LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380105701

Issued 08/30/93
Expires 03/01/94
Revenue Code 18754

Establishment
DENNIS FREY
T7N R7E SEC 14

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $_____

FILE NO._____

DATE:_____

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. 7 N ; Range 7 E ; Section 19 ; W½, W½ SE¼ SE¼
   Block_____: Lot_____: Addition_____
   Street Address_____
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: _____ ft.

Dennis Gray
Signature of Applicant (Owner or Lessee)

RT #1 Box 88 A Nickman NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/30/93. Date Frwd. 8/30/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/30/93. Date Frwd. 8/30/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineer: Date Rec'd. 08/20/93. Date Frwd._____. ACTION: Approved ☒ Disapproved ☒ Signature: Virgil Sharman

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/9/94 by: L.C.H. Need fence
Date: 6/3/94 by: L.C.H.
Date:_____ by:_____

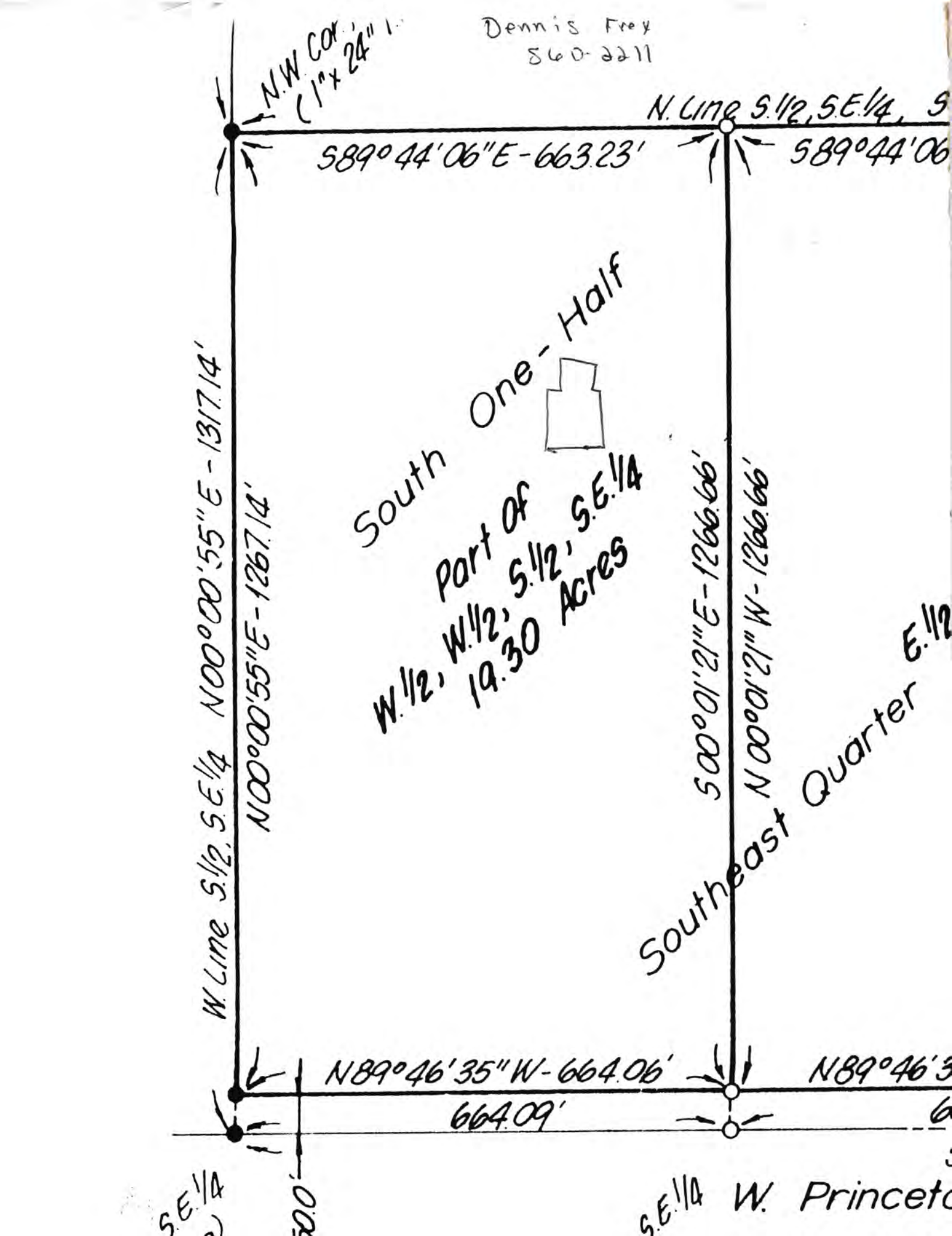
INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/3/94 By: Jerrold C. Hood

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

FORM 23-43



REGISTERED PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS
LS-343
STATE OF NEBRASKA


Dennis Frey
560-2211
N.W. Cor. 1" x 24"
N. Line S.1/2, S.E.1/4, S
S89°44'06"E-663.23'
S89°44'06
South One-Half
Part of
W.1/2, W.1/2, S.1/2, S.E.1/4
19.30 Acres
W. Line S.1/2, S.E.1/4 N00°00'55"E-1317.14'
N00°00'55"E-1267.14'
S00°01'21"E-1266.66'
N00°01'21"W-1266.66'
Southeast Quarter
E.1/2
N89°46'35"W-664.06'
N89°46'3
664.09'
6
S.E.1/4
S.E.1/4 W. Princeto

014

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 9000 Princeton Rd., Firth, NE

Twp 7 N Range 7 E Section 14 1/4 [redacted] 1/4 [redacted] Block ___ Lot 3 Addition ___

Directions to Property S. 56th to Saltillo Rd. (SE 1/4 S 1/2) East to S. 68th St. then South to Princeton Rd. then East on Princeton Rd. 1½ miles drive way on north side of Princeton (gray house)

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

Location of Sewage System NE of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Chris and Tracy Scow	2920 S. 72nd St. #83 Lincoln, NE 68506	489-8354
Tenant/Buyer:			
Return to:	same as Present Owner		

JERRY PESEK 434-4842 FAX 434-4848

Signature of Applicant Chris Scow Address 2920 S. 72nd St. #83 Lincoln, NE 68506 Date 6/3/94

HEALTH DEPARTMENT USE ONLY

Date Received 6/3/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 6/3/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/8/94

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.

WATER MICROBIOLOGY

STATE LAB NO. 14 11517

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 3 (DAY) 94 (YEAR) 2:20 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CHRIS SCOW

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

SE SECT 14 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
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

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

'94 JUN -4 P3:42

REPORTED

RECEIVED

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 ET

FOR ACCOUNTING USE ONLY

LWB 91

'94 JUN -3 P2:59 RECEIVED REPORT '94 JUN -8 A7:42

WATER CHEMISTRY

STATE LAB NO. 151069

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 3 (DAY) 94 (YEAR) 2:20 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CHRIS SCOW

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 14 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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 CC

FOR ACCOUNTING USE ONLY

LWN 88