LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380113901

Issued 03/24/94
Expires 09/24/94
Revenue Code 18754

Establishment
GARY ROELFS
T7N R7E SEC 36
LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
GARY ROELFS
RR0001
BOX 0002C
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"

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: $ 150.00

FILE NO. _____

4411 8829 Jerry

DATE: 1-27-94

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 36 ;
   Block _____ : Lot 2 I.T. : Addition _____
   Street Address 28890 SOUTH 96TH , FIRTH NE. 68358

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe 2 story

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

4. Distance to public sewer: 1320 ft.

Gary Roelfs
Signature of Applicant (Owner or Lessee)

RR#1 BOX 2C , FIRTH NE. 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/27/94 . Date Frwd. 3/24/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3-11-94 . Date Frwd. 3-11-94 . ACTION: Approved ☒ Disapproved ☐ Signature: Roland N. Lamb, Clerk

3. City or County Engineer: Date Rec'd. 03/24/94 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Augustine Raymond

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J.C.H.
Date: 3/30/94 by: J.C.H. Need fence, etc.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

D

DATE: 1-27-94

FILE NO. _____

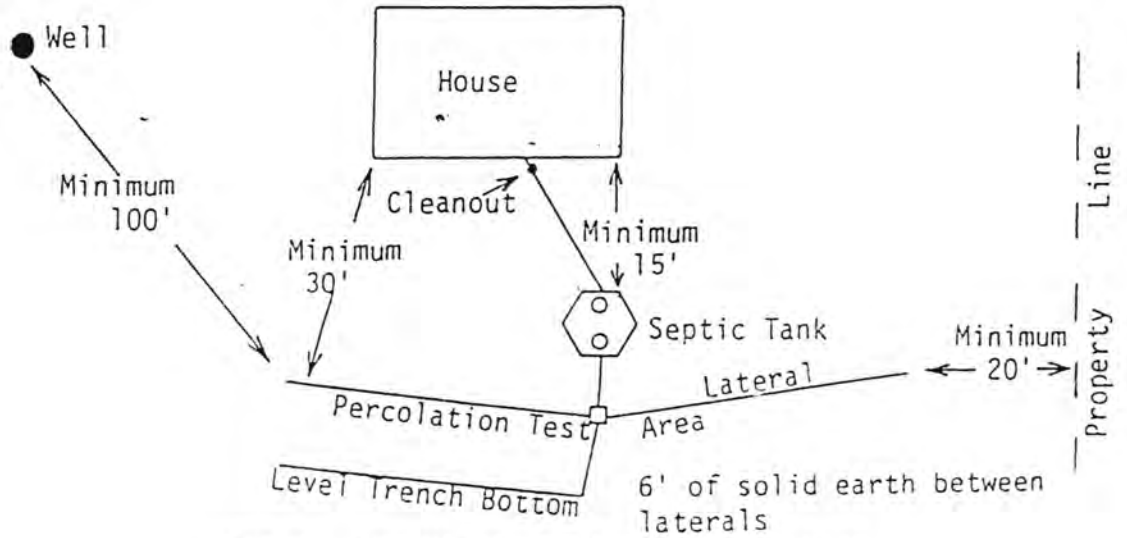
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor NA in., or below basement floor 18 in.
3. Distance between dwelling and septic LAGOON ~~tank~~ 324 ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line 60 ft.; Stream _____ ft.; Pressure Line 16 ft.; Property Line 66 ft.

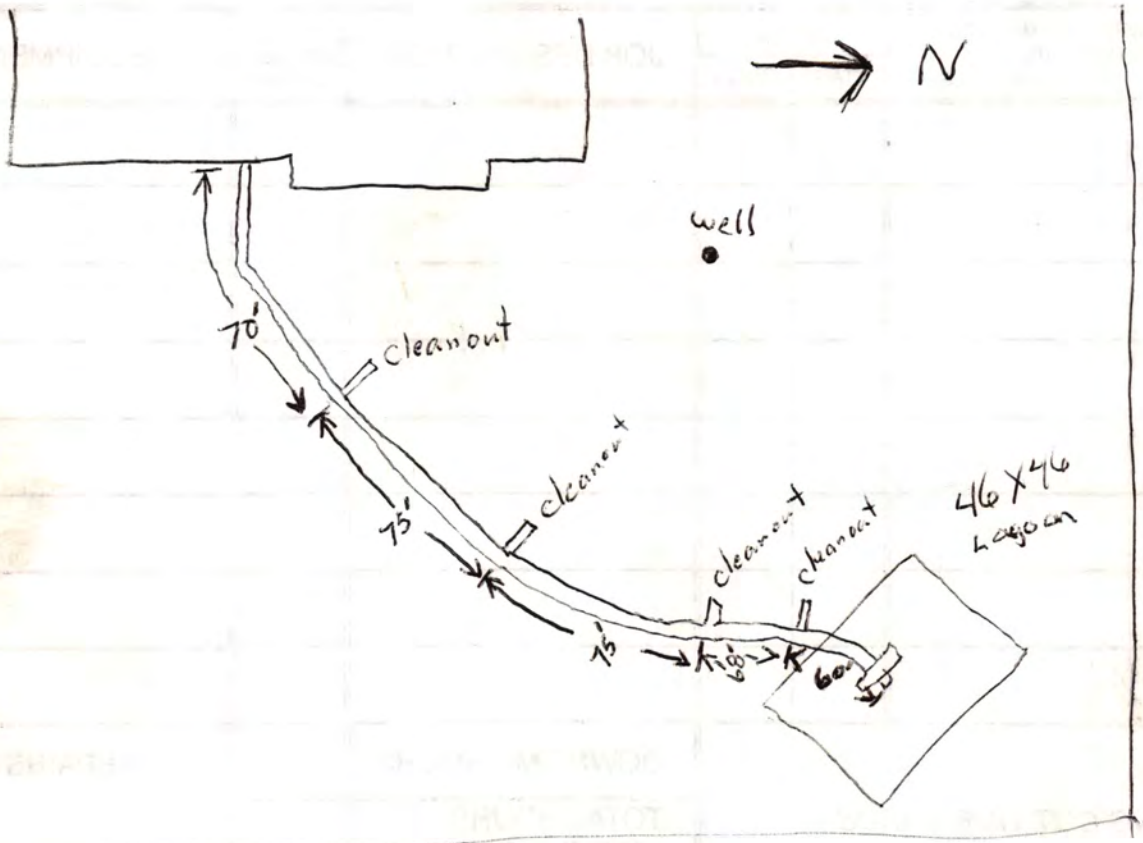
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
well
70'
Cleanout
75'
cleanout
cleanout
cleanout
75'
60'
60'
46 X 46
Lagoon

d1

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

Legal Description of Property: Street Address 28890 S. 96th St, Firth, NE 3183

Twp 7N Range 7E Section 36 1/4 SW 1/4 ___ Block ___ Lot 8 Addition ___

Directions to Property

One Half Mile South of 96th St. & Firth Road

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Contact Chris Goos		434-4495
Tenant/Buyer:	Gary Therrioult	7200 Hickman Rd. Hickman, NE 68372	792, 2336
Return to:	Nebraska Title	5635 "O" Suite 101 Lincoln, NE 68510	

Signature of Applicant Gary Therrioult Address 7200 Hickman Rd Hickman NE 68372 Date 9/27/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/30/96
Initials ___
Amount 150.00
Check No. 6134

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/2/96

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 10/22/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: CONDUIT ON WELL IS BROKEN. NO WARNING SIGNS ON LAGOON FENCE. GATE IS NOT LOCKED TIGHT ENOUGH. WEEDS NEED TO BE CUT AND CATAILS NEED TO BE REMOVED. LAGOON NEEDS MORE WATER. See Attached Letter ☐

10/22/96 all corrected. J.C.H.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/30/96

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

HOME
REAL ESTATE

Holmes Lake Office
2855 South 70th Street
Lincoln, Nebraska 68506-5286
402-483-2951
402-483-6640 fax

To Whom it may Concern,

Re: 28890 S. 96th Street, Firth, Ne.

Please contact Chris Scow for access to the above property. He can be reached at United Farm & Ranch management - 434-4495; or on cellular 430-0085, or at his home 791-2333.

Please expedite as soon as possible.

Thank you,

Peg Fairfield
450-7646

HOME Real Estate's Mission

To provide each individual outstanding service and exceptional opportunities in real estate through our commitment to professional and ethical performance by our entire organization.

WATER MICROBIOLOGY

STATE LAB NO 1422354

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 22 (DAY) 96 (YEAR) 12:02PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GARY THERRIAULT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 36 TWNSHP 7 N 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:

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

FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED '96 OCT 23 AM 96 10 22

REPORTED '96 OCT 24 PM 1 21

WATER CHEMISTRY

STATE LAB NO. 15 9104

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 2 (DAY) 96 (YEAR) 11:14 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GARY THERRIAULT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 36 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 3.3 mg/l

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

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '96 OCT -2 AM 11:59

REPORTED '96 OCT 4 PM 3 45

CLOSING JUNE 5TH, 2003 at 9AM

NO3 + COLI 5/28/03

COLI 6/4/03

COLI 5/27/03

COLI 6/3/03

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 28890 S 96th Firth NE 68358-6045

Parcel ID 14-36-300-008-000 (i.e. 99-99-999-999-999)

Twp 7N Range 7E Section 36 1/4 1/4 Block Lot 12 Addition

Directions to Property South on 67th through Hickman til dead end - East to 98th, South to house (on east side)

Location of Well NE of house at corner Tap Location: Inside ☐ Outside ☒

Location of Sewage System NE of house Year Installed

Site Hazards (dogs, etc.) 2 dogs

	NAME	ADDRESS	PHONE
Present Owner:	Gary PaMarcial Therriault	28890 S. 96th Firth NE	402-791-2336
Tenant/Buyer:	David & Betsy Hickman	311 Acoma Blvd South Lake Havasu City, AZ	928-854-7140
Return to:	Sally Koop	3737 So 27th Lincoln NE 68502	402-434-3500 402-434-3510 (Fax) CELL 314-0464

Signature of Applicant Sally J. Koop Kay 434-3500 CELL 430-4074 Address 3737 So. 27th Lincoln 68502 Date 5/27/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/27/03 Amount $200.00 Check No. 8695 Initials CW

DATA ENTRY Date 5/27/03 Case No. Initials

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/28/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 1.0 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 6/3/03 by J.C.H.

Date 6/3/03 by J.C.H.

Date 6/[illegible]/03 by J.C.H.

Comments: NEED WARNING SIGNS ON LAGOON FENCE. NEED TO GET RID OF LITTLE COTTONWOOD TREE IN LAGOON. 6/3/03 Done. J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/5/03

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)

MAY 3 0 2003

Laboratory Report Printed on: May 29, 2003

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

Laboratory Analysis For: Private Coliform

Sample Comments:

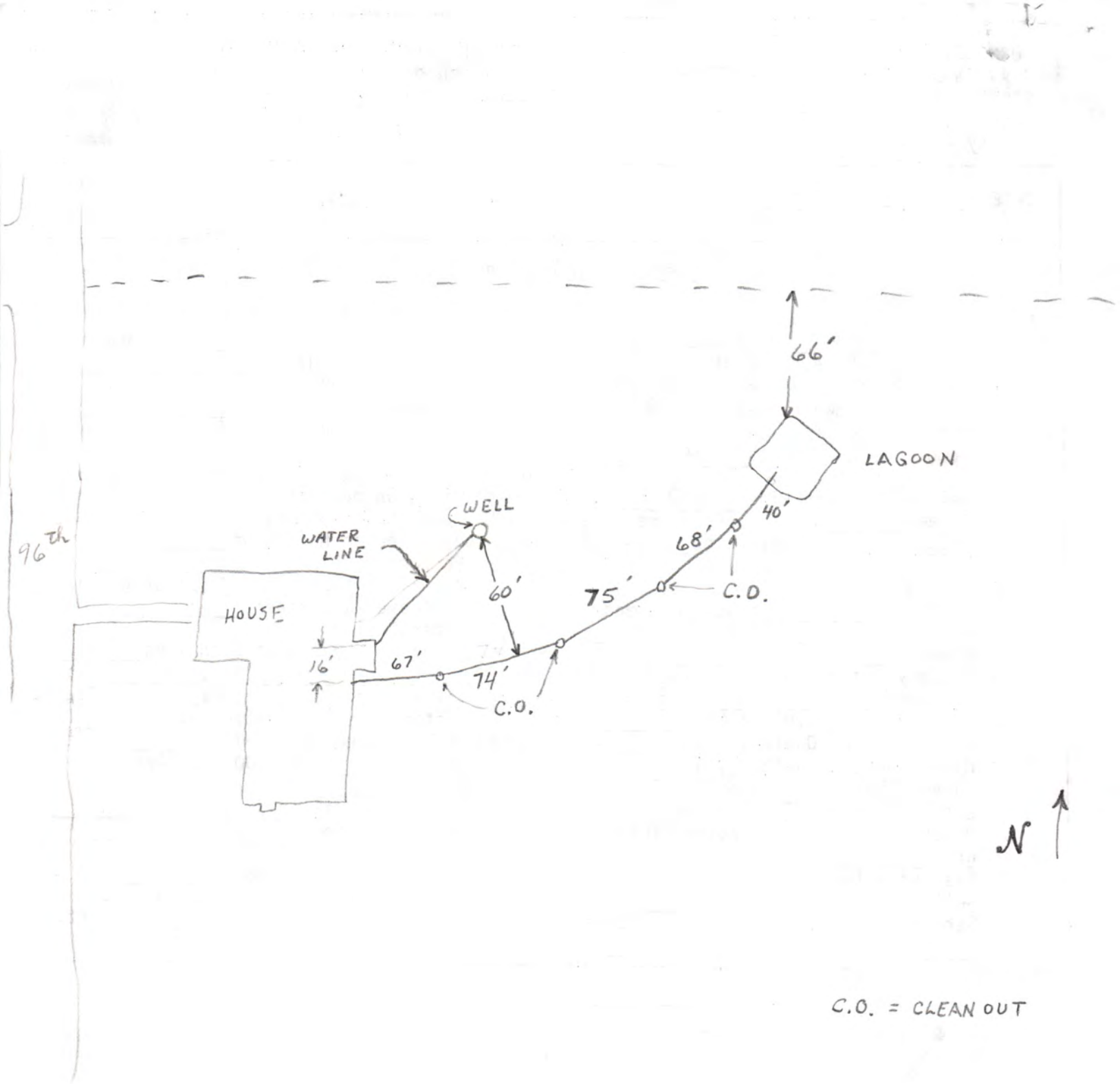
Laboratory Number: **P23041-48**
Sampled By: **JERROLD HOOD**
Location: **28890 S 96TH ST**
Sample Point:

Date Collected: **28-May-2003 11:29 AM**
Date Received: **28-May-2003**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform present - does not meet bacteriological standards**	cfu/100ml	9223B-PA	05/29/03	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/29/03	KC

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

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



C.O. = CLEAN OUT