LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1843-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 12, 1982 — THIS PERMIT EXPIRES

Al Sward — ISSUED TO

1340 Crestdale Lincoln, NE — ADDRESS

T9N; R5E; Sec 9; Lot 20 IT; Add 995 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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
ISSUING OFFICER

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

20109-0977

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. _____

DATE: Nov 11, 1981

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. 9N ; Range 5E ; Section 9 ;
   Block _____ : Lot 20 I.T. : Addition 995
   Street Address _____

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: NA ft.

al Ward
Signature of Applicant (Owner or Lessee)

1340 Crestdale
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/12/81. Date Frwd. 11/12/81. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-12-81. Date Frwd. 11-12-81. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Bauna

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-7-82 by: RM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-7-82 By: Ron Maynard

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. _____

PROPERTY WHERE SOIL TESTED: Lot 20 Addition 995 Owner: Al Sward

Location: Township _____; Range _____
Section & ¼ Sect. _____ Address 1340 Crestdale

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: 11/9 to 11/10 /81. 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	30"	11/9	10 AM	11/10	10 AM	11/10	11:00	6"	11:30		30	½	
2	"	"	"	"	"	"	"	"	"		"	½	
3	"	"	"	"	"	"	"	"	"		"	3/8	
4	"	"	"	"	"	"	"	"	"		"	½	
5	"	"	"	"	"	"	"	"	"		"	1	

John Strohmyer
Signature of Person Conducting Test

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

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam

DATE: November 12, 1981

Approved Percolation Rate(s)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: _____

FILE NO. _____

Mr. & Mrs. Al Sward

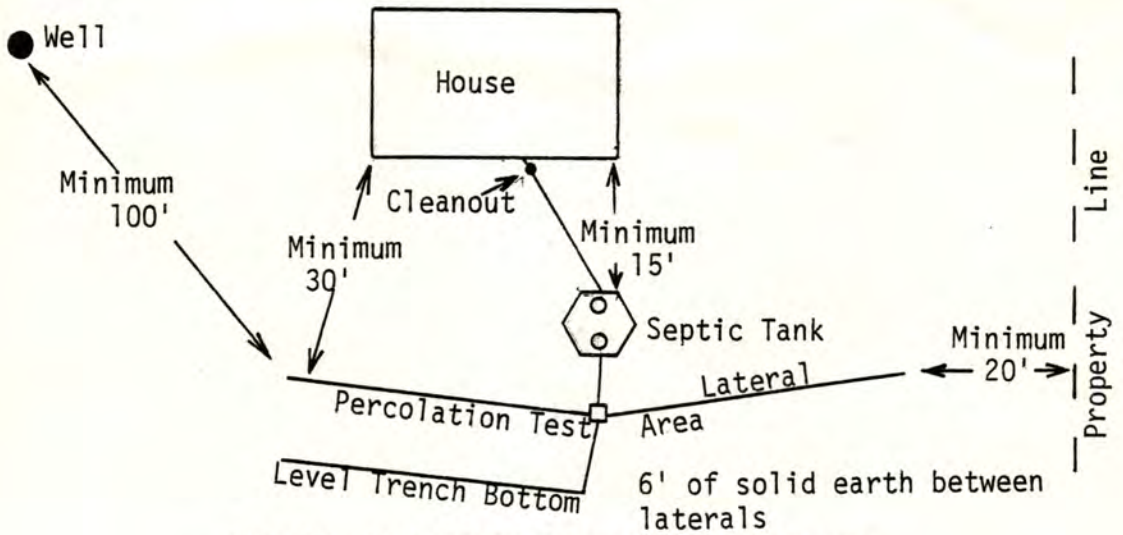
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank x 139 ft.
4. Number of clean-outs x 2 .
5. Distances to:
Well or Suction Line 100 + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material concrete ; No. of compartments one .
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☑ No ☐
(Company present Step)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12" in.
8. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 9' 6" 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 3 ; Length of each line 100 , 100' , 35' , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4' ft.;
Slope one in/100 ft.; Average Depth 30" in.
4. Filter Material: class A Gravel
Depth of Material 24" in.
5. Distances to:
Well or Suction Line 100' + ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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: 3-2-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 #1500

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION NE¼ 9; BLOCK ____

LOT 20; ADDITION _____; Street Address 16401 W. Hwy 6, Denton, NE

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 4/7/89

	NAME	ADDRESS	PHONE
Present Owner:	Wade Nitsch Sand	16401 W Hwy 6, Denton NE	797 1315 hm
Tenant/Buyer:	(Same)	(same)	434-5096 wk
Return to:	Jim Fox	PO Box 330 Lincoln NE	435-7500

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 5, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/8/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 3/8/90 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SEPTIC SYSTEM IS NOW 8 YEARS OLD. FIRST LIVESTOCK PEN WEST OF SHED SHOULD REMAIN EMPTY AS IT WOULD BE TOO CLOSE TO WELL See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John C. Lott R.S. DATE MARCH 13, 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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO [redacted]ECTED AND MAILED ON:

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

ACCOU[redacted] ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 3/8/90 11:58 A.M. BY J. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 20 I.T., SEC. 9, T9N R5E
(29-41)

NAME AND ADDRESS OF OWNER
ALFRED SWARD
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
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. 140 - 4515 (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 MAR -8 P3:52

OUT '90 MAR -9 P2:02

WATER CHEMISTRY

STATE LAB NO. 15 1997

COMPLETE INFORMATION BELOW:

COLLECTED 3 (Mo.) 8 (Day) 90 (Yr) 11:58AM (Hour)

COLLECTED BY JERROLD HOOD

LOCATION ALFRED SWARD

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NE SECTION 9 TOWNSHIP 9 N RANGE 5 E

'90 MAR -9 P4:40

'90 MAR -8 P2:54

REC. REP '90

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N Less Than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: CC JPL

FOR ACCOUNTING USE ONLY

LRWC 85

AS BUILT DRAWING OF SYSTEM

DATE 4-8-82 INSTALLER STROHMYER EXCAVATING

