LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 562-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 11, 1975 — THIS PERMIT EXPIRES

Marvin L. Weber — ISSUED TO

Firth, Nebraska — ADDRESS

T7N; R7E; Sec. 35; Lot 97 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE 2832

ISSUING OFFICER

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FIRTH JURISDICTION

FILE NO. 562-C

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

DATE: 11/18/74

The undersigned hereby requests SITE CLEARANCE 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 35
Block ____; Lot 97 I.T.; Addition ____
Street Address ____

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon 5 persons

4. Distance to public sewer: NONE ft.

Marvin L. Meier
Signature of Applicant (Owner or Lessee)

Firth, Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/4/74 . Date Frwd. 12/4/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: (Village Clerk) Date Rec'd. 12-5-74 . Date Frwd. 12-6-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Roland M Beach

3. City or County Engineer : Date Rec'd. ____ . Date Frwd. 12-11-74 . ACTION: Approved ☑ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO._____

DATE: 11/18/74

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7N ; Range 7E ; Section 35 ; Block ____ ; Lot 97 I.T. ; Addition _____.
Street Address _____.

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐; Other ☑ Lagoon 5 persons

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Marion Weber
Signature of Applicant (owner or lessee)

Firth, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

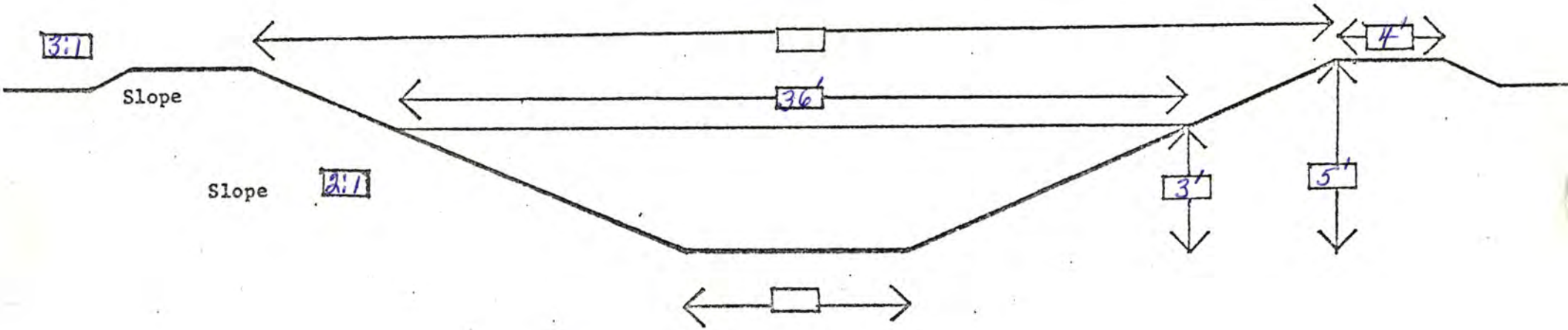
1. Date Rec'd;____
Filing Fee: $ 30.00

2. Site Visits:
Date: 1-8-75 by: jw
Date:____ by:____
Date:____ by:____

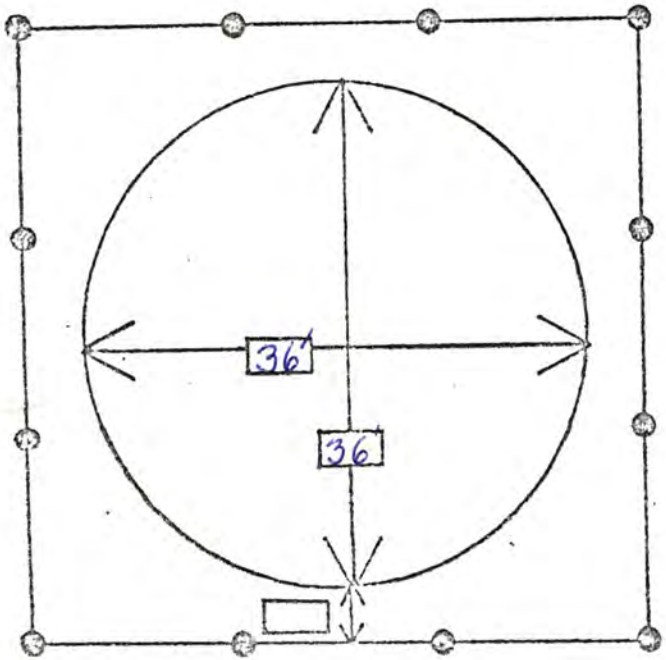
3. Date: Approved ☒; Disapproved ☐ 12/4/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-8-75 by: James Weverka

SIDE VIEW



Round or Oblong Lagoon



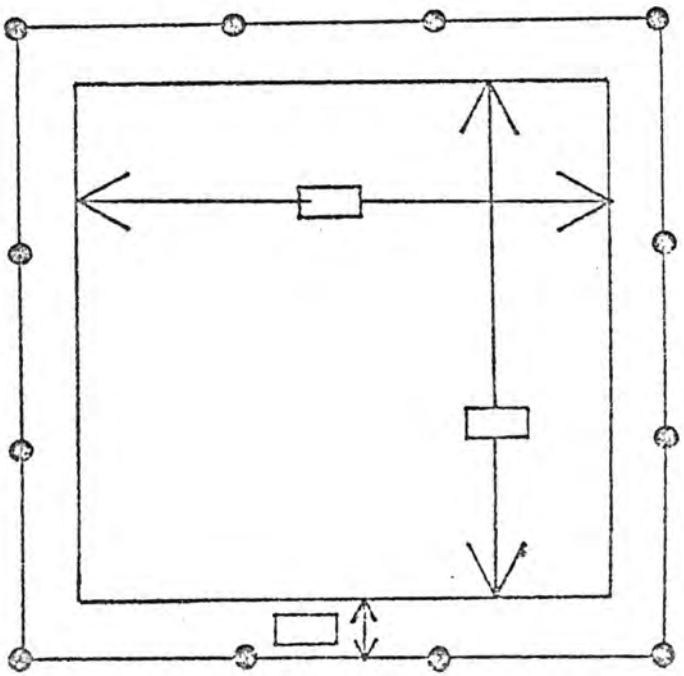
Fence

Inside edge of top of dike

Top

View

Square or Rectangular Lagoon



007

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.

3391

Legal Description of Property: Street Address 9303 East 2nd Firth, Ne.

Twp 7N Range 7E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 97 Addition ___

Directions to Property Hwy 77 to 55 H Turn East at 96ST Turn South at ~~98~~ East 2nd Turn Right ¼ mile

Location of Well East of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System South of House Year Installed unknown 1975

	NAME	ADDRESS	PHONE
Present Owner:	Marvin Weber	9303 East 2nd Firth	791-5829
Tenant/Buyer:	Dave Stephen	222 So. 45 Lincoln	488-8985
Return to:			

Signature of Applicant Dave Stephen Address 222 So. 45 Lincoln, Ne. 68510 Date 7/5/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/7/97
Initials ldf
Amount 150.00
Check No. 2139

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

PRELIMINARY STATUS--By P. Droegemeier **DATE:** 7/8/97

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ___/ml	☐ ___/ml
Nitrate	☑ 0.6 ppm	☑ 141 ppm outside 30 ppm inside

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 7/17/97 by J.C
Date 7/23/97 by P.D
Date ___/___/___ by ___

Comments: 7-23-97 Nitrate results showed 0.6 ppm on sample collected 7-17-97 Continue to monitor w/ periodic sampling to insure equipment is operating properly Lagoon problems corrected See Attached Letter ☐

FINAL STATUS

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

Approved by Paul D Frank Date 7/24/97

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T7N R7E Sec 35 Lot 97 I.T. Location 9303 E. 2nd Firth

Owner/Requestor Weber / Stephen

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- X Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Lagoon fence needs to be 48" high all around with a locked gate Remove trees + vegetation greater than 6" high needs to be mowed. Attach warning signs to fence on all sides. Repair broken cleanout. Abandon unused well, fuel tank within 100 ft of well, small depression around well. LCHD does not check to see if water softening system is working

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - (G) Pit or Depression
7. Pressure Line from Sewage System
8. (8) Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. (8) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: Ann Weber

Date: 7-8-97

WA1002

441-8038

'97 JUL 9 PM 2 34

REPORTED

'97 JUL -8 P3:36

RECEIVED

WATER CHEMISTRY

STATE LAB NO. 157-4042

COMPLETE INFORMATION BELOW

DATE COLLECTED 7-8-97 (MO. DAY) 2:15 (YEAR HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION WEBER 9303 E. 2nd Fifth ② Outside

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 S RANGE 7 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 Health Dept.
3140 "N" Street
Lincoln, NE 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 141.4 mg/l

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

TEST(S) BY BT
FOR ACCOUNTING USE ONLY

LWN 88

'97 JUL 9 PM 2 34

REPORTED

'97 JUL -8 P3:36

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 157-4043

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 7-8-97 2:10
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION 9303 E. 2nd Firth WEBER (D) inside

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 (N) S RANGE 7 (E) W

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 30.3 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:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

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

LWN 86

'97 JUL -8 P3:36 RECEIVED

'97 JUL 9 PM 1 15 REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 147-13915

DATE COLLECTED 7-8-97 2:15
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION WEBER, 9303 E. 2nd Fish outside

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 N S 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:
LLCHD
3140 N
LINCOLN 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

X 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 JB

FOR ACCOUNTING USE ONLY

LWB 91

'97 JUL 9 PM 1 15

REPORTED

JUL -8 P3:36

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 147-13914

FOR LABORATORY USE ONLY

DATE COLLECTED 7-8-97 (MO. DAY YEAR) 2:10 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION WEBER 9303 E. 2nd Firth Inside

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 S RANGE 7 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 Health Dept.
3140 "N" Street
Lincoln, NE 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

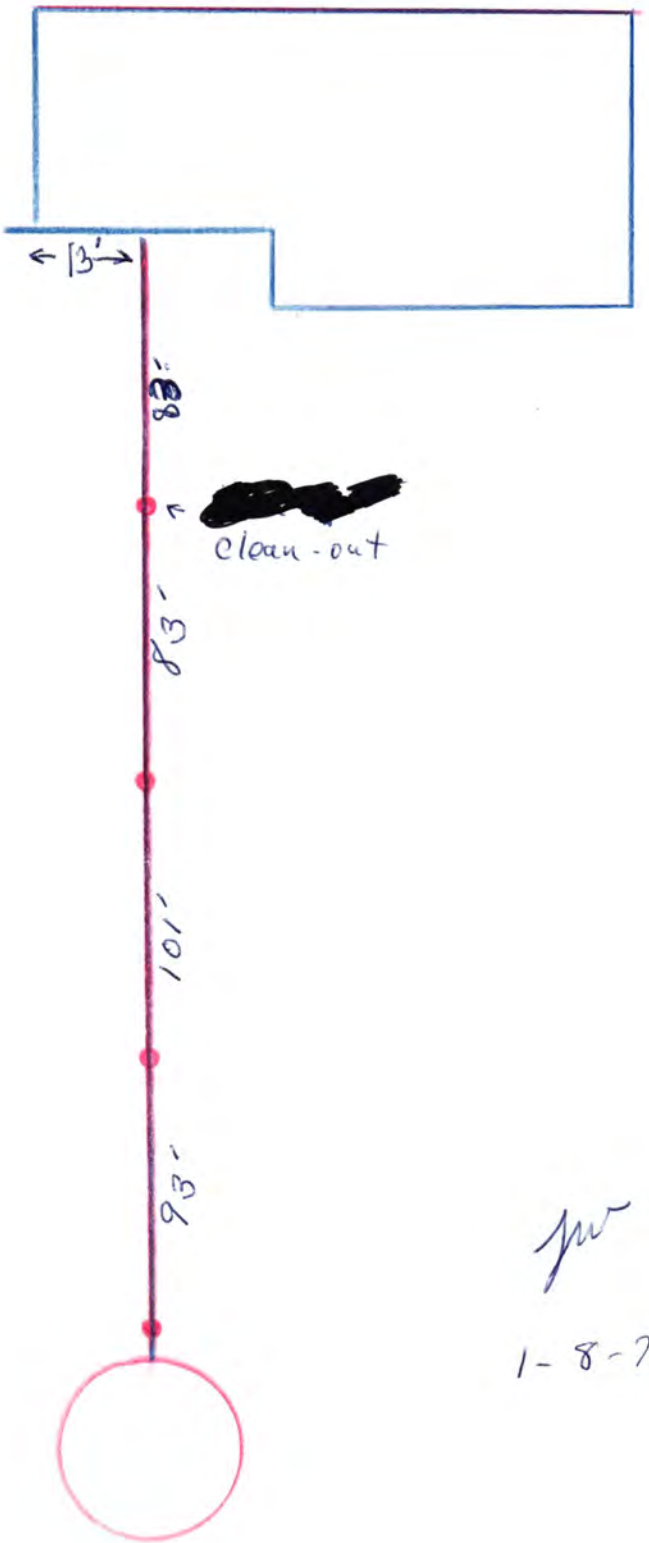
SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91



N

1-8-75