LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

560-1327

Permit No. 96380143201

SEWAGE INSTALLATION

Issued 05/30/96
Expires 10/30/96
Revenue Code 18754

Establishment
BRAD FROM
T8N R7E SEC 15

6843

Brad work 471-3883
15800 S 68TH ST 465-8205

FEES: $150.00

Permittee
BRAD FROM
RR0001
BOX 00062
ADAMS NE 68301

TOTAL $150.00

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"

001909

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-23-96

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 7E ; Section 15 ; W½ SW¼ SW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____
2. Property Use: Residential ☒ NC ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ~~☐~~ Lagoon
4. Distance to public sewer: ~~N/A~~ ft.

Brad R. Fo
Signature of Applicant (Owner or Lessee)

Rt 1 Box 62 Adams, NE 68301
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/24/96. Date Frwd. 9/25/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/25/96. Date Frwd. 9/25/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Ploegel

REMARKS OR REASONS FOR DISAPPROVAL Slope on west side not 3 to 1, Lagoon measured about 61' to 53' across at two pts., sewer pipe not supported by concrete block, trees within 100 Ft of lagoon
Lagoon needs to be sealed w/ bentonite or plastic liner

Site Visits:
Date: 9-17-96 by: P.D
Date: 9-24-96 by: P.D used fence etc
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-13-97 By: Paul Dafenbaugh

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

FORM 23-43

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: 10/5/96 to 10/6/96. Weather: Precip. 0 Temp. 74°.

OWNER: BRAD FROM

Address: 6100 VINE ST 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"	10/5	18:30	10/6	9:00	10/6	9:00	6"	9:30	6"	30 MIN	0	
2	36"	10/5	18:30	10/6	9:00	10/6	9:05	6"	9:35	6"	30 MIN	0	
3	36"	10/5	18:30	10/6	9:00	10/6	9:10	6"	9:40	5½"	30 MIN	½"	
4	36"	10/5	18:30	10/6	9:00	10/6	9:15	6"	9:45	6"	30 MIN	0	
5	36"	10/5	18:30	10/6	9:00	10/6	9:20	6"	9:50	5¾"	30 MIN	¼"	
6	36"	10/5	18:30	10/6	9:00	10/6	9:25	6"	9:55	6"	30 MIN	0	

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

Brad From
Signature of Person Conducting Test

Address 6100 VINE ST LINCOLN, NE Phone 465-8205

(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 ☐

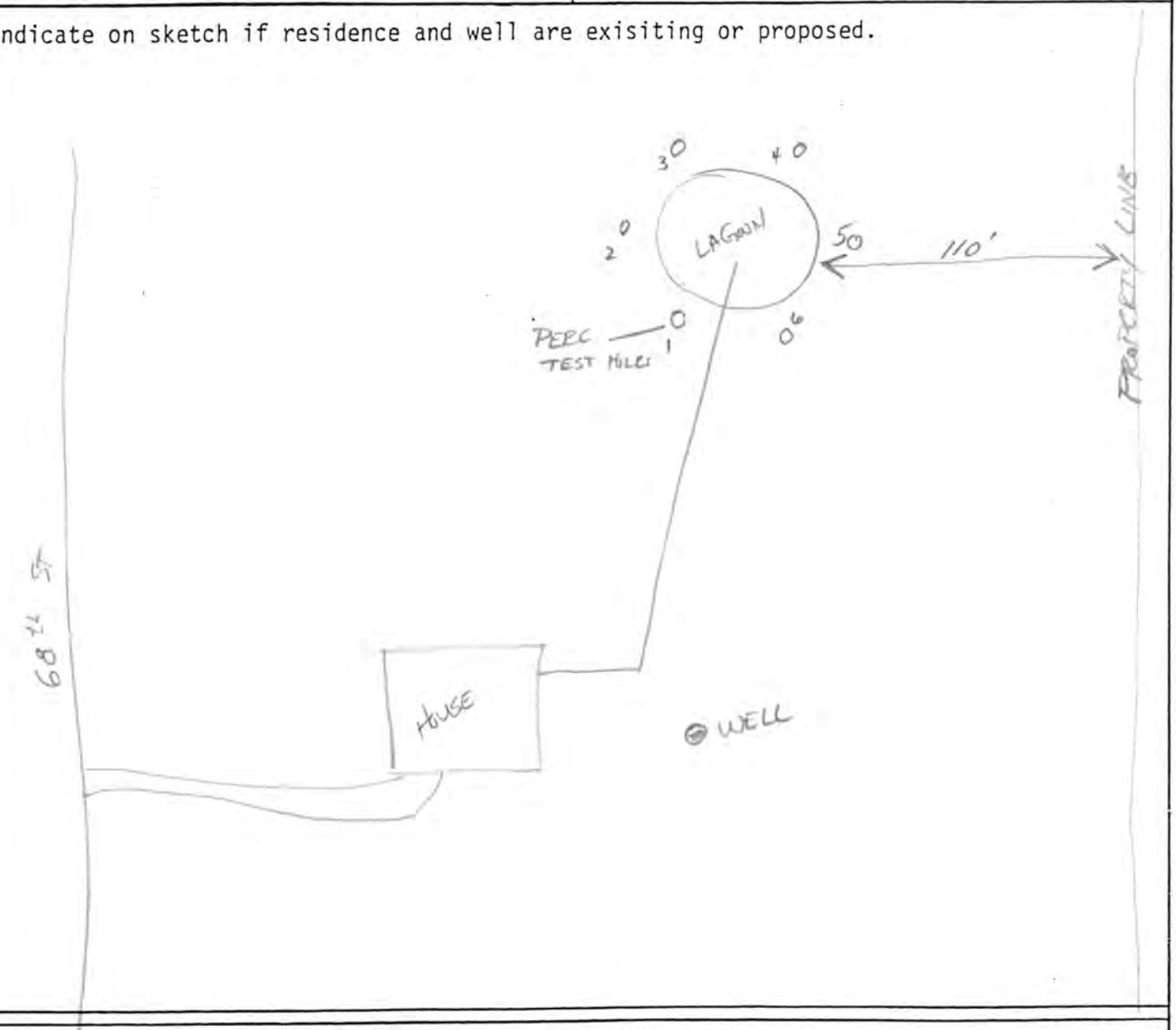
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-13-97

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 35-50 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line >100 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

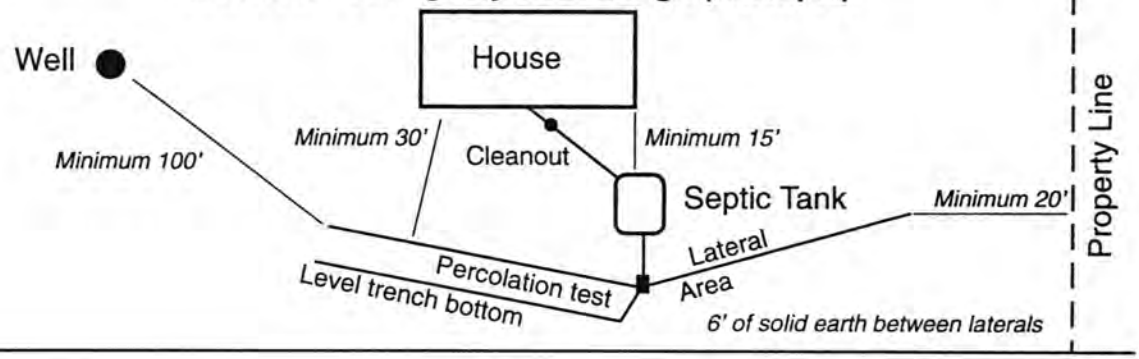
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

Original

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 6800 Roca Rd
Twp 8 Range 7 E Section 15 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property West ½ of SW¼ of SW¼

Location of Well ___ Tap Location: Inside ☐ Outside ☐
Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Bradley From	~~6800 X Roca Road~~ ~~Roca, NE~~	402-788-2781
Tenant/Buyer:			
Return to:		15800 S. 66th Roca NE 68430	

Signature of Applicant Judy Meyer for Bradley From Address 6800 Roca Rd Roca Ne Date 6/4/97

HEALTH DEPARTMENT USE ONLY

Date Received 06/06/97 Received $150.00 Check ☑ #057 Cash ☐

PRELIMINARY STATUS--By P. DRozmann DATE: 6/9/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 6/13/97 by P.D
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Samples collected Lagoon not yet fenced 6-9-97 P.D
6-13-97 Fence up, bentonite in Lagoon See Attached Letter ☐

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

Approved by Paul DRozmann Date 6/13/97

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.

Closing Friday - 6-6-97
Starbuck

'97 JUN 10 PM 3 10

REPORTED

'97 JUN -9 RECEIVED 8:38

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 153655

DATE COLLECTED 6-9-97 (MO. DAY YEAR) 3:15 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION FROM; 6900 Rock Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR _____ SECT 15 TWNSHP 8 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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 JB

FOR ACCOUNTING USE ONLY

LWN 88

'97 JUN 9 PM 4 00 '97 JUN 10 PM 1 26

RECEIVED

REPORTED

WATER MICROBIOLOGY

STATE LAB NO 14 1195

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 6-9-97 3:15
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION From; 6800 Rock Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 15 TWNSHP 8 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

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

TEST METHOD: ☑ MEMBRANE FILTER ☐ MI

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

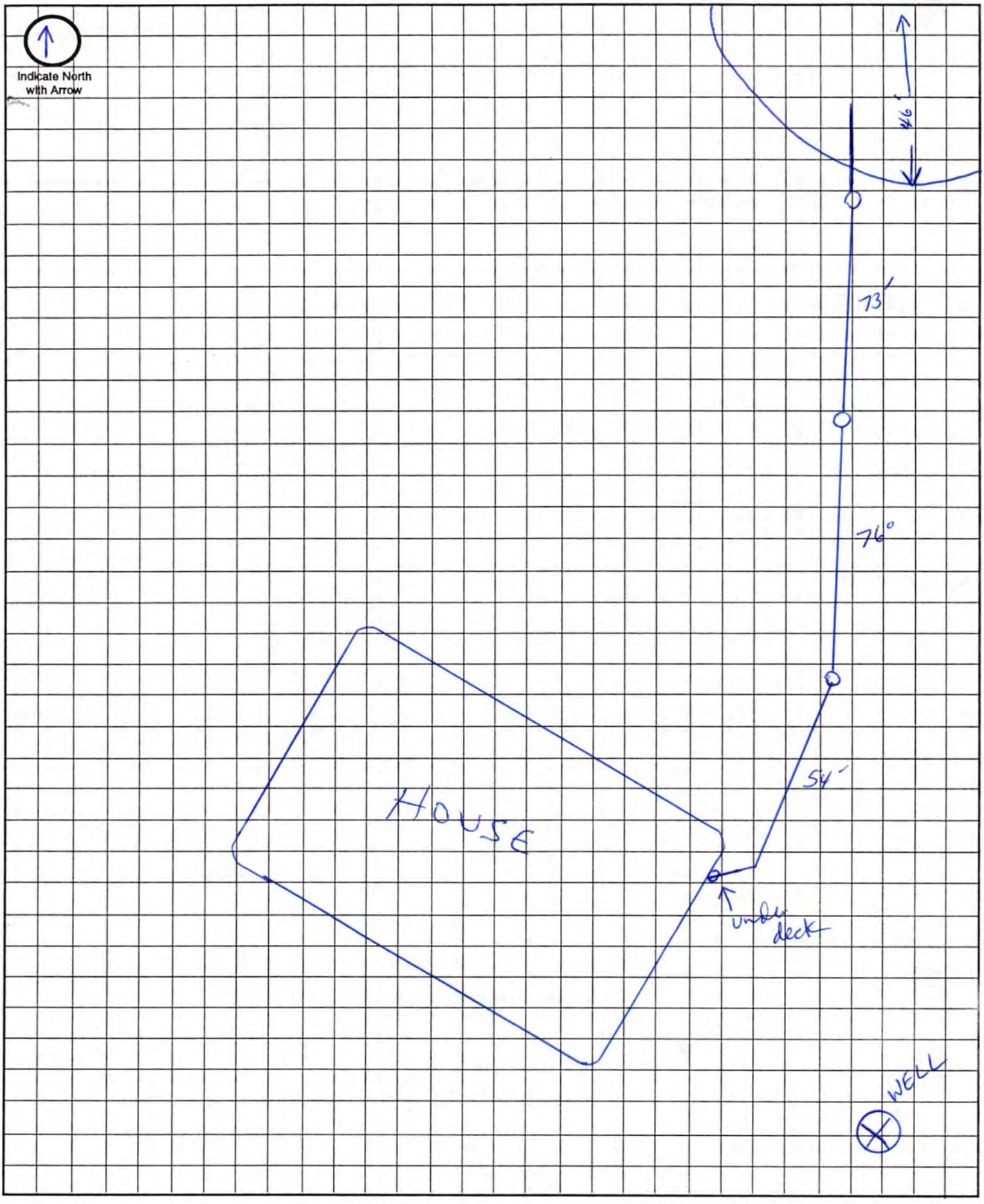
SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWB 91

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s