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. 89380006001

Issued 10/24/89
Expires 04/24/90

ESTABLISHMENT

GARY BRISBOIS
T8N R8E SEC 31 QTR SE
LOT 18

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

GARY BRISBOIS
RR0001
BOX 00157
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

8938 00060

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: $_____

FILE NO._____

DATE: 10-23-89

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. 8 North; Range 8 East; Section SE¼ 13;
   Block [redacted]: Lot 18 [redacted] I.T. Addition _____
   Street Address RR1 Hickman NE 68372

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: 4½ mi. ft.

Gary W Burns
Signature of Applicant (Owner or Lessee)

RR1 Box 157 Hickman NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/23/89. Date Frwd. 10/23/89. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Noah

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10.26.89. Date Frwd. 10 26 89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boeson

3. City or County Engineer: Date Rec'd. 10/26/89. Date Frwd. 10/26/89. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrall

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-21-89 by: [illegible] need fence & drawing
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 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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 North; Range 8 East; Section & ¼ Section SE ¼ 13.
Property Dimensions: 250 ft. x 934 ft. Area: 5.34 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-21 to 10-22. Weather: Precip. None Temp. 60°.

OWNER: Gary Brisbois
Address: RR1 Box 157 Hickman NE 68372

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	36"	10-21	1800	10-22	10:30	10:22	1400	6"	14:30	6"	30	0"	0
2	36"	10-21	1800	10-22	10:30	10/22	1400	6"	14:30	5 3/4"	30	1/4"	
3	36"	10/21	1800	10-22	10:30	10/22	1400	6"	14:30	6"	30	0"	0
4	36"	10/21	1800	10-22	10:30	10/22	1500	6"	15:30	6"	30	0"	0
5	36"	10/21	1800	10-22	10:30	10/22	1500	6"	15:30	5 1/2"	30	1/2"	
6	36"	10/21	1800	10-22	10:30	10/22	1500	6"	15:30	5 7/8"	30	1/8"	

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

Gary M Brisbois
Signature of Person Conducting Test

Address RR1 Box 157 Hickman NE Phone 788-2713

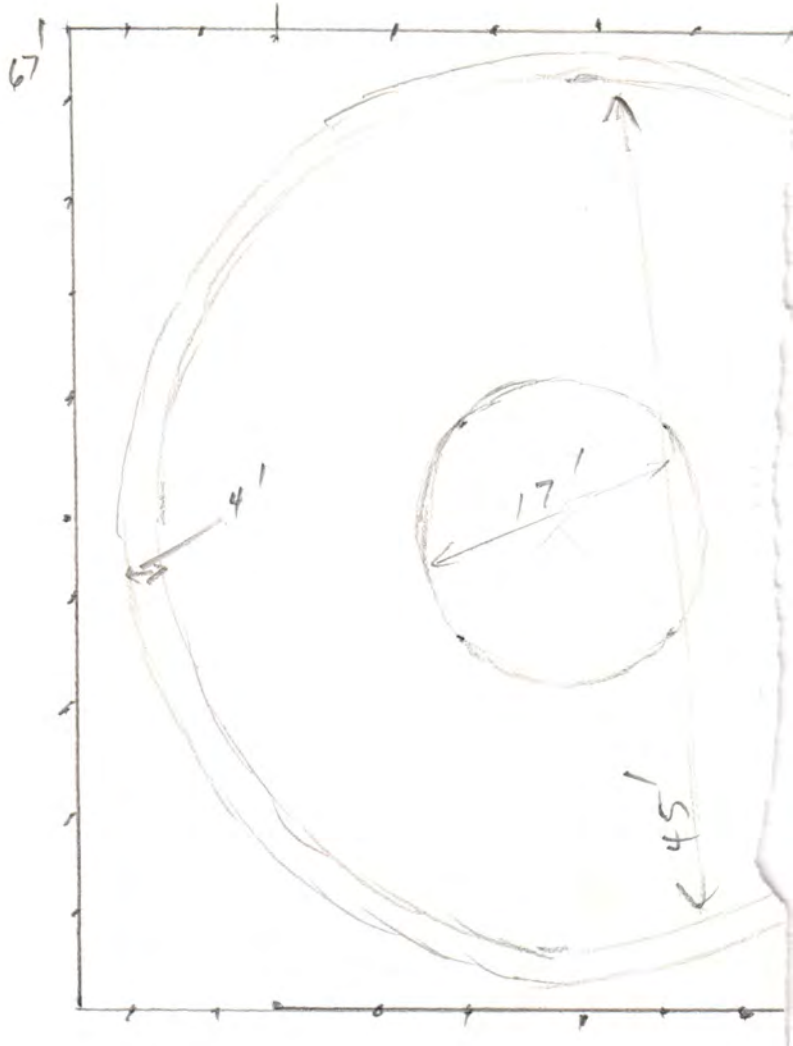
(Do not write below this line)

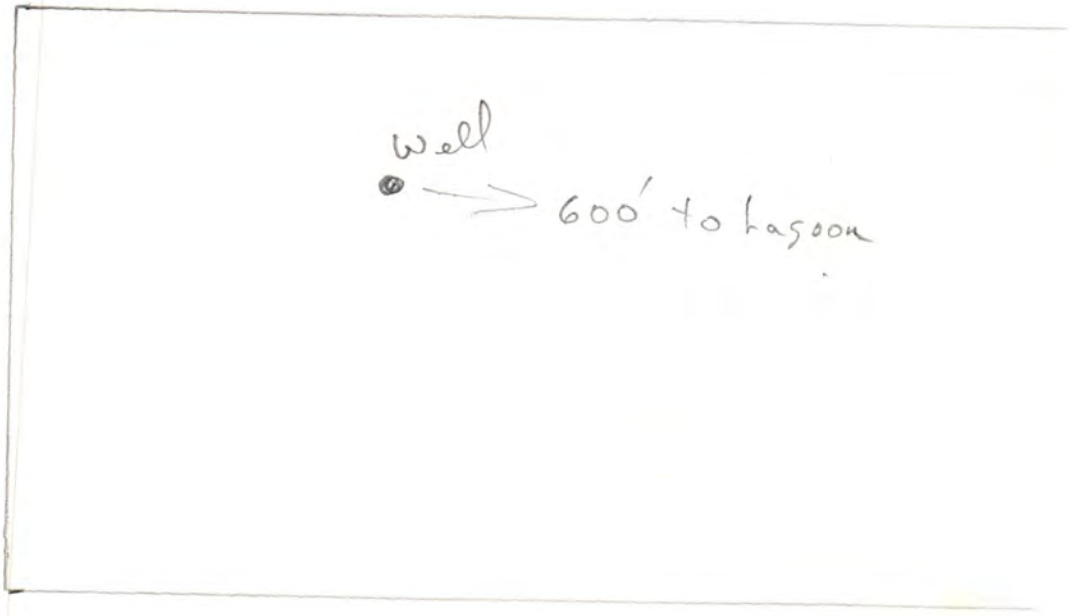
REVIEWING ACTION

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

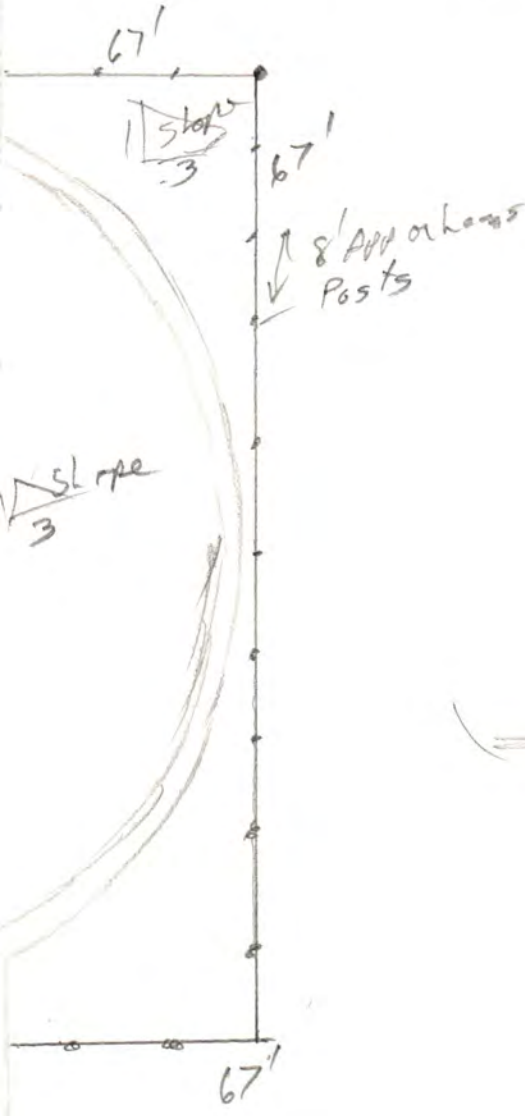
Remarks: _____
Soil Type (SCS): Mayberry Clay Loam
Date: OCTOBER 23, 1989

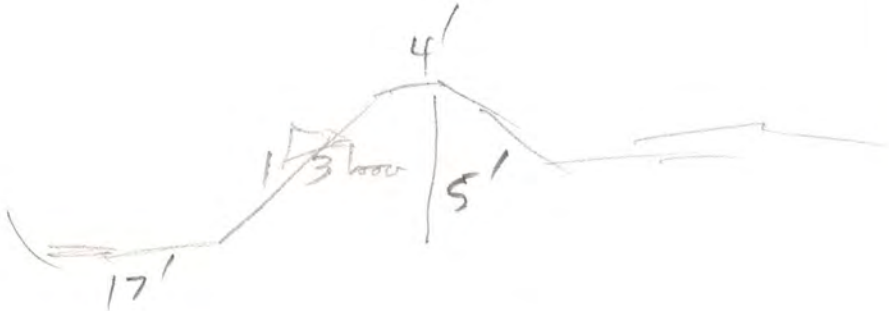
Gerrald C. Hoak
Signature of Reviewing Official


67'
4'
17'
45'

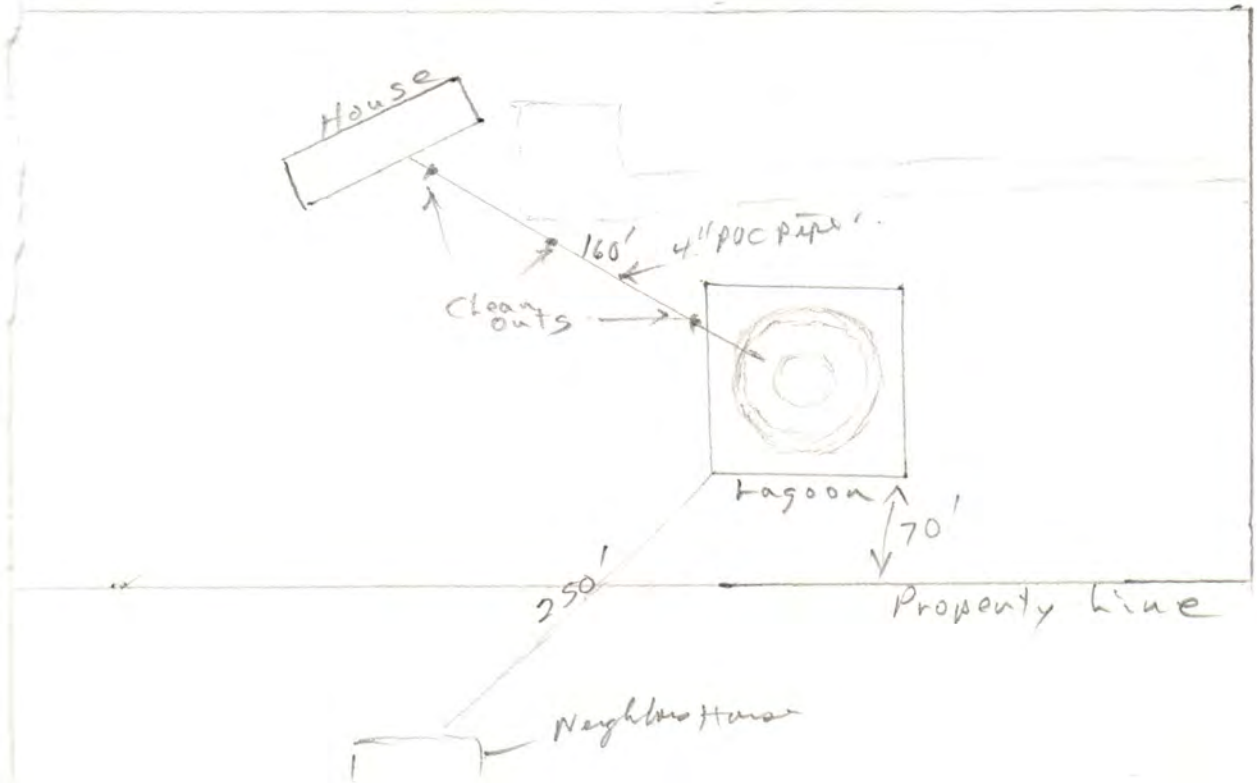

well
600' to lagoon
rail rt. of way

11450 stagecoach





cross section



Pool

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 6/26/92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 8E; SECTION 31; BLOCK ____

LOT 18; ADDITION ____; Street Address 11450 Stagecoach Rd.

Directions to Property Panama Rd to 110th, North to Stagecoach, East ½ mile at top of hill.

Location of Well ¾ to back of lot to east Tap Location: Inside ☑ Outside ☐

Location of Sewage System front of lot, west of drive Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Gary & Katherine Brisbois	11450 Stagecoach	792-2079
Tenant/Buyer:			
Return to:	Angie Byorth	Woods Bros 3201 Powers Suite 112 Lincoln NE 68502	

Send to

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

Signature of Applicant ____ Address ____

==========

HEALTH DEPARTMENT USE ONLY

Date Received JULY 1, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 2, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒ 7-28-92	Date 7/8/92	by JCH
Bacteria	☒ 7-30-92	☐	Provisional:	☐	Date 7-28-92	by P.D.
Nitrate <0.1	☒	☐	Disapproved:	☒	Date ____	by ____

Comments: WELL IS IN A PIT. NO SANITARY SEAL. LAGOON NEEDS WARNING SIGNS, LOCK ON GATE, FENCE SECURED TO POSTS LITTLE WEED CARE AROUND WATER LINE. See Attached Letter ☐ NEED AS-BUILT DRAWING. Lagoon problems corrected. Well appears to be O.K. 7-28-92 P.D. Drawing submitted

FINAL STATUS

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

APPROVED BY Paul Hilman DATE 7-31-92

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

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. 7-28-92 2:35pm (MO./DAY/YR./HOUR (9-16)) BY Paul Drotzmann (17-28)

ADDRESS OR LOCATION 11450 Stagecoach. Gary Bisbois (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
LINCOLN, NE
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. 142-17557 (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 Lw (76-79)

IN '92 JUL 28 P3:50

OUT '92 JUL 29 P2:

WATER CHEMISTRY

STATE LAB NO. 153516

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 2 (DAY) 92 (YEAR) 12:14 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GARY BRISBOIS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 31 TWNSHP 8 N RANGE 8 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY CW

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '92 JUL -2 P3:41

REPORTED '92 JUL -7 P7:10