REC'D MAY 31 1985

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

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

DATE: 5-21-85

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: Twp. 7N ; Range 6E ; Section 29 ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: extension

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Lorin J. Oesting
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

If cost is over $4000.00, then a $30.00 fee must accompany this form. Make check out to County Treasurer Lancaster Co. Please make drawing on back of this sheet.

Garry Lee Mueller
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-21-85 by: rmm
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-31-85 by Ron Mayer

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

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

DATE: 2

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: Twp. 7N ; Range ~~6~~ 6E; Section 29 ;
Block NE 0+R; Lot _____; Addition _____
Street Address 26805 SW 29th

2. Property Use: Residential ✓ ☐; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Abandon tank
To build 53' Lagoon run line around old tank to lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Friesen Excavating
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 150

Gary L Mueller
Signature of Applicant (owner or lessee)

26805 S.W. 29TH ST., HALLAM, NEBRASKA
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 2-19-92 by: PAUL DROTZMANN
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/24/92 by: J.C. Hood

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: 2-11-92.

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

Legal Description of Property: TWP. 7N; RANGE 6E; SECTION 29; BLOCK ___

LOT ___; ADDITION Legal Desc attached; Street Address 26805 S.W 29th St. Hallam, Ne 68368

Directions to Property Turn on Hallam Road go 3 miles west Turn north at SW 29th St, go 3/4 mile north off of Blackstop.

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

Location of Sewage System Southwest side Year Installed unknown

	NAME	ADDRESS	PHONE
Present Owner:	Garry L & Debra J. Mueller	26805 S.W 29th Hallam, Ne 68368	787-7140.
Tenant/Buyer:			
Return to:	First Commerce Mtg	1230 "O" Lincoln Ne 68508	434-4669.

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

Signature of Applicant Kathy Mayer First Commerce Mtg Address ___

Purpose - Refinance by Mortgagor

HEALTH DEPARTMENT USE ONLY

Date Received 02/12/92 Received $150.00 Check ☑ Cash ☐ # 10294

PRELIMINARY STATUS--DATE FEBRUARY 13, 1992

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	<10 APPROX ☒	☐

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☐
Disapproved: ☒

SITE VISIT:
Date 2/13/92 by J.C.H.
Date 2-19-92 by PD
Date 2/24/92 by J.C.H.

Comments: SEPTIC LATERALS ARE LEAKING OUT IN AT LEAST TWO PLACES. Replaced with sewage lagoon. 2/24/92 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 FEBRUARY 24, 1992

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAM[redacted] COLLECTED AND MAILED ON:

[redacted]/K. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

AC[redacted]O. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 2/13/92 10:51 A.M. (9-16) MO./DAY/YR./HOUR BY J.C. Hood (17-28)

ADDRESS OR LOCATION NE¼ SEC. 29, T7N, R6E (29-41)

NAME AND ADDRESS OF OWNER GARY MOELLER
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. 3480 (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 [redacted] (76-79)

IN FEB 13 P2:11 '92

OUT FEB 14 P1:58

'92 FEB 14 P5:37

REPORTED

RECEIVED

...ETE INFORMATION BELOW

...LECTED 2 (MO.) 13 (DAY) 92 (YEAR) 10:15 A.M. (HOUR)

...COLLECTED BY JERROLD HOOP

SAMPLE LOCATION GARY L. MUELLER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 29 TWNSHP 7 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

WATER CHEMISTRY

STATE LAB NO. 15 790

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 CC

FOR ACCOUNTING USE ONLY

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390026801

Issued 02/21/92
Expires 08/21/92

ESTABLISHMENT

GARY MUELLER
T7N R6E SEC 29
26805 SW 29 STREET

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

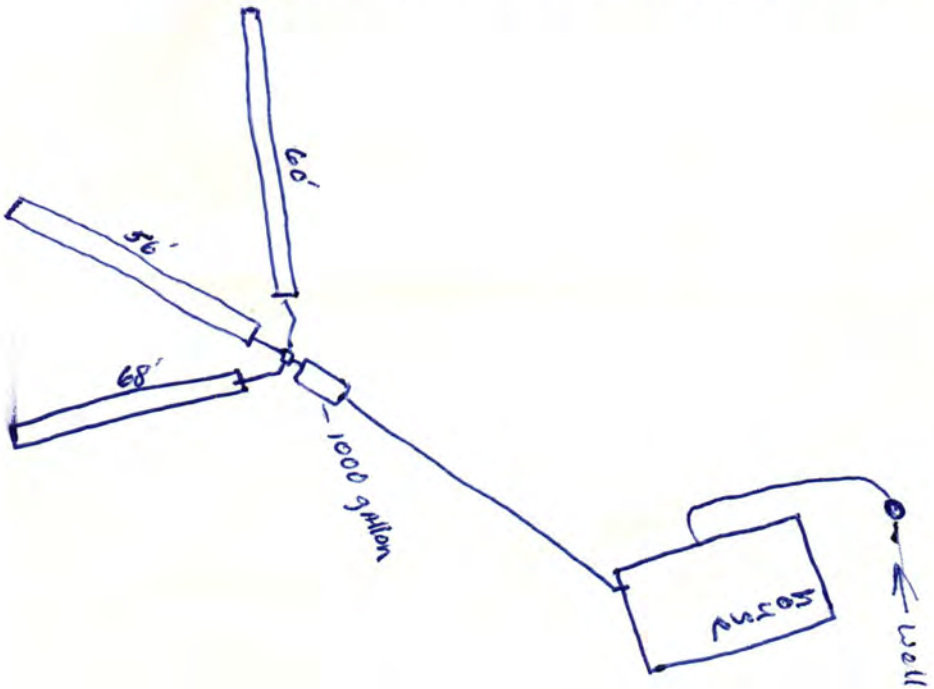
GARY MUELLER
26805 SW 29 ST
HALLAM NE 68368

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
2/21/92	PAID

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

FAIRBURY Pipe and Supply Co.
WHOLESALE DISTRIBUTORS
P.O. BOX 419 • FAIRBURY, NEBRASKA 68352 • 402/729-2215
P.O. BOX 1745 • GRAND ISLAND, NEBRASKA 68801 • 308/384-2115



A.O. Smith
CONSUMER PRODUCTS DIVISION

GOULDS GPDA
PURE WATER FOR AMERICA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2206-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 31, 1985 — THIS PERMIT EXPIRES

GARRY LEE MUELLER/OOSTING WELL & PLUMBING — ISSUED TO

ADAMS, NE 68301 — ADDRESS

T7N; R6E; Sec 29 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

20109-0977