LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2264-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 4, 1986 — THIS PERMIT EXPIRES

DAVE COCHRAN — ISSUED TO

601 GLENHAVEN LINCOLN, NE 68505 — ADDRESS

T9N; R5E; Sec SW¼ 26; SW 84 & Rokeby Rd. — LEGAL DESCRIPTION

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MEG	10-4-85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

194 LF
4" w.le

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: $60.00

FILE NO. 2264-C

DATE: 7-29-85

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 SW¼ 26 ;
   Block _____ : Lot _____ : Addition _____
   Street Address SW 84th & Rokeby Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe SW ¼ Septic System

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

4. Distance to public sewer: _____ ft.

Paul von Gillern & Dave Cockrell
Signature of Applicant (Owner or Lessee)

18100 N 1st (601 Glenhaven
Address
Lincoln, Ne
68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/4/85. Date Frwd. 10/4/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/4/85. Date Frwd. 10/4/85. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stewart

3. City or County Engineer: Date Rec'd. 10/4/85. Date Frwd. 10/4/85. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/3/85 by: L.C.H. need drawing
Date: 10/4/85 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/7/85 By: Jerrold C. Hood

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

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 9N ; Range 5E ; Section & ¼ Section 26.
Property Dimensions: SW¼ ft. x _____ ft. Area: 160 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.
Dates of Tests: 4-15-85 to 4-16-85. Weather: Precip. 0 Temp. 75.

OWNER: Dave Cochran

Address: 601 Glenhaven
Lincoln, Ne

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	10"	4-15	8:00 AM	4-16	7:AM	4-16	7:00 PM	10"	11:30 AM	8	60	2	60 ~~30~~
2										8		2	30
3										8		2	30
4										8 ¼		1 ¾	34
5										8 ½		1 ½	40
6										7 ¾		2 ¼	27

Sum of Percolation Rates: 191
Average of Rates: 31.3
Mean of Rates: _____

Dawson Gillum DBA von Gillum Trenching
Signature of Person Conducting Test

Address 18100 N 1st Phone 785-7755
Davey, Ne (Do not write below this line)

REVIEWING ACTION

Remarks: Observation does not support design
Soil Type (SCS): Dickenson Sandy Loam
Date: October 4, 1985

Approved Percolation Rate (a)
A. 31 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
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: _____

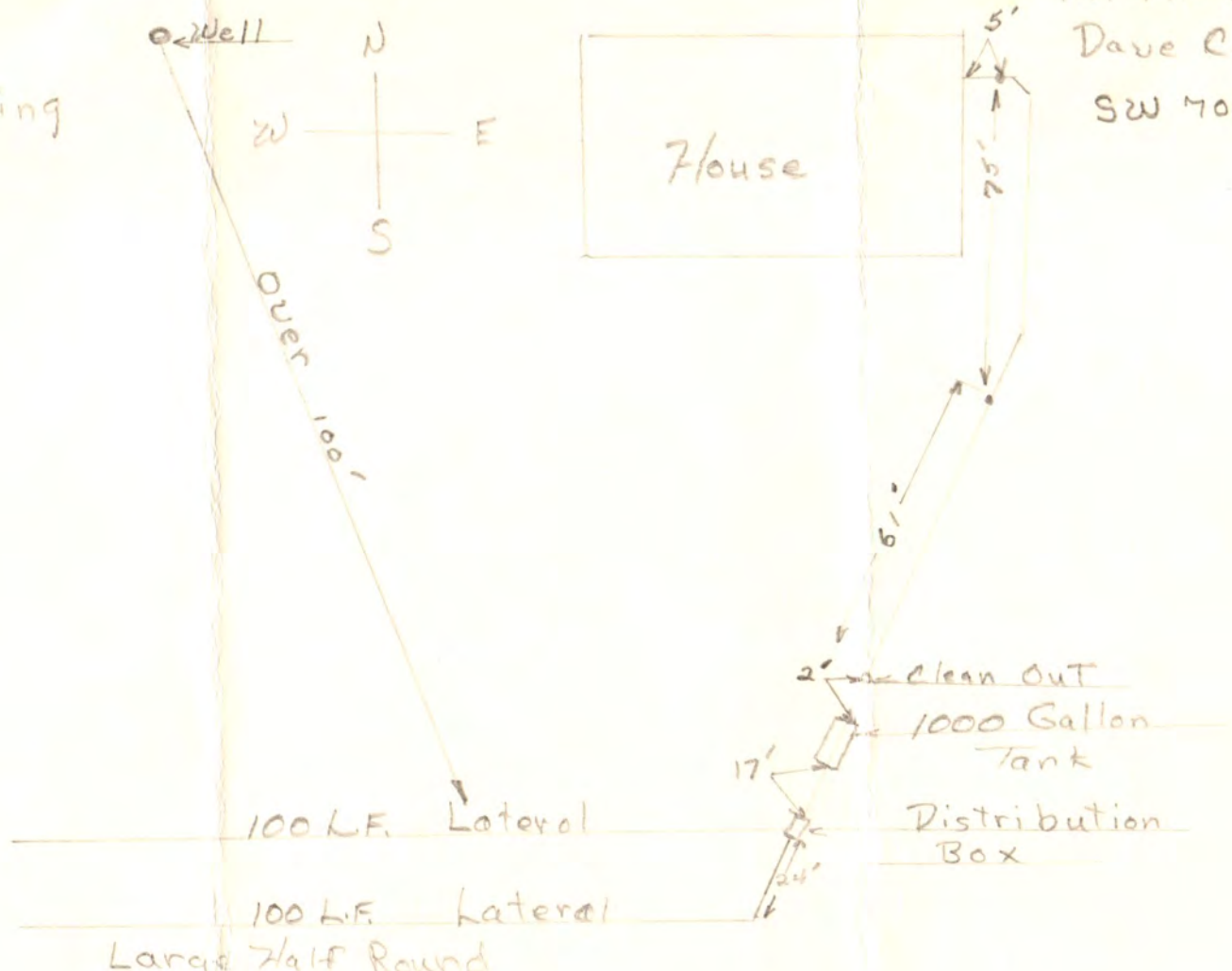
Date: October 4, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 191 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 762 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Installer
VonGillern Trenching
Date 10-4-85

mr + mrs
Dave Cochran
SW 70th Street



REC'D OCT 7 1985

003

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 9500 S.W. 84th, Denton

Twp 9N Range 5E Section 26 1/4 SW 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property on S.W. 84th between Yankee Hill + Rokeby Rds. in a large grove of cedar trees

Location of Well 50 ft. west of house along trees Tap Location: Inside ☒ Outside ☒

Location of Sewage System exits east side of house + curves around to south Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	David J. + Cindy Cochran	Rt. 1 Box 88-A1 Denton NE 68339	797-3155
Tenant/Buyer:	(Refinancing)		
Return to:	Martin Meister Provident Federal Savings	440 S. 13th St. P.O. Box 95043 Lincoln NE 68509	474-5559

Signature of Applicant Cindy Cochran Address Rt. 1 Box 88-A1 Denton NE 68339 Date 11/10/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/15/93 Received $150.00 Check ☒ #3574 Cash ☐

PRELIMINARY STATUS--By Gerrold C. Hood **DATE:** 11/16/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date 11/24/93 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: DEPRESSION NEAR WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. All ok now 11/24/93 L.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerrold C. Hood R.E.H.S. Date 11/29/93

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.

051

WATER CHEMISTRY

STATE LAB NO. 15 16942

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

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 16 93 3:07 P.M.
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAVID COCHRAN

PROPERTY LEGAL DESCRIPTION COUNTY LANCASTER

QRTR SW SECT 2 TWNSHP 9 N RANGE 5 E

REPORTED

NAME AND ADDRESS OF P

TO RECEIVE EXTRA REPORT:

COMPLETE ADDRESS
PU IS TO BE MAILED TO:
THIS LA CASTER COUNTY
LINCOLENTAL HEALTH
ENVMARY'S AVENUE
220 NEBRASKA 68502
LIN

RECEIVED

ENT OF HEALTH LABORATORIES
E 68502

STATE OF NE
3701 SOUTH

WATER MICROBIOLOGY

STATE LAB NO. 143-30409

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 11 (MO.) 24 (DAY) 93 (YEAR) 2:00 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAVID COCHRAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 26 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

REPORTED NOV 25 '93 A9:57

RECEIVED

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 CC

FOR ACCOUNTING USE ONLY

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

LWB 91