LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390042801

Issued 12/05/94
Expires 06/05/95
Revenue Code 18754

Establishment
IRVIN FAULDER
T7N R8E SEC 3

FEES: $50.00

TOTAL $50.00

Permittee
IRVIN FAULDER
RR0001
BOX 0046A
BENNET NE 68317

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 1994

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. _____

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

DATE: 12-1-94

The undersigned hereby applies for a permit to ALTER ☑, EXTEND ☐, or 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: Twp. 7N ; Range 8E ; Section 3 W½ NW¼ ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Waste stabilization lagoon installed to replace septic system

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Lorin Oosting
Contractor's Name

6. Estimated cost of project:

a. Materials	$	1100 00
b. Labor	$	50 00
c. Other	$	
TOTAL	$	1150 00

Irvin E Foulder
Signature of Applicant (owner or lessee)

1555 Skyline Drive 68506
Route 1, Box 46A Bennet Ne 68317
Address

(Do not write below this line)

REVIEWING ACTION

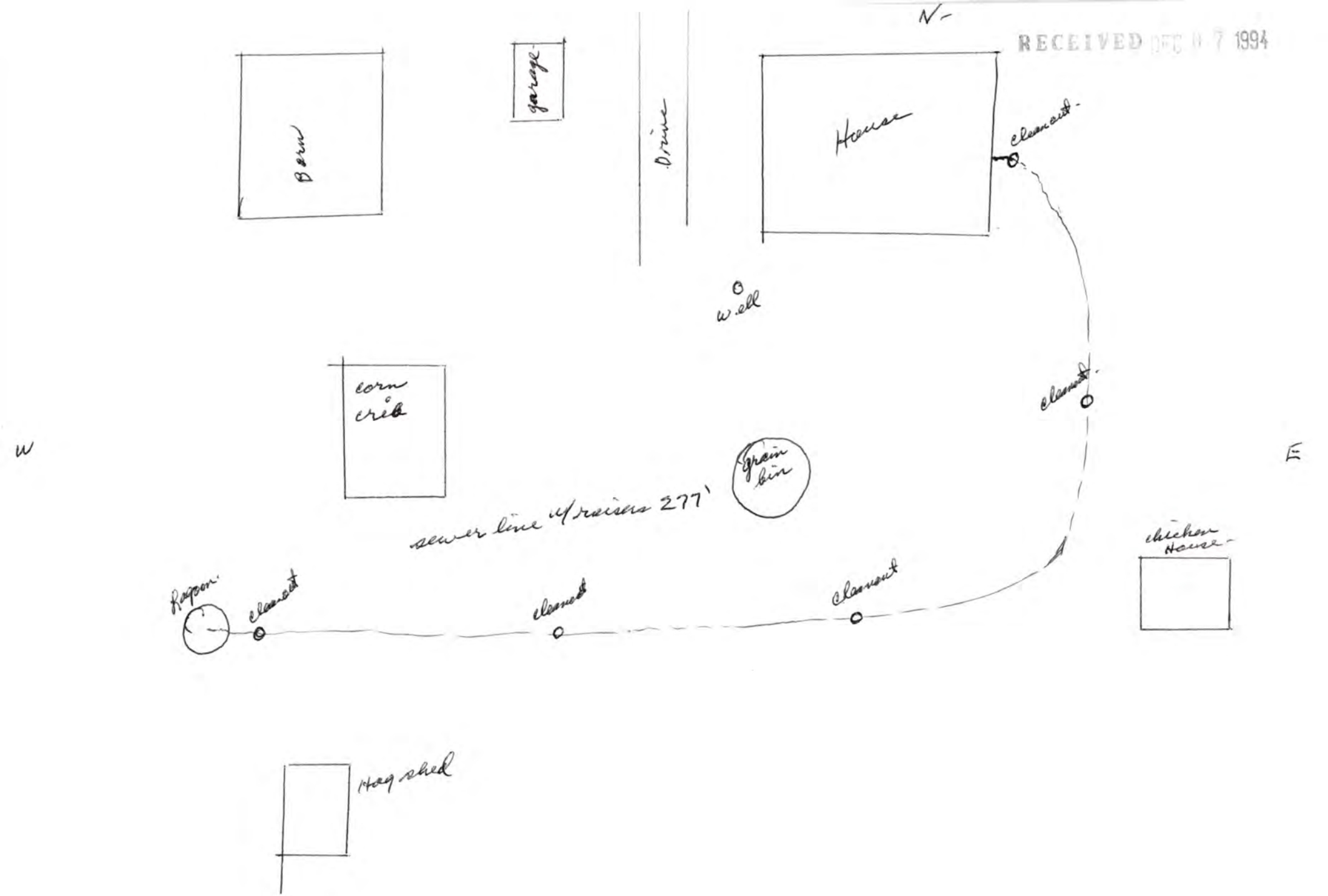
1. Date Rec'd: _____
Filing Fee: $ $50 ck

2. Site Visits:
Date: 11-3-94 by: _____
Date: 11/21/94 by: L.C.H.
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/12/94 by: Jerrold C. Wood

RECEIVED DEC 07 1994



S Emery Faulder

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_____

Twp 7N Range 7-8 Section 3 1/4 NW 1/4 Block___ Lot___ Addition_____

Directions to Property 155 Stagecoach Road

Location of Well Rear house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southeast of house Year Installed 4 yrs.

	NAME	ADDRESS	PHONE
Present Owner:	Irvin E. Faulder	Rt 1 Box 76A Dewitt	728-2785
Tenant/Buyer:			
Return to:	ANGIE BYORTH WOODS BROS.	3201 PIONEER BLVD. LINCOLN, NEBRASKA 68502	434-3600 FAX 434-3605 MOBILE 450-4024

Signature of Applicant Irvin E. Faulder Address Rt 1 Box 76A Dewitt Ne 68341-9700 Date 10/19/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/25/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/25/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 11/3/94 by rm
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date 11/21/94 by J.C.H. septic tanks abandoned
Nitrate	☒ 8.4 ppm	☐ ____ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: THE NITRATE LEVEL ALTHOUGH BELOW THE 10 p.p.m. MAXIMUM IS HIGH ENOUGH IT SHOULD BE CHECKED PERIODICALY.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/7/94

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.

WATER MICROBIOLOGY

STATE LAB NO. 144-26568

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 25 (DAY) 94 (YEAR) 2:40 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERVIN FAULDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 3 TWNSHP 9 N RANGE 8 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: ☒ 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 CC

FOR ACCOUNTING USE ONLY

LWB 91

REPORTED '94 OCT 25 AM 10

RECEIVED '94 OCT 24 P3:48

WATER CHEMISTRY

STATE LAB NO. 15/8258

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 25 (DAY) 94 (YEAR) 2:40 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERVIN FAULDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 3 TWNSHP 7 N RANGE 8 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
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 8.4 mg/l

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

TEST(S) BY DLW

FOR ACCOUNTING USE ONLY

LWN 88

Parties Working to close 3/22 or As soon as possible. Thank you.

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

1103

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 15005 Stagecoach Rd, Bennet, Ne 68317

Twp 7N Range 8E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 114 Addition ___

Directions to Property 1 MILE NORTH 1/2 MILE WEST OF PANAMA NE 118

Location of Well see attached drawing and info Tap Location: Inside ☐ ? Outside ☐ ?

Location of Sewage System see attached drawing and info Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Tim + Lisa Loseke	15005 Stagecoach Rd Bennet Ne 68317	788-2857
Tenant/Buyer:	Kirby L. Williamson + Mary A Gardner	222 Locust Hickman, Ne 68372	792-2207
Return to:	John Ball — Woods Bros. Realty	3737 S. 27 Lincoln Ne 68502 Ste 150	430-6603

Applicant's Signature of Applicant Kirby Williamson for Mr + Mrs. Loseke

Address 464 S Normal Blvd Lincoln, Ne 68506 Date 3/18/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	03/18/99	Date	___/___/___
Initials	___	Case No.	___
Amount	150.00	Initials	___
Check No.	2118		

PRELIMINARY STATUS--By JBare **DATE:** 3/22/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 7.09 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 3/25/99 by JB

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Excessive weed Growth needs removal. A locked Gate needed For Aforon fence. Warning / Keep out Signs needed on Fence. Discrepancies noted have been addressed. The new well must be registered with Ne. Water Resources Dept. See Attached Letter ☐

FINAL STATUS

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

Approved by JBare Date 3/26/99

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

P4858-50

1103 P4859-11

MAR 2 4 1999

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

ORIGINAL

Laboratory Report Printed on MAR-23-99

R/E XFER
new well - not Reg. yet
no #

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **SDWIS T/E COLI**

Laboratory Number: **P4858-50**
Sampled By: **BARE, J**
Location: **15005 STAGECOACH** Rd, Bennet
Sample Point:

Date Collected: **22-Mar-1999 11:00 AM**
Date Received: **22-Mar-1999**

Parameters	Method	Analysis Date	Analyst	Results	Qual	Units	Report Level
TOTAL COLIFORM	9223B-PA	03/23/99	KC	total coliform negative - meets bacteriological standards		cfu/100ml	0
E. COLI	9223B-PA	03/23/99	KC	E. coli negative		cfu/100ml	0

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

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

MAR 31 1999

ORIGINAL

Laboratory Report Printed on MAR-30-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Results for: **EPA 353.2** Comments:

Laboratory Number: **P4859-11**
Sampled By: **BARE, J**
Location: **15005 STAGECOACH**
Well ID:

Date Collected: **22-Mar-1999 11:00 AM**
Date Received: **22-Mar-1999**

Parameters	Method	Prep Date	Analysis Date	Analyst	Results	Qual	Units	Report Level
NITRATE+NITRITE (AS N)	353.2		03/23/99	VR	7.1		mg/l	.05

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

803 "Q" STREET, SUITE 3
LINCOLN, NE 68508
(402) 476-3020
(402) 476-3138 FAX

SURVEY RECORD

K&M inc.
Land Surveying

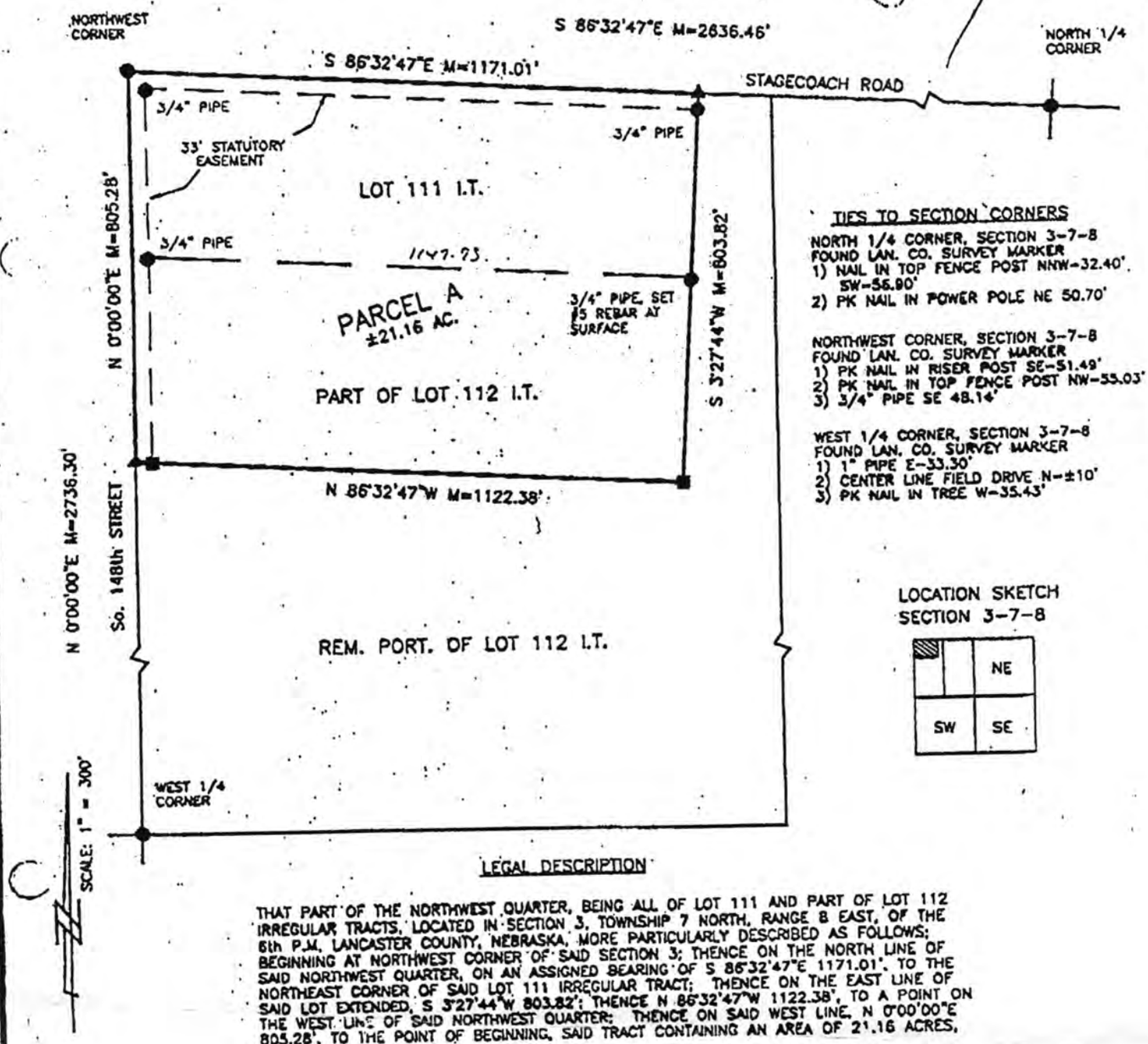
TIM LOSKE

PROJECT # 971111
DATE: 1-29-97 B/P: 48-67

Survey Of: PARCEL A , LOCATED IN THE WEST HALF OF THE NORTHWEST QUARTER OF

Section: 3 , T 7 N, R 8 E, of the 6th P.M. LANCASTER County, Nebrasko

So. 148th ST. & STAGECOACH RD.



TIES TO SECTION CORNERS

NORTH 1/4 CORNER, SECTION 3-7-8
FOUND LAN. CO. SURVEY MARKER
1) NAIL IN TOP FENCE POST NNW-32.40', SW-56.90'
2) PK NAIL IN POWER POLE NE 50.70'

NORTHWEST CORNER, SECTION 3-7-8
FOUND LAN. CO. SURVEY MARKER
1) PK NAIL IN RISER POST SE-51.49'
2) PK NAIL IN TOP FENCE POST NW-55.03'
3) 3/4" PIPE SE 48.14'

WEST 1/4 CORNER, SECTION 3-7-8
FOUND LAN. CO. SURVEY MARKER
1) 1" PIPE E-33.30'
2) CENTER LINE FIELD DRIVE N-±10'
3) PK NAIL IN TREE W-35.43'

LOCATION SKETCH
SECTION 3-7-8

LEGAL DESCRIPTION

THAT PART OF THE NORTHWEST QUARTER, BEING ALL OF LOT 111 AND PART OF LOT 112 IRREGULAR TRACTS, LOCATED IN SECTION 3, TOWNSHIP 7 NORTH, RANGE 8 EAST, OF THE 6th P.M, LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT NORTHWEST CORNER OF SAID SECTION 3; THENCE ON THE NORTH LINE OF SAID NORTHWEST QUARTER, ON AN ASSIGNED BEARING OF S 86°32'47"E 1171.01', TO THE NORTHEAST CORNER OF SAID LOT 111 IRREGULAR TRACT; THENCE ON THE EAST LINE OF SAID LOT EXTENDED, S 3°27'44"W 803.82'; THENCE N 86°32'47"W 1122.38', TO A POINT ON THE WEST LINE OF SAID NORTHWEST QUARTER; THENCE ON SAID WEST LINE, N 0°00'00"E 805.28', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 21.16 ACRES, MORE OR LESS.

Subject property apparently falls within the confines of Zone " _____ " as determined by the FEMA-FIA Flood Rate Map community _____, panel _____, revised _____.

P = Platted
M = Measured
● = Found as noted
■ = Set #5 Rebar. & L.S. #483 Cap.
▲ = Set Temp. Point

SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 1-30, 19 97

Billy Joe Kerr

Billy Joe Kerr, L.S. #483

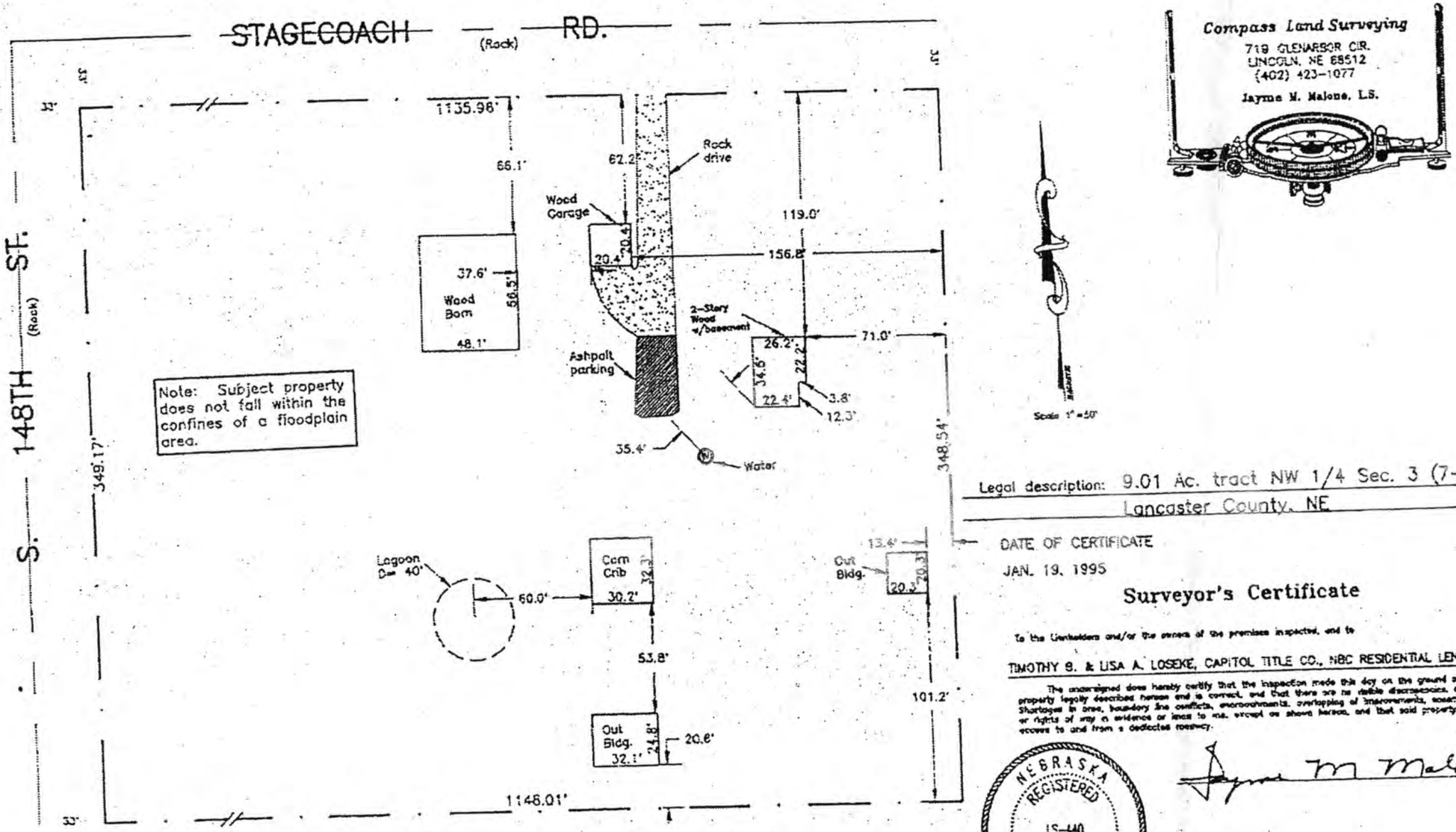
NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

COMPASS SURVEYING

01/20/1995 10:34 4236950

PROPERTY IMPROVEMENT LOCATION PLAT

RR, Bennet



Compass Land Surveying
719 GLENARBOR CIR.
LINCOLN, NE 68512
(402) 423-1077
Jayme M. Malone, LS.

Legal description: 9.01 Ac. tract NW 1/4 Sec. 3 (7-8)
Lancaster County, NE

DATE OF CERTIFICATE
JAN. 19, 1995

Surveyor's Certificate

To the Lienholders and/or the owners of the premises inspected, and to

TIMOTHY S. & LISA A. LOSEKE, CAPITOL TITLE CO., NBC RESIDENTIAL LENDING.

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts, shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights of way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway.

NEBRASKA REGISTERED LS-440 LAND SURVEYOR JAYME M MALONE

Jayme M Malone

JOB NO. 1327-95M
COMMITMENT NO.