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. 1941-C

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

DATE: 11-4-1982

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: Refer to Back Twp. 7N; Range 6E. 6th PM; Section 23;
Block ____; Lot ____; Addition ____
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

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

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 1230	00/100

X Alvis M. Boerger
Signature of Applicant (owner or lessee)

RR1, Martell, Ne. 68404
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11/8/82 by: J.C.H.
Date: 11/22/82 by: J.C.H.
Date: ____ by: ____

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

4. INSTALLATION/FINAL WRITTEN APPROVAL
Date: 11/22/82 by: J. C. Wood

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

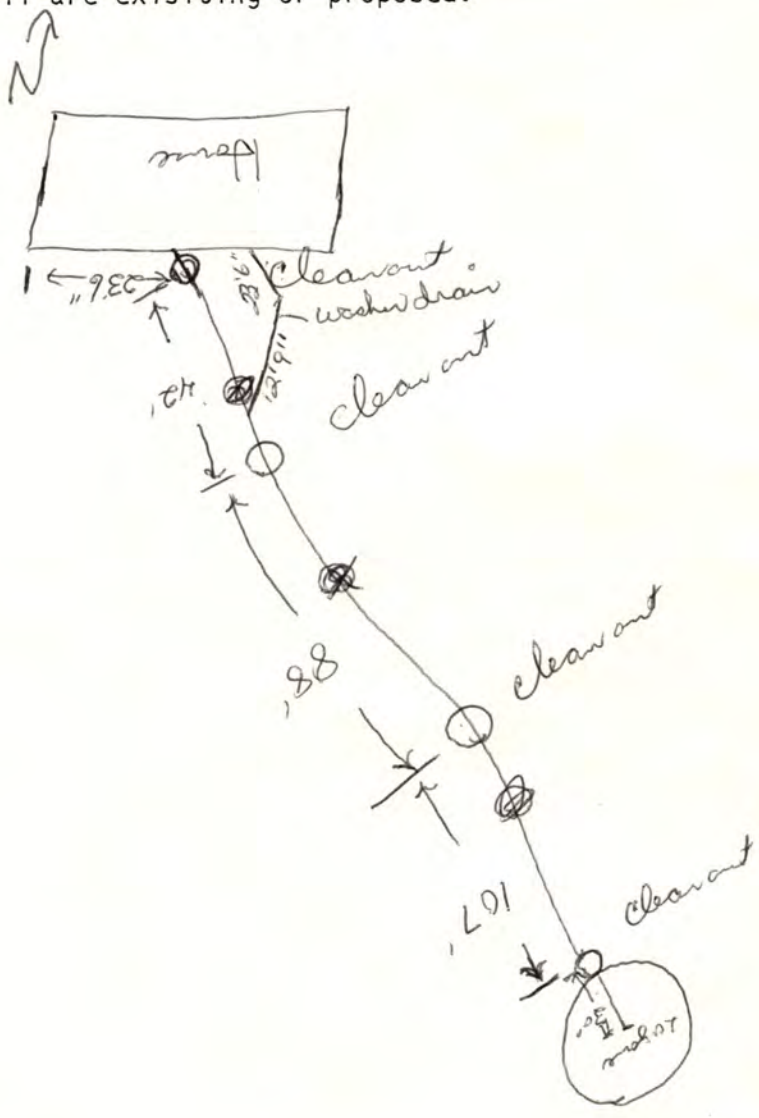
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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.



Cleanout distances waived because of driveways

Ron Boesiger
RR1 Mortell
Nebr. 68404

Const By
Bouma Trenching
Firth, Nebr.
68358
PH. 791-5760

REVIEWING ACTION

Remarks: As Built Drawing

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

Oct 15 2001

Clarence @ Sentouch
6521 Skylark Lane
Lincoln, Ne. 68516

As per your request a real estate transfer inspection was conducted at 405 Princeton Road on October 15 2001. The results are as follows:

1) The well south of the garage is located in a pit. Current Nebraska well construction standards do not allow the locating of a well in a pit. The LLCHD will not sample the well water until the well has been properly reconstructed or re-located by a licensed well driller.
2) A cistern exists on the west side of the house. The cistern should be abandoned and back-filled.
3) The gate located on the lagoon fence does not adequately fit the gate opening. This must be corrected.
4) A post on the southeast corner of the lagoon is broken and needs replacement.
5) A "No trespassing" sign should be installed on the lagoon fence.

The LLCHD will grant its approval of this real estate transfer when the items have been corrected. Please contact Doug Smith (441-8051) or Jerry Hood if you have any questions or the property is ready for re-inspection.

Sincerely,

Doug Smith

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

OCT 2 3 2001

Laboratory Report Printed on:

October 19, 2001

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P19100-48**
Sampled By: **JERROLD HOOD**
Location: **405 PRINCETON ROAD**
Sample Point:

Date Collected: **18-Oct-2001 09:45 AM**
Date Received: **18-Oct-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/19/01	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/19/01	JN

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

For inquiries on result interpretation call: (402) 471-6435.

Please do Chlorine Test

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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 405 Princetown Rd, Princetown, NE

Parcel ID 07-23-200-001-000 (i.e. 99-99-999-999-999)

Twp 7N Range 6E Section 18 1/4 NE 1/4 ___ Block ___ Lot 35 Addition ___

Directions to Property 1st Rd South of ___

Location of Well South of House & Garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE of House Year Installed UK

Site Hazards (dogs, etc.) N/A

	NAME	ADDRESS	PHONE
Present Owner:	Boesiger, Ronald ARDIS	405 Princetown Rd	UNKNOWN
Tenant/Buyer:	Deb Cumro	FAX	
Return to:	Clarence Dewhurst	6521 Skylark Ln Lincoln, NE 68516	402 489-3952 FAX (Fax)

Signature of Applicant Clarence Dewhurst Address 6521 Skylark Ln Lincoln, NE 68516 Date 10/30/2001

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/11/01 Amount 200.00 Check No. 567 Initials es 'MAIL'

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith DS **DATE:** 10/15/01

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ Lo ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 10/18/01 by CH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: See attached letter.
-No chlorine in system
Items listed in letter of 10/16 have been corrected w/in 8x

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 11/1/01

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: 9-00

Please do Chlorine Test

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

P19100-48

COLI 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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 405 Princeton Rd, Princeton, NE

Parcel ID 07-23-200-001-000 (i.e. 99-99-999-999-999)

Twp 7N Range 6E Section 18 1/4 NE 1/4 Block ___ Lot 3 S Addition ___

Directions to Property 1st Rd South of

Location of Well South of House & Garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE of House Year Installed UK

Site Hazards (dogs, etc.) N/A

ARDIS

	NAME	ADDRESS	PHONE
Present Owner:	Boesiger, Ronald	405 Princeton Rd	Vacant
Tenant/Buyer:	Deb Camro	FAX	
Return to:	Clarence Dentouski	6521 Skylark Ln Lincoln, NE 68516	402 489-3952 FAX (Fax)

Signature of Applicant Clarence Dentouski Address 6521 Skylark Ln Lincoln, NE 68516 Date 10/11/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/11/01 Amount 200.00 Check No. 567 Initials es 'MAIL'

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 10/15/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 10/18/01 by G.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: See attached letter

- No Chlorine in system

Items listed in letter of 10/16 have been corrected 11/1/01 DS

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 11/1/01

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: 9-00

Please do Chlorine Test

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

P19100-48

COLI 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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 405 Princeton Rd, Princeton, NE

Parcel ID 07-23-200-001-000 (i.e. 99-99-999-999-999)

Twp 7N Range 6E Section 18 1/4 NE 1/4 Block ___ Lot 3 S Addition ___

Directions to Property 1st Rd South of

Location of Well South of House & Garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE of House Year Installed UK

Site Hazards (dogs, etc.) N/A

ARDIS

	NAME	ADDRESS	PHONE
Present Owner:	Boesiger, Ronald	405 Princeton Rd	Vacant
Tenant/Buyer:	Deb Camro	FAX	
Return to:	Clarence Dentonsk.	6521 Skylark Ln Lincoln, NE 68516	402 489-3952 FAX (Fax)

Signature of Applicant Clarence Dentonsk Address 6521 Skylark Ln Lincoln, NE 68516 Date 10/11/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/11/01 Amount 200.00 Check No. 567 Initials es 'MAIL'

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 10/15/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 10/18/01 by DG

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: See attached letter

- No Chlorine in system

Items listed in letter of 10/16 have been corrected 11/1/01 DS

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 11/1/01

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: 9-00

LOGO---LLCHD

Laboratory Water Test Request

SPECIMEN NOT LABELLED

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

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

Collected by: Doug Smith Date/Time 10/15/2001 10:00 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID # No State #

Coliform not collected due to improper well construction

Well Location Address: 405 Princeton Rd.

Legal Description: T N R E Sec 1/4 1/4 or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 1.0 mg 10-15-01

Wayne J. Mallory

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1941-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 8, 1983 — THIS PERMIT EXPIRES

RON BOESIGER RURAL ROUTE 1, MARTELL, NE 68404 — ISSUED TO / ADDRESS

T7N, R6E of 6 PM, SECTION 23 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER PERMIT

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

2832

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

20109-0977