LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

EWAGE INSTALLATION

No. 91380068201

Issued 04/01/91
Expires 10/01/91

ESTABLISHMENT

MICHAEL BRUDER
T8N R6E SEC 31
LOT 14
19300 SW 58 ST

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MICHAEL BRUDER
4401 S 27 ST
APT F14
LINCOLN NE 68512

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
4/1/91	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: 3/22/91

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 31 ;
   Block _____ : Lot 14 I.T. : Addition _____
   Street Address 19300 SW. 58th

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

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

4. Distance to public sewer: _____ ft.

Michael A. Bruder
Signature of Applicant (Owner or Lessee)

4401 S. 27th #14 Lincoln NE 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/26/91 . Date Frwd. 4/1/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-1-91 . Date Frwd. 4-1-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd 4-1-91 . Date Frwd. 4-1-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/15/91 by: J. C. H. Need fence, drawing etc.
Date: 6-1-92 by: P.D
Date: 6-4-92 by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-4-92 By: Paul W

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

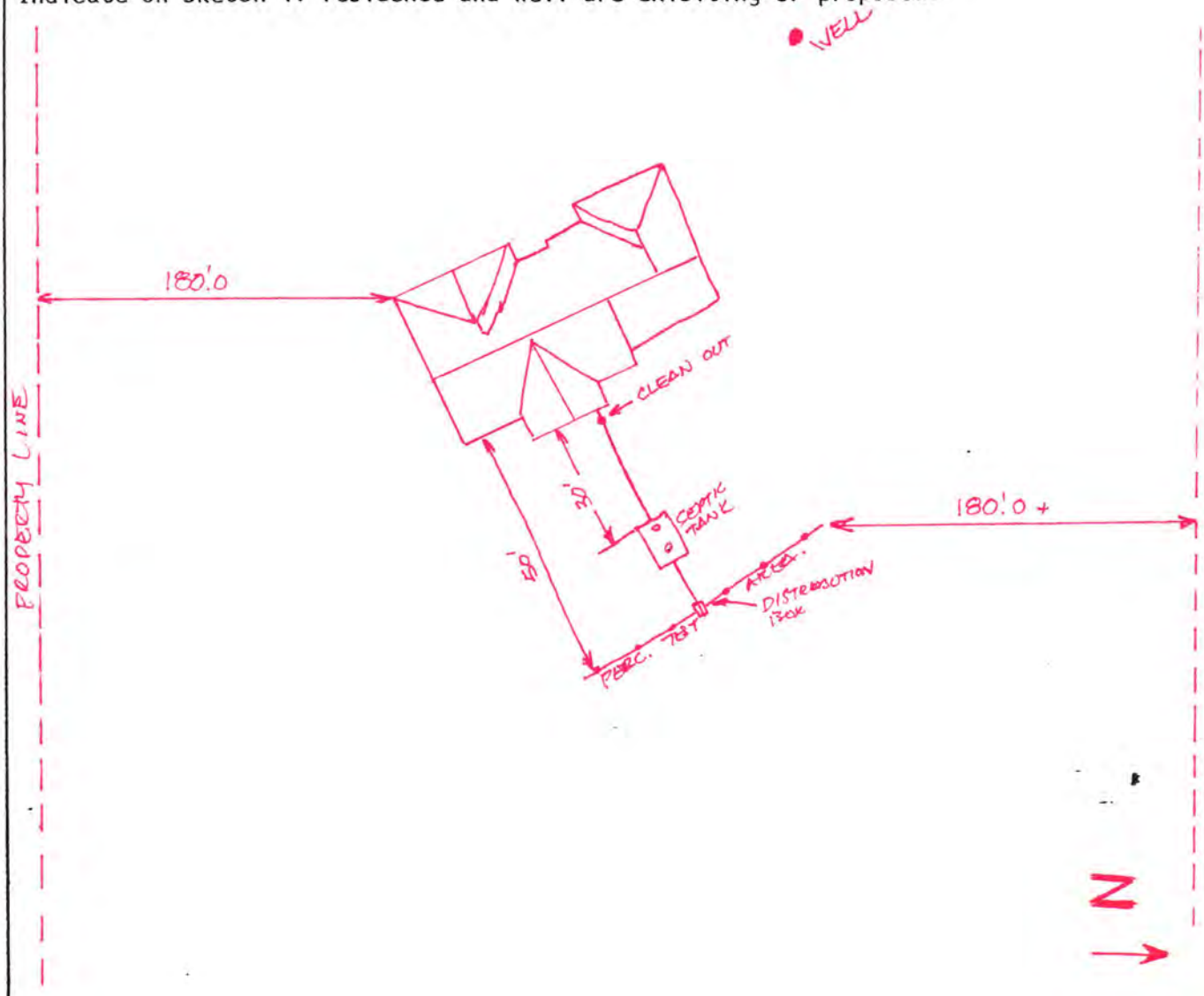
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

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 31 ; Range 8 ; Section & ¼ Section 6 .
Property Dimensions: 432.87 ft. x 825.0 ft. Area: 8 1/4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 3-21 to 3-22 . Weather: Precip. 0 Temp. 50 .

OWNER: MIKE BRUDER

Address: 4401 S. 27 #F14 LINCOLN, NE

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	3/21	8:30 AM	3/22	9:00 AM	3/22	9:00 AM	6	1:00 PM	8 1/4	30	1 1/8	30/1 1/8
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	8	↓	7/8	30/7/8
3	↓	↓	↓	↓	↓	↓	↓	↓	↓	8 1/8	↓	7/8	30/7/8
4	↓	↓	↓	↓	↓	↓	↓	↓	↓	8	↓	1	30/1
5	↓	↓	↓	↓	↓	↓	↓	↓	↓	7 3/4	↓	1 1/8	30/1 1/8
6	36	3/21	8:30 AM	3/22	9:00 AM	3/22	9:00 AM	6	1:00 PM	8	30	7/8	30/7/8

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

Mike Bruder
Signature of Person Conducting Test

Address 4401 S. 27 #F14 LINCOLN Phone 423-4773

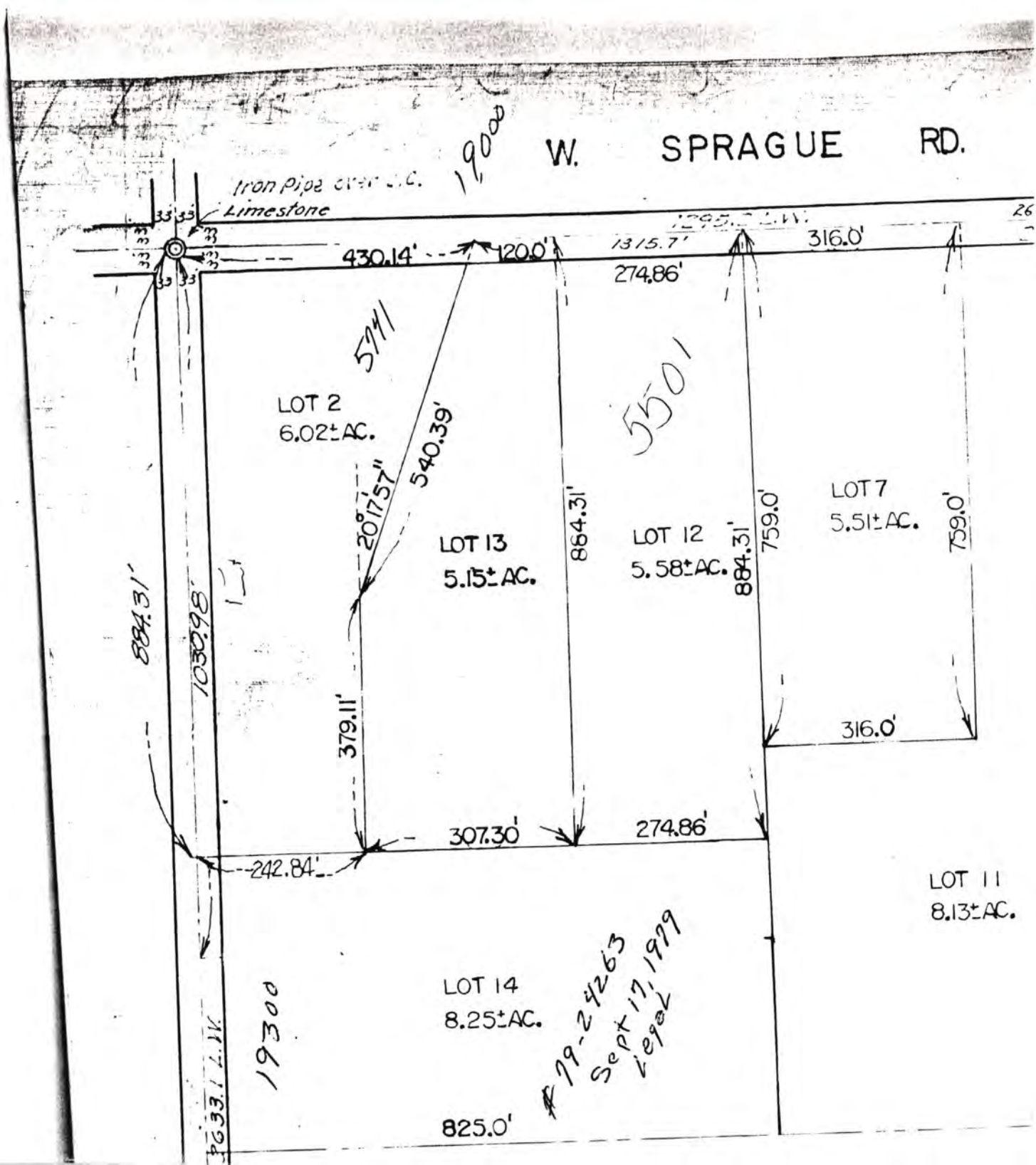
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REVIEWING ACTION

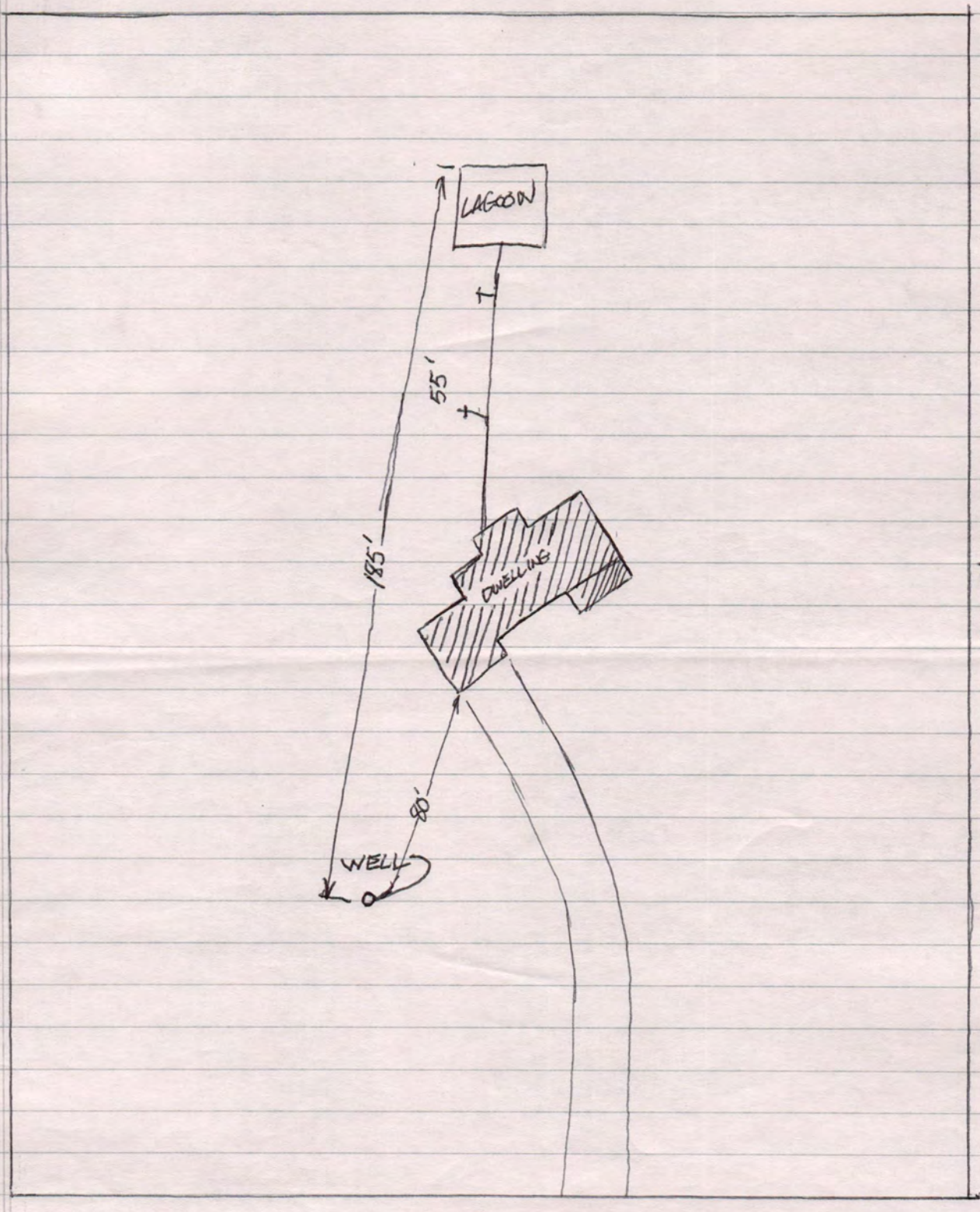
Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


W. SPRAGUE RD.
1900
Iron Pipe
Limestone
33
430.14'
120.0'
1315.7'
316.0'
274.86'
5911
5501
LOT 2
6.02± AC.
540.39'
20°17'57"
LOT 13
5.15± AC.
LOT 12
5.58± AC.
LOT 7
5.51± AC.
884.31'
1030.98'
864.31'
759.0'
379.11'
307.30'
274.86'
242.84'
316.0'
LOT 11
8.13± AC.
19300
LOT 14
8.25± AC.
#79-24263
Sept 17, 1979
Legal
825.0'

MIKE BRUDER



LOT- 31-8-6

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: 6/4/92

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

New construction - No charge for sewage only

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 31; BLOCK ____

LOT 14; ADDITION _____; Street Address 19300 S.W. 58th

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System See drawing on permit application Year Installed 1992, June

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:	Michael Bruder	4401 S. 27th	434-5660

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received _____ Received $150.00 Check ☐ Cash ☐

No charge - sewage only

New construction

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐ Not evaluated	☐	Approved:	☒	Date 6/1/92 by PP
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

Evaluation of sewage system done on new construction inspection

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Not evaluated

Approved: ☐ SEWAGE DISPOSAL SYSTEM:

Approved: ☒ Provisional Approval: ☐

APPROVED BY Doug Svoboda DATE 6/4/92

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

Addendum # A

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 19300 SW 58th St., Sprague NE

Parcel ID 08 - 31 - 100 - 007 - 000 (i.e. 99-99-999-999-999)

Twp 8N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 14 Addition Lot 14, NW 31-8-6

Directions to Property First road west of blue stem lake than south approx 1 blk

Location of Well WEST SIDE OF OUT BUILDING Tap Location: Inside ☒ Outside ☐

Location of Sewage System EAST DWELLING Year Installed 1991

Site Hazards (dogs, etc.) DOGS ARE KENNELED.

	NAME	ADDRESS	PHONE
Present Owner:	Mike and Janine Bruder	19300 SW 58th St	hm 794-4090
			wk 419-7776
Tenant/Buyer:			
Return to:	Terry & Jan Gaber	Woods Bros Realty 7141 A St. Lincoln NE 68510	430-6885 (Fax)

Signature of Applicant Marjorie A. Langell

Address 1900 E. Manor Dr. Lincoln NE 68506 Date 04/30/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/3/01 Amount $200.00 ✓ Check No. 2904 ✓ Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 05/07/2001

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 00 /ml	☐ ___ /ml
Nitrate	☒ 0.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/25/01 by DI

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: - Small trees inside lagoon fence need to be removed
- Replace signs - tighten fence - increase water depth

See Attached Letter ☐

- Trees removed, signs installed fence tightened 6/25/01

FINAL STATUS

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

Approved by Doug Smith Date 06/25/01

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

MAY 9 2001

Laboratory Report Printed on: **May 08, 2001**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P17119-71**
Sampled By: **DOUG SMITH**
Location: **19300 SW 58TH**
Sample Point:

Date Collected **07-May-2001 11:00 AM**
Date Received: **07-May-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/08/01	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/08/01	KC

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.