LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380089101

Issued 08/10/92
Expires 02/10/93
Revenue Code 18754

Establishment
DAN JAMES
T7N R7E SEC 35
LOT 10

FEES: $150.00
$0,000.00

TOTAL $0,150.00

Permittee
DAN JAMES
BOX 00914
ADAMS NE 68301

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 1 0 1992

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. _____

DATE: _____

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 35 ;
   Block _____ : Lot 10 I.T : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Dan James
Signature of Applicant (Owner or Lessee)

Box 914 Adams NE 68301
Address
phone 988-2030

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/92. Date Frwd. 8/10/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-12-92. Date Frwd. 8-12-92. ACTION: Approved ☒ Disapproved ☐ Signature: Roland M Beal

3. City or County Engineer: Date Rec'd. 8-10-92. Date Frwd. 8-10-92. ACTION: Approved ☐ Disapproved ☒ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/14/92 by: J. C.H. Need fence & drawing
Date: 4/16/93 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/16/93 By: Jerrold C. Hood

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

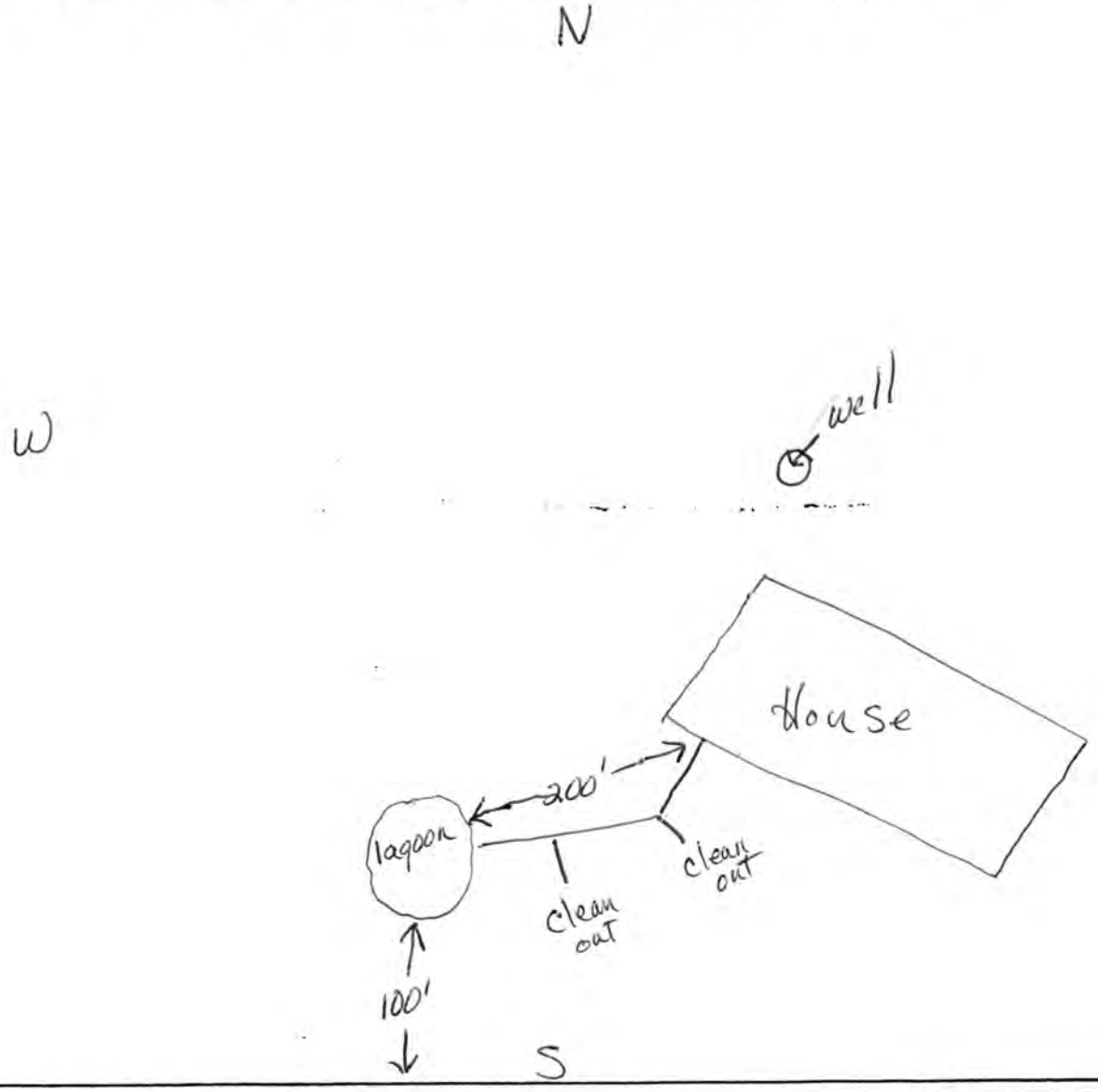
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

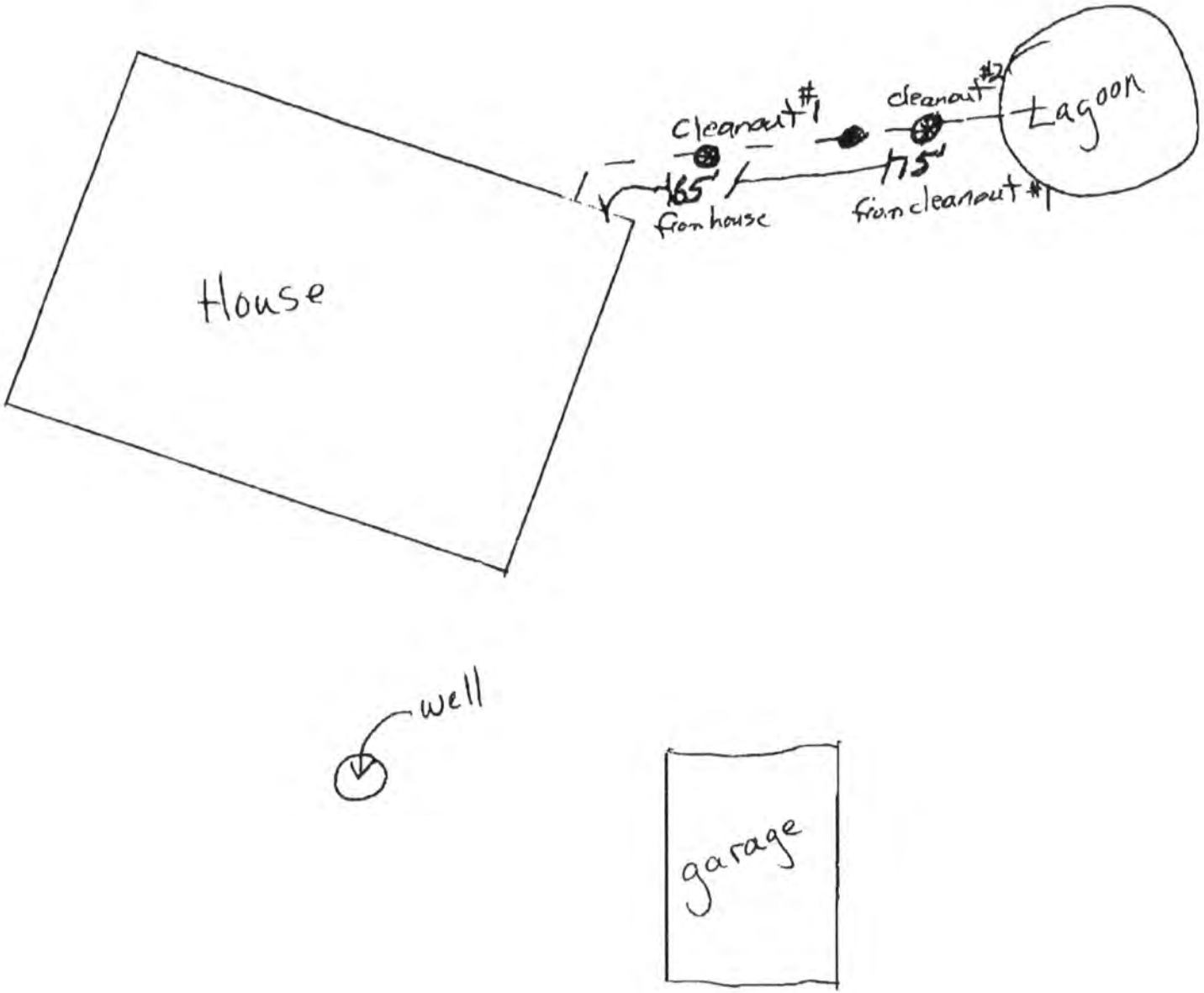
Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

Apr. 15. 1998 3:30PM CAPITOL TITLE 4024343736 No. 9528 P. 2/3

29321 So 96, Firth



'98 APR 16 PM 1 06 RECEIVED

98 APR 17 PM 12 50 REPORTED

WATER MICROBIOLOGY

STATE LAB NO 14 6812

COMPLETE INFORMATION BELOW

DATE COLLECTED 4 (MO.) 16 (DAY) 98 (YEAR) 10:40 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAN JAMES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 35 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
HEALTH DEPARTMENT
3140 "N" STREET
LINCOLN, NEBRASKA 68310

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

FOR LABORATORY USE ONLY

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 SB

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 15284

COMPLETE INFORMATION BELOW

DATE COLLECTED 04 (MO) 13 (DAY) 98 (YEAR) ____ (HOUR)

SAMPLE COLLECTED BY Chase

SAMPLE LOCATION James

PROPERTY LEGAL DESCRIPTION: COUNTY ____

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

REPORTED

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Dan Chase
3140 N Street
Lincoln NE
68522

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 3.5 mg/l

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

TEST(S) BY TR
FOR ACCOUNTING USE ONLY

LWN 88

FEB 2 7 1998

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 29321 South 96 St

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

Directions to Property 68th & Yuth Rd., East to 96 St., South 3/4 mile. Yellow house West side of road.

Location of Well NE of house Tap Location: Inside ☑ Outside ☑

Location of Sewage System west of house Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Julie James	29321 So. 96 St., Yuth NE 68358	791-2205
Tenant/Buyer:	Landy & Colleen Eichmeyer	451 Bridger Rd Lincoln NE 68521	475-4839
Return to:	Kim Topp	3201 Pioneer Blvd #112 Lincoln NE 68502	434-3600

Signature of Applicant Kimberly Topp Address 3201 Pioneer Lincoln NE 68502 Date 2/25/98

HEALTH DEPARTMENT USE ONLY

Date Received 2/27/98 Received $150.00 Check ☒ Cash ☐ #490

PRELIMINARY STATUS--By John Che **DATE:** 3/4/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☑
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☑

Additional Site Visits

Date 3/12/ by JCH/JM

Date 4/13/98 by JC

Date 4/16/98 by JC.H.

Comments: 4/13/98 - Lagoon gate needs lock and additional posts installed. Well casing needs to be extended to 12" above ground. Cattails need to be removed. Need drawings as INDICATED IN 3-5-98 letter all Corrected. J.C.H. 4/14/98 See Attached Letter ☑ 3-5-98

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ 3-12-

Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 4/17/98

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.

3:55 3/25/98