LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390019101

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
JIM BABOOK
T3N R7E SEC 27
LOT 10825
7300 HICKMAN RD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE JIM BABOOK
7300 HICKMAN RD
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/20/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

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

DATE: 7-19-90

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section 27 ;
Block_____; Lot S 10 + 25 FT, Addition_____
Street Address 7300 Hickman Rd.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: repair Distribution Box extend Lateral Field 130' using 4" PVC Perforated pipe

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	400 00

Jim Babcock by Brad Southwick
Signature of Applicant (owner or lessee)

7300 Hickman Rd 68372 Hickman, Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ $50.00

2. Site Visits:
Date: 7/19/90 by: J. C. H
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/20/90 by: J. C. Hood

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

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 (BLUE VALLEY DRILLING) Date: 5-14-90

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 27; BLOCK ____

LOT ____; ADDITION ____; Street Address 7300 HICKMAN RD

Directions to Property ¼ MI E. OF CORNER ON HICKMAN RD

Location of Well EAST OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW of HOUSE Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	JOE BRITTEN	SAME	792-1220
Tenant/Buyer:	JIM PADDOCK		423-1633
Return to:	DAVID DOWNS	129 SOUTH 10TH STREET SUITE 630 LINCOLN, NE 68508	483-2551

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

Signature of Applicant _____ Address ____

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 14, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5/15/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 5/15/90	by CH
Bacteria	☒	☐	Provisional:	☐	Date 7/19/90	by CH
Nitrate	☐	☐	Disapproved:	☒	Date ____	by ____

Comments: OBVIOUS EFFLUENT HAS BEEN PUMPED OUT ON GROUND. EVIDENCE OF IT PLUS PERFORATED PIPE THERE WITH SHREDS OF EFFLUENT See Attached Letter ☐

INIT. TANK LEVEL IS DOWN. NO SCUM LAYER. PROBABLY NOT ADEQUATE AMOUNT OF LATERAL. TANK LID A LITTLE LIGHT WEIGHT FOR CHILD SAFETY.

FINAL STATUS

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

APPROVED BY Edward C. Hood R.S. DATE JULY 19, 1990

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

Blue Valley Drilling

Gerald Strader

BLUE RAPIDS, KANSAS 66411 Phone 913-226-7353

Name Joe Battiste Date Feb 16, 1973

Address Linda Lee Marysville Location ½ E of Hwy 36 on Co. Line

162	Test @ ____ per. ft.	$____
____	Test @ ____ per. ft.	$____
____	Reaming @ ____ per ft.	$____
162	Casing @ 5.00 per ft.	$810.00
4	Perforations @ ____	$ 2.00
	Sand	$ 15.00
	Plug cup	$ 5.00
	Extra foot Casing	$ 2.00
		$____
		$____
	State Tax	$ 4.22 ~~$43.22~~
	TOTAL	$ ~~843.22~~

LOG OF WELL

0-14 brown + tan
14-17 brown
17-31 yellow
31-34 red + yellow
34-49 yellow clay + clay
49-51 light brown
54-60 yellow + tan
60-88 blue + gray
~~88~~ 90 red layers - brown
90-95 brown
95 97 red
97 133 brown + tan
133 146 red yellow
146 163 gray clay + yellow

Method Drilled ~~mud~~ air Reamed to 162 Size 8"

Size of Casing 5 P V C Grade 160 lb Gauge of perforations .030 .060

40 ft. Perforations set at 50 to 100 — 120 to 140

Plug Cup Type P V C Guides ____ Grade of sand Concrete Amount 2 +

Well tested 15 GPM. Method air Water level 80 Draw down ____

Did water clear up? Yes

Pump type ____ Size ____ Depth ____ Type of Installation ____

Driller Gerald Strader

Date Inspected 5-10-90 PM.

Soil Type WT (wymore silty clay loam)
(USDA SCS 1977)

Soil Type Percolates 45-70 minutes per in

Average lateral in Soil Type 1120 sq ft.
for 3 Bedroom home
(installation average for Southwick Sewer + Drain
installed systems 1986-1989)

System consists of 1,000 gallon Septic
Tank (Fiberglass) and 96' of ½ round
fiberglass lateral in 4'-5' wide Trench.
I found no other lateral or Distribution Box.

System has open inspection well at end of lateral
(needs cap). System also has been
pumped onto the ground for awhile so
we can not tell, if lateral will percolate
normal household water use with out being
pumped. (this is illegal) If the system had
an average amount of lateral it would need an
additional 640 sq ft of lateral area.

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: 471-7800

D

DATE: 5-10-90

FILE NO. _____

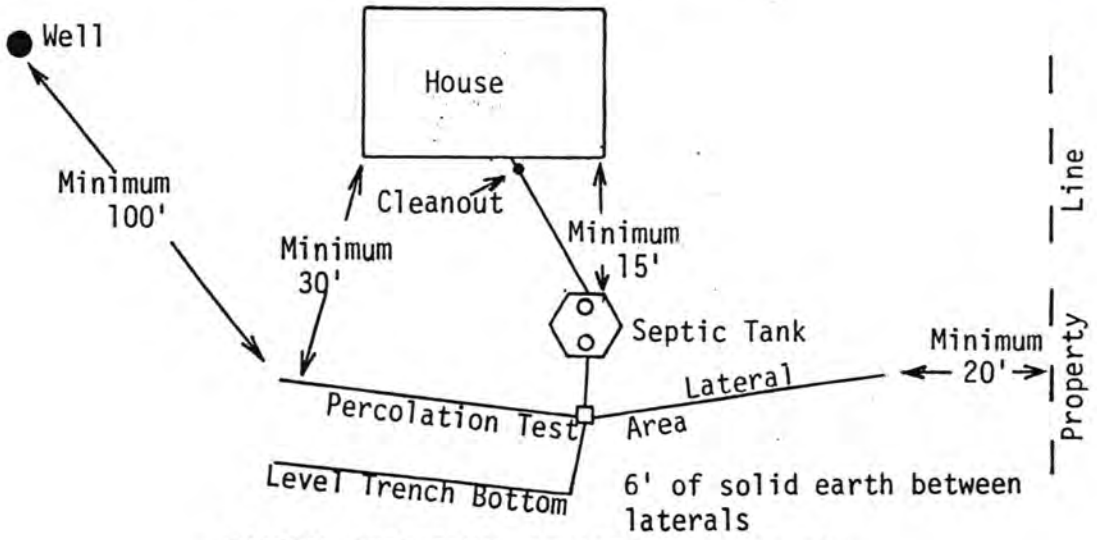
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 34 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Fiberglass (Corr A Glas); No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Corr A Glas Co.)
4. Manholes: Over Inlet; diam. 12 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 16 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 1 ; Length of each line 96 , _____ , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4-5 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE T[redacted]ED AND MAILED ON:

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

ACCOUNT [redacted] ___ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 5/15/90 2:02pm (9-16) BY J. C Wood (17-28)

ADDRESS OR LOCATION SEC 27, T8N, R7E (29-41)
LOTS 10 & 25 I.T.

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
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. 9261 (44-47)

DATE EXAMINED ___ (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 [signature] (76-79)

IN '90 MAY 15 P3:15

OUT '90 MAY 16 P2:18

WATER CHEMISTRY

STATE LAB NO. 15 3444

COMPLETE INFORMATION BELOW:

COLLECTED 5 (Mo.) 15 (Day) 90 (Yr) 2:02 PM (Hour)

COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOE BATTISTE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SE SECTION 27 TOWNSHIP 8 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

REC.

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

MAY 16 90 P4:54

MAY 15 90 P2:41

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N for Rev 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET

FOR ACCOUNTING USE ONLY


N
E
100'
30'
½ round Fiberglass lateral
50'
2'
24'
2'
4" PVC Perforated lateral
1000 gallon Conc AGlas
15'
15'
100'
12'
Hickman Rd.


Field
96' x 4-5' wide
6'
5'
20'+
?
Trees
Drive