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. 510-C

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

DATE: 7-27-74

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. 9 N ; Range 5E ; Section 8
Block ____; Lot ____; Addition W pinnies
Street Address ____ 5.00 ACRES

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

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

4. Distance to public sewer: ____ ft.

Jerome Howland Sr
Signature of Applicant (Owner or Lessee)

Denton, Nebr 68339
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/29/74. Date Frwd. 8/29/74. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. ____. ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 8-29-74. Date Frwd. 8-29-74. 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. 510-C

DATE: 8-27-74

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. 9N ; Range 5E ; Section 8 ; Block ; Lot ; Addition W pioneer .
Street Address .

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

Jerome Houlsand Sr
Signature of Applicant (owner or lessee)

Denton, Neb 68339
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $30.00

2. Site Visits:
Date: 4-6-77 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 8/29/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 4-6-77 by: James Weverka

System was installed prior to this date, but approval not given until fence installed.

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. 510-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 5 E
Section & ¼ Sect. NE ¼, Sec 8
Property Dimensions: ____ft. x ____ ft.
N. Location Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: J. R Hovelsrud Sr.
Address RR #1 Denton, Nebr.

Dates of Tests: Aug-25-74 to Aug-26-74. Weather: Precip. 0 Temp. 90° 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"	Aug-25	1:00pm	Aug-25	5:00pm	Aug-26	3:10	25 3/8	3:40	25 3/4	30	3/8	
2	"	"	"	"	"		3:11	20 3/4	3:41	21 1/8	"	3/8	
3	"	"	"	"	"		3:12	27 1/8	3:42	28	"	7/8	
4	"	"	"	"	"		3:13	25 5/8	3:43	26	"	1/8	
5	"	"	"	"	"		3:14	21 3/8	3:44	21 3/4	"	3/8	
6	"	"	"	"	"		3:15	29 1/2	3:45	29 3/8	"	3/8	

Sum of Percolation Rates 2.5
Average of Rates: .417
Mean of Rates:

Ron Marquart
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Too slow, Septic system will not be satisfactory for this type of soil.

Approved Percolation Rate(s)
A. 80-69 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

Jerome Hovelsrud

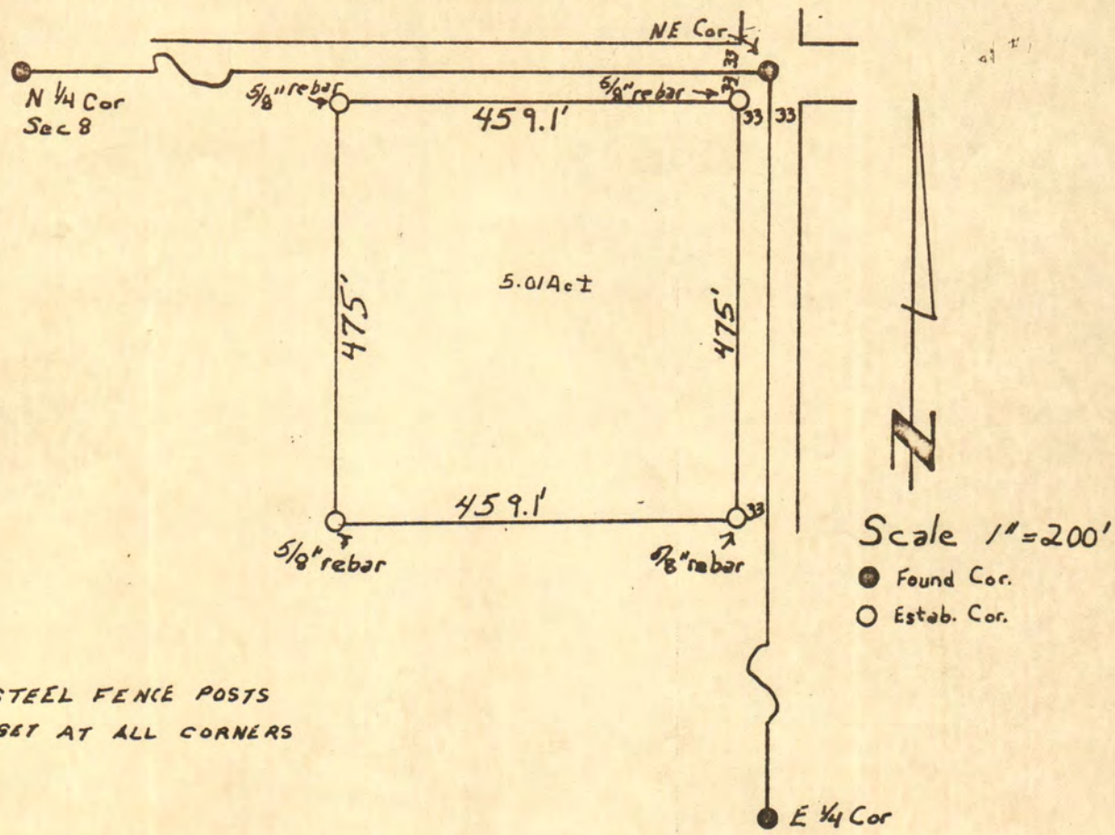
2

Survey Record

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432–3724

Survey of: IRREGULAR TRACT OF LAND SITUATED IN NE ¼ **Section** 8 **T** 9 **N, R** 5 **E of 6th P.M.**



NOTE: STEEL FENCE POSTS ARE SET AT ALL CORNERS

A tract of land situated in the NE ¼ of Section 8 T9N, R5E of the 6th P.M. Lancaster County, Nebraska more particularly described as follows:

Referring to the NE corner of Section 8 T 9 N, R 5 E, thence south along the East line of said NE ¼, a distance of 33.0', thence West on a line parallel to the North line of said NE ¼, a distance of 33.0' to the point of beginning, thence continuing Westerly on South Right of Way line of the County Road, a distence of 459.1', thence Southerly on a line parallel to the East line of said NE ¼, a distence of 475.0' , thence Easterly on a line parallel to the North line of the said NE ¼, a distence of 459.1' to a point on the West Right of Way line of the County Road, Thence North, 33.0' West of and parallel to the East line of the NE¼, a distance of 475.0' to the point of beginning, the said tract containing 5.01 acres of land more or less.

I, being aregistered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat of same is true and correct to the best of my knowledge.

Signed this 18th **day of** June **19**73

Name: Robert B. Bates Jr.

Surveyor's license No. L.S. 255

Land Surveyor's Seal

031

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☑ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 4201 SW. 112th

Twp 8N Range 5E Section 8 1/4 NE 1/4 Block ____ Lot 38 Addition ____

Directions to Property 1st HOUSE ON WEST SIDE OF ROAD - 1/8 MILE SOUTH OF SW 112th AND PIONEERS BLVD. (BACK SIDE OF CONESTOGA LAKE)

Location of Well REAR OF HOME Tap Location: Inside ☑ Outside ☑

Location of Sewage System LAGOON FRONT OF HOME Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	RAY & ELAINE COLEMAN		
Tenant/Buyer:	JAMES & GRACE ROBINSON	410 NO. 73rd LINCOLN, NE 68505	
Return to:	ROGER HAMLE HOME REAL ESTATE	225 NO. COTNER LINCOLN, NE 68505	436-3207

Signature of Applicant R A. Hamle Address ____ Date 4/25/96

HEALTH DEPARTMENT USE ONLY

Date Received 4/29/96 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4/29/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☑	☐	Approved	☐	Date 5/6/96 by J.C.H.
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional	☐	Date 5/22/96 by J.C.H.
Nitrate	☑ 2.3 ppm	☐ ____ ppm	Disapproved	☑	Date ___/___/___ by ____

Comments: LAGOON NEEDS WARNING SIGN. GATE IS IN POOR REPAIR. WATER WAS NOT TURNED ON. 5/6/96 Water was on but lagoon status has not changed. J.C.H. 5/22/96 Sewage system approved. J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/24/96

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.

WATER CHEMISTRY

STATE LAB NO. 153104

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 6 (DAY) 96 (YEAR) 2:15 PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAY COLEMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 9 N RANGE 5 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 2.3 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '96 MAY -6 P3:26

REPORTED '96 MAY 7 PM 4 21

'96 MAY -6 P3:26

RECEIVED '96 MAY 7 PM 12 29 REPORTED

WATER MICROBIOLOGY

STATE LAB NO 14 1274

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 5 (MO.) 6 (DAY) 96 (YEAR) 2:51 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAY COLEMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 8 N RANGE 5 E

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS TNTC 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

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

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWB 91

'96 MAY 22 P1:11

RECEIVED

'96 MAY 23 PM 2 03

REPORTED

WATER MICROBIOLOGY

STATE LAB NO 14 9628

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 5 (MO.) 22 (DAY) 96 (YEAR) 10:14 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAY COLEMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 9 N RANGE 5 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

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 ET

FOR ACCOUNTING USE ONLY

LWB 91

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

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: Aug 30 1990

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION NE¼ SE¼; BLOCK ___

LOT 34; ADDITION _____; Street Address 4201 SW 112

Directions to Property 3 miles south of Emerald 2 miles west on W. Pioneers turn LEFT AT STOP SIGN go ABOUT 400' turn Right at Rock Road with school 045 HWY.

Location of Well 40'W 15'N OF NW corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 200' EAST OF HOUSE (LAGOON) Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	RAY & ELAINE COLEMAN	RR1 BOX 21E [4201 SW 112] Denton Nebr 68339	7956355
Tenant/Buyer:	" " "	" " " " " "	" "
Return to:	" " "	" " " " " "	" "

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

Signature of Applicant Raymond E. Coleman Elaine M. Coleman Address RR1, Box 21E, Denton, Ne. 68339

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 6, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/7/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 9/7/90	by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date _____	by ___
Nitrate	☒	☐	Disapproved:	☒	Date _____	by ___

Comments: LAGOON BANKS NEED MOWING, WEEDS KILLED OUT AT WATERS EDGE. Completed 9/10/90 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hook R.S. DATE SEPTEMBER 11, 1990

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

WATER CHEMISTRY

STATE LAB NO. 156832

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 7 (DAY) 90 (YEAR) 12:07 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAY COLEMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 9 N RANGE 5 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

'90 SEP 10 P4:29 REPORTED

'90 SEP -7 P2:48 RECEIVED

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.0 mg/l

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

TEST(S) BY lw

FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

AC ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 9/7/90 12:07 P.M. BY L. C. Wood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION SEC. 8, T9N, R5E LOT 38 I.T. (29-41)
RAY COLEMAN

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
1200 ST. MARY'S AVE
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. 18826 (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 [signature] (76-79)

IN '90 SEP -7 P2:48

OUT '90 SEP -8 P2:11