LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1925-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 29, 1983 — THIS PERMIT EXPIRES

ALDEN CIHAL RFD FIRTH NE 68358 — ISSUED TO / ADDRESS

T7N, R7E, SECTION 20 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
EB	11/04/83	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER
2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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: 475-6221)

FILE NO. 1925-C

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

DATE: 9/23/82

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 20 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

2. Property Use: Residential (4) ☒; 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: ABANDON SEPTIC & INSTALL LAGOON

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick & Dean Sewer
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1150 00

ALDEN CIHAL
Signature of Applicant (owner or lessee)

RFD FIRTH
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/29/82 by: L. C. Hood

I agree to let Alden Cihal put a lagoon next to my property line.

Madalyne Lalshaw

9-24-82

Attn: PAUL DROTZMANN Done By 12-6-93 015

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 _____

Twp 7 Range 7 Section 20 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition _____

Directions to Property ½ mile south of Sr 38th & Pioneer Rd intersection

Location of Well SW of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of house Year Installed 1982

	NAME	ADDRESS	PHONE
Present Owner:	Alden Cihal	RR1 Box 111 Fifth Ave 68358	798 7412
Tenant/Buyer:			
Return to:	Alden		

Signature of Applicant Alden Cihal Address Fifth Ave Date 12/2/93

HEALTH DEPARTMENT USE ONLY

Sent to First Nat Bank Attn: Thickman

Date Received 12/2/93 Received $150.00 Check ☑ Cash ☐

Alden Cihal, 1 copy, retained

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 12/1/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 12/2/93 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Lagoon needs to have trees removed from inside & outside fenced area. Gate needs a lock or a chain and lock. Need No trespassing signs.

12-7-93 Lagoon problems corrected - P.D.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 12/6/93

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.

003

'93 DEC -2 P2:27

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 1517626

FOR LABORATORY USE ONLY

DATE COLLECTED 12-1-93 1:35
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Alden Ciral S. 38th

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 20 TWNSHP 7 (N) S RANGE 7 (E) W

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

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWN 88

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 ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 12-1-93 1:35 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION Alden Chal So 38th (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
LINCOLN, NG 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

REQUEST: ____ (42)
1. CHECK 2. REPLACEMENT

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

LABORATORY NO. 30712 (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 JW (76-79)

IN

93 DEC -1 P2:22

93 DEC -1 P2:23

OUT

93 DEC -2 P1:42

015

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 RFD 1 FIRTH

Twp 7N Range 7E Section 20 1/4 ___ 1/4 ___ Block ___ Lot 7 Addition ___

Directions to Property 2 MILES EAST OF HWY 77 ON PRINCETON RD. THEN 1/2 MILE SOUTH. YELLOW HOUSE ON EAST SIDE OF ROAD.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	ELDON C. HAL	4200 WORTHINGTON AVE. LINCOLN, NE. 68502	421-1438
Tenant/Buyer:	DAVID FETT	2945 S. 44TH LINCOLN NE 68506	483-7232
Return to:	DAVID FETT	2945 S. 44TH LINCOLN, NE 68506	483-7232

Signature of Applicant David J. Fett Address 2945 S. 44TH LINCOLN, NE 68506 Date 7/12/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/12/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Wood **DATE:** 7/13/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/4/94 by PD
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: UNDER THE NEW STATE REGULATIONS THE OLD WELL SOUTHEAST OF THE GARAGE MUST BE PROPERLY ABANDONED. THE OLD MERCURY ZEPHR, THE YAMAHA MOTOR CYCLE, THE OLD REFRIGERATOR, AND THE 3 See Attached Letter ☐ TIRES NORTHEAST OF THE HOUSE MUST BE REMOVED FROM THE PROPERTY. THE WEEDS AND LITTLE TREE MUST BE CUT OR KILLED OUT AROUND THE WATER LINE IN THE LAGOON.

FINAL STATUS

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

Approved by Paul D. Agnew Date 8/4/94

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.

FAX

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Mary's Ave.
Lincoln, NE 68502-3785
Telephone: (402)441-8093
FAX: (402)441-8323

Date: 8-4-94

Number of pages, including this one: 2

From:

Name: PAUL DROTZMANN

To:

Attention: MARY BROWN

Subject: CIHAL PROPERTY

Fax Number: 486-4949

Message:

BEWARE OF POTENTIAL HEALTH RISK OF DISCARDED TIRES IN TREE LINE NORTH OF HOUSE. OLD TIRES PROVIDE AN IDEAL MOSQUITO BREEDING ENVIRONMENT. THESE OLD TIRES WILL NEED TO BE PROPERLY DISPOSED OR PROPERLY STORED SO THEY WILL NO LONGER COLLECT AND HOLD WATER

WATER CHEMISTRY

STATE LAB NO. 15 13519

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 13 (DAY) 94 (YEAR) 1:34 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ELDON CIHAL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 20 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
3140 "N" STREET
LINCOLN, NEBRASKA 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 DJF

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED JUL 14 P4:37

RECEIVED JUL 13 P3:00 94

WATER MICROBIOLOGY

STATE LAB NO. 14 15454

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 7 (MO) 13 (DAY) 94 (YEAR) 1:35 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ELDON CIHAL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 20 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
3140 "N" STREET
LINCOLN, NEBRASKA 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 CC

FOR ACCOUNTING USE ONLY

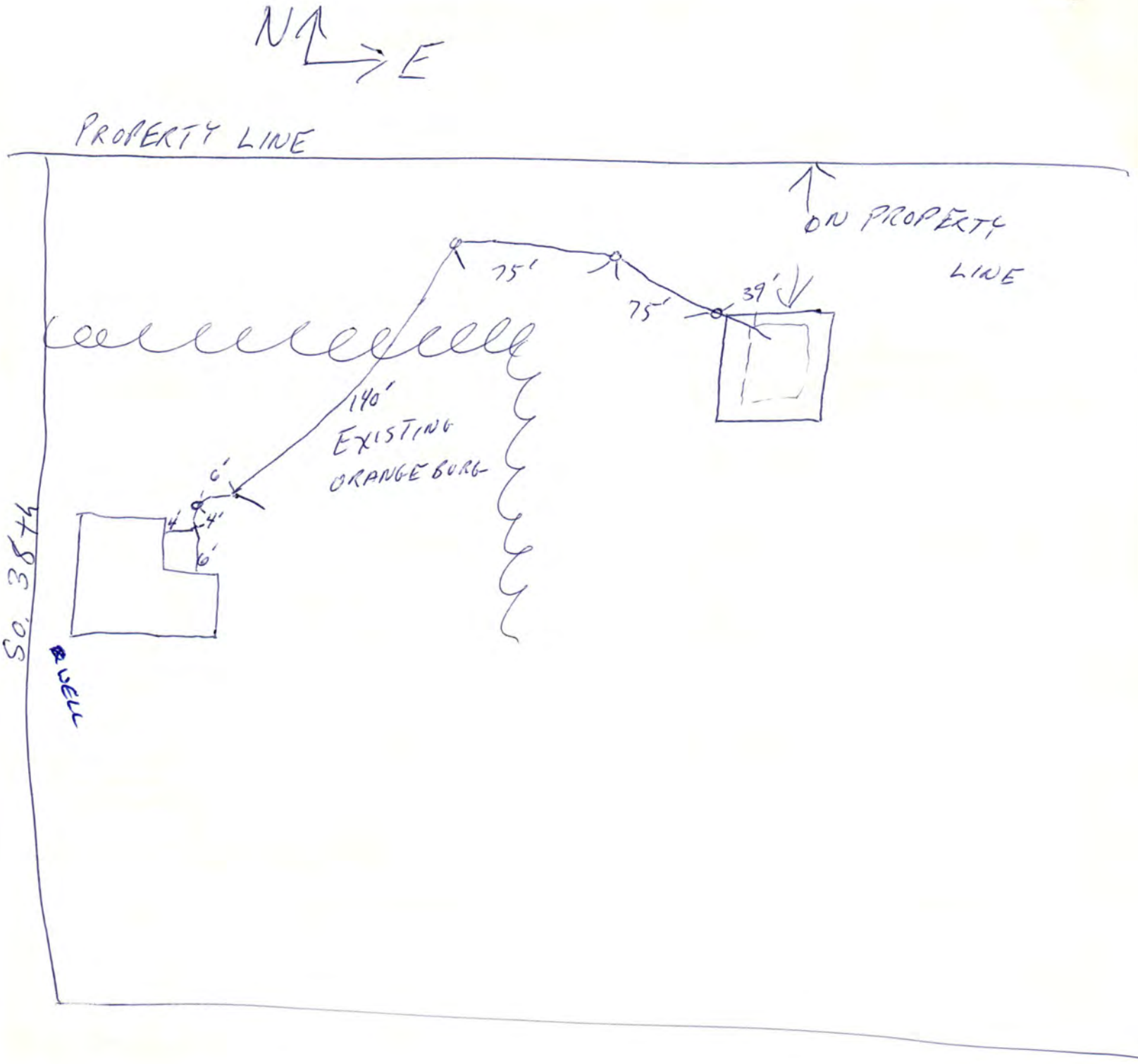
LWB 91

REPORTED

RECEIVED

'94 JUL 13 P3:04

JUL 14 A8:07


N
E
PROPERTY LINE
ON PROPERTY LINE
75'
75'
39'
140'
EXISTING ORANGEBURG
6'
4'
4'
6'
SO. 35TH
WELL