LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2078-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 19, 1984 — THIS PERMIT EXPIRES

LOIS A. HOOVER — ISSUED TO

RR #1, BOX 386 HICKMAN, NE 68372 — ADDRESS

T7N; R7E; Sec 4; Lot 15 I.T. — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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: CB — DATE: 10/19/84 — 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

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. 2078-C

DATE: April 12, 1984

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. 7N ; Range 7E ; Section 4 ;
   Block _____ : Lot 15 IT : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

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

4. Distance to public sewer: Miles ft.

Lois A. Hoover
Signature of Applicant (Owner or Lessee)

RRt 1 Box 386 Hickman, Ne 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/12/84. Date Frwd. 4/12/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-14-84. Date Frwd. 4-18-84. ACTION: Approved ☒ Disapproved ☐ Signature: Annette Pool

3. City or County Engineer: Date Rec'd 4/18/84. Date Frwd. 4/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Larry D. Worrell

REMARKS ~~OR REASONS FOR DISAPPROVAL~~ AFTER THE FACT PERMIT. ACTUAL INSTALLATION WAS MADE IN 1977 WITHOUT BENEFIT OF PERMIT OR INSPECTION.

Site Visits:
Date: _____ by: J.C.H
Date: 3/26/85 by: J.C.H
Date: _____ by: _____

owner said will replace warning signs, need more water in lagoon

INSTALLATION FINAL WRITTEN APPROVAL X
Date: 3/26/85 By: J. C. Hood

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

* PROVISIONAL SINCE LINE WAS COVERED WITHOUT INSPECTION.

Lois A. Hoover
Lot 15 NW. 4 7 7
Hickman, Ne. R. Rt. 1
1/4 " = 5'

S

FORM CONTROL NUMBER 13264

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
A		13699	04/19/84		84

ACTION: [A] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 11

OFFSET CASH ACCOUNT:

COMMENTS: INDIVIDUAL SEWAGE DISPOSAL PERMIT

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./DEC IND	P/F IND
		011	999				2559							2078-C	60 00		
														TOTAL	60 00		

PREPARED BY: NAME _____ TITLE _____

APPROVED BY: NAME _____ TITLE _____

APPROVED BY: NAME EB TITLE _____ DATE 4/19/84

ORIGINAL

PLEASE RUSH - TRYING TO CLOSE 12/15/95

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 20800 S. 54th St., Hickman, Ne. 68372

Twp 7N Range 7E Section 4 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property one mile west of Hickman on S. 54th St.

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

Location of Sewage System lagoon south of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Rebecca Hungerford	20800 S. 54th St. Hickman, Ne.	792-2334
Tenant/Buyer:	Randy & Mary Yager	4038 Worthington Ave. Lincoln, Ne. 68502	423-4130
Return to:	Crowne Closing Co. Londi Rutan	6940 O St., Ste. 312 Lincoln, Ne. 68510	464-1200

Signature of Applicant Londi Rutan Settlement Agent Address 6040 O St., Ste. 312 Lincoln, Ne. 68510 Date 11 / 22 / 95

HEALTH DEPARTMENT USE ONLY

Date Received 11 / 27 / 95 Received $150.00 Check ☒ # 3343 Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 12 / 4 / 95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.6 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 12 / 11 / 95 by J.C.H.
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

Comments: NEED VEGETATION OUT OF LAGOON. NEED MORE WATER IN LAGOON. Corrected 12/11/95 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 12 / 11 / 95

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.

'95 DEC -5 A8:48 REPORTED

'95 DEC -4 A10:53 RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1428592

DATE COLLECTED 12 (MO.) 4 (DAY) 95 (YEAR) 9:37AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RICHARD HUNGERFORD

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 4 TWNSHP 7 N RANGE 7 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
#130 "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 JR

FOR ACCOUNTING USE ONLY

LWB 9

WATER CHEMISTRY

STATE LAB NO. 15/12579

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO.) 4 (DAY) 95 (YEAR) 9:37AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RICHARD HUNGERFORD

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QTRR SW SECT 4 TWNSHP 7 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.6 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

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

LWN 88

REPORTED DEC -6 '95

RECEIVED DEC -4 '95 A10:53

007

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 20800 S 54 St, Hickman NE 68372

Twp 7 Range 7 Section 4 1/4 NW 1/4 — Block — Lot 40 Addition ——

Directions to Property One mile west of Hickman on S 54 St

Location of Well West of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon South of House Year Installed ——

	NAME	ADDRESS	PHONE
Present Owner:	Lois A. Hoover	5000 High Street #3 Lincoln NE 68506	488-1783
Tenant/Buyer:	Richard G. Hungerford,Jr	P.O. Box 83584 Lincoln NE 68501	437-5384
Return to:	Lee Sittler-Home Re Gene Curtis 432-2227	225 N Cotner Blvd Lincoln NE 68505	436-3263

Signature of Applicant Richard G. Hungerford Jr Address P.O. BOX 83584 Lincoln NE 68501 Date 8 / 2 /94

HEALTH DEPARTMENT USE ONLY #6305

Date Received 8 / 2 / 94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 8 / 3 / 94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.4 ppm	☐ ____ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: Vegetation inside fenced area. Water depth is low No locked gate. Or warning signs on 3 sides

~~Legal lot number is questionable~~ Resolved ED See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 8 / 12 / 94

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. Provisional approval of sewage disposal system is based on low water depth of the lagoon. Water level is low due to non-use. If in the future, through normal use, the lagoon fails to hold water at the proper levels, the lagoon will need to be sealed with bentonite.

WATER MICROBIOLOGY

STATE LAB NO. 144-17981

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 8-3-94 (MO. DAY YEAR) 1:00 (HOUR)

SAMPLE COLLECTED BY PAUL

SAMPLE LOCATION HOOVER 20800 S. 54

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR NW SECT 4 TWNSHP 7 (N) (S) RANGE 7 (E) (W)

REPORTED

RECEIVED

'94 AUG -3 P1:56

AUG -4 P3:08

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD

3140 N ST

LINCOLN NE 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: NIPDWR 141.27

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWB 88

WATER CHEMISTRY

STATE LAB NO. 154-14584

COMPLETE INFORMATION BELOW

DATE COLLECTED 8-3-94 (MO. DAY) 1:00 (YEAR HOUR)

SAMPLE COLLECTED BY PAUL

SAMPLE LOCATION Hoover 20800 S. 54

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR NW SECT 4 TWNSHP 7 (N) (S) RANGE 7 (E) (W)

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 N ST
LINCOLN NE 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 0.4 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY DWF
FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '94 AUG -4 P3:06

RECEIVED '94 AUG -3 P1:58