LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 938-C

INDIVIDUALSSEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 14, 1977 — THIS PERMIT EXPIRES

Larry L. Chubbuck — ISSUED TO

1019 South 35 Street, Lincoln, NE 68510 — ADDRESS

T9N; R5E; Sec. SE¼ of Sec. 10; Lot p 13 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

Health — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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

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. 938-C

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

DATE: 10-13-76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 5E ; Section Southeast 1/4 of Section 10
Block ____; Lot p 12 I.T ; Addition ____
Street Address ____

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

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

4. Distance to public sewer: ____ ft.

Larry L. Chlubnick
Signature of Applicant (Owner or Lessee)

1019 So 35th Lincoln Nebr. 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/14/76 . Date Frwd. 10/14/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 10-14-76 . Date Frwd. 10-14-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graf
Read proof 10/14/76

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. 938-C

DATE: 10-14-76

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. See attached Survey Report

1. Legal description of property: Twp. 9N ; Range 5E ; Section Southeast 1/4 of Section 10 ; Block ; Lot P 12 IT ; Addition .
   Street Address .

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

Larry L Chlubruck
Signature of Applicant (owner or lessee)

1019 So 35th Lincoln Nebr. 68510
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 5-19-77 by:
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 10/14/76
   by: Jerrold C. Hoak

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5-19-77 by:

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. 938-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 5E
Section & ¼ Sect. Southeast 1/4 of Section 10
Property Dimensions: 735 ft. x 515 ft. irregular
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Larry L Chulbuck
Address 1019 So 35th Lincoln Nebr. 68510

Dates of Tests: 10-13-76 to 10-14-76. Weather: Precip. None Temp. 55°

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"	10-13	7 00 AM	10-13	11 00 AM	10-14	11 30	6"	12 Noon	5 1/4	30 Min.	3/4	
2	36"	10-13	"	"	"	"	"	"	"	5	"	1	
3	36"	10-13	"	"	"	"	"	"	"	5 3/4	"	1/4	
4	36"	10-13	"	"	"	"	"	"	"	5 3/4	"	1/4	
5	36"	10-13	"	"	"	"	"	"	"	5 1/4	"	3/4	
6	36"	10-13	"	"	"	"	"	"	"	5 1/4	"	3/4	

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

Larry Chulbuck
Signature of Person Conducting Test

Address 1019 So 35th Lincoln Nebr 68510
Phone: 477-4689

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 14, 1976

Gerrold C. Hoak
Signature of Reviewing Official

Hole #	8 30 AM	9 00	9 30	10 00	10 30	11 00	11 30	12 Noon
1	1 1/4	1	3/4	3/4	3/4	3/4	3/4	3/4
2	1 1/2	1 1/2	1 1/2	1 1/2	1	1	1	1
3	1/2	1/2	1/2	1/4	1/4	1/4	1/4	1/4
4	1 1/4	1	3/4	3/4	3/4	1/2	1/4	1/4
5	1	1	1	3/4	3/4	3/4	3/4	3/4
6	1	1	1	1	1	3/4	3/4	3/4

Percolation test - inches of water level drop checking every 30 minutes and refilling hole to 6" 10-11-76

Hole #	7 30 AM	8 00	8 30	9 00	9 30	10 00	10 30	11 00
1	4	2	1	1	1/2	1/2	1/2	1/2
2	3 1/2	3	2	1 1/2	1 1/2	1 1/2	1	1
3	2	1	1/2	1/2	1/2	1/2	1/4	1/4
4	2 1/2	1 1/2	1 1/2	1	3/4	1/2	1/2	1/2
5	3	1 1/2	1	1	1	3/4	1/2	1/2
6	4	3	2	2	1 1/2	1 1/4	1 1/4	1

Presoak - inches of drop every 30 minutes, refilling hole to 12" water height 10-13-76

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. 938-C

SPECIFICATIONS

DATE: _____

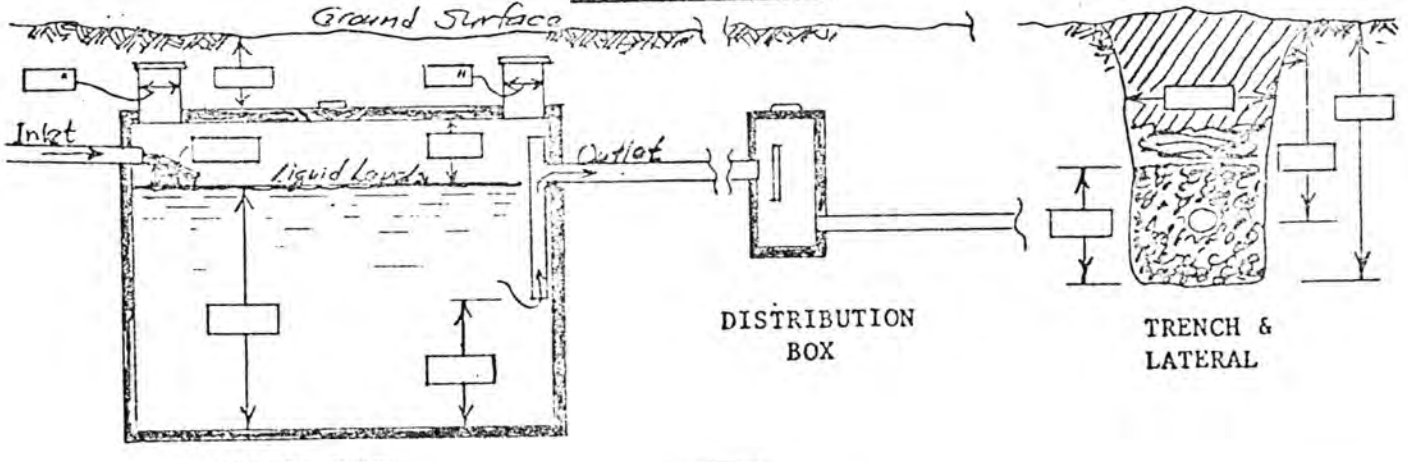
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) 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: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 305 (322) 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 36 (48) in.
4. Filter Material: _____,
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

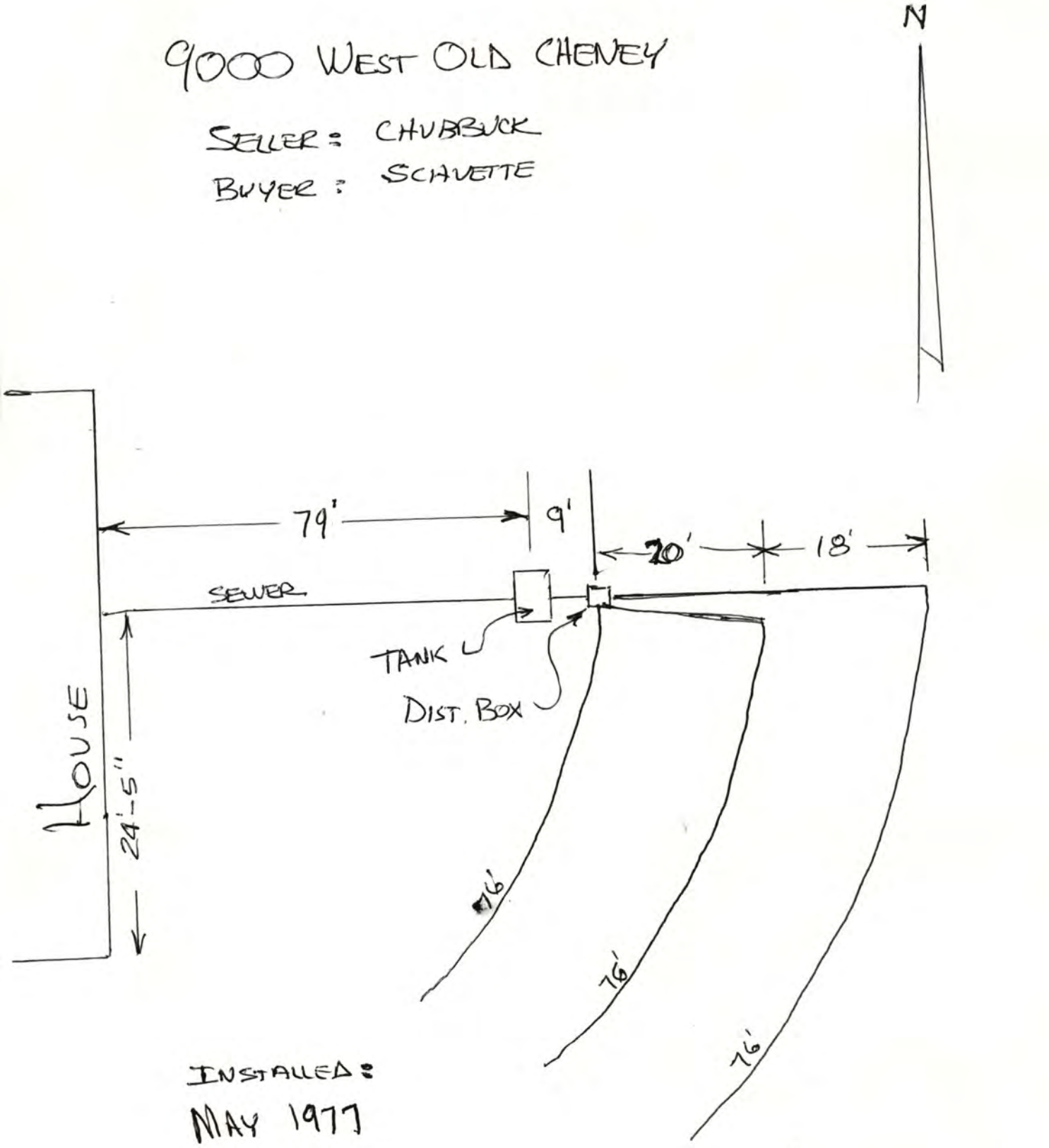


_____
Signature of Applicant

9000 WEST OLD CHENEY

SELLER: CHUBBUCK

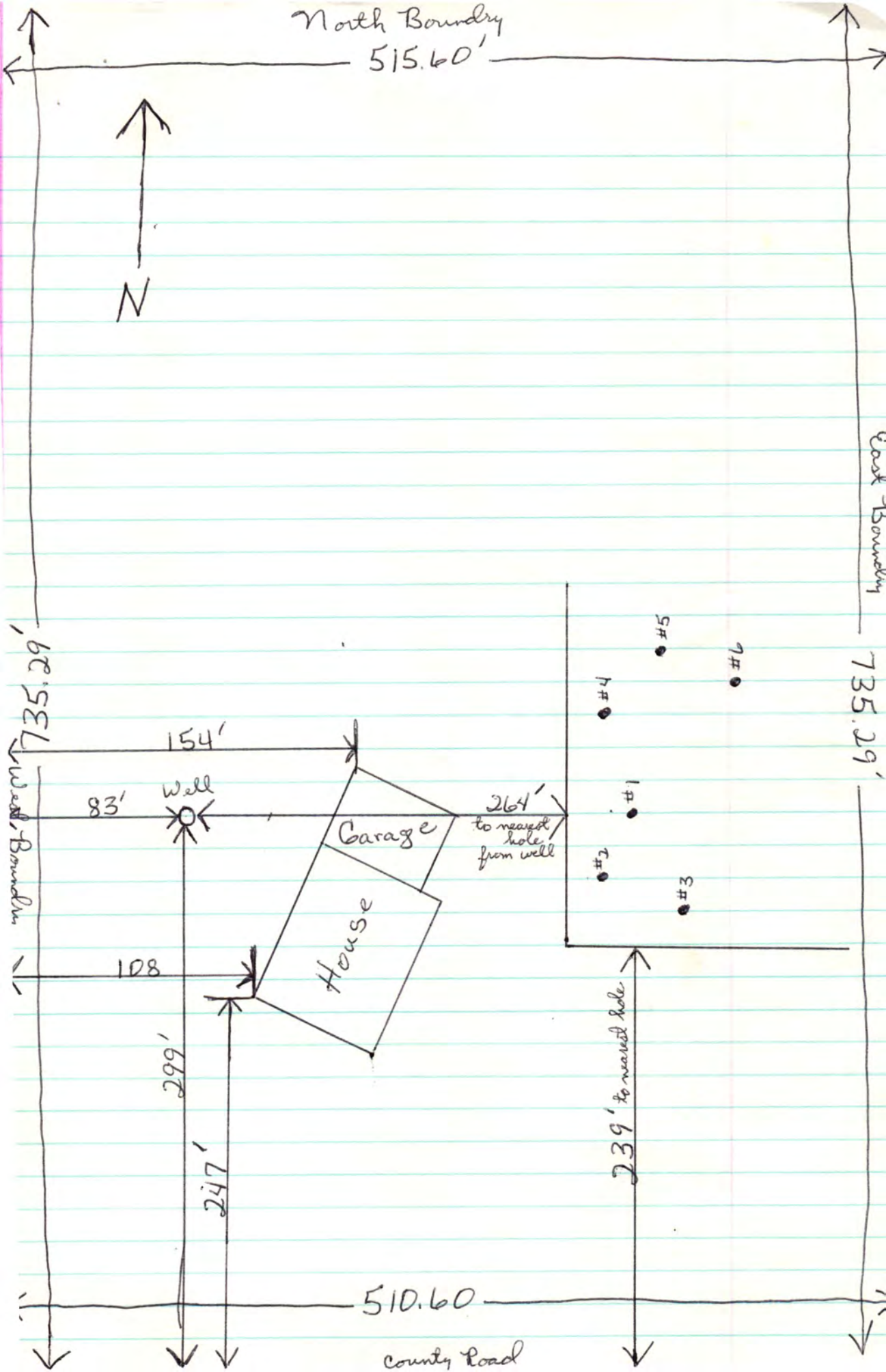
BUYER: SCHVETTE



INSTALLED:

MAY 1977

NOT TO SCALE

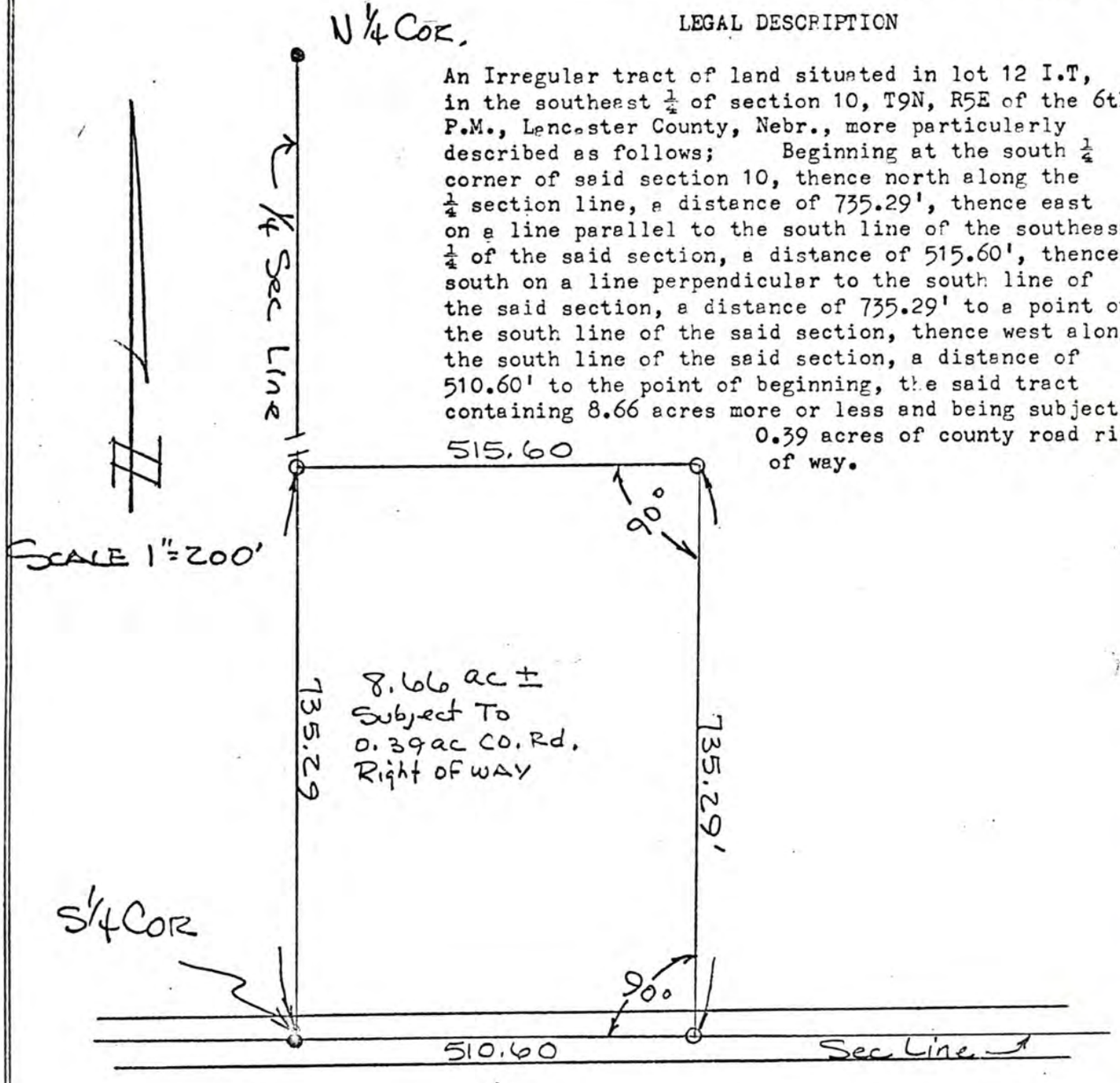

North Boundry
515.60'
N
East Boundry
735.29'
735.29'
West Boundry
154'
Well
83'
264'
to nearest hole from well
Garage
House
#1
#2
#3
#4
#5
#6
108'
299'
247'
239' to nearest hole
510.60'
County Road

Survey Record

LANCASTER COUNTY, NEBRASKA

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

Survey of: AN IRREG TRACT OF LAND (A PART OF LOT 12 I.T.)
SE¼ **Section** 10 **T** 9 **N, R** 5 **E of 6th P.M.**



LEGAL DESCRIPTION

An Irregular tract of land situated in lot 12 I.T, in the southeast ¼ of section 10, T9N, R5E of the 6th. P.M., Lancaster County, Nebr., more particularly described as follows; Beginning at the south ¼ corner of said section 10, thence north along the ¼ section line, a distance of 735.29', thence east on a line parallel to the south line of the southeast ¼ of the said section, a distance of 515.60', thence south on a line perpendicular to the south line of the said section, a distance of 735.29' to a point on the south line of the said section, thence west along the south line of the said section, a distance of 510.60' to the point of beginning, the said tract containing 8.66 acres more or less and being subject to 0.39 acres of county road right of way.

I, being a registered land surveyor in the State of Nebrasaka, hereby certify that I have carefully surveyed the said tract and that the plat is true and correct to the best of knowledge.

Signed this 23rd **day of** August **19**76.

Name: Robert B. Bates Jr.

Surveyor's license No. L.S. 252

Land Surveyor's Seal

02

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 6[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOA[illegible]

FOR PROPERTY IN **LANCASTE[illegible]**

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 9000 WEST OLD CHENEY ROAD

Twp 9N Range 5E Section 18 1/4 SE 1/4 Block ___ Lot 13 Addition ___

Directions to Property 4 MILES SOUTH OF EMERALD TO OLD CHENEY ROAD, WEST 1/8 MILE, FIRST HOUSE NORTH SIDE OF ROAD

Location of Well WEST OF HOUSE Tap Location: Inside ☐ Outside ☑

Location of Sewage System 75' EAST OF HOUSE Year Installed 1988

2944
011213

	NAME	ADDRESS	PHONE
Present Owner:	DEL & SALLY SCHUETTE	9000 W. OLD CHENEY ROAD	797-7505 423-7191 (WORK)
Tenant/Buyer:	(REFINANCING)		
Return to:	OWNER		

Signature of Applicant Del Schuette Address 9000 W. OLD CHENEY DENTON NE 68339 Date 12/10/95

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 12/12/95
Initials [illegible]
Amount $150.00
Check No. 3437

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 12/14/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 5.2 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/19/95

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

'95 DEC 16 P1:46

REPORTED

'95 DEC 14 P4:14

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 29593

DATE COLLECTED 12 (MO) 14 (DAY) 95 (YEAR) 2:31 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEL SCHUETTE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 10 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 ET

FOR ACCOUNTING USE ONLY

LWB 91

REPORTED '95 DEC 15 A11 :8

RECEIVED '95 DEC 14 P4:14

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 12957

DATE COLLECTED 12 (MO.) 14 (DAY) 95 (YEAR) 2:31 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEL SCHUETTE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 10 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 5.2 mg/l

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

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

LWN 88