HS0024404

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐**ALTER** ☐**REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

Name Tom Miller Owner

1. **Street Address (No Rural Route):** 3536 W Springview Rd

Legal Description of Property: Township: T10 Range: R6 Section: S32

Block 2 Lot 3 SubDivsion _____ Add: High Ridge Estates

***Parcel ID** 10-32-303-003-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 3 Does the system have a: ☒ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Replace deteriorated Distribution Box
Replace appro. 100' of infiltrator Lateral - cut to remove from unnessary use over the top of it.

5. **Current Type of Lateral-** PVC in Trench **Current Linear Ft. Of Lateral -** 130

Current Tank Gallonage- 1000

6. Print Name Harry Muhlbach Address 14277 N 56, Lincoln NE Phone: 402 430-7304

Applicant Signature: Harry Muhlbach

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 5/09/22 Amount $240.00 Check No. 8896 Initials JMD

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002404

System Type: Standard

Situs: No Site Address Specified

Issued: 5/10/2022

Expires: 5/10/2023

Description: HIGH RIDGE ESTATES, BLOCK 2, Lot 3

Owner: NIDER, THOMAS A & KERI E
3536 W SPRINGVIEW RD
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

HARRY MUHLBACH
14277 N 56TH ST
LINCOLN, NE 68514

SCANNED

HS002404

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐**ALTER** ☐**REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

Name Tom Nider Owner

1. **Street Address (No Rural Route):** 3536 W Springview Rd

Legal Description of Property: Township: T10 Range: R6 Section: S32

Block 2 Lot 3 SubDivsion _____ Add: High Ridge Estates

*Parcel ID 10 - 32 - 303 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 3 Does the system have a: ☒ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other (concrete)

4. **Description of proposed alteration or repair:** Replace deteriated Distribution Box
Replace appro. 100' of infiltrator Lateral that is failing from unessary use over the top of it.

5. **Current Type of Lateral-** PV infiltrator **Current Linear Ft. Of Lateral -** 167'

Current Tank Gallonage- 1000

6. Print Name Harry Muhlbach Address 14273 N 56, Lincoln Ne Phone: 402-430-7309

Applicant Signature: Harry Muhlbach

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☒Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 5/10/22 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 5/09/22 Amount $240.00 Check No. 8896 Initials _____

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H5002404

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/10/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3536 W Springview City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 765 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 170' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 2 Width 4.5 Factor No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Powell

Date 6/10/22

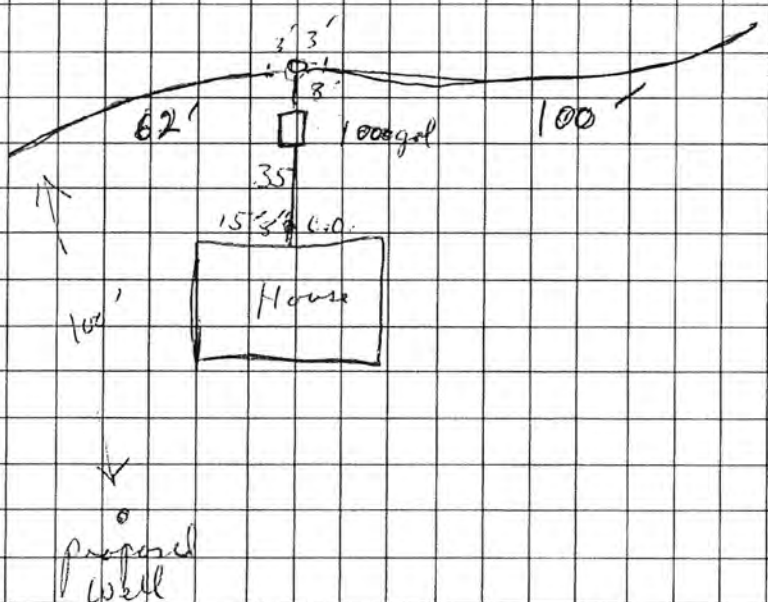
Field Note Drawing (See Reverse Side):

Updated 4/15

As Built Drawing

3536 W Springview

Indicate North with Arrow



Approximate Scale: _____ft. = _____ grid line/s

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

3536 W Sprucview

Address ~~2201 SW35~~ (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Homes Addresss Box 84891 Lincoln 68501

Soil Type (SCS): ~~Silt~~ Sandy Loam Percolation Rate: 21 min./inch

Date of Tests 11-24-97 to 11-25-97 Weather: Precipitation 0 Temperature 50°

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	36	11-24	3:00	11-25	4:00	11-25	4:00	6"	11-25	4:30	30	1 3/4	17
2	"	"	"	"	"	"	"	"	"	4:30	"	1	30
3	"	"	"	"	"	"	"	"	"	4:30	"	1 1/2	20
4	"	"	"	"	"	"	4:05	"	"	4:35	"	2	15
5	"	"	"	"	"	"	4:05	"	"	"	"	1 1/4	24
6	"	"	"	"	"	"	4:10	"	"	4:40	"	1 1/2	20

Person Conducting Percolation Tests

Name: Phillip Nalley
Phone: 438-3349
Address RT 6 Box 52
Lincoln, Ne 68532

Sum of Percolation Rates: 126
Average of Rates: 21
Rate Used for Calculation: 21

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

A

Permit Number:

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 — driveway access changed — address changed

A. System Location (Indicate correct number and street)

Address ~~2201 S.W 35~~ 3536 W Spring Valley (no rural route) City Lincoln NE, Zip 68522

Legal Description 32 (1/4) (1/4) Section 10N Township 6E Range High Ridge Estates Subdivision Addition 3 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Prairie Homes Signature Steve McChesney

Address Box 84891 City/State/Zip Lincoln Ne 68501

☐ Check if owner designed system Home Phone 476-6599 Work Phone 476-6599

C. Contractor

Name Prairie Homes Steve Chesney Company Name Prairie Homes

Address Box 84891 City/State/Zip Lincoln 68501

☐ Check if contractor designed system Work Phone 476-6599

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

Designer Name Larry Schwarck Firm " " Work Phone 4

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 12/5/97 Date frwd 12/5/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/5/97 Date frwd 12/5/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-5-97 Date frwd 12-5-97 ACTION ☒ Approved ☐ Disapproved Signature _____

2/26/98 J.C.H.

Installation Final Written Approval

By Jerrold C. Hood M.E.H.D.

Date FEBRUARY 26, 1998

Business Office Use Only

Date Rec'd 12/05/97

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 7117

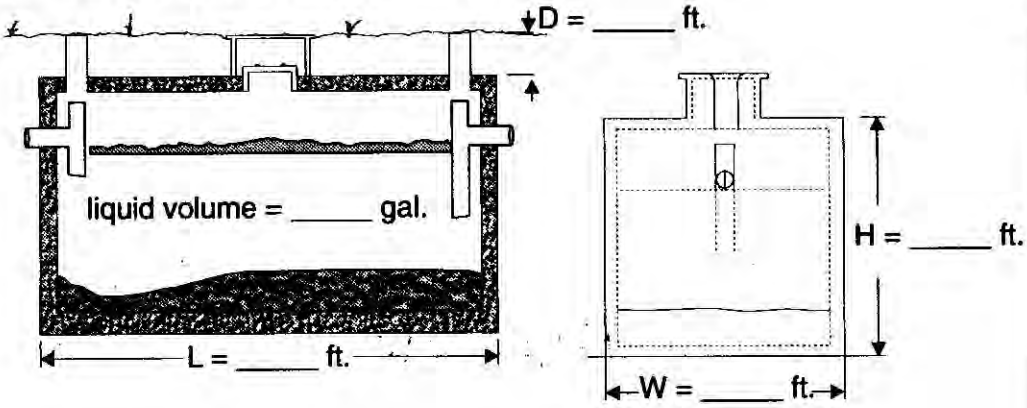
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Also well

KEY

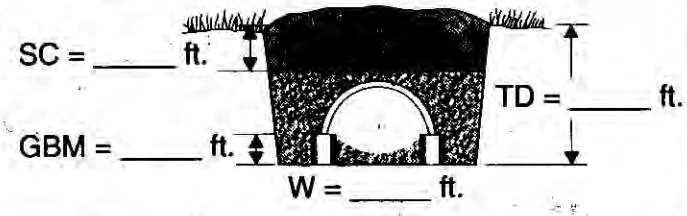
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

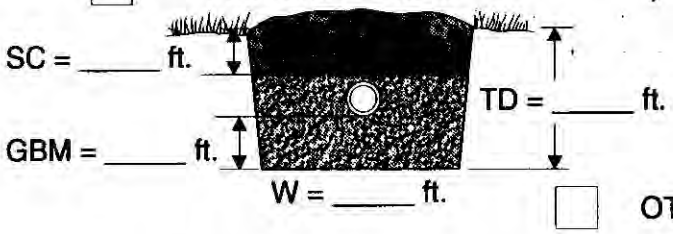


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

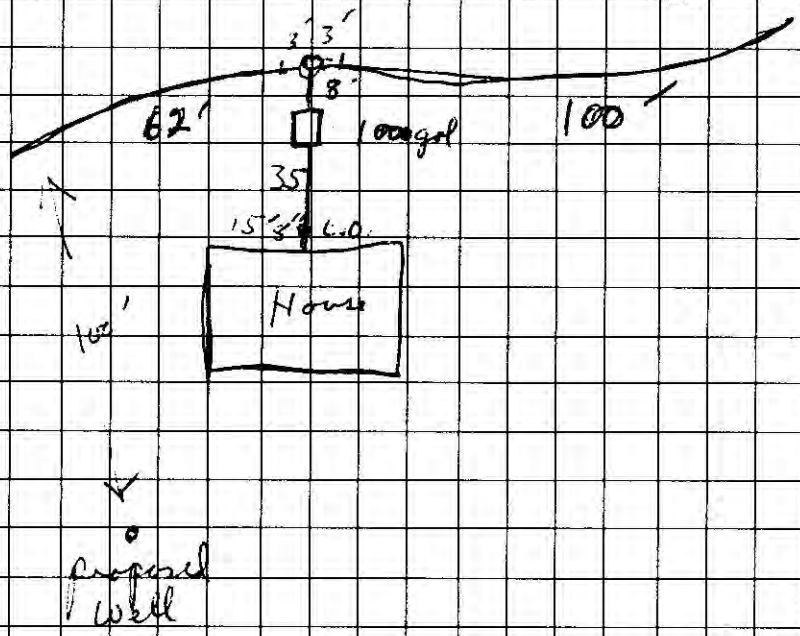
Inspection Phone No.

441-8022

As Built Drawing

3536 W Springview

Indicate North with Arrow



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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2-26-98 3576 W. Spring View

System Location (Indicate correct number and street)

Address ~~2201 SW 35th~~ (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 35 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

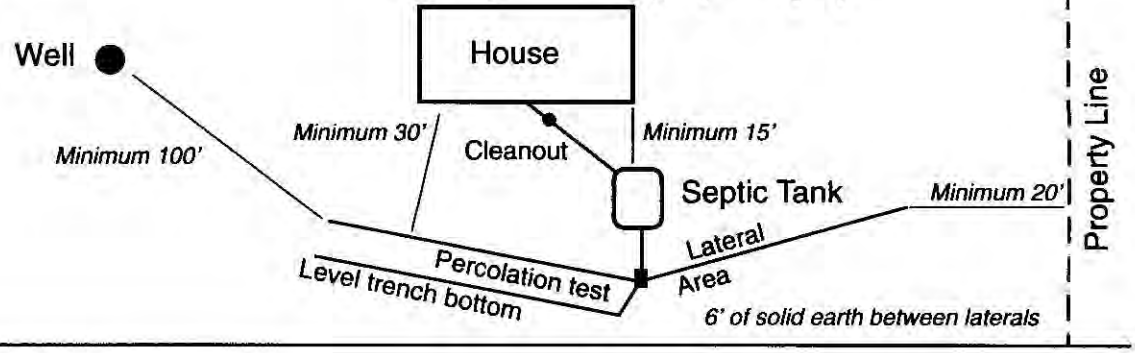
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number _____
   Length of each line: 100 ft. 62 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 6 in/100 ft.
   Average depth 34 in
4. Filter material: Road Gravel
   Depth of material 18"-20" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

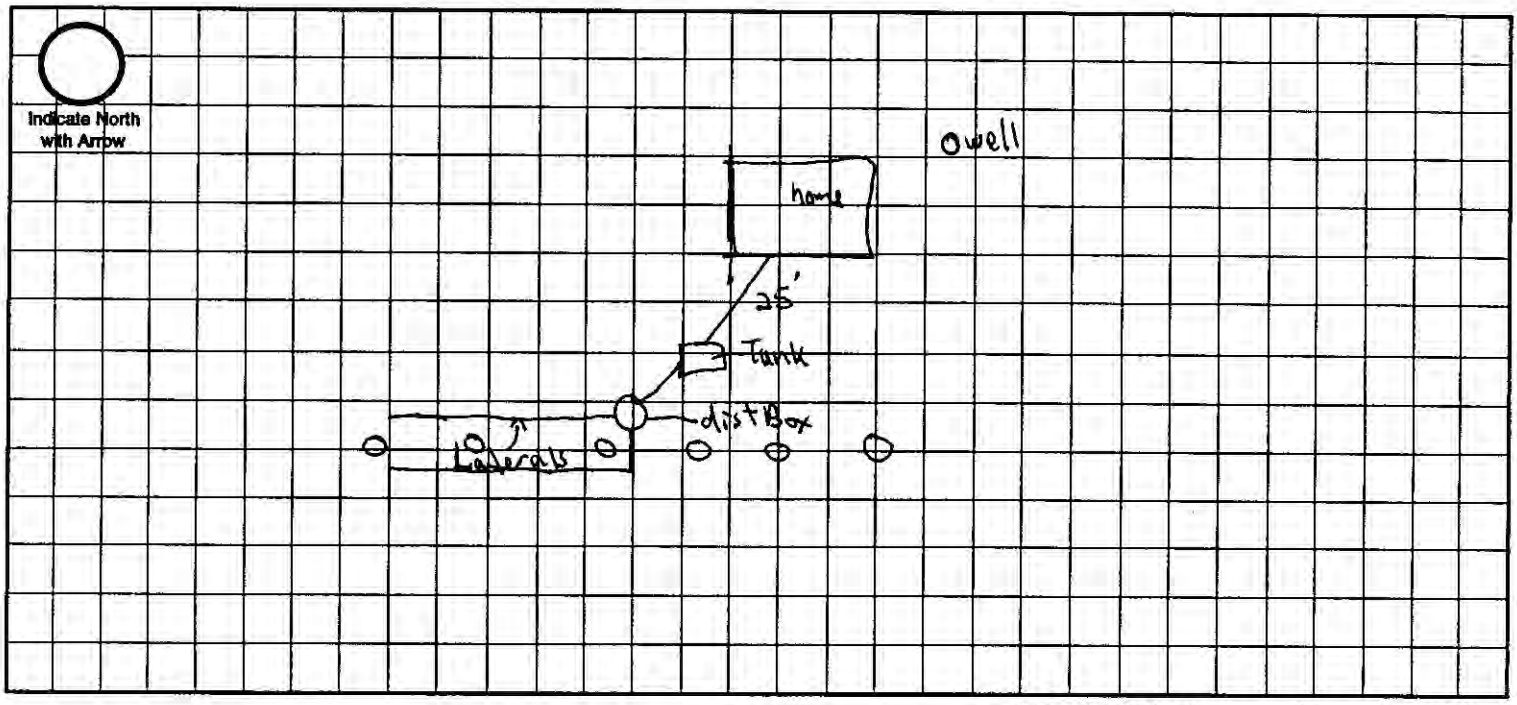
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Post-it® Fax Note R7673 | Date 2/25/98 | # of pages 1
To Larry Schwank
Fax# 489-7294
From Jerry Hood
Phone# 441-6206

Permit N

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) ~~2201 SW35~~ 3536 W Spurwing City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 21 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 641 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 2

Total Length of Laterals 160 ft. Number of Trenches 2 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 Steve M Chapman Date 12-3-97

Installer Larry Schwank Date 2-26-98

FORM 23-102 10-96

Sw 40 w. A Vandorn

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

Permit No. [illegible]

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 2201 S. W35 City Lincoln, NE Zip 68522
(No Rural Route Please)
Legal description of property:
Twp 10N; Range 6E; Section 32; Block 2; Lot 3; Addition High Ridge Estates

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply 1000000 feet.

Signature of Owner Steve M Champoux
Print Name Prairie Homes
Current Address Box 84891
Lincoln Ne. 68501
Current Home Phone 476-6599
Work Phone " "

Signature of Contractor Steve Champoux
Print Name Steve Champoux
Address Box 84891 Lincoln 68501
Home Phone 476-6599
Work Phone " "
Cellular Phone " "

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 12/5/97 Date forwarded 12/5/97	ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Nodd	
2. Building & Safety	Date received 12/5/97 Date forwarded 12/5/97	ACTION ☒ Approved ☐ Disapproved Signature: [signature]	
3. City Engineer	Date received 12/5/97 Date forwarded 12/5/97	ACTION ☒ Approved ☐ Disapproved Signature: [signature]	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/7/98 By J.C.H.
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerold C. Nodd
Date: 7/7/98

Nitrate Level <0.1 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 12/05/97
Amt Paid: $ 75.00
Rec'd By _____ Cash/Check No. 7117

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Also Sewage

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 97[illegible]

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6 Block ___ Lot ___ Addition HIGHRIDGE

Owner PRAIRIE HOME BUILDERS Address P.O. BOX 84891, LINCOLN, NE 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 17	BRN & YEL CLAY
17- 19	SAND
19- 35	YEL CLAY
35- 55	BLUE CLAY
55- 70	BLUE & BLACK CLAY
70- 80	FINE SAND
80- 85	IRONSTONE & FINE SS
85- 95	SHALE & FINE SS
95-140	RED SHALE
140-171	SILTY BLUE SHALE
171-176	FINE SS, SOME SHALE
176-185+	MED BRN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 181'

Date Completed 5/1/98

Casing: Length, Ft. 171'; Dia.In. 4"

Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10' Dia.In. 4"

Type PVC WOP , slot Size .025

Drop Pipe: Length, Ft. 100' Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 62' M , Pumping 70' EST

Yield: 60 ggm, Measured ☒ , Est. ☐

Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller [signature] (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

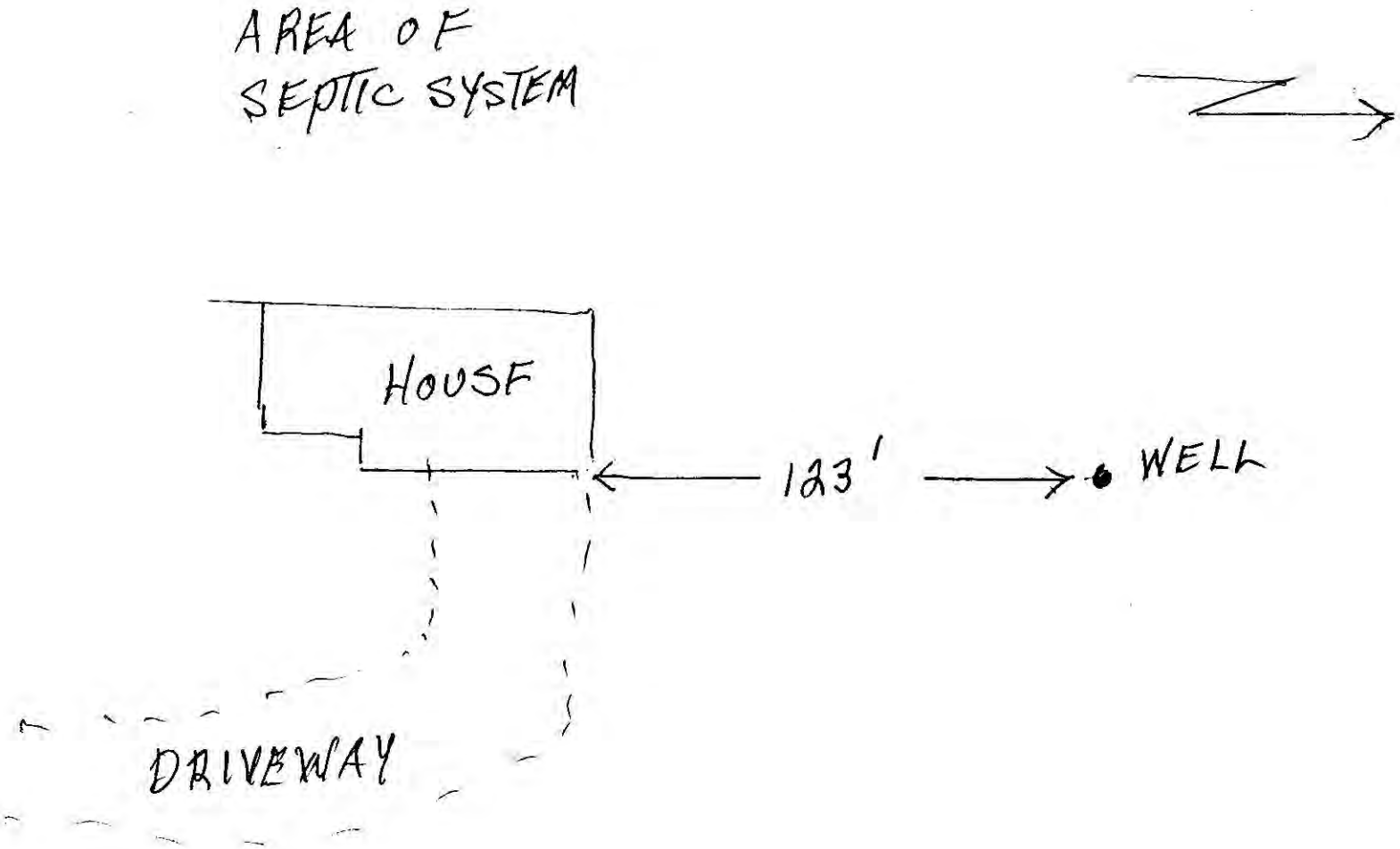
Date 12 MAY 1998

REMARKS NITRATE NITROGEN <0.1 p.p.m.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-A


AREA OF
SEPTIC SYSTEM
HOUSE
123'
WELL
DRIVEWAY

11-19-98

LLCHD -- Well Data Entry

Permit Number: ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: Range: Section: Quarter: Quarter/Quarter:

Blk: Lot: Addition:

House No: Dir: St. Name: St. Type RD Suf:

Well Use: Applicant:

Owner: Drlr:

Drl Method: Date Cmpltd: Well Depth: Cs Lngth: Cs Dia:

Cs. Type: Screen Length: Static Lvl: Pumping Lvl: Yield:

99060700 2
14

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.

LCR 4052

Legal Description of Property: Street Address 3536 W Springview Rd

Twp 10N Range 6E Section 32 1/4 ___ 1/4 ___ Block 2 Lot 30 Addition High Ridge Estates

Directions to Property Springview Rd is off of SW 40th St b/w Yankee Hill Rd and W A St.

Location of Well Call LA Byron Yurth 430-8021 Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW corner of house. Year Installed 1998

	NAME	ADDRESS	PHONE
NCR 35227 Present Owner:	Eric + Kathleen Knisley	3536 W Springview Rd 68522	
ACR 75865 Tenant/Buyer:	David + Nicole Hollamon	10600 S 14th St	423-0664
Return to:	Ron Sypda Countywide Home Loans	5661 S 56th St Ste 104 / 68516	434-3939
	Rhonda Krafels - Woods Bros Realty		

Signature of Applicant for David Hollamon Address 10600 S 14th St Date 5/28/99

See attached form

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	5/28/99	Date	
Initials	CW	Case No.	
Amount	$150.00	Initials	
Check No.	1784		

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/1/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.6 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SOME SINKAGE AROUND WELL ESPECIALLY IN PIPE TRENCH. SHOULD FILL IN SUNKEN SPOTS OVER SEPTIC LATERAL. Filled in around well while I was there. J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/4/99

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

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

JUN 3 1999

Laboratory Report Printed on June 02, 1999

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P8525-13**
Sampled By: **HOOD, JERROLD**
Location: **NG**
Sample Point:

Date Collected: **01-Jun-1999 11:40 AM**
Date Received: **01-Jun-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	06/02/99	KC		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	06/02/99	KC		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.

TOTAL COLIFORM TERMINOLOGY (For drinking water testing)

SDWIS T/E Coli - Routine sample - Required monitoring samples which are sent to each PWS System monthly or quarterly. Used to detect total coliforms and E. Coli.

Private T/E Coli - Private sample - Sample sent to private citizen upon request. Used to detect total coliforms and E. Coli.

Initial Repeat - Required monitoring samples which are taken after a positive routine sample (which determines whether the problem is site-specific or if there are other coliform positive samples and a violation occurs) Typically 3-4 samples.

Additional Routine - Required extra routine samples which are sent the month following a Total Coliform violation. Five extra samples for the month will be required.

Special - Extra samples which the operator may request to help him/her determine that the System is "clean" following a violation. While check samples are not required, the Drinking Water Program recommends using these types of samples to help clear up problems and prevent further violations from occurring. OR - Samples which the PWS operator may order when pressure has been lost, work has been done on the mains, etc. to determine if the System has developed problems because of the situation.

DEFINITIONS

Colilert - EPA test method **9223B-PA** that determines only presence or absence of Total Coliform and E. coli. It is reported as positive or negative for Total Coliform and E.coli.

QT = Quanti-Tray - EPA test method **9223B-QT.** This method is a type of Colilert test, that can be requested, for Total Coliform and E. coli. The Quanti-tray Colilert is reported as the number of organisms in colony forming units (cfu) instead of positive or negative.

Units = cfu/100ml =Colony Forming Units per milliliters - A unit of bacteria that will form one colony in 100 milliliters of sample.

Report Level - The lowest number of cfu's that can be detected by the test. ***Quantitray Report Level*** = 0. ***Colilert Report Level*** = 0

Analyst - The initials of the laboratory staff who performed the test.

Excessive Age - The sample was received at least 30 hours after it was collected. This test was not performed.

Insufficient amount - The amount of sample the laboratory received was less than the 100 ml required to perform the test.

Improper container - The container used to collect the sample was inappropriate for the test requested.

Damage - Something damaged the sample before it could be tested. The bottle may have broken, or excess chlorine may be present.

No date of Collection - The sample collector failed to include the date of sampling on the sample request form.

Excess Chlorine Interference - The results can not be determined due to excess chlorine in the sample.

RESULTS

Total Coliform Positive -The test detected the presence of total coliform present in the sample. The sample does not meet bacteriological standards.

Total Coliform Negative - The test did not detect the presence of any total coliform in the sample. The sample meets bacteriological standards.

E. coli Positive - The test detected the presence of E. coli present in the sample. The sample does not meet bacteriological standards.

E. coli Negative - The test did not detect the presence of any E. coli in the sample. The sample meets bacteriological standards.

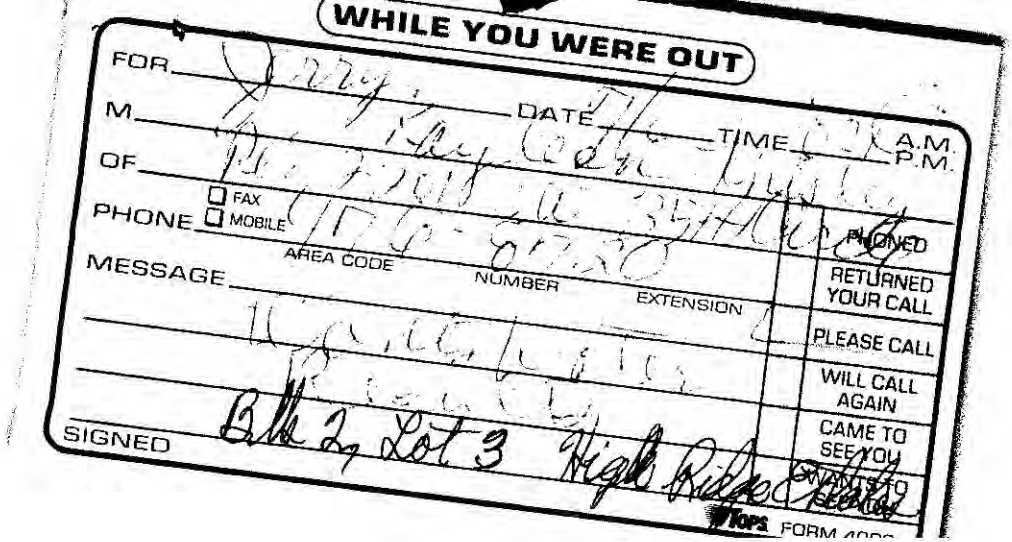
0 - The test did not detect the presence of any total coliform or E. coli in the sample. The sample meets bacteriological standards.

Any Number over 0 - The test detected total coliform or E. coli present in the sample. The number indicates the total number of colony forming units present in 100ml of the sample. The sample does not meet bacteriological standards.

ACRONYMS

NG - Not Given - The information was not supplied by the collector on the request form or the information was not readable.
OR - Original - This initial repeat sample was to be taken from the site of the previous positive.
DN - Downstream - This initial repeat sample was to be taken from a site downstream of the previous positive.
UP - Upstream - This initial repeat sample was to be taken from a site upstream of the previous positive.
OT - Other site- This initial repeat sample was to be taken from a site other than the original site of the previous positive.

Printed with soy ink on recycled paper.



WHILE YOU WERE OUT

FOR Jerry

DATE 7/6 TIME A.M. P.M.

M Ray Cox Lumber

OF

☐ FAX ☐ MOBILE

PHONE AREA CODE NUMBER EXTENSION

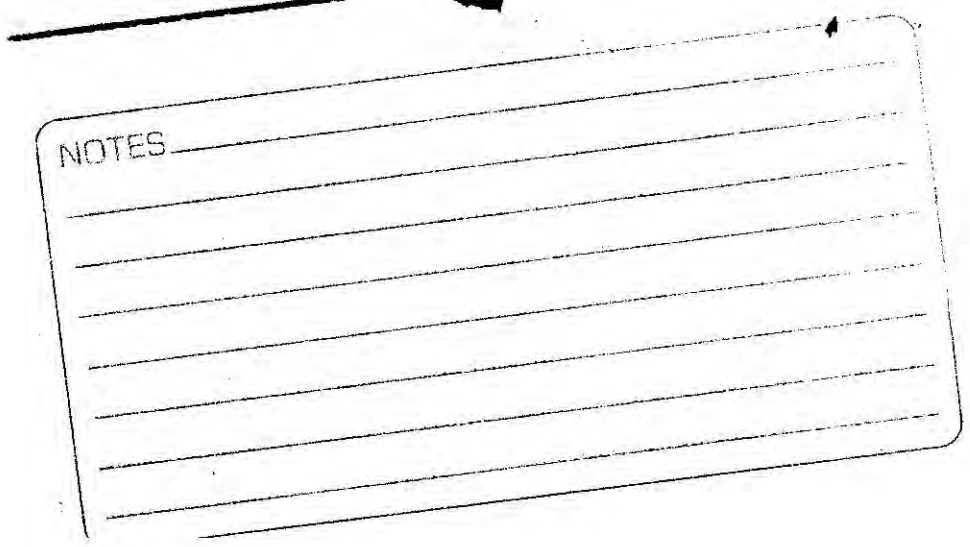
MESSAGE

Blk 2, Lot 3 High Ridge Estates

SIGNED

PHONED
RETURNED YOUR CALL
PLEASE CALL
WILL CALL AGAIN
CAME TO SEE YOU
WANTS TO

TOPS FORM


NOTES

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

PERMIT

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

9740006710 I

12/05/97
06/05/98
3162

$75.00

$75.00

Establishment

STEVE CHAMPOUX
T10N R6E SEC 32
BLK 2 LOT 3
~~2201 SW 35 ST~~ 3535 W. Springview

Permittee

STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501-4891

5535

Gerry Ford
Director

THIS PERMIT IS ISSUED SUBJECT TO ALL LOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

WATER MICROBIOLOGY

STATE LAB NO 148-13062

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO) 7 (DAY) 98 (YEAR) 1:48 PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STEVE CHAMPOUX

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 32 TWNSHP 10 N RANGE 6 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: ☐ 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 SB

FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED '98 JUL 6 PM 4 27

REPORTED '98 JUL 7 AM 11 0

WATER CHEMISTRY

STATE LAB NO. 15~~5~~574 ~~5~~574

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 7 (DAY) 98 (YEAR) 1:48 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOK

SAMPLE LOCATION STEVE CHAMPOUX

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 32 TWNSHP 10 N RANGE 6 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 ~~5~~574

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 JS
FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED JUL 8 4 PM 98
REPORTED JUL 9 3 PM 98

P8525-13

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: [Nitrate] Coliform/Other:_____

Reason: Annual Well, (Loan Approval,) New Well, Other:

Collected by: JERROLD HOOD Date/Time 6/1/99/11:25 (am) pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 3536 WEST SPRINGVIEW
LINCOLN, NE

Legal Description: T10N R6E Sec 32 1/4 NW 1/4 NW or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: # 1.6 mg
6-3-99
Wayne J Mallon