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: _____

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 7E; Section 5-
Block _____; Lot B.I.T.; Addition _____
Street Address _____

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

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

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

5. Work to be done by: Owner ☑; or Contractor ☐; _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	150 00
b. Labor	$	0
c. Other	$	150 00
TOTAL	$	300 00

792-2947

Brian A. Higgins
Signature of Applicant (owner or lessee)

Rt 1 Box 374 Higgins Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

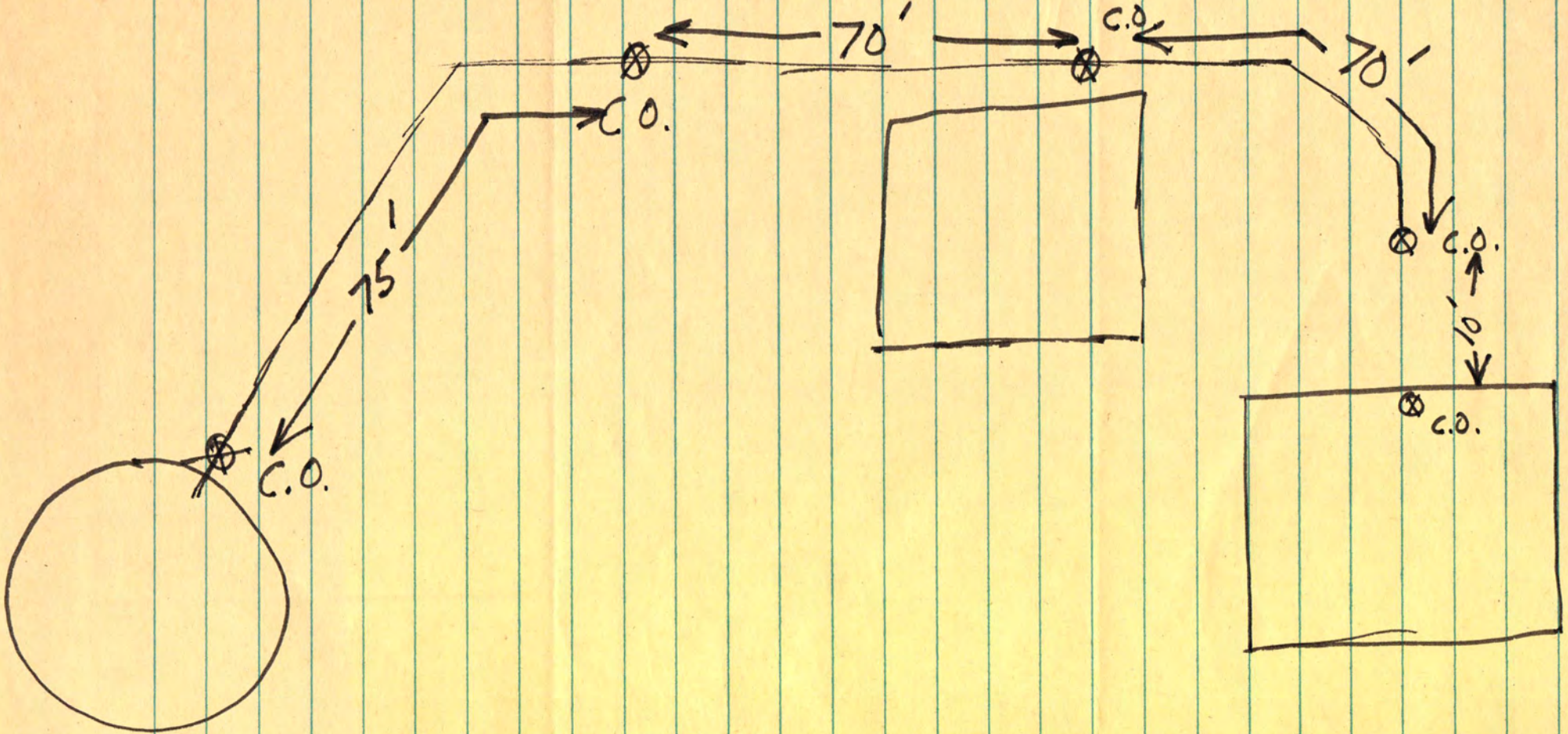
1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: _____ by: J.C.H.
Date: 11/4/92 by: R.M.
Date: 11/9/92 by: J.C.H.

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/92 by: J.C. Hood

4/600 Paloma Rd.



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: JAN 24 1990

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 #150.00

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 5; BLOCK ___

LOT 7I; ADDITION S.W 5-7-7; Street Address 4600 PANAMA RD

Directions to Property 1½ MILES SOUTH & 1½ MILES WEST OF HICKMAN

Location of Well 20' N.E CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System TANK 10' NORTH OF GARAGE LATERAL WEST OF DRIVEWAY Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	BRUCE HOFFMAN	4600 PANAMA RD	792-2942
Tenant/Buyer:			
Return to:	BRUCE HOFFMAN		

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

Signature of Applicant Bruce D Hoffman Address 4600 PANAMA RD RT 1 BOX 374 68372

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received JANUARY 26, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/29/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 1/29/90 by J.C.A
Bacteria	☒	☐	Provisional:	☐	Date 1/30/90 by J.C.A
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: NEED ELECTRICAL PLATE ON WELL HEAD REPLACED SEPTIC SYSTEM IS NOW NINE YEARS OLD. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☐

APPROVED BY _____ DATE _____

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

FOR LABORATORY USE ONLY

SAMPLE TO BE COLLECTED AND MAILED ON:

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

ELECTRICAL PLATE REPLACED

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

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

DATE COLL. 1/30/90 10:45 a.m. (9-16) BY L.C. Hood (17-28)

ADDRESS OR LOCATION SEC. 5, T7N, R7E (29-41)
LOT 77 I.T.

NAME AND ADDRESS OF OWNER
BRUCE HOFFMAN
4600 PANAMA ROAD
HICKMAN, NEBRASKA
68372

LABORATORY NO. #80 (44-47)

DATE EXAMINED 1-30-90 5:00 P (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 ____ (69-75)

ANALIZED BY mjf (76-79)

IN
1-30-90
4:00 P
mjf

OUT
1-31-90
4:00 P
mjf

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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. NONE 2. ONLY 2 N 3. BOTH 4. TPC

DATE COLL. 1/29/90 11:33 AM (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 5, T7N, R7E SW 1/4 (29-41)

NAME AND ADDRESS OF OWNER

BRUCE HOFFMAN
4600 PANAMA RD.
HICKMAN, NEBRASKA
68372

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

IN

SPECIAL REQUEST: ELECTRICAL PLATE BENT (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. ____ (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM ____ /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE < 0.1 STATE TEST mg/LITER (61-64)

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

OUT

WATER CHEMISTRY

STATE LAB NO. 15

95

COMPLETE INFORMATION BELOW:

DATE COLLECTED 1 (Mo.) 29 (Day) 90 (Yr) 11:33 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE HOFFMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 5 TOWNSHIP 7 N RANGE 7 E

'90 JAN 30 P1:26

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REP.

REC.

REC.

'90 JAN 29 P12:23

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 less than mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 0.1 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: SW

FOR ACCOUNTING USE ONLY

LRWC 85

006

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 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: 11-4-92

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

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 5; BLOCK ___

LOT B.I.; ADDITION _____; Street Address 4660 Panama Rd.

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Hoffman	4660 Panama Rd	792-2947
Tenant/Buyer:			
Return to:			

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

Signature of Applicant Bruce A. Hoffman Address 4660 Panama Rd.

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HEALTH DEPARTMENT USE ONLY

Date Received 11-4-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-4-92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
✓Bacteria	☒	☐
✓Nitrate <0.1 ppm	☒	☐

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

SITE VISIT:
Date 11-4-92 by [illegible]
Date 11/9/92 by [illegible]
Date _____ by ____

Comments: NEW SEWAGE SYSTEM

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Gerald C. Wood R.E.H.S. DATE NOVEMBER 9, 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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FOR LABORATORY USE ONLY

...GICAL EXAMINATION OF DRINKING WATER

...OLLECTED AND MAILED ON:

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

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

DATE COLL. 11-4-92 (9-16) MO./DAY/YR./HOUR BY sm (17-28)

ADDRESS OR LOCATION Bruce Hoffman (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Marys
Lincoln, NE

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. 27429 (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 See (76-79)

IN 92 NOV -4 P3:42

OUT

RECEIVED NOV 0 0 1992

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 155971

COMPLETE INFORMATION BELOW

DATE CO[illegible] 11 - 4 - 92 1500
MO. DAY YEAR HOUR

SAMPL[illegible] BY R. Marquart

SAMPLE[illegible] Bruce Hoffman

PROPERTY [illegible]AL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT ____ TWNSHP ____ N/S RANGE ____ E/W

REPORTED

NOV 9 PM 2:31 '92

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Marys
Lincoln, NE

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 less than 0.1 mg/l

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

TEST(S) BY RT
FOR ACCOUNTING USE ONLY

LWN 88

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

Legal Description of Property: Street Address 4600 Panama Rd, Hickman, Ne

Parcel ID 14-05-300-002-000 (i.e. 99-99-999-999-999)

Twp 5N Range 7E Section 5 1/4 ___ 1/4 ___ Block ___ Lot 7 Addition ___

Directions to Property South 68th St to Panama Rd - right on Panama Rd. 2½ miles (west of Stagecoach Lake)

Location of Well 8-10' North of House - more east than west Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of house + Building Year Installed 1992

Site Hazards (dogs, etc.) 2-outdoor cats; 1 dog in house

	NAME	ADDRESS	PHONE
Present Owner:	Bruce + Pam Hoffman	4600 Panama Rd Hickman, Ne	792-2947
Tenant/Buyer:	Ed + Kelly Fisher	6221 S. 53 #10 Lincoln, Ne 68516	421-8562
Return to:	[illegible]	[illegible]	[illegible] (Fax)

Signature of Applicant [signature] Address [illegible] Date 9/24/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/24/04 ✓ Amount $200.00 ✓ Check No. 1498 Initials cw.

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/27/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: LAGOON NEEDS WARNING SIGNS AND LOCK ON THE GATE. Done. 10/4/04 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 10/04/04

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

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

SEP 2 9 2004

Laboratory Report Printed on: September 28, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P25834-69**
Sampled By: **JERROLD HOOD**
Location: **4600 PANAMA RD**
Sample Point:

Date Collected: **27-Sep-2004 11:47 AM**
Date Received: **27-Sep-2004**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	09/28/04	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	09/28/04	JN

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

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