# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003115

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390076101

Issued 10/07/03
Expires 04/07/04
Revenue Code 3157

Establishment

DAVE ALBERS
T7N R7E SEC 23
9400 PELLA RD-FIRTH

FEES: $100.00

Permittee

DAVE ALBERS
1725 N 31 ST
LINCOLN NE 68503

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#033900761

# Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **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:**
   Township 7N Range 7E Section 23 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 9400 Pella Rd. Firth Ne 68358

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Enlarge Lagoon & Construct new incoming line from House

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sews & Drains

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dave Albers Address 1725 N. 33 Lincoln 68503 Phone 467-4059
Applicant Signature (owner or lessee) _____

**Please include the permit fee ($100) with this application**
Fee must be included before the application will be processed. Incomplete information will delay processing

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**HEALTH DEPARTMENT USE ONLY**

Date received 10/7/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

**Site visits**
Date 3/18/04 By J.C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

**Installation final written approval**
Date 3/18/04 By J.C. Hood

**Return application to:** Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

***Business Office Use Only***
Received: Date: 10/7/03 Amount $100.00 Check No. 5242 Initials CW

White - Division Copy Pink - Business Office Revised 9/00

P25035-24

**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 C. Hood Date/Time 3/18/04/11:18 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 9400 PELLA ROAD
FIRTH, NEBRASKA

Legal Description: T 7 N R 7 E Sec 23 1/4 SE 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.5 mg/L JPearson
3-18-04

# 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 9400 Pella Road Firth, NE 68358

Parcel ID Lot - 34 - SE 23 - 7 - 7 - _____ (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 23 1/4 SE 1/4 ___ Block ___ Lot 34 Addition _____

Directions to Property _____

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

Location of Sewage System West of house Year Installed 2003

Site Hazards (dogs, etc.) Set appt w/ owner

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | David Albers | | |
| Tenant/Buyer: | — | | |
| Return to: | BankFirst Mortgage<br>Attn Ron Svoboda | 6800 So 32nd St.<br>Lincoln NE 68512 | 434-3680<br>434-3681 (Fax) |

Signature of Applicant [signature] Address -Same- Date 3/15/04

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 3/17/04 Amount $200.00 Check No. 024348 Initials _____

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

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 3/18/04

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ____ /ml |
| Nitrate | ☒ 0.5 ppm | ☐ ____ ppm |

| **SEWAGE SYSTEM** | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

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 3/19/04

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)

MAR 2 2 2004

**Laboratory Report Printed on: March 19, 2004**

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

## Laboratory Analysis For: PRIVATE COLIFORM

**Sample Comments:**

Laboratory Number: **P25035-24**
Sampled By: **JERROLD HOOD**
Location: **9400 PELLA ROAD**
Sample Point:

Date Collected: **18-Mar-2004 11:18 AM**
Date Received: **18-Mar-2004**

| Parameter | Results | Units | Method | Analysis Date | Analyst |
|---|---|---|---|---|---|
| TOTAL COLIFORM | **Total coliform absent - meets bacteriological standards** | cfu/100ml | 9223B-PA | 03/19/04 | KC |
| E. COLI | **E. coli absent** | cfu/100ml | 9223B-PA | 03/19/04 | KC |

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

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