LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR

No. 97390056901

Issued 10/16/97
Expires 04/16/98
Revenue Code 18754

FEES: $50.00

Establishment

CLIFFORD MOORMEIER
T7N R7E SEC 19
26300 S 25 STREET

Permittee

CLIFFORD MOORMEIER
BOX00317
BOX 00317
FIRTH NE 68358

5333

TOTAL $50.00

Gregg Wright M.D.
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"

OCT 15 1997

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-13-97

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 19;
Block _____; Lot _____; Addition _____
Street Address 26900 S. 95th

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Lagoon

5. Work to be done by: Owner ☐; or Contractor ☒ Cristwell Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$	545 —
b. Labor	$	375 —
c. Other	$	
TOTAL	$	920 00

Clifford Mooneies
Signature of Applicant (owner or lessee)

P.O. Box 317 Firth, Ne. 68358
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10/15/97
Filing Fee: $ 50.00 ck 2856 cw

2. Site Visits:
Date: 10/15/97 by: L.C.H.
Date: 3/8/00 by: L.C.H.
Date: 3/30/00 by: L.C.H.

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/30/00 by: L. C. Hood

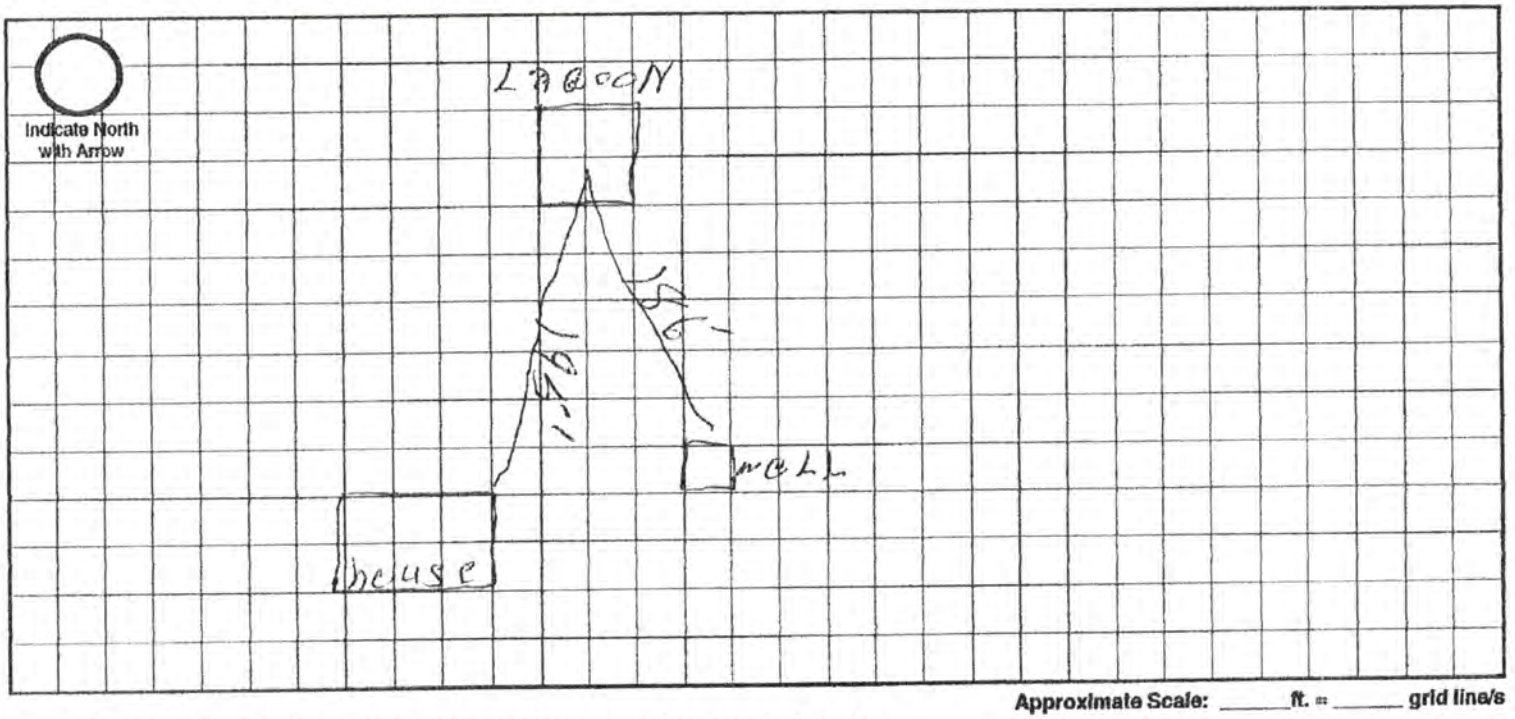
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 26300 S. 25th City MARTELL NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor Clifford Macomber Date 10-13-97

Installer _____ Date _____

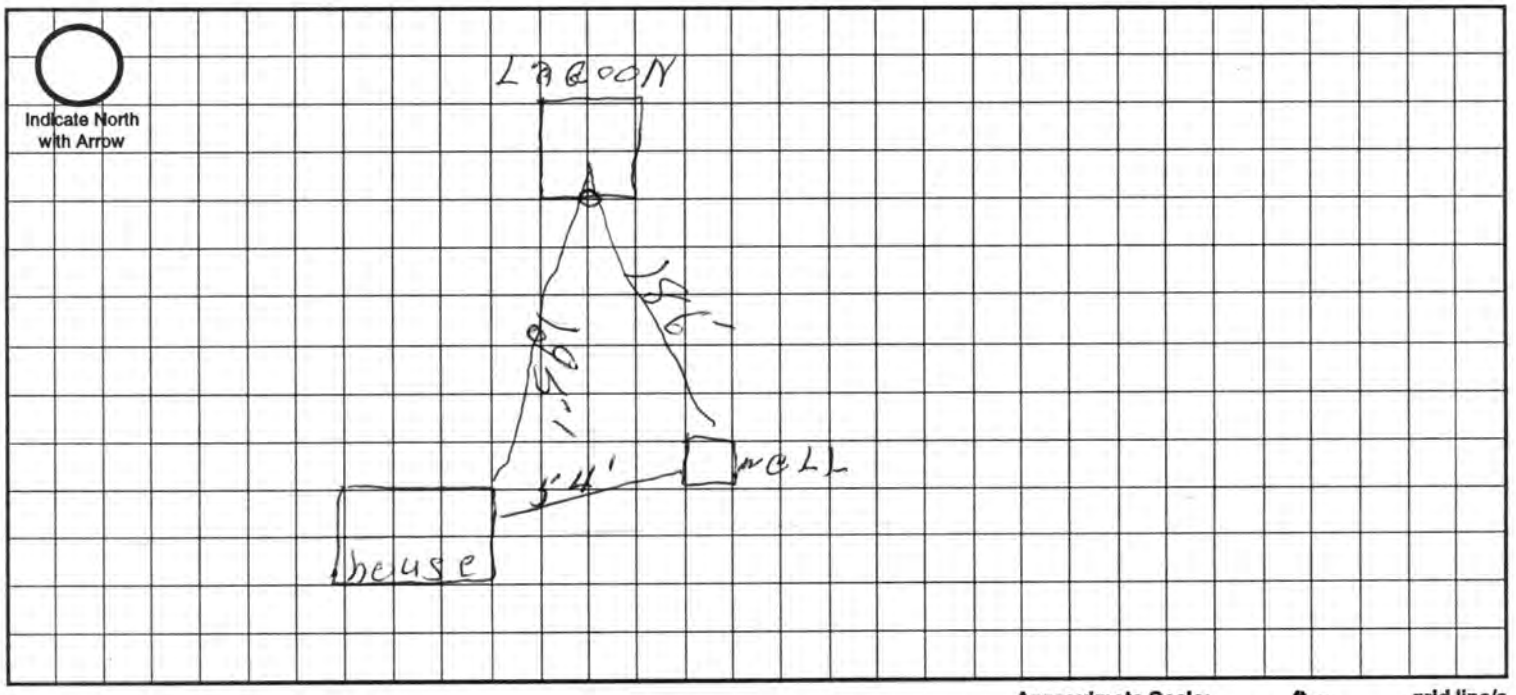
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

MAR 2 9 2000

Permit Number:
9739005690I

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E. Required Signatures

Home Building Contractor Clifford Maennies Date 3-27-2000 ~~10-13-97~~

Installer _____ Date _____

FORM 23-102 10-96

COLI 3/30/00 0004050001

Lincoln-Lancaster County Health Department

P15228-20

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4290

Legal Description of Property: Street Address 26300 South 25th Martell NE. 68404

Twp 7N Range 7E Section 19 1/4 SW 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Go South out of Lincoln on HWY 77 to Pella Rd. - Go East on Pella Rd to 25th At the intersection of 25th + Pella Go left (North) 1/2 mile and the house sits on the right side of Road

Location of Well ON the North East Corner of the rear of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System LAGOON IS NORTH of house Year Installed ___

light grey w/dk grey shutters

	NAME	ADDRESS	PHONE
Present Owner:	Clifford + Eleanor Moormeier	26200 S. 54th Firth NE 68358	402-791-5586
Tenant/Buyer:	Mark + Linda Gentleman	113 Brentwood Ave. Hickman Ne. 68372	402-792-2274
Return to:	Buyer.	—	402-792-2274

Signature of Applicant Mark Gentleman Address 113 Brentwood Ave Hickman NE 68372 Date 3 / 2 / 00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03 / 06 / 00
Initials ___
Amount 150 =
Check No. 4166

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 3 / 8 / 00

corrections made

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 3 / 30 / 00 by L.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT PLATE ON WELL HEAD MUST BE PROPER SIZE AND FIT TIGHTLY. LAGOON MUST HAVE WARNING SIGNS ON FENCE. LAGOON HAS NEVER [redacted] HAD FINAL APPROVAL FROM THE HEALTH DEPARTMENT. AN AS BUILT DRAWING OF THE LAGOON MUST BE RECEIVED BY THE HEALTH DEPARTMENT. CATAILS IN THE LAGOON MUST BE KILLED OUT WHEN GROWING SEASON STARTS. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood R.E.H.S. Date 4 / 3 / 00

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: 10-95

LAGOON NEEDS WATER BROUGHT UP TO OPERATING LEVEL IF THERE IS PROBLEM KEEPING WATER IN THE LAGOON IT SHOULD HAVE MORE BENTONITE WORKED INTO THE BANKS & BOTTOM.

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

APR 3 2000

Laboratory Report Printed on: March 31, 2000

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P15228-20**
Sampled By: **JERROLD HOOD**
Location: **NG**
Sample Point:

Date Collected **30-Mar-2000 10:54 AM**
Date Received: **30-Mar-2000**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	03/31/00	SH	**Total coliform absent - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	03/31/00	SH	**E. coli absent**

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

For inquiries on result interpretation call: (402) 471-2541.