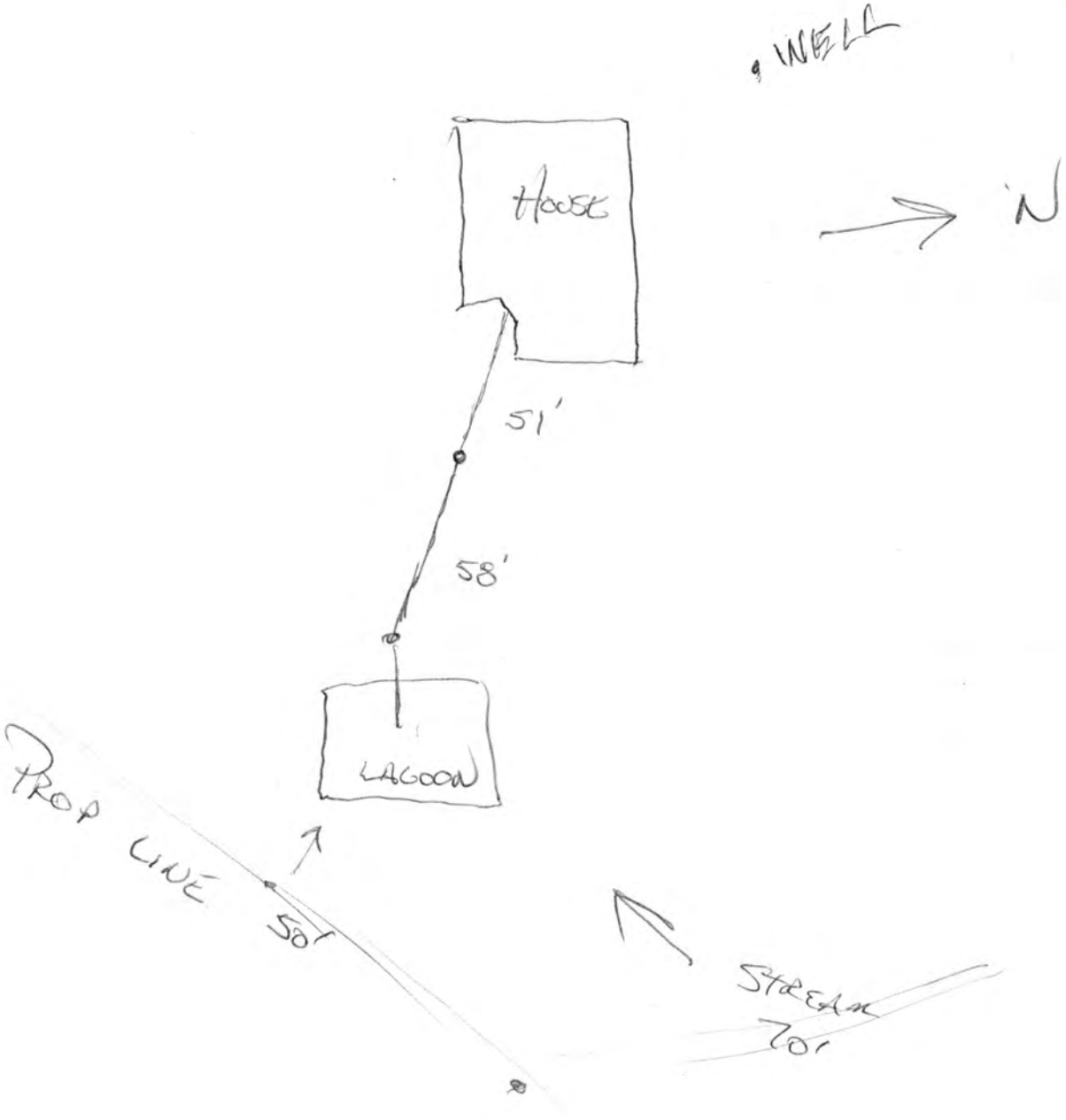
Remarks:_____

_____

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


WELL
House
N
51'
58'
LAGOON
PROP LINE
50'
STREAM
70'

005

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 4343 Basswood DR, Martell

Twp 8N Range 6E Section 30 1/4 ___ 1/4 ___ Block 6 Lot 5 Addition Blue Stem Heights add.

Directions to Property Hwy 77 to 33 - Go 4 Mile to SW 42nd Then 1.5 miles

Location of Well N.W. Corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of House Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Eric Nagel	4343 Basswood Dr Martell NE 68404	794-4211
Tenant/Buyer:			
Return to:	Capitol Title	PO Box 6577 Lincoln, NE 68506	

Signature of Applicant John P Hall Address 5924 Elkcrest Lincoln Nebr 68516 Date 2/17/96

HEALTH DEPARTMENT USE ONLY

Date Received 02/23/96 Received $150.00 ✓ Check ☑ #3912 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nodd **DATE:** 2/27/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 3/4/96 by C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 3/7/96 by P.D.
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date 3/8/96 by P.D.

Comments: NEED WARNING SIGNS AND LOCK ON GATE OF LAGOON
Corrected 3/4/96 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dittmann Date 3/14/96

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.

'96 FEB 27 P12:34 RECEIVED

'96 FEB 29 P1:50 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 1145

DATE COLLECTED 2 (MO.) 27 (DAY) 96 (YEAR) 12:28 (HOUR) ~~P.M.~~

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC NAGEL

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: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

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

TEST(S) BY E.T.

FOR ACCOUNTING USE ONLY

LWN 88

'96 FEB 27 PM 2:33

RECEIVED

REPORTED FEB 28 P1 16

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 146-3319

DATE COLLECTED 2 (MO.) 27 (DAY) 96 (YEAR) 12:28 ~~12:56~~ PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC NAGEL

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 OVER 100 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 141.2

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWE

WATER MICROBIOLOGY

STATE LAB NO. 144556

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-7-96 1:25
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION ERIC NAGEL 4343 BASSWOOD

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR NE SECT 30 TWNSHP 8 N S RANGE 6 W E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 N ST
LINCOLN NE 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 LW

FOR ACCOUNTING USE ONLY

LWB 88

'96 MAR -7 P1:50 RECEIVED

'96 MAR -8 P2:40 REPORTED

WATER MICROBIOLOGY

STATE LAB NO. 146-4577

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-8-96 (MO DAY YEAR) 1:30 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION ERICK NAGEL 4343 Basswood

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR NE SECT 30 TWNSHP 8 N S RANGE 6 E W

REPORTED

RECEIVED

'96 MAR -9 P1:34

'96 MAR -8 P1:54

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 N ST
LINCOLN NE 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 CW

FOR ACCOUNTING USE ONLY

LWB 88