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. 93380104801

Issued 08/16/93
Expires 02/16/94
Revenue Code 18754

Establishment
NANCY PETERSEN
T7N R7E SEC 36
LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
NANCY PETERSEN
9800 GAGE RD
FIRTH NE 68358

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"

RECEIVED AUG 12 1993

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: Aug. 6, 1993

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 7E ; Section 36 ;
   Block — : Lot 2 : Addition —
   Street Address 9800 Gage Rd. Firth, NE 68358

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe_____

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

4. Distance to public sewer: —— ft.

Signature of Applicant (Owner or Lessee)

9800 Gage Rd. Firth, NE 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/6/93 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold E. Hoos

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/10/93 . Date Frwd. 8/10/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul W. Brown Ch. Tr.

3. City or County Engineer: Date Rec'd. 8-13-93 . Date Frwd. 8-19-93 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Need fence, etc
Date: 8-6-93 by: P.D
Date: 12-14-93 by: P.D
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-14-93 By: Paul W. Brown

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

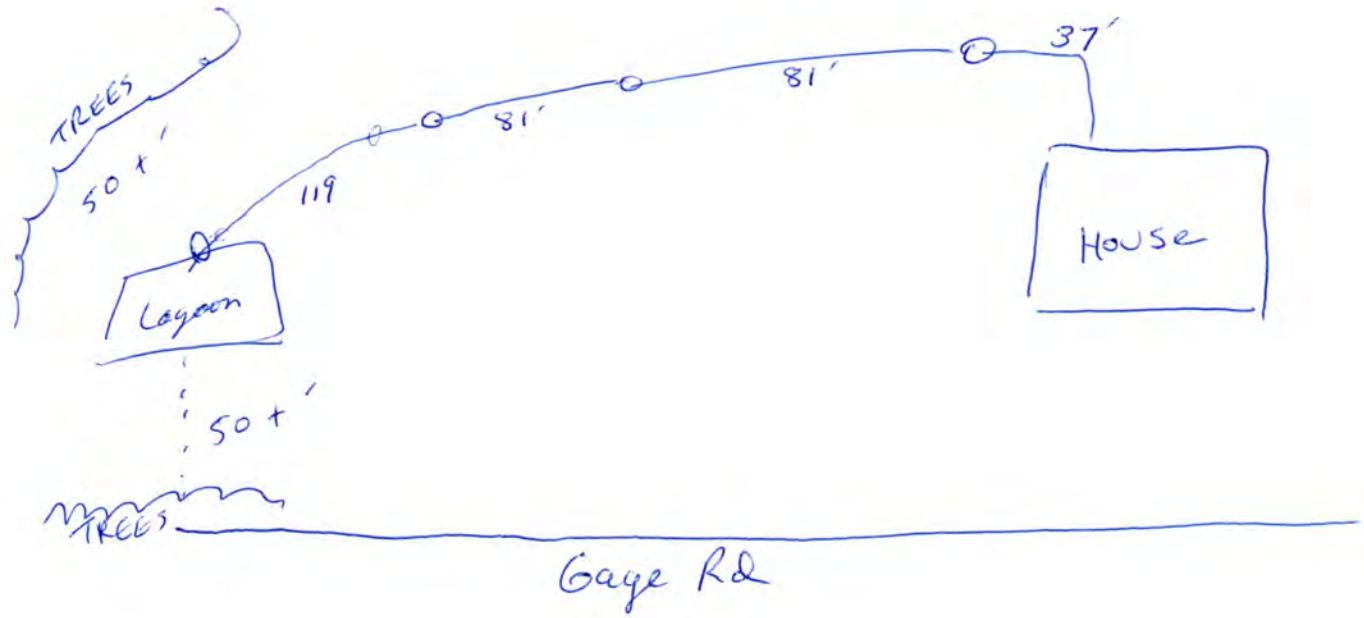
FORM 23-43

west side of Lagoon

R.

N ↑

Lagoon 54 x 56



Gene & Nancy Petersen owners

7N - 7E - 36

SW ¼
Lot 2 1T

P22246-6

COLI + NO3 12/23/02

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 9800 Gage Rd, Firth, Ne

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot 181 Addition ___

Directions to Property 1 mile east of FIRTH TO 96th, 1 mile South to Gage Rd, 1/4 mile east to subject property. North side of Rd.

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon is WEST OF House 150' Year Installed 2000

Site Hazards (dogs, etc.) N/A.

	NAME	ADDRESS	PHONE
Present Owner:	NANCY PETERSEN	9800 GAGE RD FIRTH, NE	402.791.3010
Tenant/Buyer:	N/A		
Return to:	SHARON WULF	4645 NORMAL BLVD LINCOLN, NE 68506	434-3728 434-3704 (Fax)

Signature of Applicant [signature] Address 4600 A St LINCOLN NE 68510 Date 12/23/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/23/02 Amount $200.00 Check No. 3912 Initials CW

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

PRELIMINARY STATUS--By Gerald C. Hoelscher **DATE:** 12/23/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☐ ___ ppm	☒ 11.69 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 12/26/02 by DS

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: LAGOON NEEDS WARNING SIGNS, REMINDER OF LITTLE TREES OUTSIDE OF LAGOON GOTTEN RID OF. LAGOON NEEDS MORE WATER IN.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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

P22246-6

Collected by: JERROLD HOOD Date/Time 12/23/02 / 11 :50 (am)/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 9800 GAGE ROAD
FIRTH, NEBRASKA

Legal Description: T 7 N R 7 E Sec 36 1/4 SW 1/4 ___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 9.2 mg 12-23-02

Wayne Mitchell

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

JAN 9 2003

Laboratory Report Printed on: JAN-06-03

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

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P16454-70**
Sampled By: **DOUG SMITH**
Location: **9800 GAGE RD**
Well ID:

Date Collected **26-Dec-2002 02:00 PM**
Date Received: **27-Dec-2002**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	12		.05	mg/l	353.2		12/31/02	sr

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

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

Laboratory Report Printed on: December 26, 2002

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

Laboratory Analysis For: Private Coliform

Sample Comments:

Laboratory Number: **P22246-6**
Sampled By: **JERROLD HOOD**
Location: **9800 GAGE RD**
Sample Point:

Date Collected: **23-Dec-2002 11:50 AM**
Date Received: **23-Dec-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	12/24/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	12/24/02	JN

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

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

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 8-26-93

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7N; RANGE 6E; SECTION 30; BLOCK ____

LOT 2; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Steven & Brenda Lagmon	RR, Firth, NE	792-2103
Tenant/Buyer:		Steve's work #	471-4444
Return to:	Security Federal	P.O. Box 80049; Lincoln 68501	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Charles Weinhold Address Security Federal

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 27, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE AUGUST 31, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☐	Date 8/31/93	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/10/93	by J.C.H.
Nitrate <10 ppm	☒	☐	Disapproved:	☒	Date _____	by ____

Comments: LAGOON NOT FINISHED YET NO FENCE, SIGNS, LOCKED GATE, ETC. DEPRESSION NEAR WELL all corrected J.C.H. 9/10/93

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.E.H.S. DATE SEPTEMBER 13, 1993

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

009

WATER CHEMISTRY

STATE LAB NO. 159369

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO) 31 (DAY) 93 (YEAR) 2:58 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STEVEN LAGEMANN

PROPERTY DESCRIPTION: COUNTY LANCASTER

QRTR S[illegible] SECT 36 TWNSHP 7 N RANGE 7 E

REPORTED

RECEIVED

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

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. 9/10/93 11:14A.M. (MO./DAY/YR./HOUR (9-16)) BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 21 I.T., SEC. 36, T 7N, (29-41)
RTE STEVEN LAGEMANN

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

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

LABORATORY NO. 143-22204 (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 RB (76-79)

SEP 10 12:05

IN

OUT

SEP 11 P3:53