LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1377-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 27, 1979 — THIS PERMIT EXPIRES

Robert Richter — ISSUED TO

1730 South 50th Street, Lincoln, NE — ADDRESS

T9N, R5E, Section 11 NE¼ — 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

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: $ 30.00

FILE NO. 1377-C

DATE: _____

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 11 NE¼; SEE ATTACHED
   Block _____ : Lot _____ : Addition _____
   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: ——— ft.

Robert Richter
Signature of Applicant (Owner or Lessee)

1730 So. 50TH
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/27/78. Date Frwd. 7/27/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/27/78 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 7-28-78. Date Frwd. 7-28-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-10-78 by: JW
Date: 10-4-78 by: JW
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-4-78 By: James Wevers

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

contact regarding easement.

FORM 20105-0477
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
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B

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PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 5E ; Section & ¼ Section 11 NE¼.
Property Dimensions: 948.78 x 949.96 ft. x 308 x 319.85 ft. Area: 6 ± acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: JUN 10-78 to JUN 11-78. Weather: Precip. 1" Temp. 75.

OWNER: Robert Richter

Address: 1730 So. 50TH

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	5-15	3:00	5-15	7:00		3:30	6"	7:30	4½"	240	1.5	160
2	"	"	"	"	"		"	6⅛"	"	3⅜"	"	2.69	90.91
3	"	"	"	"	"		"	6¾"	"	4¼"	"	2.51	95.62
4	"	"	"	"	"		"	6"	"	3⅞"	"	2.14	112.15
5	"	"	"	"	"		"	6½"	"	4⅞"	"	1.65	145.45
6	"	"	"	"	"		"	6¾"	"	4½"	"	2.25	106.67

Sum of Percolation Rates: 710.80
Average of Rates: 118.47
Mean of Rates: _____

Robert Richter
Signature of Person Conducting Test

Address 1730 So. 50TH Phone 483-6850

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam or Steary Silty Clay Loam
Date: July 27, 1978

Gerrold C Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

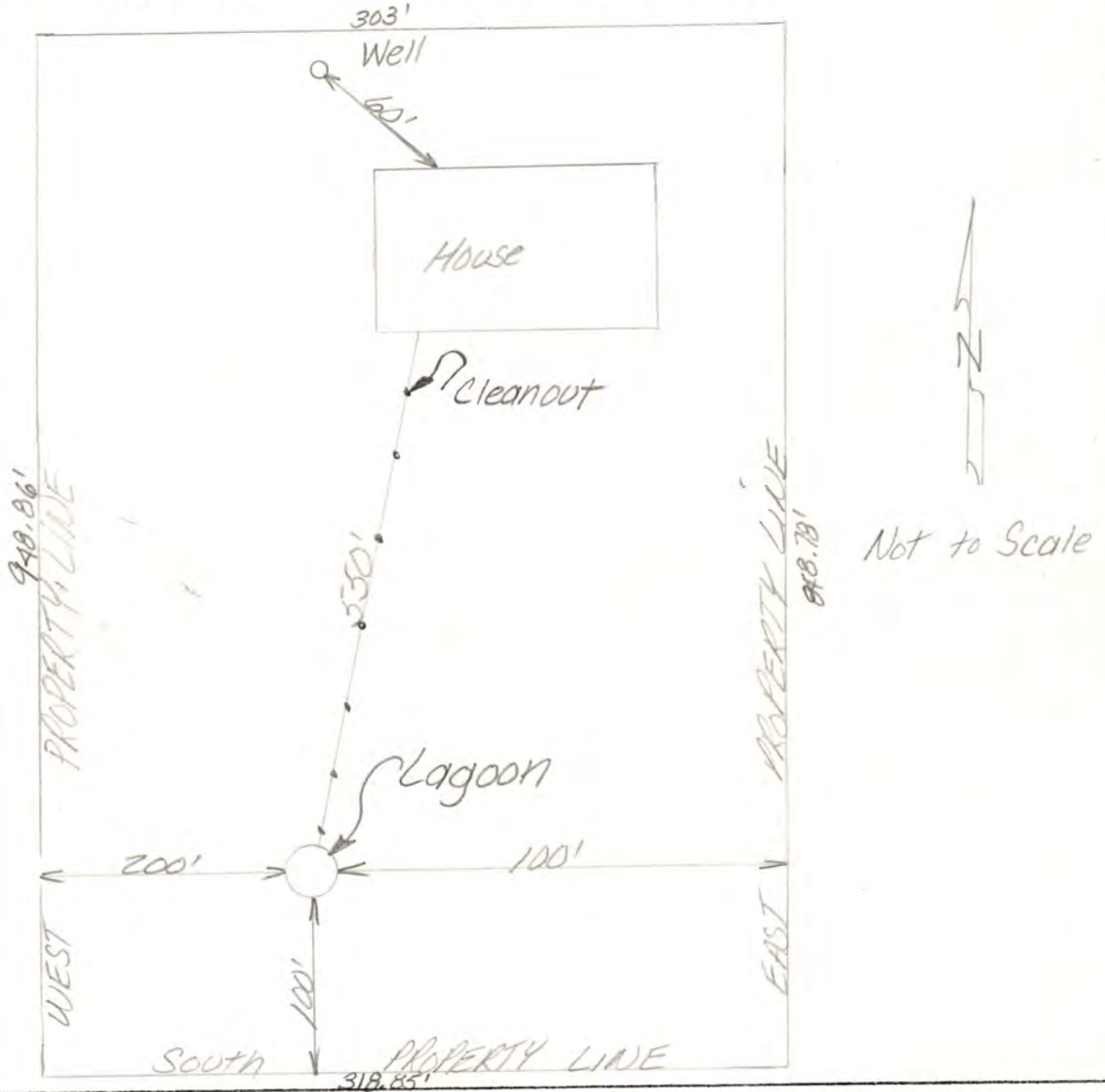
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
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: 7-25-78

FILE NO. 1377-C

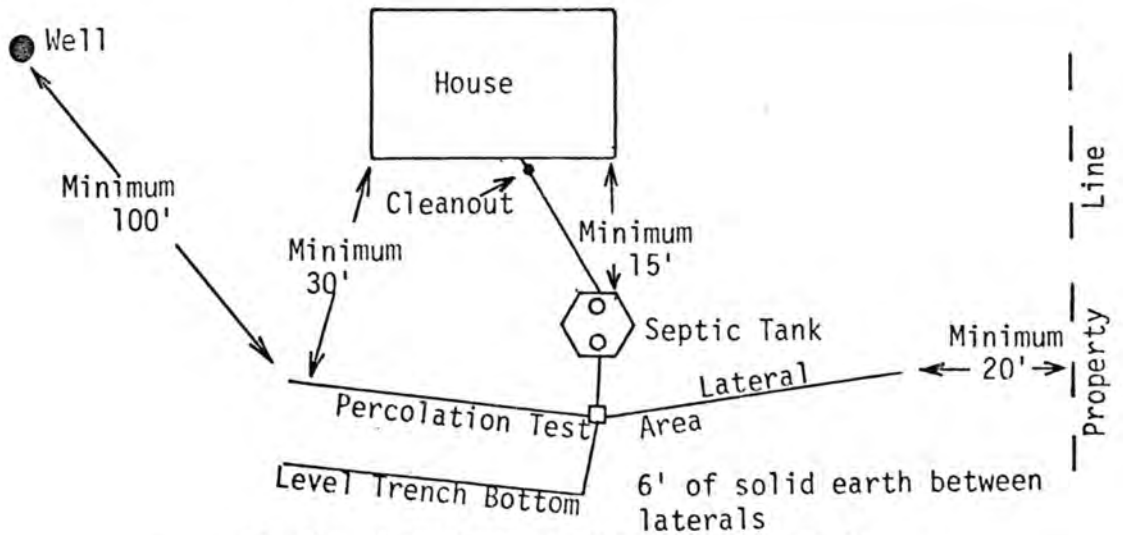
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 6" in.
3. Distance between dwelling and septic tank 35' ft.
4. Number of clean-outs 7.
5. Distances to:
Well or Suction Line 610 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 100' ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ 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 ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

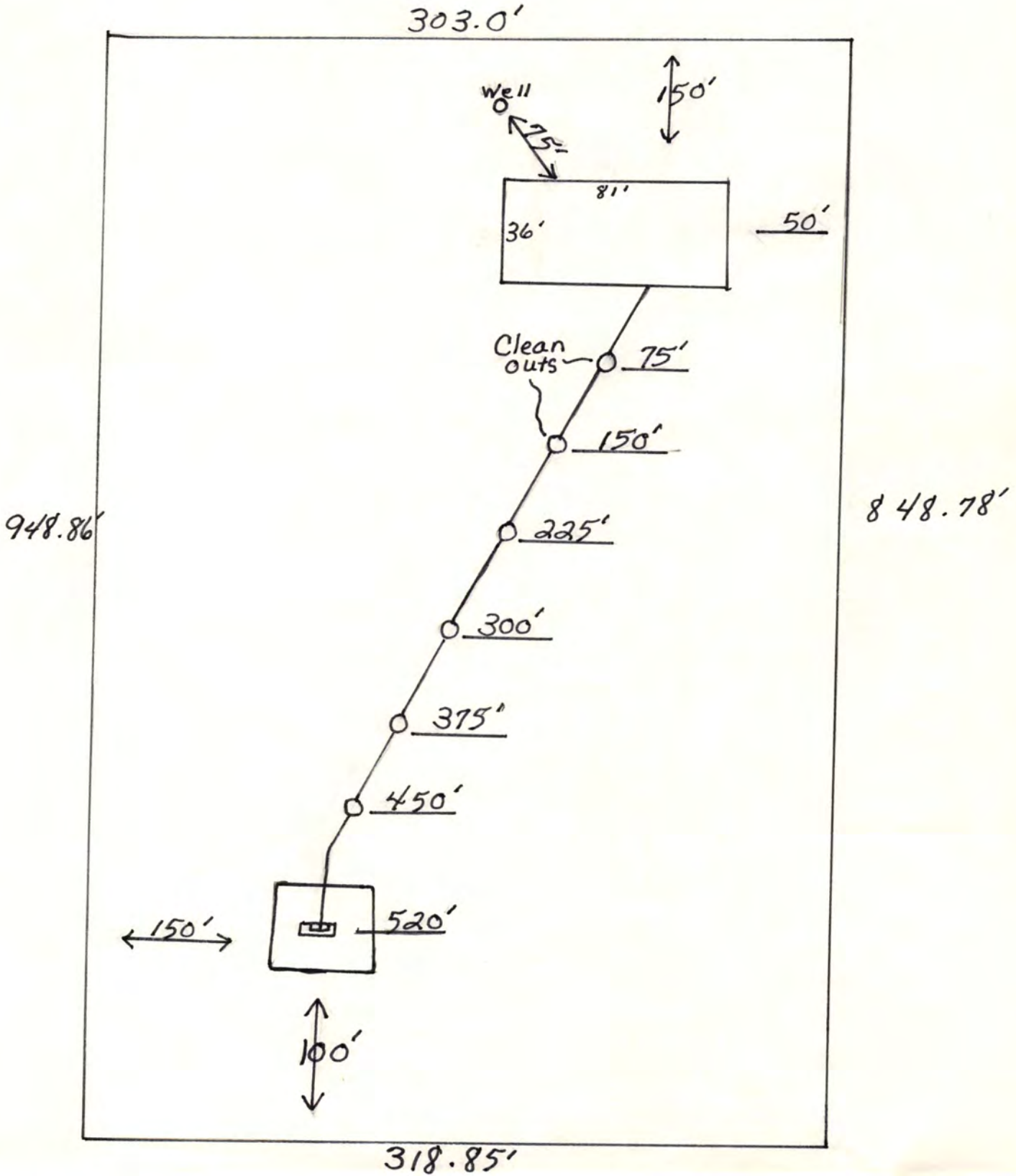
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ 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 _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Robert Richter
7200 W. Dioneer Blvd.
483-6850

As Built Drawing
of Lagoon
(not to scale)



Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 7201 W. Pioneers Blvd.

Twp 9 Range 5 Section 11 1/4 ___ 1/4 ___ Block ___ Lot 3 Addition ___

Directions to Property 2 miles North 3/4 east of Denton

Location of Well Northwest of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of house (lagoon) Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Ronald L. Messman	7201 W. Pioneers Blvd	797-2097
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant Ronald L. Messman Address 7201 W. Pioneers Blvd Date 8/17/93

HEALTH DEPARTMENT USE ONLY

Date Received 8/17/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 8/17/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: NEED FENCE REPAIRED, NEED WARNING SIGNS UP, NEED WEEDS & NEED WEEDS KILLED OUT AROUND WATERS EDGE.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

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- ☐ 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 7201 W. Pioneers Blvd.
Twp 9 Range 5 Section 11 1/4 ___ 1/4 ___ Block ___ Lot 3 Addition ___
Directions to Property 2 miles North ¾ east of Denton

Location of Well North West of house Tap Location: Inside ☐ Outside ☒
Location of Sewage System South of house (lagoon) Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Ronald L. Messman	7201 W. Pioneers Blvd	797-2097
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant Ronald L. Messman Address 7201 W. Pioneers Blvd Date 8/17/93

HEALTH DEPARTMENT USE ONLY

Date Received 8/17/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 8/17/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

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

Comments: NEED FENCE REPAIRED, NEED WARNING SIGNS UP, NEED WEEDS SPRAYED, NEED WEEDS KILLED OUT AROUND WATERS EDGE.
See Attached Letter ☐

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

Approved by ___ Date ___/___/___

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.

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 8/17/93 11:22A.M. (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 3 I.T., SEC. 11, T9N, R5E (29-41)
RONALD MESSMAN

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

SA[illegible]NDITION: ____ (43)
1. [illegible] DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 19429 (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 Lee (76-79)

IN AUG 17 A11:54

OUT AUG 18 P2:49

WATER CHEMISTRY

STATE LAB NO. 158332

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

COLLECTED 8 (MO.) 17 (DAY) 93 (YEAR) 11:22 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RONALD MESSMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 11 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

LWN 88

REPORTED AUG 17 P3:41

RECEIVED AUG 17 A11:53 '93

'93