LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 721-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 1, 1976 — THIS PERMIT EXPIRES

Bruce J. Jurgens — ISSUED TO

3700 Cornhusker-75E — ADDRESS

T8N; R7E of 6PM; Sec. 36-SE¼ of SE¼; Lot 30 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1536	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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: 475-6221)

FILE NO. 721-C

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

DATE: Oct 31 1975

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 North; Range 7 E. of the 6th P.M.; Section 36 SE¼ SE¼
   Block _____; Lot 30; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Bruce J. Jurgens
Signature of Applicant (Owner or Lessee)

3700 Cornhusker 75 E
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10-31-75. Date Frwd. 10-31-75. ACTION: Approved ☐ ☒ Disapproved ☐ Signature: James Wevelberg
2. Supt. Bldg. Insp.: Date Rec'd. 11-3-75 ER. Date Frwd. _____. ACTION: Approved ☐ ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 11-3-75. Date Frwd. 11-3-75. ACTION: Approved ☐ ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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: 475-6221)

FILE NO. 721-C

DATE: oct 31 1975

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8 ; Range 7 ; Section 36 ; Block ; Lot 30 ; Addition .
Street Address .

2. Property Use: Residential ✓ ☐ ; Commercial ☐
No. of Bedrooms 2
Other Use ☐
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Bruce D Jurgens
Signature of Applicant (owner or lessee)

3700 Cornhusker 75E
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 10-31-75
Filing Fee: $ 30 . 00

2. Site Visits:
Date: 6-22-76 by: JW
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved ☐
by: James Wevelka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-22-76 by: James Wevelka

FORM HD- 43(73) 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 721-C

PROPERTY WHERE SOIL TESTED:
Owner: Bruce J Jurgens
Location: Township 8N ; Range 7E
Section & ¼ Sect. SE¼ of SE¼ of Sec 31 Address 3700 Cornhusker 75E
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____ F

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. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	10-29	230	10-29	600	10-30	445	13	30	12½	30	½	
2	38"	10-29	235	10-29	600	10-30	445	12	30	11¾	11	¼	
3	32"	10-29	240	10-29	600	10-30	445	14	30	14	11	0	
4	30"	10-29	250	10-29	600	10-30	500	12	30	11½	11	½	
5	38"	10-29	255	10-29	600	10-30	500	13	30	12½	11	½	
6	38"	10-29	300	10-29	600	10-30	500	12	30	12	11	0	

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

Bruce J Jurgens
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Not suitable for Septic system, Mr. Jurgens will run another percolation test

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 10-31-75

James Wevelka
Signature of Reviewing Official

FORM HD- 43(73) 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 849-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 7E 6
Section & ¼ Sect. _____
Property Dimensions: 260.5 ft. x 869.43 ft.
Area: 5.21 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒ Wymore; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Bruce Jurgens
Address 3700 Cornhusker 75E

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____

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. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./Inch)
23"	1	6-2	1100	6-2	1800	6-3	800	12"	830	11½"	30	½"	60
26"	2	6-2	1100	6-2	1800	6-3	800	12"	833	11¼	33	¾"	44
21"	3	6-2	1100	6-2	1800	6-3	800	12"	835	11	35	1	35
23"	4	6-2	1100	6-2	1800	6-3	800	12"	838	11	38	1	38
22"	5	6-2	1100	6-2	1800	6-3	800	12"	840	11½	40	½	80
24"	6	6-2	1100	6-2	1800	6-3	800	12"	845	11	45	1	45

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

B. Jurgens
Signature of Person Conducting Test

Address 3700 Cornhusker 75E
Phone: 467 3891

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 50.3 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 6-8-76

James Wevecka
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 721-C

SPECIFICATIONS

DATE: _____

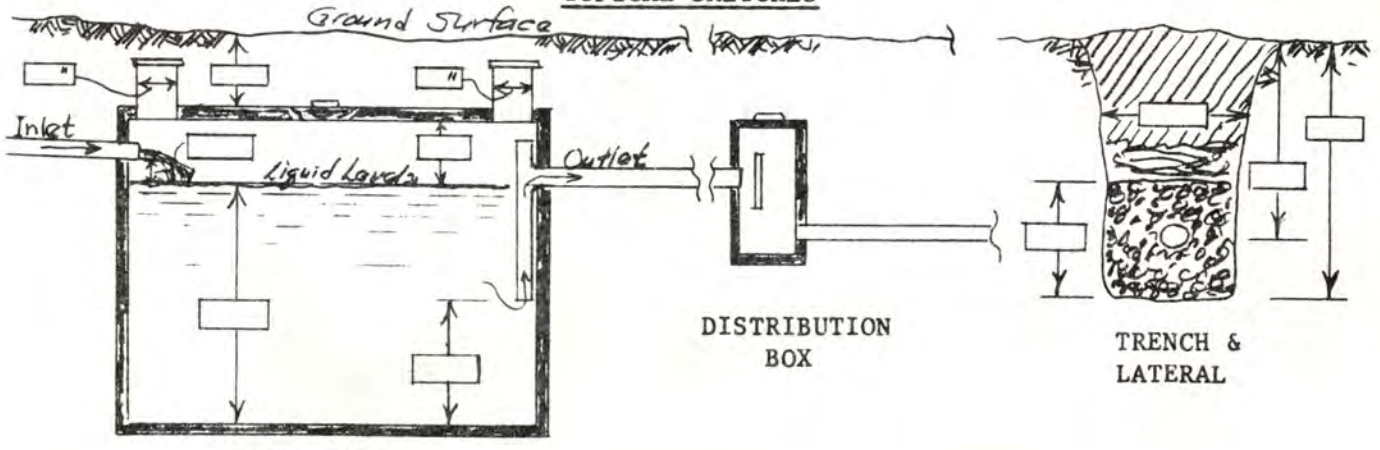
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Roe Concrete Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
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 Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Roe Concrete Step Co) No ☐
3. Dimension: Length 18 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals ____ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: road gravel Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 849-C

SPECIFICATIONS

DATE: _____

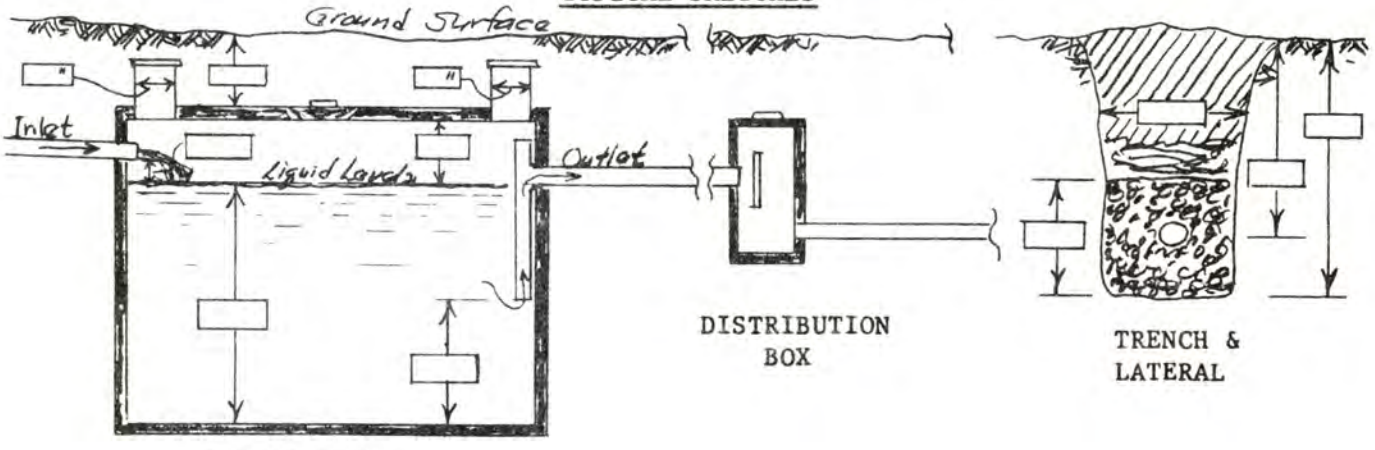
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 750 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number 3; Length of each line ___ft
Total length of Laterals 206 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 36 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

Survey of A part of Irregular Tract # 1 a Tract of land in the Southwest Quarter of the Southeast Quarter (more fully described below)

Section 36 T 8N, R 7E of 6th P.M.

Survey No. _____ (To be assigned by Co. Surveyor) Date Sept. 1973 Weather Fair

LEGAL DESCRIPTION:

A part of Irregular Tract # 1
A Tract of land in the Southwest Quarter of the Southeast Quarter of Section 36, Township 8 North, Range 7 East of the 6th P.M., Lancaster County, Nebraska; more fully described by metes and bounds as follows:

Beginning at the Southeast corner of said Southwest Quarter of the Southeast Quarter; thence North along the East line of said Southwest Quarter of the Southeast Quarter, a distance of Eight Hundred Seventy-two and Eight Hundredths (872.08) Feet to the Southerly Fifty (50) Foot right-of-way line of the Missouri Pacific Railroad. Thence, left in a Westerly direction, along the South line of said railroad right-of-way, a distance of Two Hundred Sixty and Fifty Hundredths (260.50) Feet. Thence, left in a Southerly direction, parallel to the East line of said Southwest Quarter of the Southeast Quarter, a distance of Eight Hundred Sixty-nine and Forty two Hundredths (869.42) Feet to the South line of said Southwest Quarter of the Southeast Quarter. Thence, East along the South line of said Southwest Quarter of the Southeast Quarter, a distance of Two Hundred Sixty and Fifty Hundredths (260.50) Feet to the point of Beginning and containing a calculated area of 5.21 Acres of which 0.20 Acres is used as public road right-of-way.

Now Lot 30 I T in SW¼ SE¼
Berenice 10/28/75

COPY THIS
DESCRIPTION

Signed this 28 day of September 1973

Name _____

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390073401

Issued 10/11/02
Expires 04/11/03
Revenue Code 3157

Establishment

DALE STERTZ
T8N R7E SEC 36
LOT 30
10600 STAGECOACH ROAD

FEES: $100.00

TOTAL: $100.00

Permittee

DALE STERTZ
10600 STAGECOACH RD
HICKMAN NE 68372

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003009

0239007 34

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☒ **EXTEND** ☐ **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:**
   Township 8N Range 7E Section 36 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 10600 STAGECOACH ROAD HICKMAN, NE 68372

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Extend laterals To 100' in length and install Drop Boxes in place of Dist. Box

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer + Drain

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dale Stertz Address 10600 STAGECOACH Phone 792-2441
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10/11/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/10/02 By Jerrold Hood
Date 10/11/02 By Jerrold Hood
Date ____/____/____ By _____

Installation final written approval
Date 10/27/05 By J. C. Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 10/11/02 Amount 100.00 Check No. 4831 Initials LS

White - Division Copy Pink - Business Office Revised 9/00

Dale Stutz

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 10/02 (10-14-05)

System Location (Indicate correct number and street)

Address 10601 Stage Coach Rd. (no rural route) City Hickman NE, Zip 68372

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: 130 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: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 8x10 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 19 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 15 ft.

C. Distribution Box

1. Material: Drop Boxes (2)
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 54 & 81 ft.

D. Absorption Field

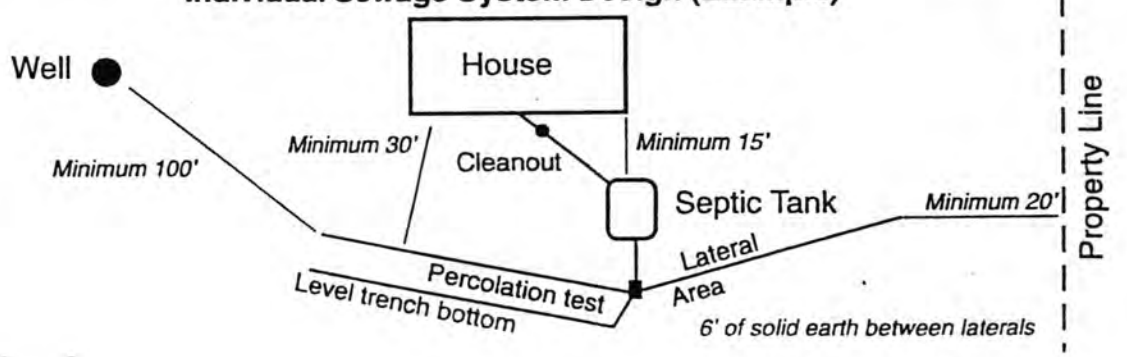
(Provide as-built drawings on back of this form)

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: 90 ft. 96 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 15 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



9705 9002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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. 3356

Legal Description of Property: Street Address 10600 Stagecoach Rd

Twp 8N Range 7E Section 36 1/4 ___ 1/4 ___ Block — Lot 30 Addition —

Directions to Property _____

Location of Well east of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System Northwest of house Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	DALE L. STERTZ	10600 STAGECOACH RD. HICKMAN, NE. 68372	402-792-2441
Tenant/Buyer:			
Return to:	DALE L. STERTZ		

Signature of Applicant Dale L Stertz Address 10600 Stagecoach Hickman, Ne 68372 Date 5/13/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/14/97
Initials ___
Amount #150.00
Check No. 3356.

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/13/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/16/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

'97 MAY 14 AM 11:35

REPORTED

'97 MAY 13 PM 3 24

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO. 14920

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 13 (DAY) 97 (YEAR) 10:52 AM (HOUR)

SAMPLE COLLECTED BY Jerold Hood

SAMPLE LOCATION Dale Stertz

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 36 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
Env. Health
3140 "N" St
Lincoln Ne 68510

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

FOR LABORATORY USE ONLY

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(S) BY KT
FOR ACCOUNTING USE ONLY

LWB 88

'97 MAY 15 AM 9 10

REPORTED

'97 MAY 13 P1:32

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 153290

DATE COLLECTED 5 (MO.) 13 (DAY) 97 (YEAR) 10:52 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DALE STERTZ

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 36 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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

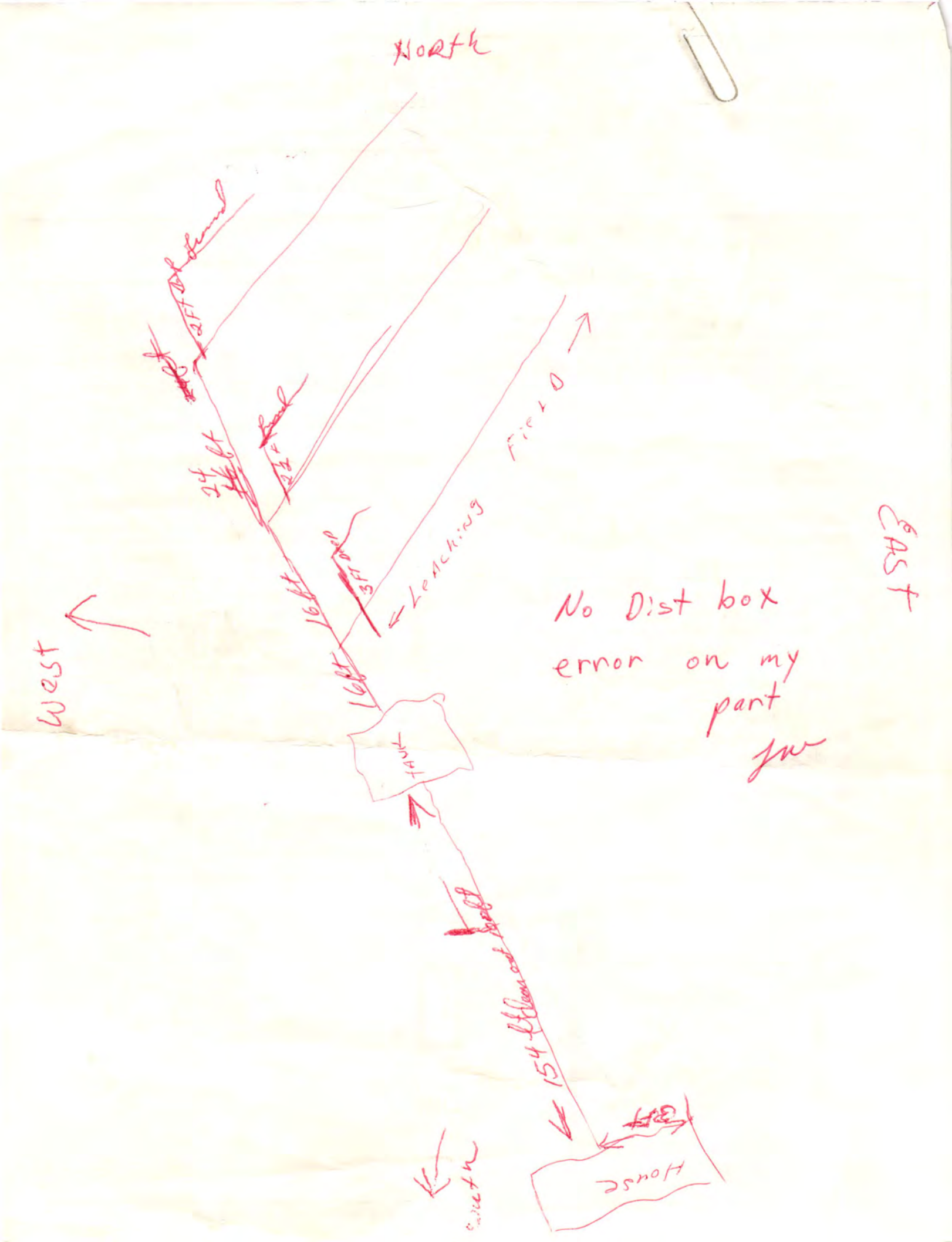
NITRATE — N 0.4 mg/l

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

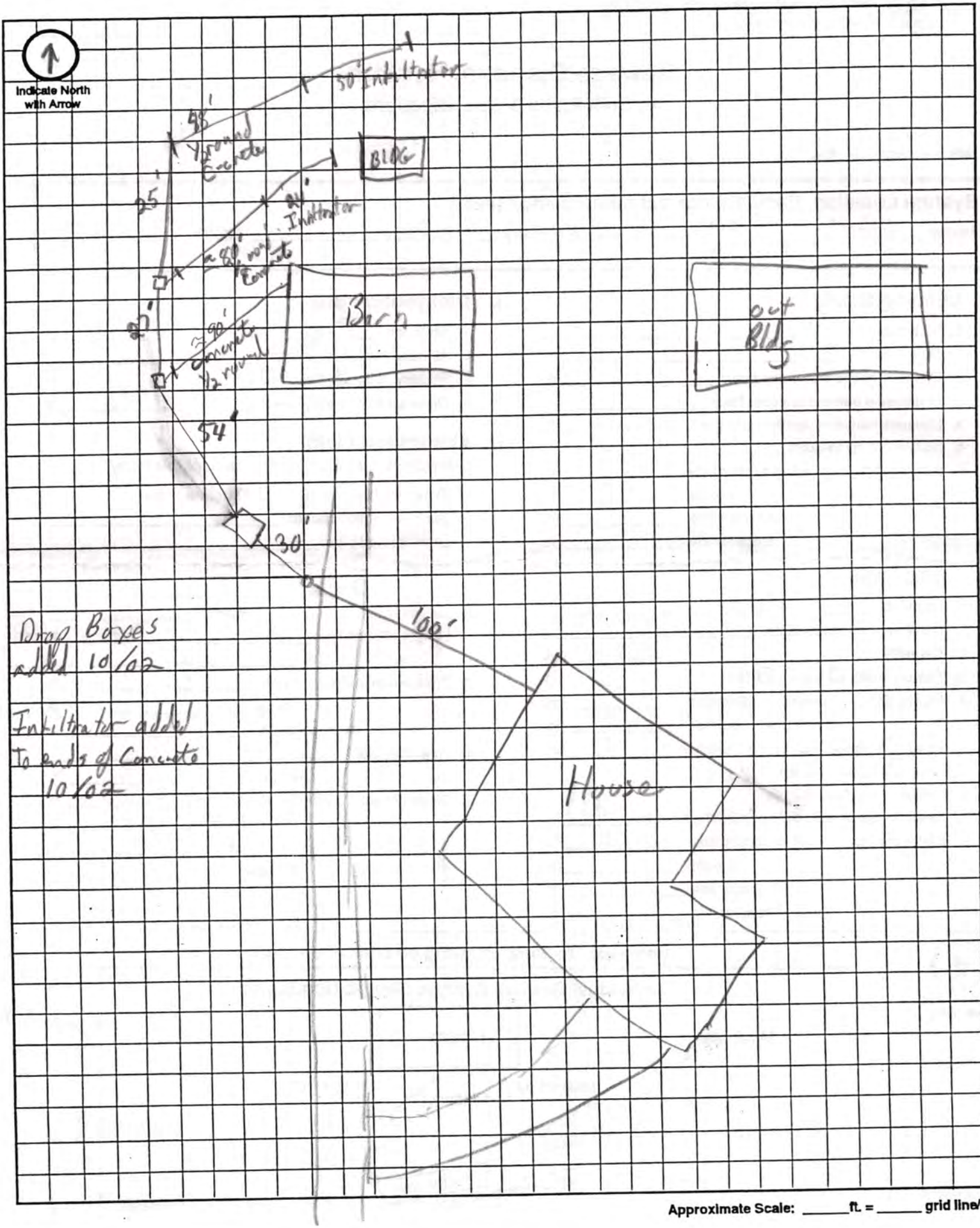
TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88


North
West
East
No Dist box
error on my
part
jw
Leaching Field
Aunt
House

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 89380004901

Issued 10/06/89
Expires 04/06/90

ESTABLISHMENT
STEPHEN STEWART
T8N R7E SEC 36
LOT 51

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE STEPHEN STEWART
BOX 00142
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

RECEIVED OCT 0 5 1989 8938 00049

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. _____

DATE: 10-4-89

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 36 ; Block _____ : Lot 3 I.T. : Addition _____
   Street Address 10400 STAGECOACH RD.

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

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

4. Distance to public sewer: _____ ft.

Stephen R. Stewart
Signature of Applicant (Owner or Lessee)

P.O. Box 142 Hickman, NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/5/89. Date Frwd. 10/9/89. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Vaad

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-9-89. Date Frwd. 10-9-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen

3. City or County Engineer: Date Rec'd. 10/9/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-17-89 by: rm need drawing
Date: 10-24-89 by: rm "
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

APR 29 1987

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2492-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 North; Range 7 East; Section & ¼ Section 36 SE Quarter. Lot 31
Property Dimensions: 260.5 ft. x 869.42 ft. Area: 5.21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 2/13/87 to 2/14/87. Weather: Precip. none Temp. 55-39°

OWNER: David Niemeyer

Address: 7032 Eagle Dr 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	34	2/13	10am	2/13	2 30 pm	2/14	10 am	6	2 00 pm 2/14	5	30	1	
2	33½	"	"	"	"	"	"	6	"	5	30	1	
3	34	"	"	"	"	"	"	6	"	5¼	30	¼	
4	33	"	"	"	"	"	"	6	"	5½	30	½	
5	33	"	"	"	"	"	"	6	"	5½	30	½	
6	33	"	"	"	"	"	"	6	"	5½	30	½	
7	33	"	"	"	"	"	"	6	"	5	30	1	
8	33	"	"	"	"	"	"	6	"	5	30	1	

Robert Niemeyer 7032 Eagle Dr Linc (07)
Signature of Person Conducting Test

Address Box 124-A Hickman Phone 792-2794

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: MAY 7, 1987

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoos
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380161201

SEWAGE INSTALLATION
LAGOON

Issued 07/07/97
Expires 01/07/98
Revenue Code 18754

Establishment

ROBERT MORRIS
T8N R7E SEC 36
LOT 31

FEES: $150.00

TOTAL $150.00

mittee

ROBERT MORRIS
10400 STAGECOACH RD
HICKMAN NE 68372

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"

4991

RUSH

A

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

Permit Number: 9738016 12

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10400 STAGECOACH (no rural route) City HICKMAN NE, Zip 68372

Legal Description 36 8N 7E 31
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Robert D Morris Signature Robert D Morris

Address 10400 STAGECOACH Hickman City/State/Zip Ne. 68372

☒ Check if owner designed system Home Phone ~~474-2568~~ Work Phone _____

C. Contractor

Name OWNER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name OWNER Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 7-7-97 Date frwd 7-7-97 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.7.97 Date frwd 7.7.97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-7-97 Date frwd 7-7-97 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By Paul D

Date 11-23-98

Business Office Use Only

Date Rec'd 7-7-97

Amt Paid $150.00

Rec'd By CW Cash/Check No. Cash

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 97380 1612

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10400 STAGECOACH RD (no rural route) City HICKMAN NE, Zip 68372

Owner Robert D Morris Addresss 10400 STAGECOACH RD Hickman Ne 68372

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)
		N/A				SEAL LAGOON							

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON WILL BE SEALED, BASED UPON FUTURE PERC TESTS, THIS MAY VARY.

Signature of Reviewing Official John E Ellis Date 7-7-97

FORM 23-101 10-96

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

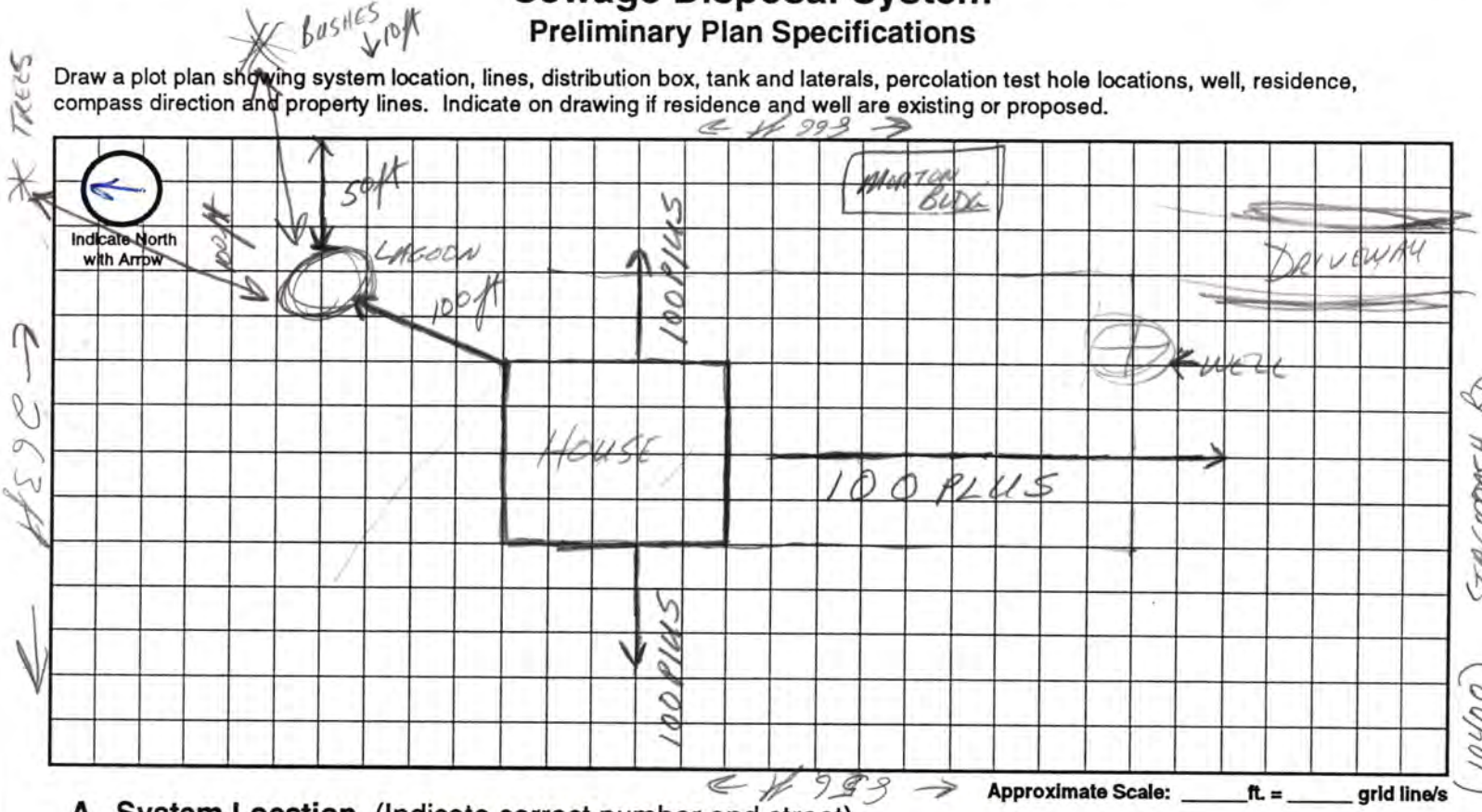
C

Permit Number: 97380 1612

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) 10400 STAGECOACH 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 _____ (min. per inch) Soil Type: _____ 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: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Robert D Morris Date 7/7/97

Installer SAA Date _____

FORM 23-102 10-96

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

D

Permit Number: 9738016 12

Sewage Disposal System

As Built Plans & Specifications

Date 12-1-98

System Location (Indicate correct number and street)

Address 10400 Stagecoach (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 12 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 75 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

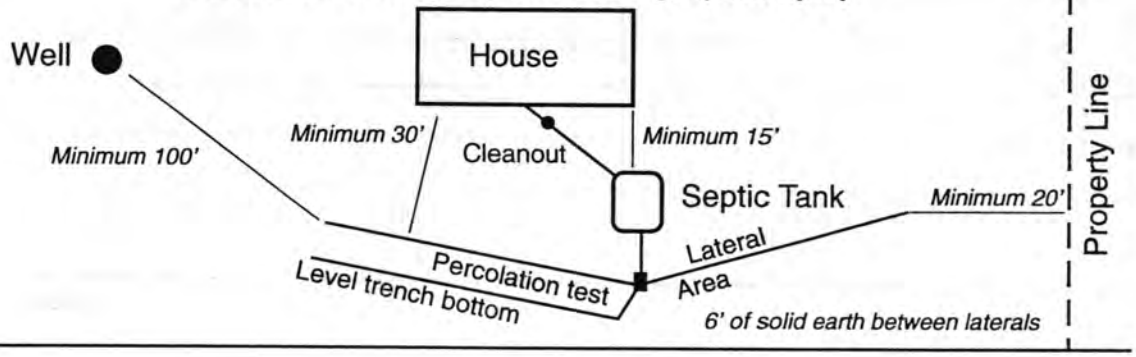
(Provide as-built drawings on back of this form)

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

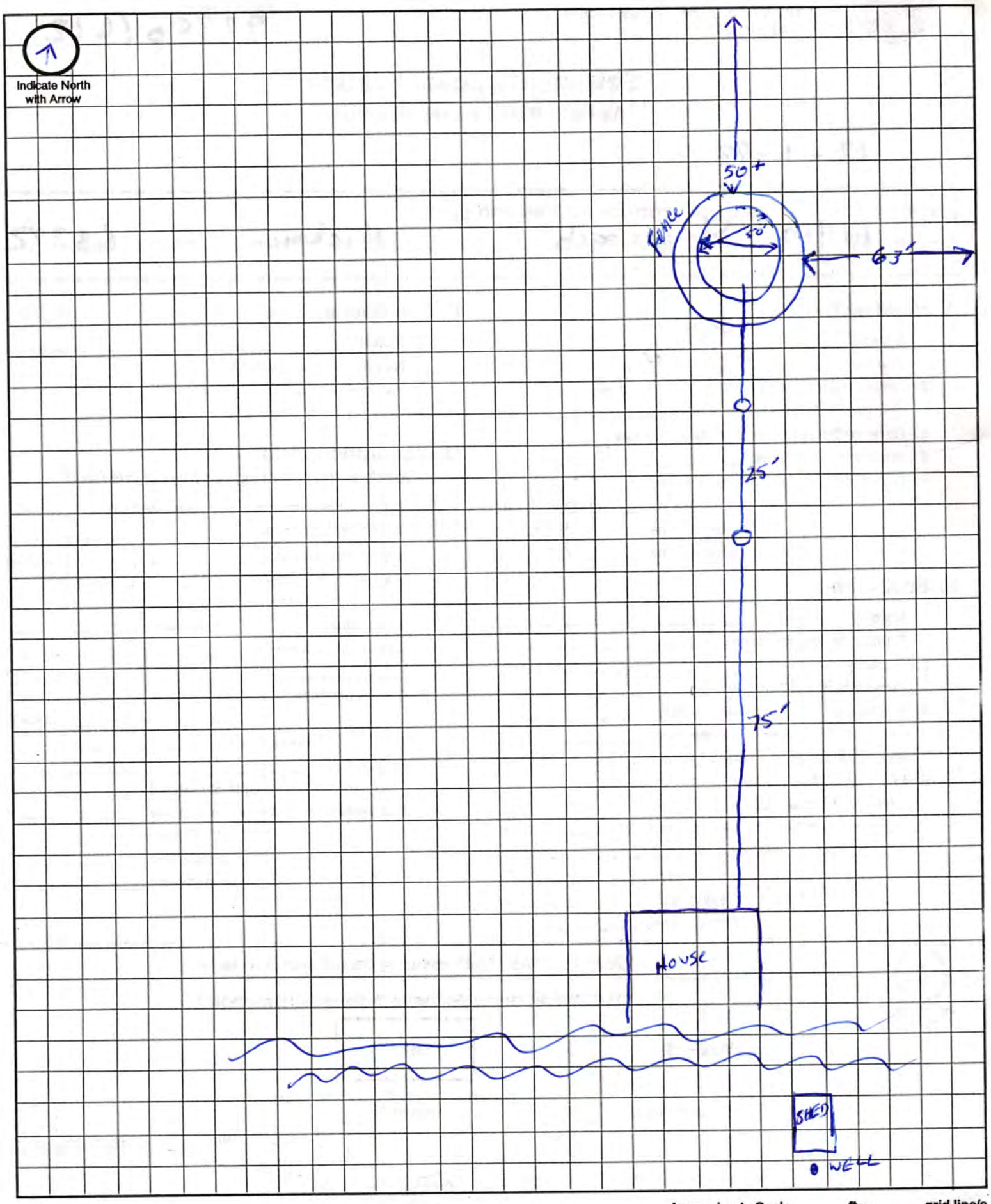
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s