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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: _____

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. 8 ; Range 7 ; Section 35 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 9205 Hickman Road, Hickman, NE 68372

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: add lateral lines & abandon leaking line (existing).

5. Work to be done by: Owner ☐ ; or Contractor ☒ , _____
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ | 1300 00 |

Norlyn Raisch

Signature of Applicant (owner or lessee)

9205 Hickman Rd.
Hickman, NE 68372

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7-18-97 CK# 3690
Filing Fee: $ 50 00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Ron Mayard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

B

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

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 9205 Hickman Road. (no rural route) City Hickman NE, Zip 68372

Owner Marlyn + Cindy Raisch Addresss Rt. 1 Box 106, Hickman, NE 68372

Soil Type (SCS): WTC2 Percolation Rate: 60 min./inch

Date of Tests 7-3-97 to 7-4-97 Weather: Precipitation light rain, sunshine Temperature 70-80

### 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/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time (Min) | Water Level Drop (in) | Percolation Rates (Min/in) |
| 1 | 36 | 7-3 | 9:30A | 7-4 | 9:30 | 7-4 | 9:30 | 29½ | 7-4 | 1:30 | 240 | ½" | 60 |
| 2 | 37 | 7-3 | 9:30A | 7-4 | 9:30 | 7-4 | 9:32 | 29 | 7-4 | 1:31 | 239 | ½" | 60 |
| 3 | 36 | 7-3 | 9:30 | 7-4 | 9:30 | 7-4 | 9:37 | 28¼ | 7-4 | 1:32 | 235 | 1" | 30 |
| 4 | 36 | 7-3 | 9:30 | 7-4 | 9:30 | 7-4 | 9:39 | 28 | 7-4 | 1:33 | 234 | ¾" | 40 |
| 5 | 38 | 7-3 | 9:30 | 7-4 | 9:30 | 7-4 | 9:41 | 30 | 7-4 | 1:34 | 233 | ¾" | 40 |
| 6 | 36 | 7-3 | 9:30 | 7-4 | 9:30 | 7-4 | 9:43 | 28 | 7-4 | 1:35 | 232 | ½" | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 290

Average of Rates: 48

Rate Used for Calculation: 60

### Person Conducting Percolation Tests

Name:

Phone:

Address

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

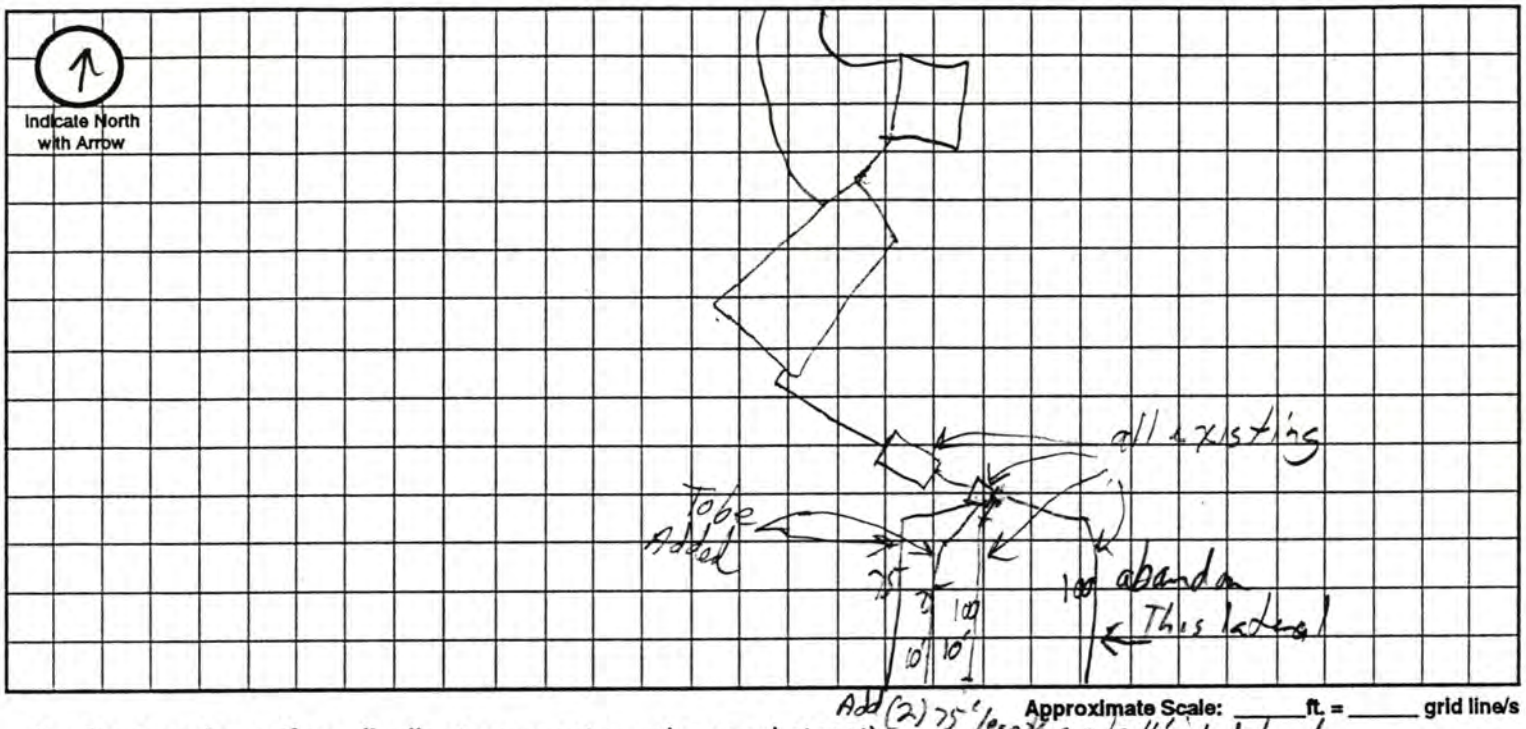
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number:

# Sewage Disposal System
## Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.




Approximate Scale: _____ ft. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 9205 Hickman Rd City Hickman NE, Zip 68372

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: WTC 2 Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator ½ round

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250'X4' ft. Number of Trenches 3 Trench Width 4'

## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☒ | 500 ☒ | 50 ☒ | NA ☐ | 25 ☒ | 20 ☒ | 15 ☒ | 25 ☒ | ☒ |
| Field (ft) | 100 ☒ | 500 ☒ | 50 ☒ | 4 ☒ | 30 ☒ | 20 ☒ | 30 ☒ | 40 ☒ | ☒ |
| Lagoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 7-17-97

RECEIVED FEB 26 1992

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue  Phone (402) ~~471-7000~~ 471-7170

**ORIGINAL LOAN APPROVAL FILE**
**PREVIOUS HISTORY UNKNOWN**

REAL ESTATE TRANSFER / LC

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: 2/18/92

☑ Evaluation of the Sewage Disposal System  ☒ Enclosed is ~~$75.00~~ 150

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 35; BLOCK E½ of NE¼

LOT ____; ADDITION _____; Street Address 9205 Hickman Road

Directions to Property About 1½ miles East of Jct. 56th St. & Hickman Road

Location of Well Right in front of house  Tap Location: Inside ☐ Outside ☐

Location of Sewage System S. of E. of fenced corner behind house  Year Installed ____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | LeRoy & Delores Rosenthal | 9205 Hickman Rd, Hickman | 792-2763 |
| Tenant/Buyer: | Norlyn and Cynthia Raisch | | |
| Return to: | Norlyn Raisch | 745 S. 37th St. Lincoln | 435-2727 (work) |

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

Signature of Applicant Norlyn Raisch  Address 745 S. 37th, Lincoln, Ne.

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*HEALTH DEPARTMENT USE ONLY*

Date Received FEBRUARY 26, 1992  Received ~~$75.00~~ $150.00  Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 2/27/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☒ | Approved: | ☐ | Date 2/27/92 by J.C.H. |
| Bacteria | ☒ | ☐ | Provisional: | ☒ | Date 2/28/92 by J.C.H. |
| Nitrate | <0.1 p.p.m. ☒ | ☐ | Disapproved: | ☐ | Date 3/2/92 by J.C.H. |

Comments: AIR VENT ON WELL DOES NOT HAVE SCREEN ← corrected 3/2/92
WHERE LATERALS ARE SUNKEN SHOULD BE FILLED IN WITH DIRT. SEWAGE SYSTEM PREDATES See Attached Letter ☐
REGULATIONS. NO RECORD OF INSTALLATION, HENCE APPROVAL IS
FINAL STATUS PROVISIONAL. NO EVIDENCE OF MALFUNCTION.

| | WATER SYSTEM: | SEWAGE DISPOSAL SYSTEM: | |
|---|---|---|---|
| | Approved: ☒ | Approved: ☐ | Provisional Approval: ☒ |
| APPROVED BY | Jerrold C. Hood R.E.H.S. | | DATE MARCH 5, 1992 |

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

COMPLETE INFORMATION BELOW

# WATER CHEMISTRY

STATE LAB NO. 151053

REPORTED

RECEIVED

COLLECTED 2 (MO.) 27 (DAY) 92 (YEAR) 11:37 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LEROY ROSENTHAL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 35 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

# BIOLOGICAL EXAMINATION OF DRINKING WATER

AIR VENT REPLACED

FOR LABORATORY USE ONLY

AMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 3/2/92 11:36A.M. (9-16) MO./DAY/YR./HOUR BY J.C. Hood (17-28)

ADDRESS OR LOCATION SEC. 35, T8N, R7E (29-41)
LEROY ROSENTHAL

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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. 4598 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE ____ mg/LITER (61-64)

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE MF (69-75)

ANALIZED BY [signature] (76-79)

OUT

MAR -2 P12:37

MAR -3 A9:01