Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005831

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390080701

Issued 11/04/04
Expires 05/04/05
Revenue Code 3157

Establishment
S & K SVCS/ ANDREW DEARMONT
T7N R7E SEC 4
LOT 34
21635 S 68 ST

FEES: $100.00

Permittee
S & K SVCS/ ANDREW DEARMONT
21635 S 68 ST
LINCOLN NE

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **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:**
   Township 7N Range 7E Section 4 1/4 Section _____
   Block _____ Lot 34 Addition _____
   Parcel ID 14 - 04 - 400 - 009 - 000 (i.e. 99-99-999-999-999)

   Street Address 21635 S 68th St

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** Thin walled PVC pipe is squashed and has portion of it missing with earth exposed (as seen by a camera in pipe).

5. **Work to be done by:** ☐ owner ☐ contractor's name STK Services and overseen by Andrew W. Desmont P.E.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Andrew W Desmont Address 21635 S. 68th St Phone (402) 792-2557
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 11/4/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 11/12/04 By Jerrold Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/12/04 By Jerrold Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 11/4/04 Amount $100.00 Check No. 9087 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

LINCOLN-LANCASTER COUNTY

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 x2 Date: 8-8-89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: SEC. 4 TWP. 9N; RANGE 7E; SECTION 4; BLOCK ____

LOT 34; ADDITION Hickman; Street Address 2701 So. 68th

Directions to Property South of Hickman on East land side of road (Lane - in mail) (Appointment by phone) Park

Location of Well 2 - South of house Tap Location: Inside ☒ Outside ☒

Location of Sewage System Lagoon - East of house Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	Donald + Edelthaut McNeese	2701 So. 68th	792-2493
Tenant/Buyer:	Glenn + Peg Rentzel	6130 NW 8th	477-0429
Return to:	Cathy Anthony - Home Real Estate	3910 So. 56th	488-4663

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

Signature of Applicant Cathy Anthony Address 3910 South 56th

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 9, 1989 Received $75.00 Check ☒ Cash ☐

PITLESS WELL SNL PRELIMINARY STATUS--DATE AUGUST 10, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8/10/89 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 8/14/89 by L.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: BROKEN CLEANOUT NEEDS REPLACEMENT UP BY HOUSE. MOWING OF LAGOON DIKES NEED TO BE FINISHED WEEDS KILLED AROUND WATERS EDGE, BUSHES SHOULD NOT BE PLANTED AROUND LAGOON. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE AUGUST 14, 1989

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

20 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 8/10/89 12:37 P.M. BY L. C. Wood
MO/DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION SEC. 4, T7N, R7E (29-41)
LOT 34

NAME AND ADDRESS OF OWNER

DONALD McNEESE
21701 SOUTH 68TH ST.
HICKMAN, NEBRASKA

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. 24 (44-47)

DATE EXAMINED 8-10-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE 1.3 STATE TEST (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY MC/MG (76-79)

IN 8-10-89 2:00 P MC

OUT 8-11-89 3:15 P

'89 AUG 10 P4:04 REC.

'89 AUG 14 A6:47

WATER CHEMISTRY

STATE LAB NO. 15 6268

COMPLETE INFORMATION BELOW:

DATE COLLECTED 8 (Mo.) 10 (Day) 89 (Yr) 12:15 PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD MCNEESE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SE SECTION 4 TOWNSHIP 7 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 1.3 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET

FOR ACCOUNTING USE ONLY

LRWC 85