LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 837-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — November 25, 1976
TYPE OF PERMIT — THIS PERMIT EXPIRES

George Frisbie — 1844 Southwest 12 Street, 68522
ISSUED TO — ADDRESS

T9N; R5E; Sec. 14; LAGOON
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 DEPARTMENT
ISSUING OFFICER

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. 837-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 Part of NE 4 14
   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 ☒

4. Distance to public sewer: _____ ft.

George W. Frisbie
Signature of Applicant (Owner or Lessee)

1844 S.W. 12th
Address
68522

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/27/76. Date Frwd. 5/27/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 6/28/76. ACTION: Approved ☒ Disapproved ☐ Signature: David Bates
3. City or County Engineer: Date Rec'd. 6/28/76. Date Frwd. 6/28/76. 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-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. 837-C

DATE: 5-24-76

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

1. Legal description of property: Twp. 9 North; Range 5 E; Section 14 East of 6th P.M; Block _____; Lot _____; Addition _____.
Street Address _____.

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

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).

George W. Frisbie
Signature of Applicant (owner or lessee)

1844 S.W. 12th Street
Address
68522

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-2-76 by: pw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 5/27/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-2-76 by: James Weverka

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. 837-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: 418 ft. x 527 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 ☐

Owner: George W. Frisbie
Address 1844 S.W. 12th ST.

Dates of Tests: 3-21-76 to 3-22-76. Weather: Precip. 0 Temp. 30° To 60° F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	30"	3-21	4:30 P.M.	3-22	5:00 P.M.	3-22	5:05 P.M.	6	5:40 P.M.	5 3/4"	35	1/4	
2	30"	3-21	4:35 P.M.	3-22	5:00 P.M.	3-22	5:10 P.M.	6	5:45	5 1/2"	35	1/2	
3	30"	3-21	4:40 P.M.	3-22	5:00 P.M.	3-22	5:15 P.M.	6	5:50	5 3/4"	35	1/4	
4	30"	3-21	4:45 P.M.	3-22	5:00 P.M.	3-22	5:20 P.M.	6	5:55	5"	35	1	
5	30"	3-21	4:50 P.M.	3-22	5:00 P.M.	3-22	5:25 P.M.	6	6:00	5 5/8"	35	7/8	
6	30"	3-21	4:55 P.M.	3-22	5:00 P.M.	3-22	5:30 P.M.	6	6:05	5 1/2"	35	1/2	

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

George W. Frisbie
Signature of Person Conducting Test

Address 1844 S.W. 12th ST.
Phone: 475-8516

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 27, 1976

Jerrold C. Hood
Signature of Reviewing Official

SURVEY RECORD

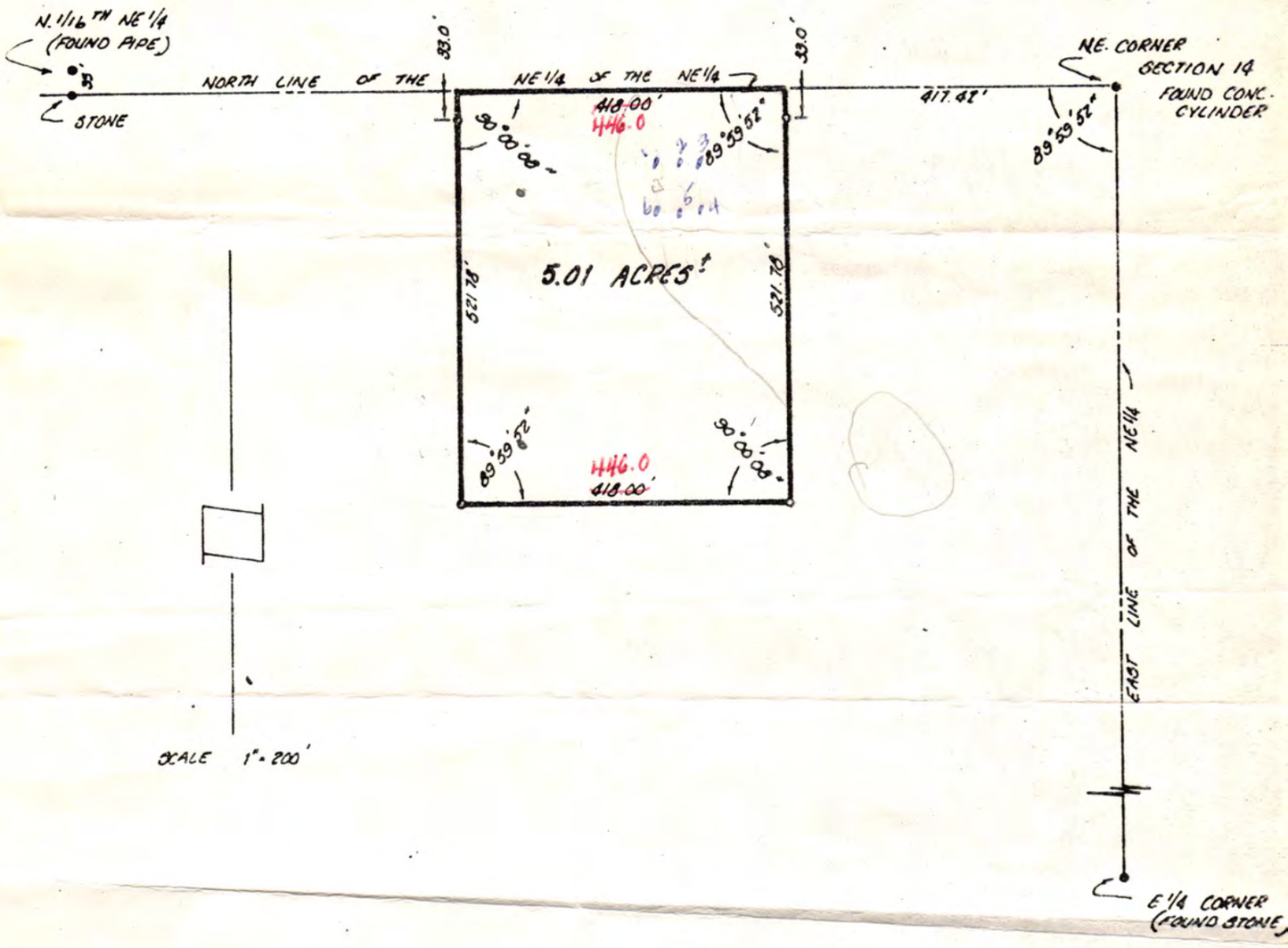
OFFICE PH.: 466-3637
MOBIL PH.: 475-1506

LANCASTER County, Nebraska

Darrel W. Simonds & Associates, Inc.
ENGINEERS - LAND SURVEYORS
2332 North Corner Suite "B" - Lincoln, Nebraska 68507

Survey of a tract of land in the Northeast Quarter of the Northeast Quarter of
(More fully described on sheet 2)
Section 14 T 9 N, R 5 E of 6th P.M.

Survey No. _____ (To be assigned by Co. Surveyor) Date Feb. 19 76 Weather Fair



LINCOLN, NEBRASKA
SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Rebars were set at points marked 0. All dimensions are in feet and deci mals of a foot.

● = MONUMENTS FOUND

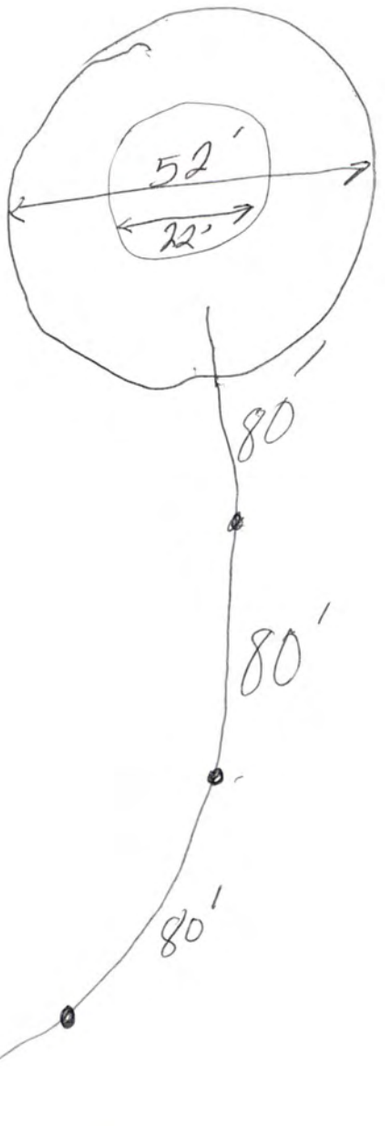
Hewlett-Packard Distance Measuring Instrument used.

Signed this 4th day of February 19 76

Name Darrel W. Simonds
DARREL W. SIMONDS

Surveyor's License: NEBR. L.S. 161
IOWA L.S. 4967

NEBRASKA REGISTERED LAND SURVEYOR DARREL W. SIMONDS



N

8-2-76

9308180160

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St. Marys Avenue Phone (402) 471-780

REAL ESTATE TRANSFER / LC

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property [illegible]

Location of Well [illegible] Tap Location: Inside ☐ Outside ☒

Location of Sewage System [illegible] Year Installed 1976-77

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	[illegible]	[illegible]
Tenant/Buyer:	[illegible]	[illegible]	[illegible]
Return to:	[illegible]	[illegible]	[illegible]

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

Signature of Applicant [illegible] Address [illegible]

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HEALTH DEPARTMENT USE ONLY 150.00

Date Received JULY 2, 1993 Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE JULY 6, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 7/6/93 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 8/10/93 by L.C.H.
Nitrate 2.0 ppm	☒	☐	Disapproved:	☒	Date 8/17/93 by L.C.H.

Comments: WELL IS IN A PIT. NO WARNING SIGNS ON LAGOON FENCE. NEED MORE SUBSTANTIAL LOCKED GATE. NEED CATAILS, WEEDS AND LITTLE MULBERRY TREES SPRAYED AND KILLED OUT. 8/17/93 Good job of Correcting! L.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY (Ronald C. Wood R.E.H.S.) DATE AUGUST 17, 1993

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

055

'93 JUL -8 P4:52

RECEIVED

WATER CHEMISTRY

STATE LAB NO. 155806

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 6 (DAY) 93 (YEAR) 12:00 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JAN FRISBIE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 14 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

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

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

WELL PIT ABANDONED

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. 1 (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 8/10/93 12:21 p.m. (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 3 I.T., SEC. 14, T 9 N, R 5 E (29-41)

NAME AND ADDRESS OF OWNER JAN FRISBIE

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. 18538 (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 ET (76-79)

IN 93 AUG 10 P2:4

OUT 93 AUG 11 P1:58