007

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to requ

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County [illegible]

☐ 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 15700 S. 120th Bennett, NE

Twp 8N Range 8E Section 17 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Irr. lot 9, SW Qtr of Sec 17 T8N, R8E of the 6th P.M. Lancaster Co., 3 miles S. of Hwy 2 on 120th; intersection of Roca Rd &

Location of Well In front of house, in ring of trees Tap Location: Inside ☐ Outside ☐ east - Hwy 2

Location of Sewage System east of house; white bucket on it Year Installed 1976

south laterals head off toward horse barn

	NAME	ADDRESS	PHONE
Present Owner:	Douglas B. Fleischer	15700 S. 120th Bennett NE 68317	782-8715
Tenant/Buyer:	Jim & Lori Vidlak	1216 N 24th Lincoln NE 68503	476-6846
Return to:	Jim & Lori Vidlak	1216 N. 24th Lincoln 68503	476-6846 471-0779(W)

Signature of Applicant Lori S Mann Vidlak Address 1216 N 24th Lincoln NE 68503 Date 11/10/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/15/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 11/15/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☒ 1 /ml
Nitrate	☒ 0.1 ppm	☒ 26.1 ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 12/13/93 by P.D.
Date 12/14/93 by P.D.
Date ___/___/___ by ___

Comments: Recommend that the septic tank be pumped if not done in past two years
Old well that is not in service should be properly abandoned
12-13-93 Filtering system installed to remove nitrates - P.D. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul W. Drotzmann Date 12/17/93

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.

047

'93 DEC 13 P12:06 RECEIVED

'93 DEC 14 P3:31 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 1518658

DATE COLLECTED 12-13-93 10:30
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 15700 S. 120th Doug Fleischer

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 17 TWNSHP 8 (N) S RANGE 8 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LCHD
2200 St. Mary's Ave
LINCOLN NE 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

'93 DEC 15 P1:12

REPORTED

DEC 14 A11:16

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 143172 3

DATE COLLECTED 12-14-93 (MO DAY YEAR) 10:40 (HOUR)

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 15700 S. 120th Doug Fleischer

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 17 TWNSHP 8 N S RANGE 8 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD

2200 St. Mary's Ave

LINCOLN, NE 68502

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 METHOD NUMBER: NIPDWR 141.27

TEST(S) BY MW

FOR ACCOUNTING USE ONLY

LWB 91

'93 DEC 14 PM2:54

REPORTED

'93 DEC 13 PM2:06

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1431556

DATE COLLECTED 12-13-93 10:30
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 15700 S. 120th Dog Fleischer

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 17 TWNSHP 8 (N) S RANGE 8 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

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 METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

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 _____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11-15-93 1:45 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION 15700 S. 120th Lori Vidlak (29-41)

ID ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
Lincoln, NE 68502

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. 29319 (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM 4 (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 _____ (76-79)

NOV 15 P3:32

OUT

93 NOV 16 AM 1:45

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 153-16802

COMPLETE INFORMATION BELOW

DATE COLLECTED 11-15-93 1:45
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 15700 S. 120th Lori Vidlak

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 17 TWNSHP 8 (N) S RANGE 8 (E) W

REPORTED 93 NOV 16 P1:25

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD-
2200 St. Mary's Ave
LINCOLN NE 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 26.1 mg/l

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

TEST(S) BY RP
FOR ACCOUNTING USE ONLY

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 852-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 10, 1976 — THIS PERMIT EXPIRES

Raymond A. Gans, Jr. — ISSUED TO

369 South 46 Street, Lincoln 68510 — ADDRESS

T8N; R8E; Sec. SW¼ of 17; Lot 9 I.T.

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 DEPARTMENT

ISSUING OFFICER

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. 852-C

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

DATE: 6-10-76

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. 8N ; Range 8E ; Section 17 SW¼
   Block ____; Lot 9 I.T.; Addition ____
   Street Address 120th & Roca Rd.

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

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

4. Distance to public sewer: ____ ft.

Mrs. Raymond A. Sans, Jr.
Signature of Applicant (Owner or Lessee)

359 So 46th St, Lincoln, NE 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/10/76 . Date Frwd. 6/11/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. 6/11/76 . ACTION: Approved ☐ Disapproved ☐ Signature: David Bahr
3. City or County Engineer : Date Rec'd. 6/11/76 . Date Frwd. 6/11/76 . 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- 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. 852-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 8E
Section & ¼ Sect. Sec 19 SW¼
Property Dimensions: 454.5 ft. x 549.5 ft.
Area: 5.74± acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Raymond A. Gans, Jr.
Address 359 So. 46th St. Lincoln, 68510

Dates of Tests: 6-9-76 to 6-10-76. Weather: Precip. 0 Temp. 80°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	32"	6/9	8 p.m	6/10	8 p.m	6/10	8 a.m	6"	9:30 a.m	4	30 M	2	
2										4 3/4		1 1/4	
3										4		2	
4										1		5	
5										2 3/4		3 1/4	
6										4 3/4		1 1/4	

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

Geri Gans
Signature of Person Conducting Test

Address 359 So. 46th St.
Phone: 489-8130

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 12 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: June 10, 1976

Gerrold C. Hoot
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. _____

SPECIFICATIONS

DATE: _____

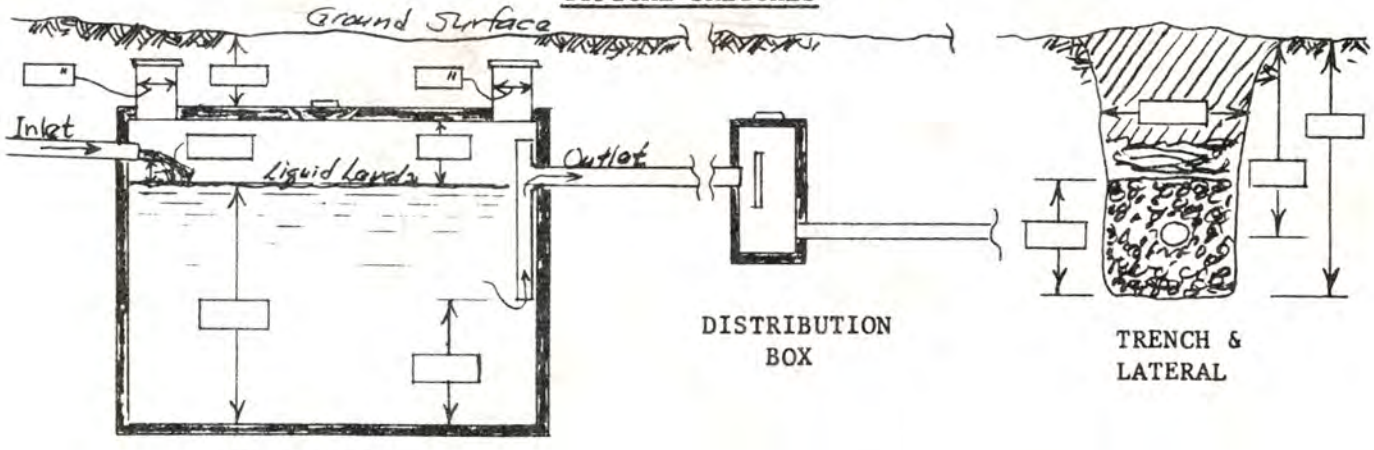
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 10 in.
3. Distance between dwelling and septic tank 55 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 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 Concrete; 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: 4" Plastic
2. Lateral Lines: Depth below grade 2 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape Round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 22 ft.
3. Trench Dimensions: Depth ___in.; Width ___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

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. 852-C

SPECIFICATIONS

DATE: 6-10-76

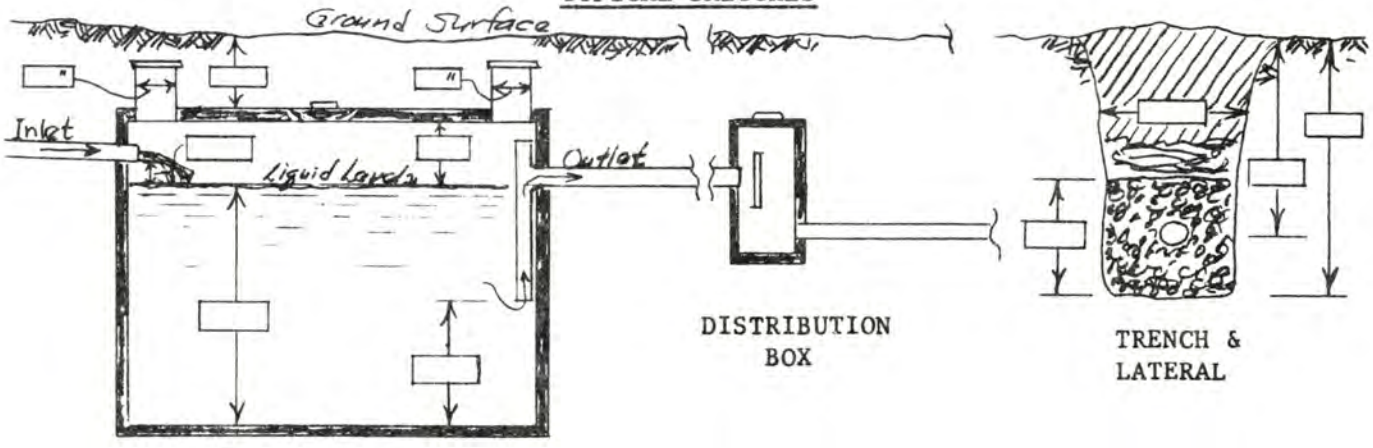
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 5 in.
3. Factory Built: Yes ☒ (Company Pre Cast 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 ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line 300 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 125 ft.

C. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length ___in.; Width ___in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

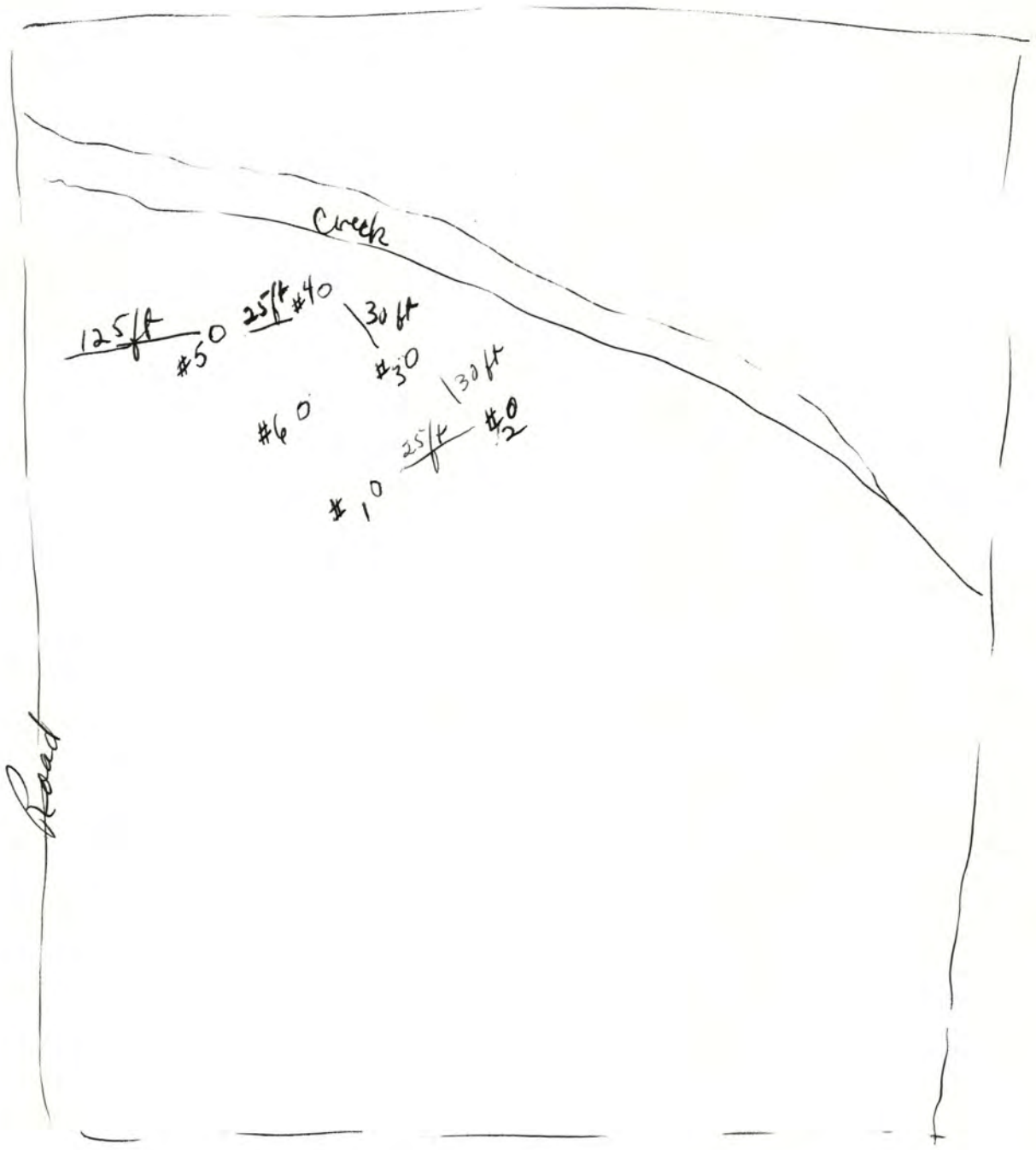
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon or perforated 4" pipe
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 132 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape half moon or perforated 4" pipe
Material: concrete ☐; 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 300 ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line 125 ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

N



W

E

S

Tank east of House 55 ft.
South of North side House 28½
Distributor box 12 ft east of tank

