# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1637-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JULY 24, 1980 — THIS PERMIT EXPIRES

Ron Merry — ISSUED TO

RFD, Hickman, NE — ADDRESS

T8N, R7E, Section 36 NW¼ of SW¼, Lot 14 I.T. (Extend) — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 30.00 | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| | 110.16 | 148.14 | 6-2 |

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 475-6221)

FILE NO. 1637-C

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

DATE: Aug 26, 1979

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 NW¼ of SW¼ 36;
Block ; Lot 14 I.T.; Addition
Street Address

2. Property Use: Residential ☑; Commercial ☐
No. Bedrooms 3 4
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: PIPE INSTALL TO LAGOON

5. Work to be done by: Owner ☐ ; or Contractor ☑, POTTYCO INC.
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 600 00 |
| b. Labor | $ | 450 00 |
| c. Other | $ | 200 00 |
| TOTAL | $ | 1250 00 |

Ron Mercy by Pottyco (DR Prentice)
Signature of Applicant (owner or lessee)

RFD HICKMAN, NE.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10-4-79
Filing Fee: $ 30 00

2. Site Visits:
Date: Summer of 79 by: RM *
Date: by:
Date: by:

3. Date: Approved ☐; Disapproved ☐
by:

4. PROVISIONAL ONLY
INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: NOV-29-79 by: Ron Mayfield

* Health Dept. was notified to inspect lagoon, but sewage pipe was not yet in. Gravity flow into lagoon was critical factor. Sewer pipe was not inspected before backfill. Therefore, only provisional approval can be given.

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: 474-1541

**D**

DATE: Aug. 26, 1979

FILE NO. 1637-C

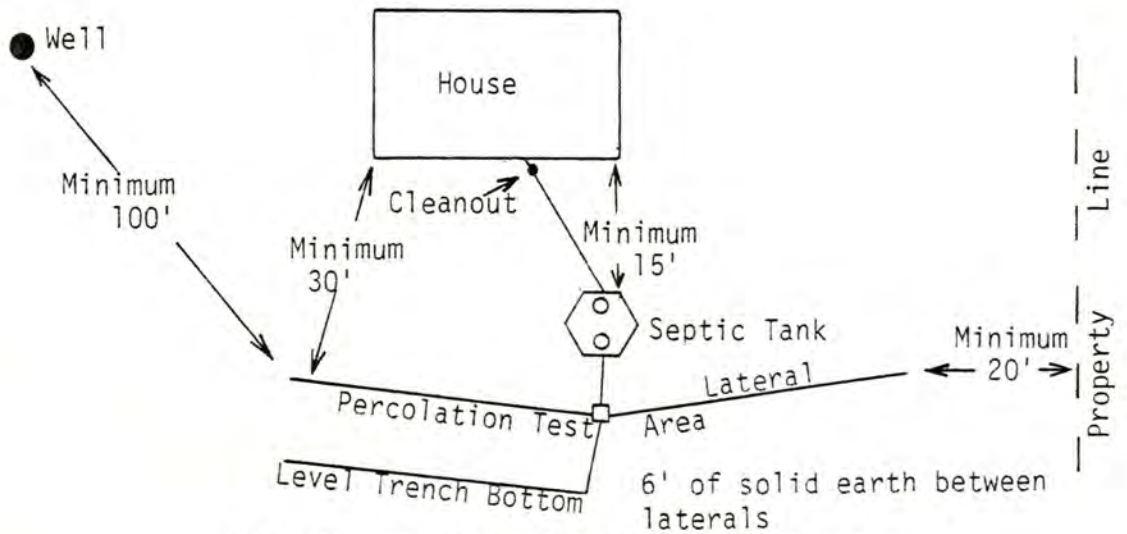
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 3 in.
2. Distance above basement floor 30 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs ____.
5. Distances to:
Well or Suction Line 40 ft.; Stream 40 ft.; Pressure Line ____ ft.; Property Line 100 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

RECEIVED FEB 2 5 1991

# APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property Lot 14, Irreg. SW 1/4 3608-7 Lancaster Co.
Directions to Property 10001 Wagon Train Rd, Hickman, NE 68372

| Land Owners | | Send Results to: | |
|---|---|---|---|
| Name: | Alfred H. & Herta M. Zoller | Name: | same |
| Address: | 10001 Wagon Train Rd. | Address: | |
| Phone: | Hickman, NE 68372 (402) 792-2669 | Phone: | |

Land Owners Signature Alfred H & Herta Zoller
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

| | |
|---|---|
| Approximate Depth of well | 75' |
| Casing Material | plastic |
| Casing Diameter | 4" |
| Is well located in a pit | no |
| Type of pump | submersion |

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

| | | | | |
|---|---|---|---|---|
| HOUSE FOUNDATION | 360 (distance) | FEET | | U/(D) |
| CESSPOOL | — | FEET | | U/D |
| SEPTIC TANK | — | FEET | | U/D |
| SEWAGE DISTRIBUTION FIELD | — | FEET | | U/D |
| WASTE STABILIZATION LAGOON | 132 | FEET | | U/(D) |
| BARN YARD | 168 | FEET | | U/(D) |
| NEAREST WELL | — | FEET | | U/D |
| NEAREST PASTURELAND | on pastureland | FEET | | U/D |
| NEAREST CROPLAND | — | FEET | | U/D |
| SHOP | — | FEET | | U/D |
| GRAINERY | — | FEET | | U/D |
| FUEL TANKS | 465 | FEET | (propane tank | U/(D) |
| OTHER POTENTIAL CONTAMINATION SOURCE | — | FEET | WHAT? | |

ADM.0002/34

FEE $15.00
PAID

< 0.1 P.P.M. NITRATE

# BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 2/26/91 8:56A.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 36, T8N, R7E (29-41)
LOT 141 I.T. ALFRED ZOLLER

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. 141-3717 (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 ET (76-79)

IN

OUT

'91 FEB 27 PM 2:29

# WATER CHEMISTRY

STATE LAB NO. 151670

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO) 26 (DAY) 91 (YEAR) 8:56 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION ALFRED ZOLLER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 36 TWNSHP 8 N RANGE 7 E

REPORTED '91 FEB 27 P12:27

RECEIVED '91 FEB 26

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

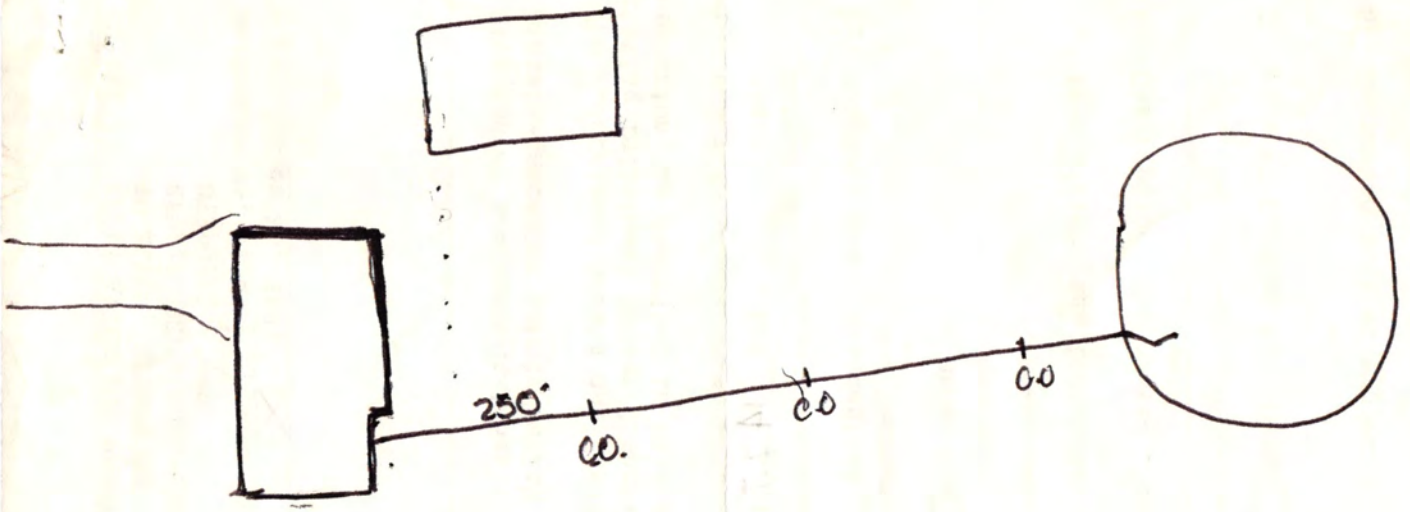
NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88


250'
60.
60
60