LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390023401

Issued 05/28/91
Expires 11/28/91

ESTABLISHMENT

THERESA HOHMEIER
T7N R8E SEC 15 QTR NW

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

THERESA HOHMEIER
RR0001
ADAMS NE 68301

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
5/30/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 5-22-91

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 15 NW/4;
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: Abandon Septic Tank and install Sewage Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1550 00

Theresa Hohmeier by Brad Southwick
Signature of Applicant (owner or lessee)

RFD Panama, Ne Hickman, Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 5/23/91 by: J. C. H.
Date: 5/28/91 by: J. C. H.
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/30/91 by: J. C. Hood

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 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: 4-30-91

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

Legal Description of Property: TWP. 7N ; RANGE 9E; SECTION 15 ; BLOCK ___

LOT 3 ; ADDITION NW ¼ ; Street Address _____

Directions to Property Southeast corner of 148th & Olive Creek Rd
(1st M. Corner west of Panama & 1 mi South.)

Location of Well South of Drive Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Theresa Hohmeier	RR1 Adams NE	788-2217
Tenant/Buyer:	Bill & Sandy Lewis	RR1 Box 150-C Hickman	788-2554
Return to:	Donald R. Monzingo	5131 Starling Dr Lincoln NE	68516

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

Signature of Applicant Donald R Monzingo Address 5131 Starling Drive

==========

HEALTH DEPARTMENT USE ONLY

Date Received MAY 6, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 7, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 5/7/91 by L.C.H.
Bacteria	☐	☐	Provisional:	☐	Date 5/22/91 by L.C.H.
Nitrate	☐	☒	Disapproved:	☒	Date _____ by ___

Comments: WELL IS IN A PIT. IMPROPER CASING (BRICK). INADEQUATE WELL SEAL. SEPTIC SYSTEM RUNS OUT ONTO GROUND. NITRATE TOO HIGH. 5/22/91 New lagoon being installed. L.C.H. See Attached Letter ☐
5/29/91 Lagoon done. Going to go to Rural Water District Water

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE May 28, 1991

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

WELL INPIT

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

BRICK CASING
INADEQUATE SEAL

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. NONE 2. BACT ONLY 3. BOTH 4. TPC 2 N

DATE COLL. 5/7/91 11:04A.M. (9-16) BY L.C. Hood (17-28)

ADDRESS OR LOCATION SEC.15, T7N, R8E, LOT3 I.L. (29-41)

THERESA HOHMEIER

NAME AND ADDRESS OF OWNER

FOR LABORATORY USE ONLY

IN

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. ____ (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM ____ (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE 33.5 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

OUT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 152772

COMPLETE INFORMATION BELOW

REPORTED

ECTED 5 (MO.) 7 (DAY) 91 (YEAR) 11:04 A.M. (HOUR)

LLECTED BY JERROLD HOOD

OCATION THERESA HOHMEIER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 15 TWNSHP 7 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
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

RECEIVED

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 33.5 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88