LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380140301

Issued 03/05/96
Expires 09/05/96
Revenue Code 18754

Establishment
CHARLES BAUM
T9N R5E SEC 22
LOT 144
9600 W 3 STREET

FEES: $150.00

TOTAL $150.00

Permittee
CHARLES BAUM
9600 W 3 ST
DENTON NE 68339

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

MAR 2 1 1996

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 3/20/96

The undersigned hereby applies for a permit to ALTER ☑, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: 9600 West 3rd Street Denton, Nebraska - Lot 144 of Irregular Tracts in the Northwest Quarter of Section 22 Twp. 9N; Range 5E; Section 22;
Block _____; Lot 144 I.T.; Addition _____
Street Address 9600 West 3rd

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

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

4. Description of proposed alteration, extension or repair: Hook up new house to existing septic system

5. Work to be done by: Owner ☐; or Contractor ☑, Eqvnest Well Drilling
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 125	00
b. Labor	$ 75	00
c. Other	$ 20	00
TOTAL	$ 220	00

Charles A Baum
Signature of Applicant (owner or lessee)

9600 West 3rd Denton Ne 68339
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 0

2. Site Visits:
Date: 6/17/96 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/17/96 by: Jerrold C. Hood

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 2/26/96

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: LOT 144 of IRREGULAR TRACT NW¼ of SECT 22 TWP 9N RGE 6 6PM

1. Legal description of property: Twp. 9N ; Range 5E ; Section 22 ;
   Block [redacted] : Lot 144 : Addition _____
   Street Address 9600 West 3rd DENTON NE 68339

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: 2000 ft.

Charles L Baum
Signature of Applicant (Owner or Lessee)

9600 West 3rd
Address
DENTON NE. 68339

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/4/96. Date Frwd. 3/4/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2-28-96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gerard L Dugan
3. City or County Engineer: Date Rec'd. 3-5-96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blough

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/19/96 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/19/96 By: Jerrold C. Hood

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

FORM 23-43

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 14 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: CHARLES L. BAUM

Address: 9600 W 3rd
DENTON NE 68339

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	30	2/17	12:00	2/18	11:30	2/18	1:30	7	3:00	6½	30	½	60 MIN/IN
2	36	"	"	"	"	"	"	6	"	5	"	1	30 MIN/IN
3	34	"	"	"	"	"	"	6	"	5¼	"	¾	40 MIN/IN
4	36	"	"	"	"	"	"	7½	"	6	"	1½	20 MIN/IN
5	32	"	"	"	"	"	"	6	"	4¼	"	1¼	24 MIN/IN
6	30	"	"	"	"	"	"	6½	"	6	"	½	60 MIN/IN

Melvin F Dagnon
Signature of Person Conducting Test

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

Address 4810 West Claire Phone _____
Lincoln 68521 (Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 15, 1996

Approved Percolation Rate (a)
A. 39 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

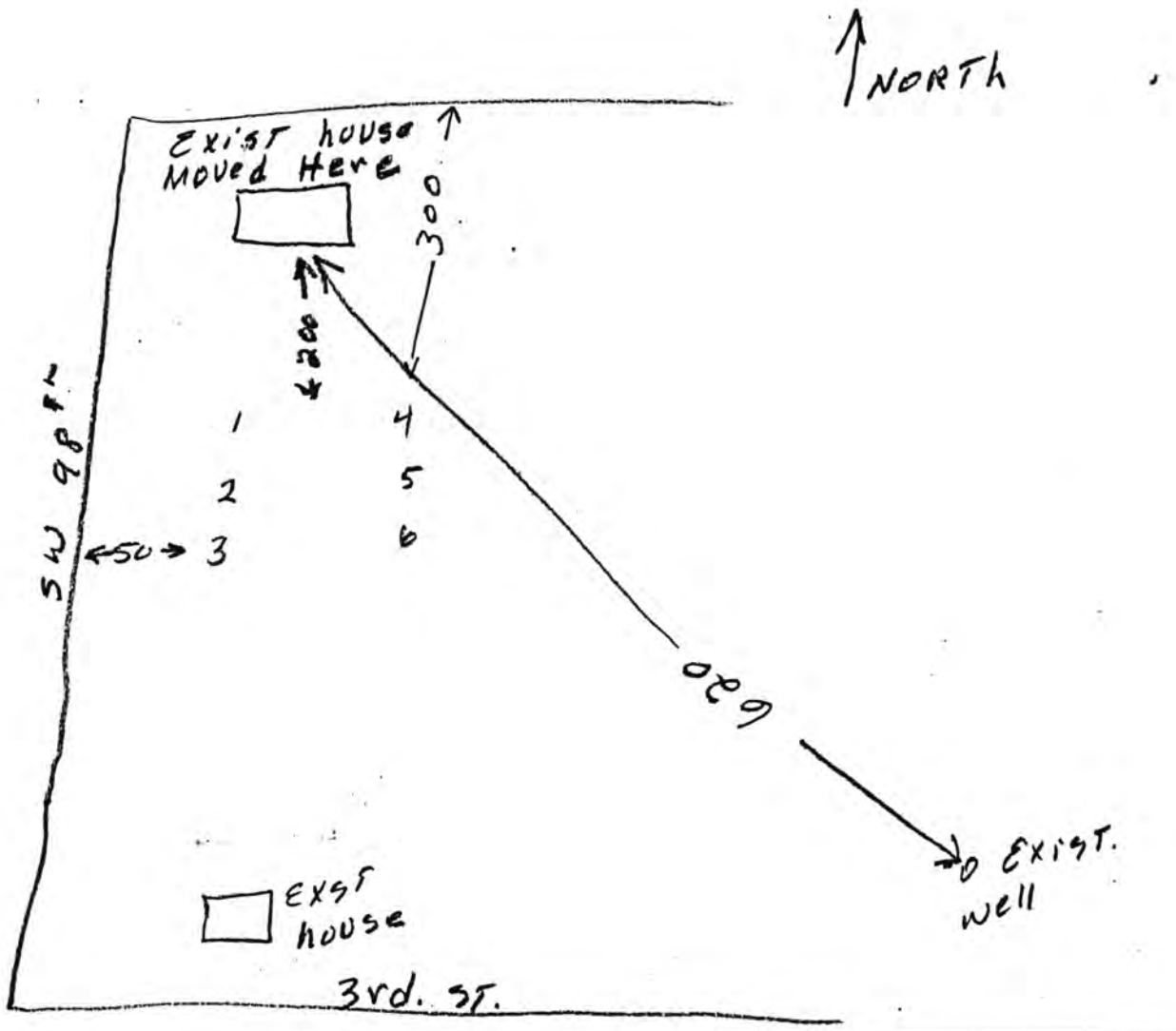
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 852 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. Mary's Avenue~~ 3140 'N' St.
Lincoln, Nebraska 68502
Phone: 441-8000

D

DATE: 3-19-96

FILE NO. _____

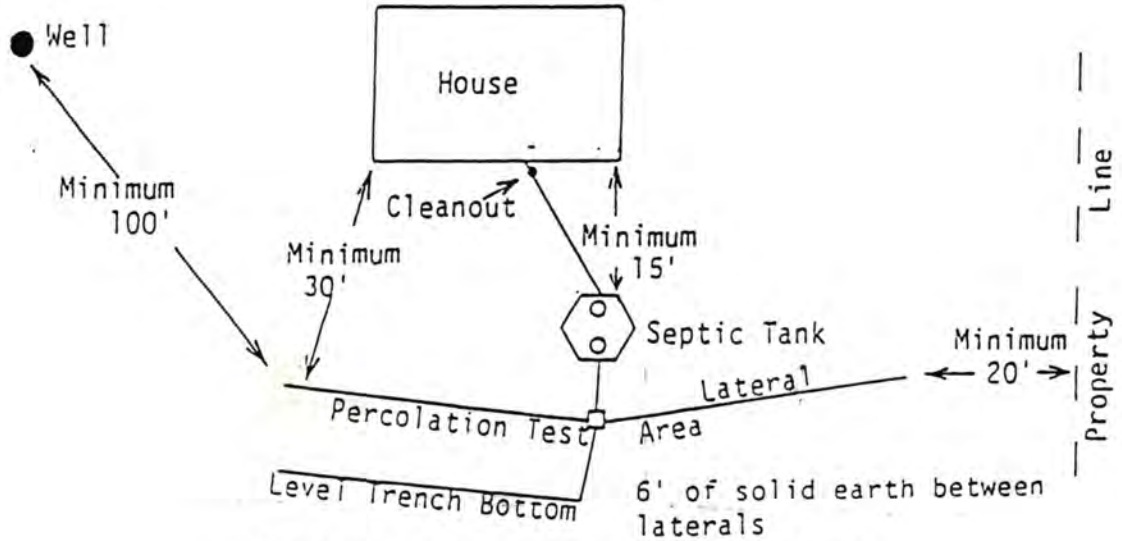
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C ; 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:
1. Material Concrete ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
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 30 in.
8. Distances to:
Well or Suction Line 625' ft.; Stream N/A ft.; Pressure Line 220 ft.; Property Line 120 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 25 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 16" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____.
2. Lateral Lines:
Number 3 ; Length of each line 72', 72', 72', ____, ____ ft.;
Total length of laterals 216' ft.;
Distance between lateral lines 36 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2" in/100 ft.; Average Depth 36" & 48" in.
4. Filter Material: GRAVEL
Depth of Material 22 in.
5. Distances to:
Well or Suction Line 530' ft.; Stream N/A ft.; Pressure Line 280 ft.; Property Line 90 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N
W
E
S
HOUSE
13'
wye + cleanout
45° Ell
74'
74'
65'
6'
Septic Tank
Distribution Box
23'
4' wide 72' Long
10'
10'
4' wide 72' Long
29'
3'
4' wide 72' Long
Well long distance

008

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

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: 3/13/92

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 22; BLOCK ___

LOT ✓; ADDITION ___; Street Address 9600 West Third, Denton Nebraska

Directions to Property As you go through Denton it is west on the blacktop last house on North side of highway at stop sign.

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

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mike Slocum	9600 West Third	402-797-5715
Tenant/Buyer:	Charles Baum	2301 Burnham	402-423-2715
Return to:	Charles Baum	2301 Burnham	402-423-2715

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

Signature of Applicant Charles J Baum Address 2301 Burnham Lincoln Ne

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 13, 1992 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 3-13-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3-13-92 by PD + DS
Bacteria	☒	☐	Provisional:	☒	Date ___ by ___
Nitrate <0.1 ppm	☒	☐	Disapproved:	☐	Date ___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Paul D[illegible] DATE 3-19-92

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

WATER CHEMISTRY

STATE LAB NO. 152

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 - 13 - 92 10:35 am
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 9600 W. 3rd Denton

PROPERTY LEGAL DESCRIPTION: COUNTY

QRTR ____ SECT 22 TWNSHP 9 S RANGE 5 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Mary's Ave
Lincoln, NE 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

'92 MAR 17 P2:45 REPORTED

'92 MAR 13 P1:19 RECEIVED

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

DATE COLL. 3-13-92 10:35 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION 9600 W. 3rd Denton (29-41)
9-5-22

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. MARY's Ave
LINCOLN, NE
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. 142-5715 (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 [illegible] (76-79)

2 MAR 13 P1:19

IN

OUT 3-14-92

009

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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 9600 W. 3RD ST. DENION NE 68339

Twp 9N Range 5E Section 22 1/4 NW 1/4 NW Block ___ Lot ___ Addition ___

Directions to Property WEST DENTON RD. TO DENTON, ~~RIGHT~~ LEFT THRN AT STOP SIGN. CONTINUE ON ROAD THRU TOWN UNTIL ANOTHER STOP SIGN IS ENCOUNTERED - ACREAGE TO NORTH OF SIGN

Location of Well LOCATED AT END OF DRIVE - RIGHT SIDE Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	CHARLES & DENICE BAUM	9600 W. 3RD DENTON 68339	H. 797-2066 W. 471-6744
Tenant/Buyer:			
Return to:	LINCOLN FEDERAL SHARON MCDONALD	2501 S 48TH ST. LINCOLN NE 68506	488-3642

Signature of Applicant Denice M Baum Address 9600 W. 3RD Date 8/28/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/28/96
Initials J.C.H.
Amount $150.00
Check No. 3035

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/28/96

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 8/30/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: DEPRESSION AROUND WELL. WELL SCREEN HAS A HOLE IN. OLD WELL UNDER WINDMILL MUST BE PROPERLY ABANDONED. PRIVY MUST BE PROPERLY ABANDONED. 8/30/96 Depression filled, screen replaced, driller says windmill well was abandoned. Privy was abandoned. See Attached Letter ☐

FINAL STATUS Most of septic system predates regulations. Hence provisional approval.

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/5/96

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

WATER MICROBIOLOGY

STATE LAB NO 14 17718

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO.) 30 (DAY) 96 (YEAR) 12:05p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DENISE BAUM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 22 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
HEALTH DEPARTMENT
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

'96 AUG 31 PM 3 14 RECEIVED

'96 AUG 30 P1:17 RECEIVED

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 141.21

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB

WATER CHEMISTRY

STATE LAB NO. 15 6586

COMPLETE INFORMATION BELOW:

DATE COLLECTED 8 (Mo.) 28 (Day) 96 (Yr) 12:36PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DENISE BAUM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 22 TOWNSHIP 9 N RANGE 5 E

'96 SEP 3 AM 8:05

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REP. REC.

'96 SEP 3

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

'96 AUG 28 P3:18

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 362, 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: ET RH

FOR ACCOUNTING USE ONLY

LRWC 85