LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380064801

Issued 10/16/90
Expires 04/16/91

ESTABLISHMENT
MIKE HARMS
T9N R5E SEC 25
LOT 15
9001 SW 56 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE MIKE HARMS
3560 B ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/23/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 10-15

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 25 ;
   Block _____ : Lot 15 I.T. : Addition _____
   Street Address 9001 SW 56th

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.

[signature]
Signature of Applicant (Owner or Lessee)

3560 B
Address

483-6237

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/15/90 . Date Frwd. 10/17/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-22-90 . Date Frwd. 10-23-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowers

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jim Plough

REMARKS OR REASONS FOR DISAPPROVAL PART OF THIS LOT IS IN FLOOD PLAIN.

Site Visits:
Date: 11/26/90 by: J. C.H. need fences, signs + locked gates
Date: 5/1/91 by: J. C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/31/91 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 25 ; Range 9 ; Section & ¼ Section 5 .
Property Dimensions: 700 ft. x 2640 ft. Area: 41.48 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-22 to 8-23 . Weather: Precip. 0 Temp. 80 .

OWNER: M Harms

Address: 3560 B

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	34	8-22	9:15	8-22	1:00	8-23	2:25	23½	2:55	23½			
2	36	"	9:15		"		2:25	14¼	2:55	14¼			
3	35	"	9:15		"		2:25	22	2:55	22⅛			
4	33	"	9:15		"		2:25	20½	2:55	20½			
5	32	"	9:15		"		2:25	23¼	2:55	23¼			

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

M Harms
Signature of Person Conducting Test

Address 3560 B Lincoln Phone 423-6237

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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 ☒

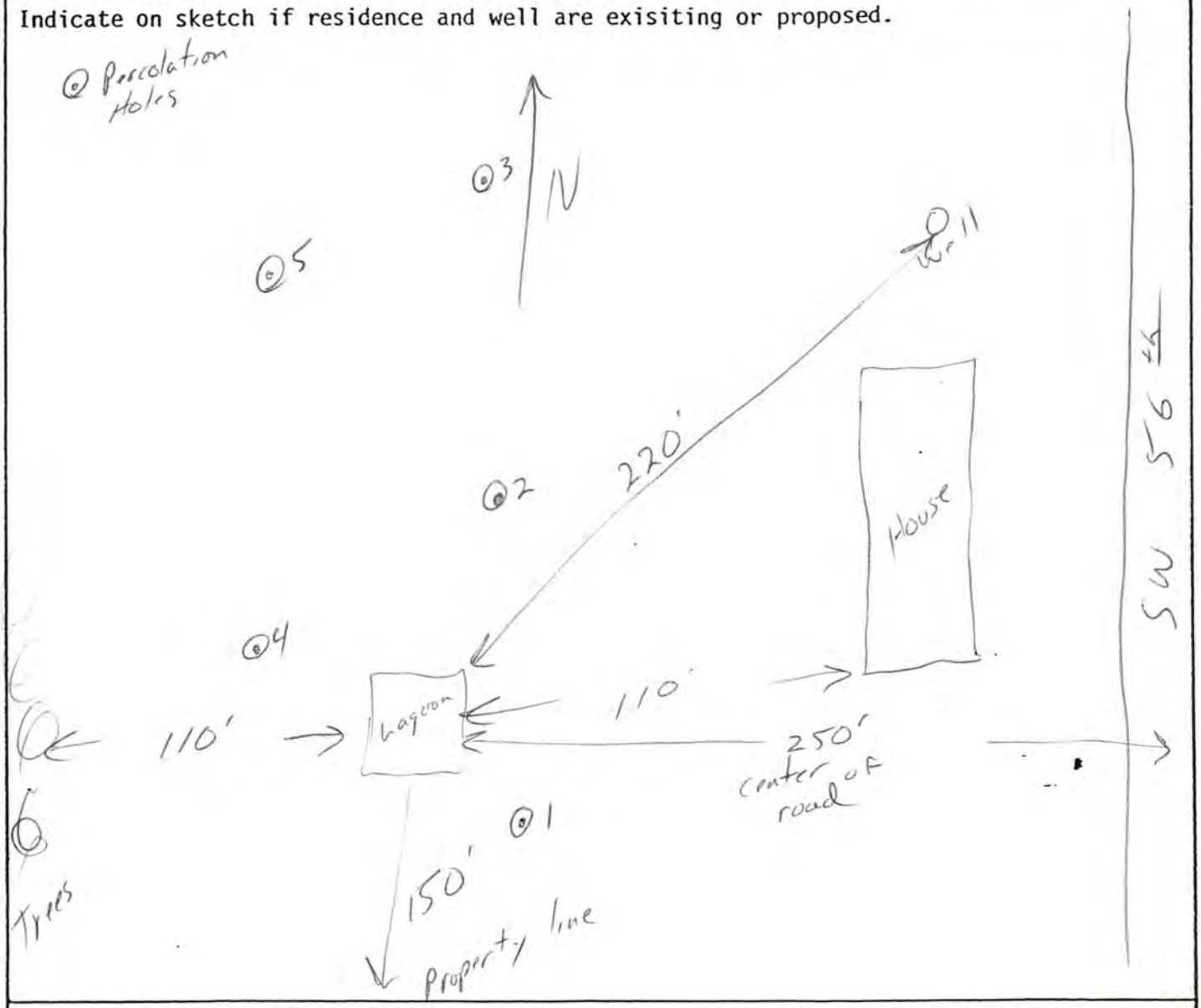
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 :_____

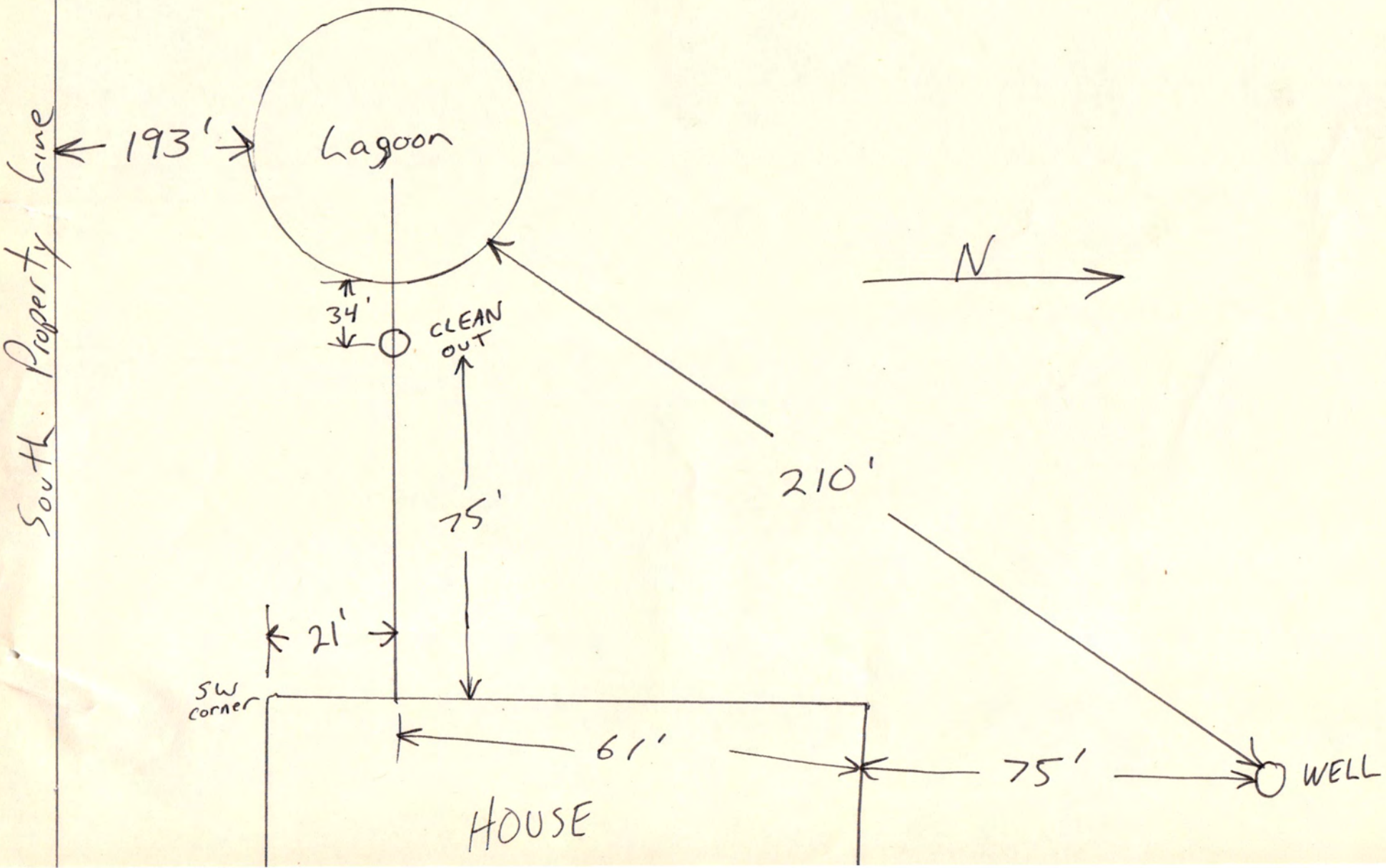
_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____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

9001 SW 56th


South Property Line
193'
Lagoon
N
34'
CLEAN OUT
210'
75'
21'
SW corner
61'
75'
WELL
HOUSE

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: 4-31-91

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 25; BLOCK ____

LOT ____; ADDITION _____; Street Address 9001 SW 56th

Directions to Property 1½ mile south of West Denton Road on SW 56th

Location of Well West side of outbuilding Tap Location: Inside ☐ Outside ☒

Location of Sewage System 250' SW Year Installed 90

	NAME	ADDRESS	PHONE
Present Owner:	Mike Harms	3560 B	483-6237
Tenant/Buyer:	same		
Return to:	same		

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

Signature of Applicant Mike Harms Address 3560 B Lincoln 68510

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 30, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 1, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 5/1/91 by LCH
Bacteria	☒	☐	Provisional:	☐	Date 5/31/91 by L.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: LAGOON NEEDS FENCE FINISHED, LOCK ON GATE, WARNING SIGNS UP AND AS BUILT DRAWING TURNED IN.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Wood R.S. DATE MAY 31, 1991

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

NEW WELL COUNTY

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. 5/1/91 2:03 PM (9-16) BY J. C Hood (17-28)

ADDRESS OR LOCATION SEC. 25, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER MIKE HARMS
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. 8658 (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 '91 MAY -1 P3:16

OUT MAY -2 P2:0

WATER CHEMISTRY

STATE LAB NO. 15 2690

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO) 1 (DAY) 91 (YEAR) 2:03 PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MIKE HARMS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 25 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY LW

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '91 MAY -2 P3:15

RECEIVED '91 MAY -1 P3:15

+ASAP

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 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: 10-16-92

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 25; BLOCK ____

LOT ____; ADDITION _____; Street Address 9001 SW 56th

Directions to Property 1/4 mile south of Denton Road on SW 56th west side of road.

Location of Well west side of cut building Tap Location: Inside ☐ Outside ☒

Location of Sewage System west of house Year Installed 91

	NAME	ADDRESS	PHONE
Present Owner:	Mike Harms	9001 SW 56th Denton Ne	797-2019
Tenant/Buyer:			
Return to:	same		

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

Signature of Applicant [signature] Address 9001 SW 56th Denton Ne 68339

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HEALTH DEPARTMENT USE ONLY

Date Received 10-16-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-16-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☒	Date 10-16-92 by PD
Bacteria	☒	☐	Provisional: ☐	Date 10/23/92 by J.C.H.
Nitrate <10 ppm	☒	☐	Disapproved: ☐	Date _____ by ____

Comments: 10/23/92 RETURN FOR WATER SAMPLE. J.C.H.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ J.C.H.

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY [signature] Jerrold C. Hood R.E.H.S. DATE 10-16-92 10/28/92

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. 152-5680

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 23 (DAY) 92 (YEAR) 1:46 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MIKE HARMS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 25 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

REPORTED OCT 27 92 P2:55

RECEIVED OCT 23 92 P2:55

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. 10/23/92 1:46p.m. (8-16) MO./DAY/YR./HOUR BY J. C. Wood (17-28)

ADDRESS OR LOCATION NE¼ SEC. 25, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER
MIKE HARMS
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. 142-26215 (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 Ae (76-79)

IN '92 OCT 23 P2:55

OUT '92 OCT 24 P3:12