LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380137701

Issued 11/20/95
Expires 05/20/96
Revenue Code 18754

Establishment
GALE MCNEIL
T8N R7E SEC 32
4900 STAGECOACH ROAD

FEES: $150.00

Permittee
GALE MCNEIL
4900 STAGECOACH RD
HICKMAN NE 68683-7200

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"

NOV 22 1995

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: 11-20-95

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. 8 N ; Range 7E ; Section 32 SE¼;
   Block _____ : Lot _____ : Addition _____
   Street Address 4900 Stage Coach Rd

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

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

4. Distance to public sewer: _____ ft.

Gale McNeil
Signature of Applicant (Owner or Lessee)

Box 390 4900 Stage Coach Rd Hickman Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/20/95. Date Frwd. 11/20/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-21-95. Date Frwd. 11-21-95. X ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 11-27-95. Date Frwd. 11-27-95. ACTION: Approved ☒ Disapproved ☒ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/16/95 by: R.C.H.
Date: 10/18/95 by: R.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/1/95 By: Jerrold E. Hood

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

FORM 23-43

NOV 2 2 1995

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: 11-20-95

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. 8 N ; Range 7E ; Section 32 SE/4 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 4900 Stage Coach Rd

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Home

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

4. Distance to public sewer: _____ ft.

Gale McNeil
Signature of Applicant (Owner or Lessee)

Box 390 4900 Stage Coach Rd
Address Hickman Ne

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/20/95 . Date Frwd. 11/20/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-21-95 . Date Frwd. 11-21-95 . ACTION: Approved ☒ Disapproved ☐ Signature: a Pol

3. City or County Engineer : Date Rec'd. 11-22-95 . Date Frwd. 11-22-95 . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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: 9-93

FILE NO. _____

Gale McNeil
5100 S Tagecook Rd.

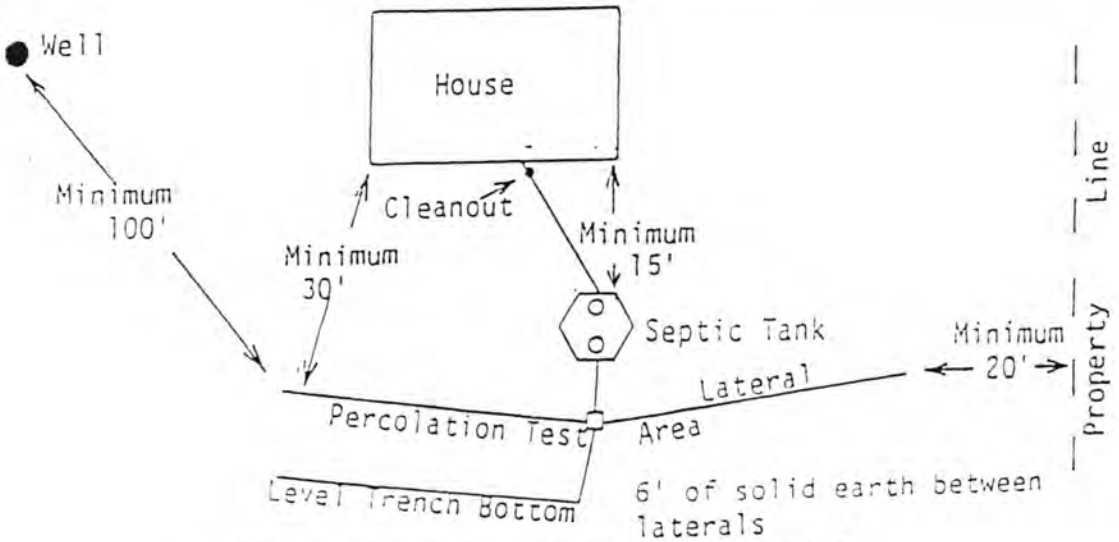
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 4"; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 190 ft.
4. Number of clean-outs 5.
5. Distances to:
Well or Suction Line >100 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

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 4900 Stage Coach Rd

Twp 8N Range 7E Section 32 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1 mile South Hickman 1 3/8 west on Stage coach Rd on North Side of Rd.

Location of Well Middle Mile Field Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Gale McNeil	4900 Stage Coach Rd	792-9901
Tenant/Buyer:			
Return to:			

Signature of Applicant Gale McNeil Address 4900 Stage Coach Rd Date 10 15 195

HEALTH DEPARTMENT USE ONLY

Date Received 10 / 13 / 95 Received $150.00 Check ☑ #14605 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 10/16/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 10/18/95 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: DIDN'T FIND WELL FIRST VISIT. LAGOON NEEDS VEGETATION CUT AND WARNING SIGNS ON FENCE. Corrected J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/1/95

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.

'95 OCT 18 P2:30 REPORTED

'95 OCT 16 P2:52 RECEIVED

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 16 (DAY) 95 (YEAR) 1:40 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GALE MCNEIL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 23 TWNSHP 8 N RANGE 7 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

WATER CHEMISTRY

STATE LAB NO. 15 10737

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 lw

FOR ACCOUNTING USE ONLY

LWN 88

'95 OCT 20 P2

REPORTED

'95 OCT 19 P2:33

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 25298

FOR LABORATORY USE ONLY

DATE COLLECTED 10 (MO.) 18 (DAY) 95 (YEAR) 12:06PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GALE MCNEIL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QTRR SE SECT 32 TWNSHP 8 N RANGE 7 E

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

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

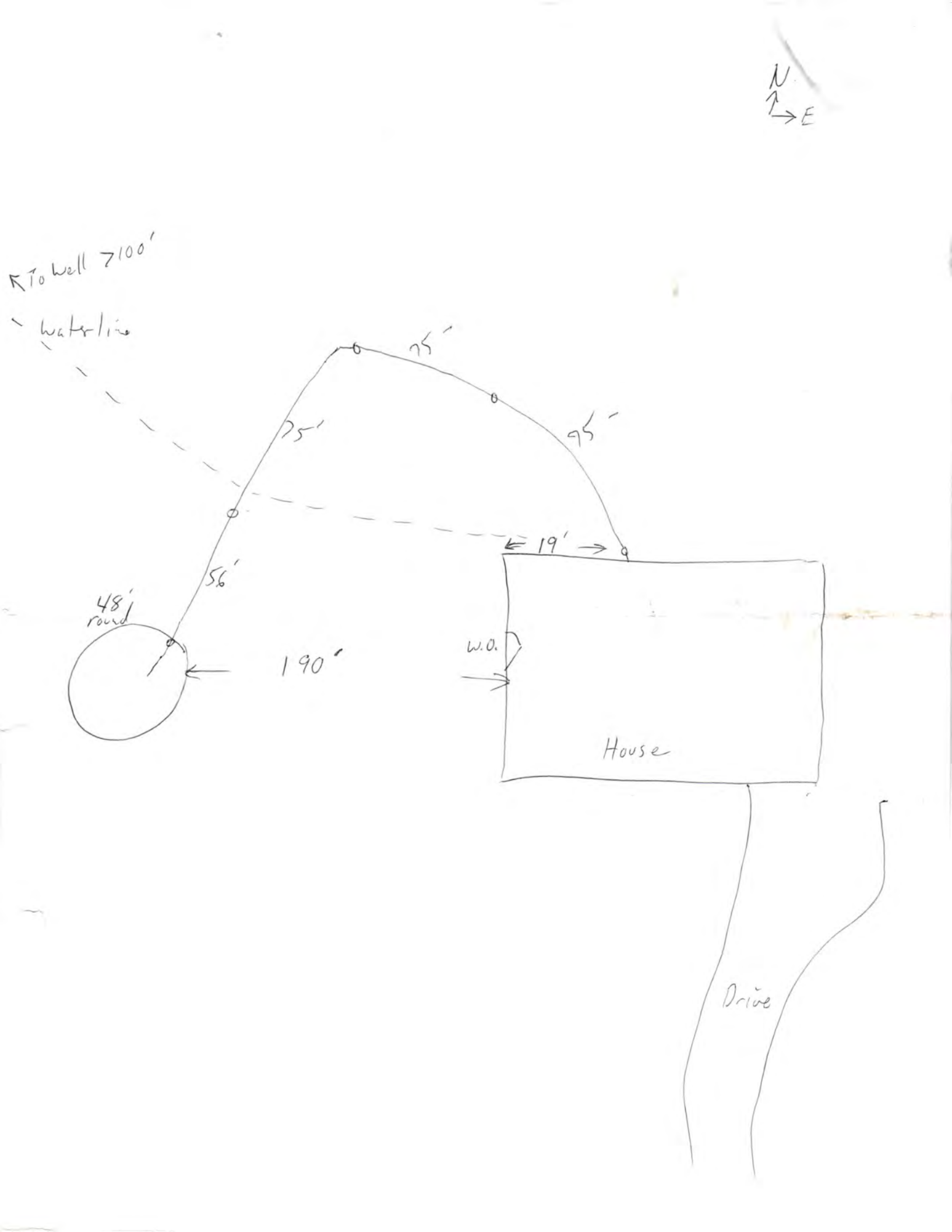
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

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

LWB 91


N
E
To well 7100'
waterline
75'
75'
75'
19'
56'
48' round
190'
W.O.
House
Drive