LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380124801

Issued 11/15/94
Expires 05/15/95
Revenue Code 18754

Establishment
OOSTING WELL & PLUMBING
T7N R7E SEC 15

FEES: $150.00

TOTAL $150.00

Permittee
OOSTING WELL & PLUMBING
BOX 00037
ADAMS NE 68301

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

RECEIVED NOV 9 1994

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. 7N ; Range 7E ; Section 15 ; SE¼
   Block_____: Lot 10 I.T. : Addition_____ 21 ACRES
   Street Address_____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: _____ft.

Existing Well & Bldg
Signature of Applicant (Owner or Lessee)

Box 39 Adams, Ne 68301
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/10/94. Date Frwd. 11/10/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/14/94. Date Frwd. 11/14/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 11/14/94. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/26/94 by: L.C.H.
Date: 11/23/94 by: L.C.H.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/23/94 By: Jerrold C. Hood

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

FORM 23-43

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: 2/1/96

Legal Description of Property LOT 10 SE 15-7-7
Directions to Property 82nd + PRINCETON Rd

Land Owners		Send Results to:	
Name:	KENT + TERRY KISLING	Name:	SAME
Address:	RR 1, BOX 94AA FIRTH, NE	Address:	
Phone:	(402) 791-2049	Phone:	

Land Owners Signature [signature]
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well _____
Casing Material _____
Casing Diameter _____
Is well located in a pit _____
Type of pump _____

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	_____ (distance)	FEET	U/D
CESSPOOL	_____	FEET	U/D
SEPTIC TANK	_____	FEET	U/D
SEWAGE DISTRIBUTION FIELD	_____	FEET	U/D
WASTE STABILIZATION LAGOON	350	FEET	U/D
BARN YARD	_____	FEET	U/D
NEAREST WELL	_____	FEET	U/D
NEAREST PASTURELAND	_____	FEET	U/D
NEAREST CROPLAND	_____	FEET	U/D
SHOP	_____	FEET	U/D
GRAINERY	_____	FEET	U/D
FUEL TANKS	_____	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE	_____	FEET	WHAT? _____

ADM.0002/34

Sample collect 2-1-96 pp.

'96 FEB -5 P1:12

REPORTED

'96 FEB -4 A8:35

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156-515

DATE COLLECTED 2 (MO.) 1 (DAY) 96 (YEAR) 1:45 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Kisling 5.82 mi

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 15 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 Less than 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 14 2038

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 2 (MO.) 1 (DAY) 96 (YEAR) 1:45 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Kisling S. 82nd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 15 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

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

REPORTED FEB -2 PM 2 40

RECEIVED JAN 31 '96

Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDDY 402-441-6248
M. JANE FORD, HEALTH DIRECTOR

February 9, 1996

Kent Kisling
RR #1 Box 94AA
Firth, NE 68358

Dear Mr. Kisling:

You will be interested to know that on February 1, 1996, an inspection was made of the construction of the water well supplying your residence. Well construction and location appear to be satisfactory.

The results of bacterial and nitrate nitrogen water samples meet the requirements of a satisfactory drinking water supply at the time of sampling. Nitrate nitrogen is 0.1 ppm.

If there are any questions, please contact me at 441-8038.

Sincerely,

Paul Drotzmann

Paul Drotzmann, R.E.H.S.
Division of Environmental Health

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 24801 S. 82 FIRTH NE 68358-6157

Parcel ID 14 - 15 - 400 - 008 - 000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 15 1/4 SE 1/4 Block ___ Lot 10 Addition LOT 10 SE 15-7-7

Directions to Property FROM SALTILLO, SOUTH ON 68th thru HICKMAN TO PRINCETON ROAD, THEN EAST 1 MILE TO So. 82nd, THEN NORTH TO 1st DRIVE ON LEFT

Location of Well NE. OF HOUSE NEXT TO DRIVE Tap Location: Inside ☐ Outside ☒

Location of Sewage System LAGOON SOUTHEAST OF HOUSE - 300ft. Year Installed 1994

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	TERRY & KENT KISLING	24801 S. 82 FIRTH NE ~~68358~~	791-2049
Tenant/Buyer:	STEVEN & KALIE Zabel	21760 S 27th Ave FAIRBURY, NE 68352	424-2070
Return to:	MARY BRAKE	WOODS Bros 2100 S. 24 LINCOLN NE, 68516	(402) 434 3673 (402) 434-3605 (Fax)

Signature of Applicant Mary Brake Address 2100 S 24 LINCOLN NE 68516 Date 4/13/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/14/04 Amount $200.00 Check No. 5252 Initials CW

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 4/15/04

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

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 6/15/04 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED CATAILS KILLED IN LAGOON. NEED WARNING SIGNS ON FENCE

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/15/04

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

P25227-53

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

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

Collected by: JERROLD HOOD Date/Time 4/15/04/9:50 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 2480 SOUTH 82ND ST
FIRTH, NEBRASKA

Legal Description: T 7 N R 7 E Sec 15 1/4 SE 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0 mg/L Mstapp 4/15/04 1225pm

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

APR 19 2004

Laboratory Report Printed on: April 16, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P25227-53**
Sampled By: **JERROLD HOOD**
Location: **24801 S 82 ST**
Sample Point:

Date Collected: **15-Apr-2004 09:50 AM**
Date Received: **15-Apr-2004**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	04/16/04	HK
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	04/16/04	HK

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

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

S
N
228'-Sewer line.
Lagoon
House
water line
well