Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005460

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380288401

Issued 08/27/04
Expires 02/27/05
Revenue Code 3157

Establishment

TODD REINHARDT
T9N R5E SEC 30 QTR SE
LOT 6IT
9251 SW 126 ST-DENTON

System Closed

FEES: $200.00

Permittee

TODD REINHARDT
9251 SW 126 ST
DENTON NE 68339

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

RECEIVED AUG 2 7 2004

A

Permit Number 043802884

RECEIVED AUG 2 7 2004

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 9251 S.W. 126th Street (no rural route) City Denton NE, Zip 68339

Legal Description Lot 6, IT SE 4 30-9-5 Lancaster County GI.T.
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Todd Reinhardt Signature Todd Reinhardt

Address 9251 S.W. 126th City/State/Zip Denton, NE 68339

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor LEONARD Harper

Name Todd Reinhardt Company Name HARPER WELL & Plumbing Inc Reinhardt Asphalt Paving & Grading

Address 800 Cattail Road City/State/Zip Lincoln, NE 68521

☑ Check if contractor designed system Work Phone (402) 525-8879

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Todd Reinhardt Firm Reinhardt Work Phone 525-8879

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 8/27/04 Date frwd 8/27/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-27-04 Date frwd 8-27-04 ACTION ☐ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 8/27/04 Date frwd 8/27/04 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Smith

Date 9/13/04

Business Office Use Only

Date Rec'd 08/27/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1417

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 04380288 4

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Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9251 S.W. 126th (no rural route) City ~~Lincoln~~ Denton NE, Zip 68339

Owner Todd Reinhardt Addresss 9251 S.W. 126TH

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests Aug 21 to Aug 22 Weather: Precipitation — Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30"	8/21	8 AM	8-21	10 PM	8/22	9:30	29"	8/22	4:30	35	1"	
2	30"										40	1"	
3	30"										37 min	1 1/8	
4	30"										32	1"	
5	30"										34	1"	
6	30					✓	9:40	✓		5:15	41	1"	

Person Conducting Percolation Tests

Name: Leonard Harper Harper Well & Plumbing Inc

Phone: 432-2204

Address P.O Box 15 Adams NE 68301

Sum of Percolation Rates: 35-40

Average of Rates: 40

Rate Used for Calculation: 140' x 4' Ditch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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AUG 27 2004

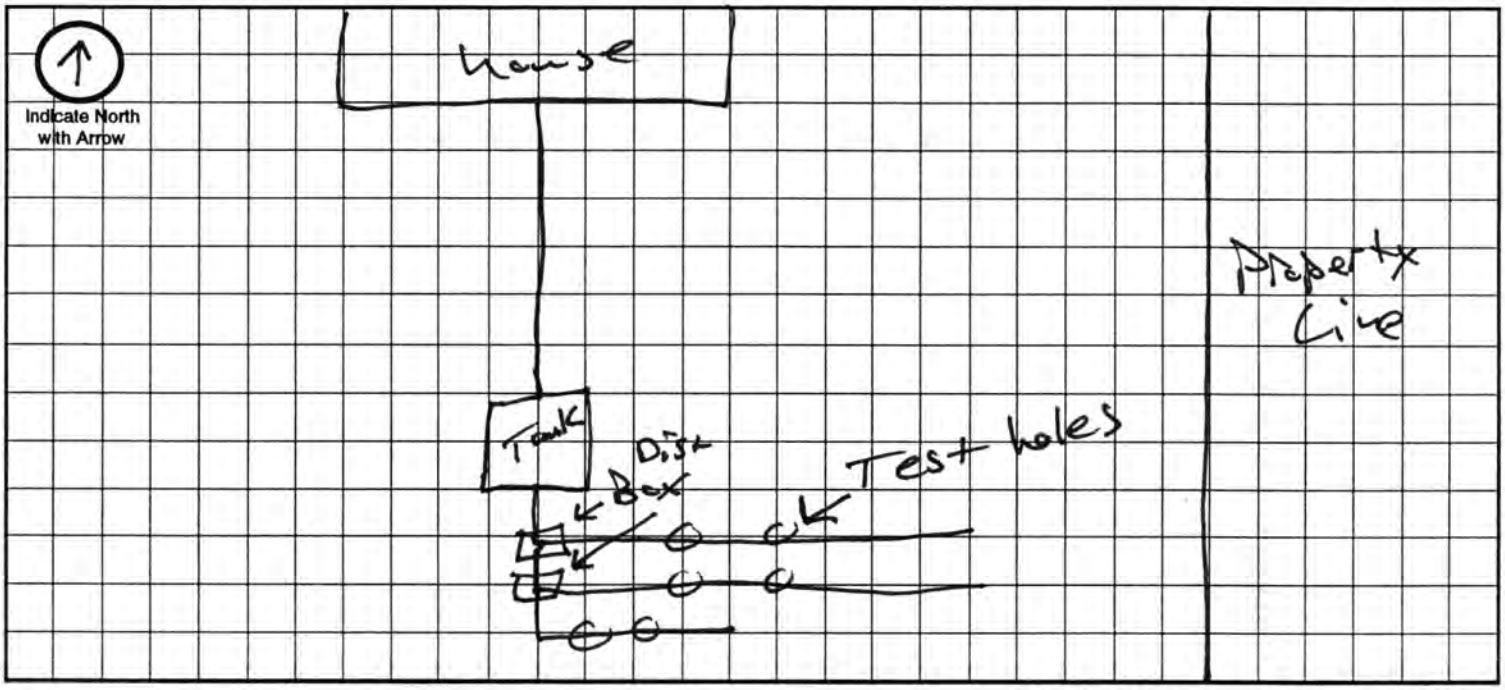
C

Permit Number: 04380284

o well

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9251 S. W. 126th City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 3

Total Length of Laterals 140 ft. Number of Trenches 3 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

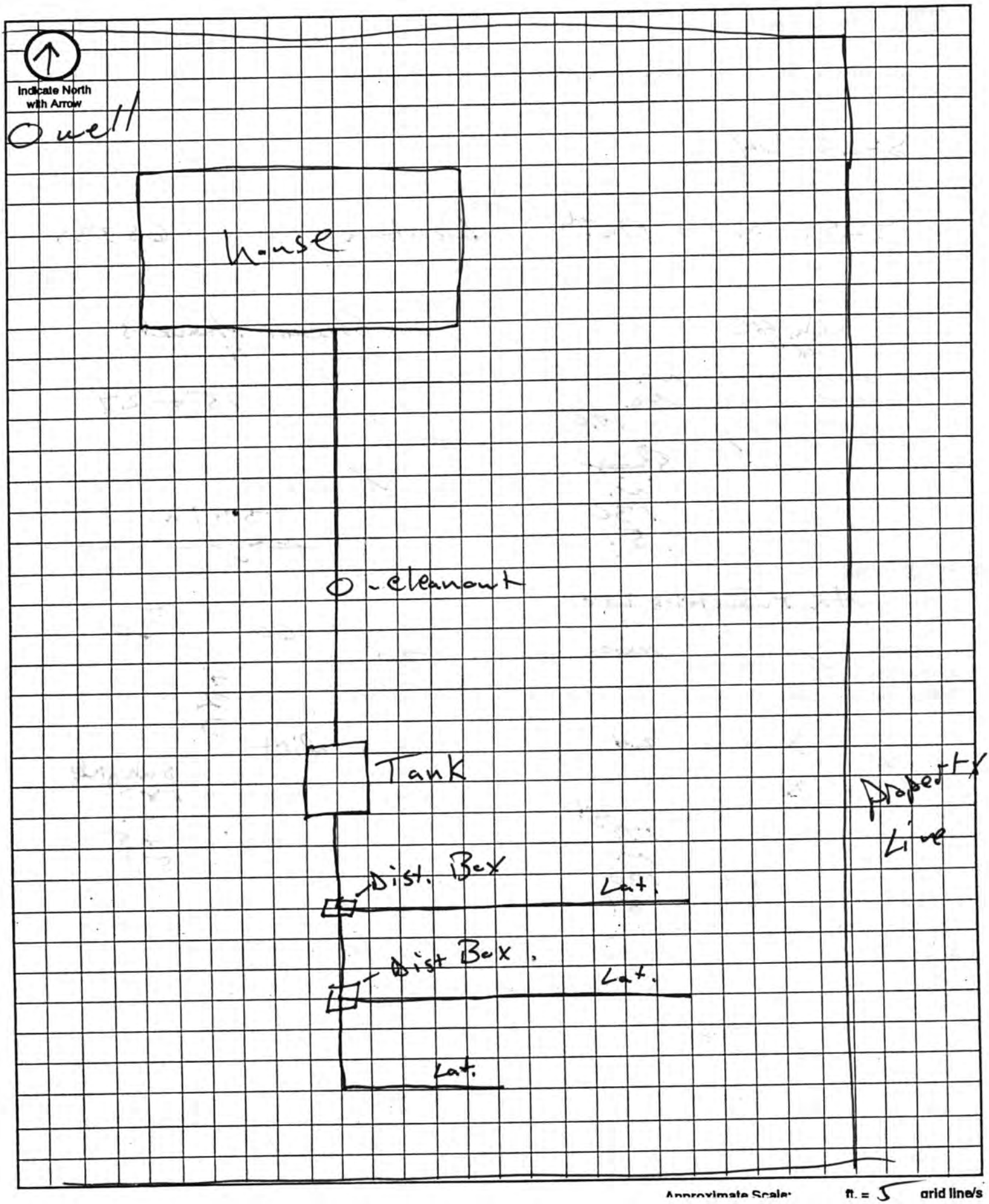
E. Required Signatures

Home Building Contractor _____ Date 8-25-04

Installer _____ Date 8-25-04

FORM 23-102 10-96

As Built Drawing



Approximate Scale: ft. = 5 grid line/s

Lincoln-Lancaster County Health Department

9808/2004 AM

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

CR 3741

Legal Description of Property: Street Address 9303 S.W. 126 Denton Ne. 68339-9752

Twp 9N Range 5E Section 30 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property W. Denton Road to SW 119 So to W. Bean Rd Right to Property on SW 126

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

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mary Vesecka	4901 So 14 Lincoln Ne 68512-1246	423-3783
Tenant/Buyer:	Gary D. Busch, Jr.	3200 W. Denton Rd Lincoln, Ne 68523	797-3200
Return to:	Carole Strieder	Woods Bros. 3737 So 27th 68502	475-1353

Signature of Applicant Gary D Busch Jr. Address 3200 W. Denton Rd Lincoln, NE 68523 Date 7/17/98

HEALTH DEPARTMENT USE ONLY

Date Received 7/24/98 ms Received $150.00 Check ☒ Cash ☐ #1206

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 7/23/98 8/3/98 by J.C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 7/27/98 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 7/29/98 by J.C.H.
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date 7/31/98 by J.C.H.

Comments: JUNK ON PROPERTY. SEWAGE SYSTEM MUST Dyed sewer BE PUMPED. NO INFORMATION ON SEWAGE SYSTEM AS IT PREDATES REGULATIONS UNABLE TO LOCATE ANY MALFUNCTION See Attached Letter ☒ HENCE APPROVAL IS PROVISIONAL.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/12/98

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.

'98 JUL 30 AM 10 21

REPORTED

'98 JUL 30

RECEIVED

'98 JUL 29 PM 12 52

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14/5665

FOR LABORATORY USE ONLY

DATE COLLECTED 7 (MO.) 29 (DAY) 98 (YEAR) 12:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MARY VESTECKA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 30 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

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: NTPDWR 141.27

TEST(S) BY JB

FOR ACCOUNTING USE ONLY

LWB 91

98 JUL 28 AM 10 5

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

JUL 29 1998

WATER MICROBIOLOGY

STATE LAB NO 148-15259

FOR LABORATORY USE ONLY

DATE COLLECTED 7 (MO.) 27 (DAY) 98 (YEAR) 10:13 AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN VESTICKA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 30 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

TEST METHOD: ☐ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS Indeterminate 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: NTPDWR 141.27

please re sample

TEST(S) BY SB

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 156395

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 23 (DAY) 98 (YEAR) 3:10 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN VESTIKA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 30 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

'98 JUL 23 PM 4 24 RECEIVED

'98 JUL 27 PM 4 23 REPORTED