LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380177401

Issued 06/09/98
Expires 12/09/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment

JOE & JULIE QUATTROCCHI
T9N R5E SEC 8
LOT 39IT
11301 W PIONEERS BLVD-DENTON

TOTAL $150.00

Permittee

JOE & JULIE QUATTROCCHI
711 FOLSOM LN
APT 37
LINCOLN NE 68522-1691

Issued By Health Director
Lincoln-Lancaster County Health Department

007612

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98380174

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 11301 W. Pioneers Blvd (no rural route) City Denton NE, Zip 68339

Legal Description 1/4 1/4 Section 8 Township 9N Range 5E Subdivision Addition Block 39 Lot F.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Joe & Julie Quattrocchi Signature Julie Quattrocchi

Address 711 Folsom Ln #37 City/State/Zip Lincoln, Ne. 68522

☐ Check if owner designed system Home Phone 438-3583 Work Phone 440-9333

C. Contractor

Name Wellman Company Name Wellman Heating & Air Cond

Address 3130 S 6 City/State/Zip Lincoln Ne 68502

☐ Check if contractor designed system Work Phone 434-2400

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

Designer Name _____ 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 6/8/98 Date frwd 6/9/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

6/12/98 Need fence, drawing, etc. Jeff.
~~Finished need bolts on gate. Jeff.~~

Installation Final Written Approval

By Jerrold C. Hood

Date JUNE 15, 1998

Business Office Use Only

Date Rec'd 06/09/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 3214

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

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-15-98

System Location (Indicate correct number and street)

Address 8201 W. PIONEERS (no rural route) City LINCOLN NE, Zip

A. Building Sewer

1. Material: PVC CL 160
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 In.
3. Distance between dwelling and ~~septic tank~~: 220 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 325' ft.
   stream — ft.
   pressure line 50' ft.
   property line 130' 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~~ Lagoon

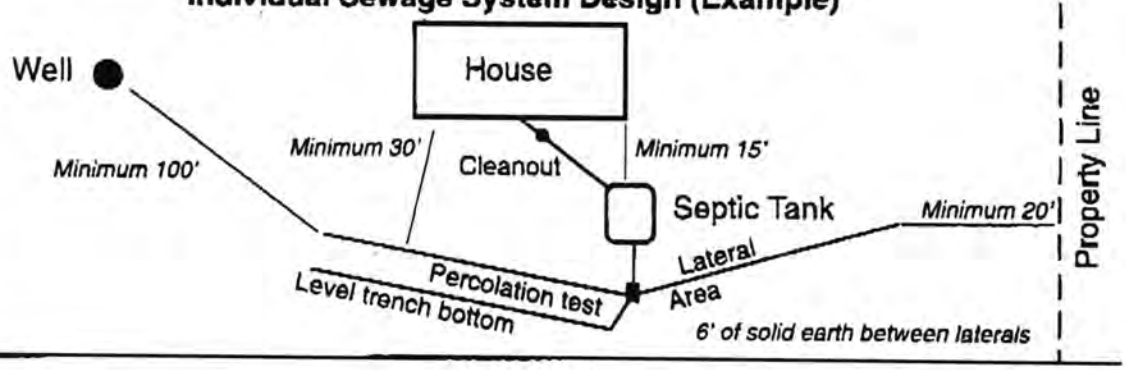
(Provide as-built drawings on back of this form)

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 370 ft.
   Stream — ft.
   Pressure line 260 ft.
   Property line 120 ft.

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

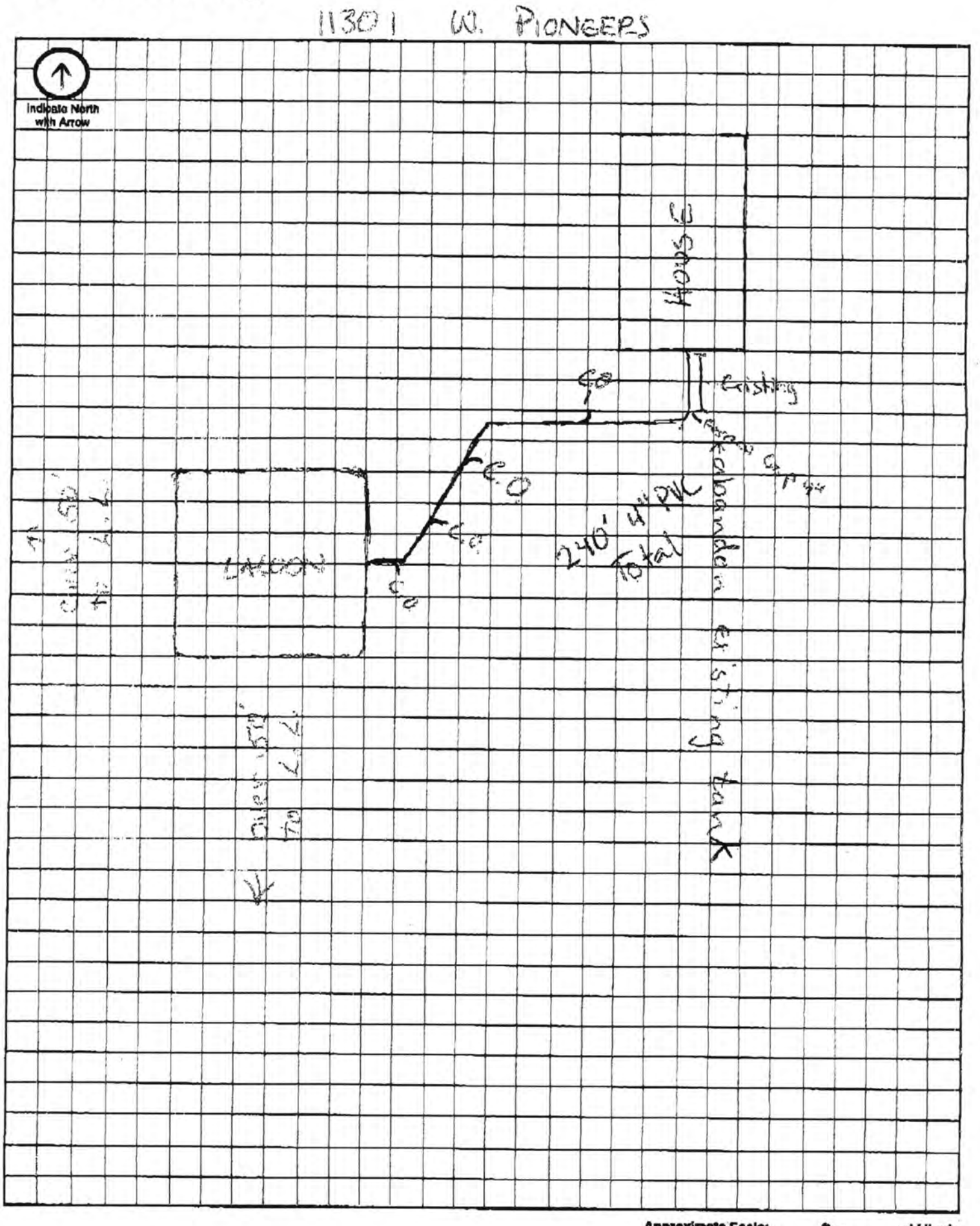
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

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.

Legal Description of Property: Street Address 11301 West Pioneers

Twp 9N Range SE Section 8 1/4 NE 1/4 Block ___ Lot 39 Addition ___

Directions to Property 1½ miles west of Conestoga Lake on West Pioneers on South side of road.

Location of Well West side of Driveway - close to road Tap Location: Inside ☐ Outside ☒

Location of Sewage System South/Southeast of Deck on South side of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Joe/Julie Quattrocchi	11301 W. Pioneers	
Tenant/Buyer:	Shelley Seiler	2711 Jane Lane Lincoln, NE 68516	423/4194
Return to:	Shelley Seiler	2711 Jane Lane Lincoln, NE 68516	423-4194

Signature of Applicant Shelley R. Seiler Address 2711 Jane Lane Lincoln, NE 68516 Date 5/4/98

RHONDA ANTHONY 3910 SOUTH ST. 68506 NEBRASKA TITLE FAX 466-4949

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5/4/98
Initials CD/TDF
Amount 150
Check No. 6301

DATA ENTRY
Date 5/4/98
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerold C. Hood **DATE:** 5/4/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.0 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 5/6/98 by J.CH
Date 6/12/98 by J.CH
Date 6/15/98 by J.CH

Comments: SEWAGE RUNNING OUT. Depressions around well. 5/27/98 Depression leveled. by C.H. 6/12/98 near lagoon, septic system drainfield. 6/15/98 mixed locks on gate, more filling on ___ See Attached Letter ☐ abandonment of septic tanks. J.C.H.

FINAL STATUS Location place, depression filled 6-15-98

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

Approved by John J. (Chess) Date 6/15/98

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

WATER MICROBIOLOGY

STATE LAB NO 148-9392

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 26 (DAY) 98 (YEAR) 10:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOSEPH GUATTROCHI

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: ☐ 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 SB

FOR ACCOUNTING USE ONLY

LWB 91

'98 MAY 27 AM 8 REPORTED

'98 MAY 26 PM 3 03 RECEIVED

'98 MAY 6 PM 3 34

'98 MAY 8 PM 3 23

RECEIVED

REPORTED

WATER CHEMISTRY

STATE LAB NO. 153494

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 5 (MO.) 6 (DAY) 98 (YEAR) 2:35 P.M. (HOUR)

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOSEPH QUATTROCCHI

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 9 N RANGE 5 E

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.02 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

NOT TESTED BECAUSE OF:

☐ DAMAGE

☐ INSUFFICIENT AMOUNT

☐ IMPROPER CONTAINER

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY KM

FOR ACCOUNTING USE ONLY

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

LWN 88