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. 497-C

DATE: 7/12/74

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. 9 North ; Range 5 East ; Section 10 ; Block ; Lot ; Addition .
Street Address RT 1 Denton .

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

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

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).

Bruce Roggenkamp
Signature of Applicant (owner or lessee)

Rt. 4 Box 102
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 7-24-74
Filing Fee: $ 30.00

2. Site Visits:
Date: Jan-26-76 by:
Date: Feb-6-76 by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: James Weckbach

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Feb-6-76 by: Ron Magnuson

Duplicate

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. 497-C

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

DATE: _____

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. 9N ; Range 5E ; Section 10
Block _____; Lot _____; Addition _____
Street Address _____ SEE ATTACHED

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

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

4. Distance to public sewer: _____ ft.

_____
Signature of Applicant (Owner or Lessee)

_____
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. _____. Date Frwd. 9/11/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 9-11-74 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-10-74 . Date Frwd. 9-10-74 . 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- 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. 497

PROPERTY WHERE SOIL TESTED:
Location: Township 9 North; Range 5 EAST
Section & ¼ Sect. 10
Property Dimensions: ___ ft. x ___ ft.
Area: 5.1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Bruce Roggenkamp
Address Rt. 4 Box 102

Dates of Tests: 7/15 to 7/17. Weather: Precip. 0 Temp. 100 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	2'	7/15	6:00 P.m.	7/17	1:15 P.m.	7/17	1:15 P.m.	6"	5:15 P.m.	4"	30	2"	30/2"
2	2'	7/15	6:05 P.m.	7/17	1:20 P.m.	7/17	1:20 P.m.	6"	5:20 P.m.	4"	"	2"	30/2"
3	2'	7/15	6:10 P.m.	7/17	1:25 P.m.	7/17	1:25 P.m.	6"	5:25 P.m.	1"	"	5"	30/5"
4	2'	7/15	6:15 P.m.	7/17	1:30 P.m.	7/17	1:30 P.m.	6"	5:30 P.m.	4"	"	2"	30/2"
5	2'	7/15	6:20 P.m.	7/17	1:35 P.m.	7/17	1:35 P.m.	6"	5:35 P.m.	4"	"	2"	30/2"
6	2'	7/15	6:25 P.m.	7/17	1:40 P.m.	7/17	1:40 P.m.	6"	5:40 P.m.	4"	"	2"	30/2"

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

Bruce Roggenkamp
Signature of Person Conducting Test

Address Rt. 4 Box 102
Phone: 435-6238

(Do not write below this line)

REVIEWING ACTION

REMARKS: Decided to put Lagoon in - Rec. Jan-26-76

DATE: 7-29-74

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

James Klevicka
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. 497

SPECIFICATIONS

DATE: 7/12/74

A. BUILDING SEWER:

1. Material Concrete; Diameter 24 in.
2. Distance above basement floor ___ in.; or below basement floor 20 in.
3. Distance between dwelling and septic tank [redacted] ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line [redacted] ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line [redacted] ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company Pre-Cast Step Co.) No ☐
4. Manholes: Over Inlet; diam. 6 in.
   Over Outlet; diam. 8 in.
   Below Grade ~~24~~ 8 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
   Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
   Well or Suction Line ~~50~~ ft.;
   Stream 50 ft.; Pressure Line 50 ft.;
   Property Line 20 ft.

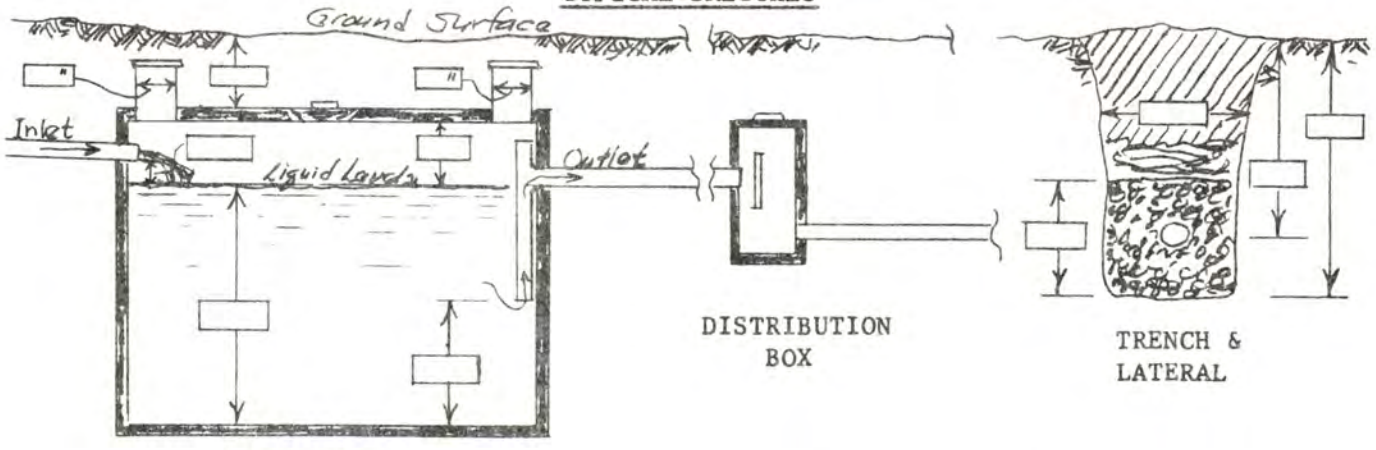
C. DISTRIBUTION BOX

1. Material ___; No. available outlets ___.
2. Factory Built: Yes ☒, (Company Pre-Cast Step Co. 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: 5 Moon Concrete
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 ___ in.; Shape ___
   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 100 ft.;
   Stream 50 ft.; Pressure Line 50 ft.
   Property Line 20 ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Bruce Roggenkamp
Signature of Applicant

Survey Record

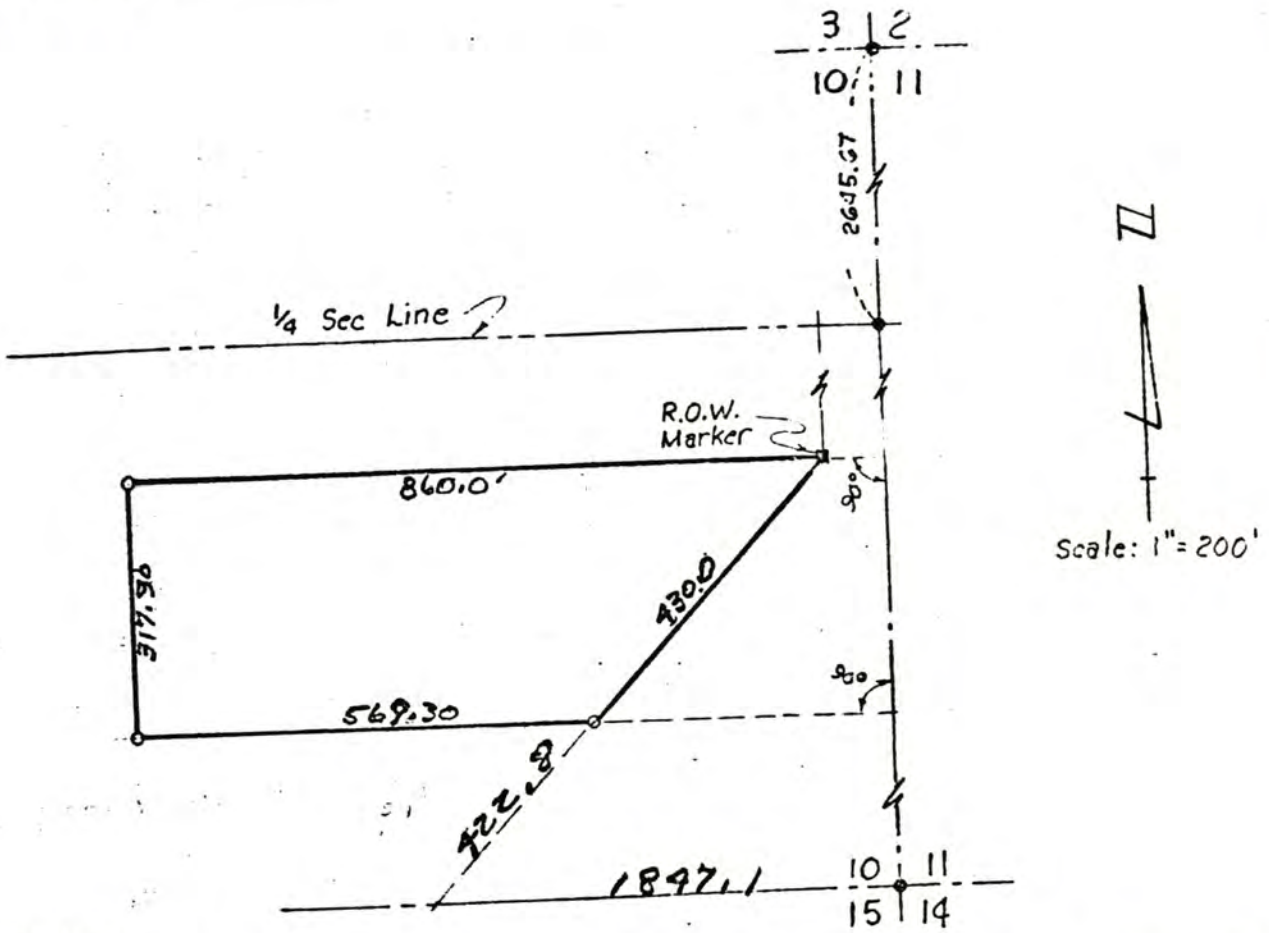
LANCASTER COUNTY, NEBRASKA

Survey of: 5 acre tr st in ... of the ...

Section ... **T** ... **N, R** ... **E of 6th P.M.**

Survey No. ..... **(To be assigned by County Surveyor)**

Date ... **19** 75 **Weather** .....



Field Notes:

Show descriptions of corners found and restored; distances chained; angles measured, if any; courses and bearings of irregular tracts surveyed; and ties taken to corners. Use reverse side if necessary.

Iron pipe set at all corners marked o thus

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: 11/9/78

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

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

Legal description of property: Twp. 9 N ; Range 5 E ; Section 10 ;
Block ; Lot ; Addition LRR TRACTS SE 1/4 of .
Street Address Hwy 55 A Spur .
Directions on how to get to property Emerald - South 4 miles on 55A Spur
West Side of Road - Brown Brick house .
Location of well 20' North of House .
Where is tap: Inside ☐ Outside ☒ East Side .

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Roggenkamp	Rt. 1 Box 59A Denton, Nebr	797-3045
~~Tenant:~~			
Lending Agency:	1st Federal	135 North Cotner	475-0521

(Do not write below double lines)

Health Department: Date Received 11/9/78
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 11-13-78 by mm
Date 11-27-78 by mm
Date 11-30-78 by mm

Bruce Roggenkamp
Signature of Applicant

Rt. 1 Box 59A Denton, Nebr.
Address

PRELIMINARY STATUS -- DATE 11-13-78

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval E, NE tile has settled & needs total rebuilding to prevent surface water from entering lagoon. Need 2' min. fill to cover pipe

☒ See Attached Letter.

FINAL APPROVAL -- DATE 1-31-79

Water System ☒ . Sewage Disposal System* ☐ . BY Ronald Wagenknecht

*See attached letter

Form Number 20215-0878

008

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: 5/1/92

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

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

LOT —; ADDITION —; Street Address 5405 SW 84th St Denton NE

Directions to Property 4 mi. South of Emerald, NE. ON 84th

light BROWN BRICK - Split LEVEL - WEST side of S.W. 84th

Location of Well North side of House-25' Tap Location: Inside ☐ Outside ☑

Location of Sewage System South of House 300' Year Installed 1975

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Roggenkamp	5405 SW 84th Denton NE	797-3045
Tenant/Buyer:			
Return to:	Provident Federal	Box 95043 Lincoln NE 68509	474-5559

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

Signature of Applicant Bruce Roggenkamp Address 5405 SW. 84th

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HEALTH DEPARTMENT USE ONLY

Date Received 05/04/92 Received $150.00 Check ☑ Cash ☐ #155652

PRELIMINARY STATUS--DATE MAY 6, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 5/6/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 7/21/92 by J.C.H.
Nitrate 8.5 PPM	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: NEED WARNING SIGNS ON FENCE, ON WEST SIDE PULL FENCE BACK UP TO 4 FOOT HEIGHT, REMOVE LITTLE SADLINGS FROM FENCE LINE, CLEAN TRASH OUT OF BOTTOM, INADEQUATE WATER IN LAGOON. All corrected add water 7/21/92 J.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JULY 24, 1992

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

DATE COLL 5/6/92 10:56 A.M. (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SE¼ SEC. 10, T9N, R5E (29-41)

BRUCE ROGGENKAMP

NAME AND ADDRESS OF OWNER

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. 142-10617 (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 '92 MAY -6 P2:29

OUT '92 MAY -7 P2:59

WATER CHEMISTRY

STATE LAB NO. 152-2341

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 6 (DAY) 92 (YEAR) 10:56 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE ROGGENKAMP

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 10 TWNSHP 9 N RANGE 5 E

REPORTED '92 MAY -8 P10:56

RECEIVED '92 MAY -6

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. MARYS 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

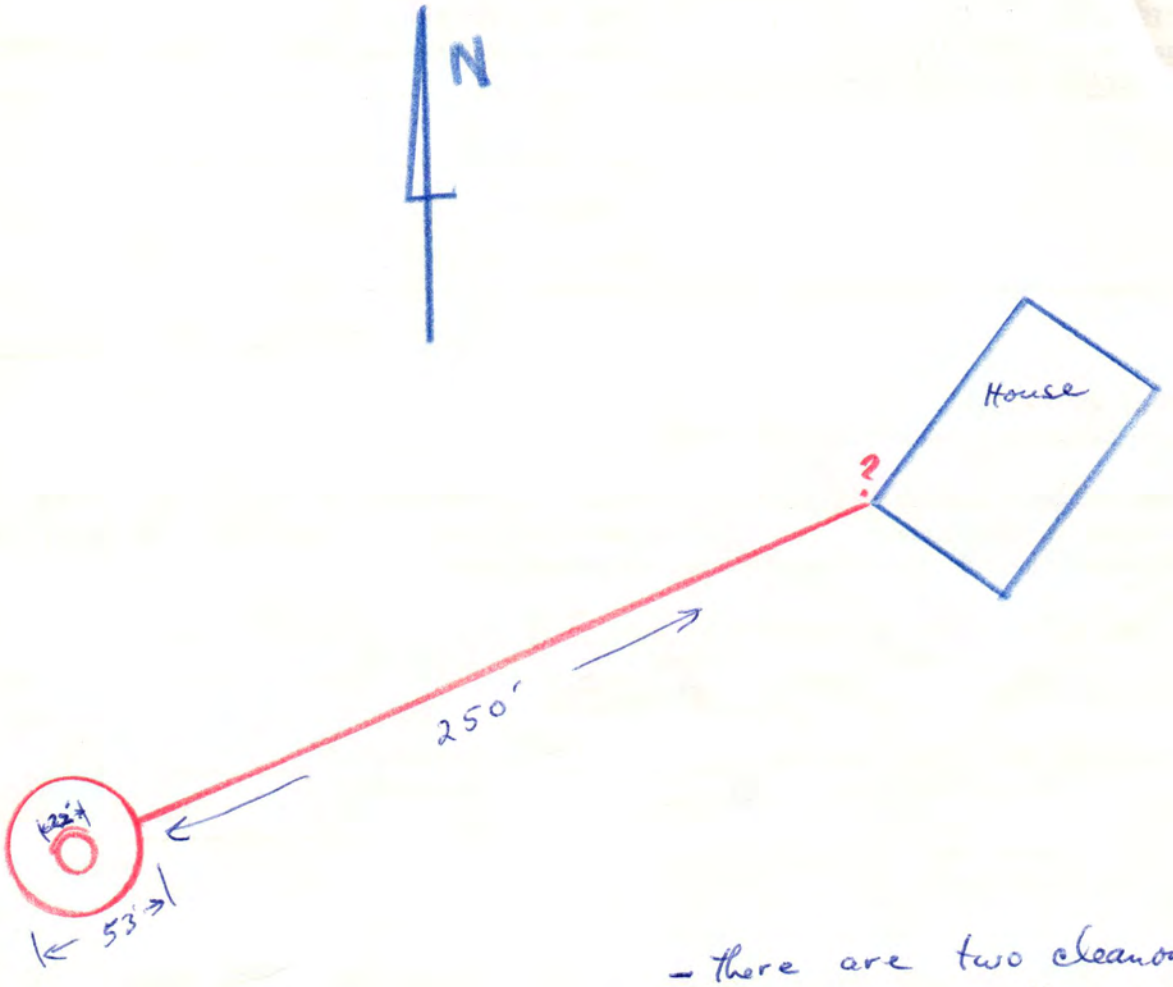
NITRATE — N 8.5 mg/l

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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88



- there are two cleanouts in the sewer line