LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2218-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 28, 1985 — THIS PERMIT EXPIRES

ROBERT L. GERDES — ISSUED TO

BOX 252 FIRTH, NE 68358 — ADDRESS

T7N; R8E; Sec 7; Lot 5 I.T.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2218-C

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

DATE: _____

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 7 ;
Block _____ ; Lot S.I.T. ; 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: CHANGE TO SEWAGE LAGOON

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER1400.00

Robert L. Gerdes
Signature of Applicant (owner or lessee)

Box 252 Firth Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6/28/85 by: L.C.H. (over)
Date: 7/16/85 by: L.C.H.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Gerald C. Hoad

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/16/85 by: L.C. Hoad

FORM CONTROL NUMBER 09940

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
		18247	062885		85

ACTION: ✓ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT: 11

OFFSET CASH ACCOUNT:

COMMENTS: Sewer Permit

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./DEC IND	P/F IND
		011	999				2559							L+L Co. Health	30 00		

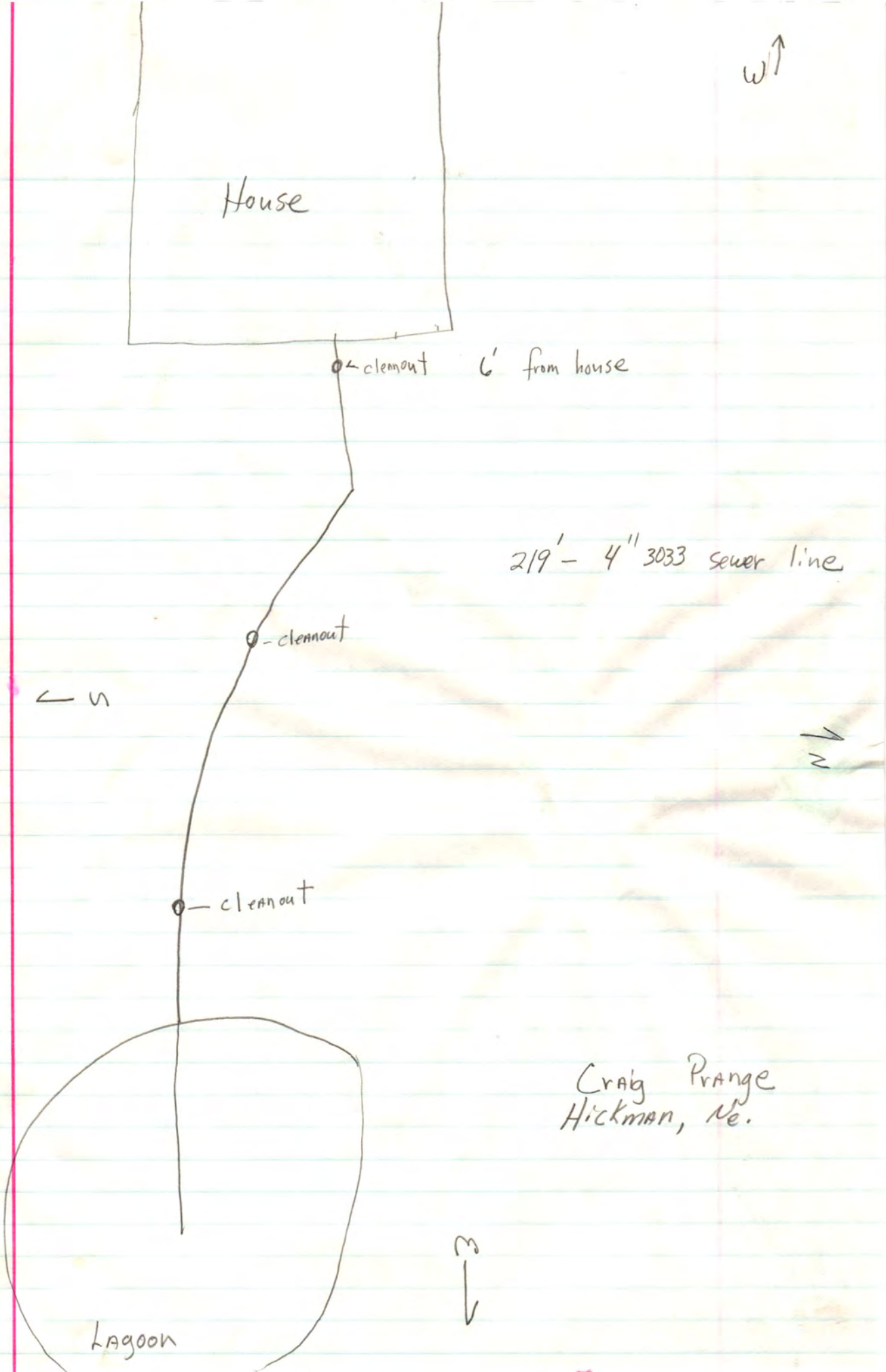
TOTAL 30 00

PREPARED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME Stohs TITLE _____ DATE 6-28-85

ORIGINAL


W
House
cleanout
6' from house
219' - 4" 3033 sewer line
cleanout
N
E
cleanout
Craig Prange
Hickman, Ne.
S
Lagoon

032

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

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: April 13, 1993

☑ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 7N; RANGE 8E; SECTION 7; BLOCK ___

LOT 6; ADDITION ___; Street Address 23300 So 110th Hickman, Ne

Directions to Property South of Hickman to Panama Rd, East on Panama Rd to 110th then approximately 3/4 mi South. House on left side of road

Location of Well Southwest Corner (front of house by sewage) Tap Location: Inside ☐ Outside ☑

Location of Sewage System Southeast corner (rear corner) Year Installed 1985 Well 2 years old

	NAME	ADDRESS	PHONE
Present Owner:	Ronald & Teresa Guenther	23300 So 110th, Hickman	792-2931
Tenant/Buyer:	Alan & Pamela Hoback	5101 Linden St. Lincoln	488-3766
Return to:	Norma Ellington, Home Real Estate, 111 Piazza Terrace, Lincoln 68510		560-1613

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

Signature of Applicant X Alan D Hoback Address 5101 Linden St 68516

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 16, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE APRIL 19, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 5/3/93 by L.C.H
Bacteria	☒	☐	Provisional:	☐	Date ___ by ___
Nitrate	☒	☐	Disapproved:	☒	Date ___ by ___

Comments: NEED LITTLE MULBERRY TREES REMOVED FROM AROUND LAGOON FENCE. NEED WARNING SIGNS ON FENCE. Corrected 5/3/93 LCH
NEED A FEW SPADEFULS OF DIRT AROUND WELL IN LOW PLACES. OLD WELL? NO USABLE OUTSIDE TAP. See Attached Letter ☐
Going to use. When growing season starts should spray cattails in lagoon to kill them out.

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.E.H.P. DATE MAY 7, 1993

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

019

...OGICAL EXAMINATION OF DRINKING WATER

...E-TO BE COLLECTED AND MAILED ON:

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 5/3/93 9:45 A.M. (9-16) BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 61, T, SEC. 7, T 7N, R 8E (29-41)

NAME AND ADDRESS OF OWNER RONALD GUENTHER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

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. 9226 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY [signature] (76-79)

IN MAY -3 93 3:54 pm

OUT '93 MAY -4 P12:4...

WATER CHEMISTRY

STATE LAB NO. 153869

PLETE INFORMATION BELOW

DATE COLLECTED 5 (MO) 3 (DAY) 93 (YEAR) 9:45 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION RONALD GUENTHER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 7 TWNSHP 7 N RANGE 8 E

REPORTED

'93 MAY -4 P4:35

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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 less than 0.1 mg/l

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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

NEW WELL COUNTY

SAMPLE TO BE COLLECTED AND MAILED ON:

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 1/29/90 11:05AM (8-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 1, T 7N, R 8E (29-41)
SW/4

NAME AND ADDRESS OF OWNER

TERESA GUENTHER
BOX 180
HICKMAN, NEBRASKA
68373

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

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. #73 (44-47)

DATE EXAMINED 1-29-90 3:45 P (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 STATE TEST (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mj (76-79)

IN
1-29-90
3:30 P
mj

OUT
1-30-90
4:37 P
mj

WATER CHEMISTRY

STATE LAB NO. 15 954

COMPLETE INFORMATION BELOW:

DATE COLLECTED 1 (Mo.) 29 (Day) 90 (Yr) 11:05 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TERESA GUENTHER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 7 TOWNSHIP 7 N RANGE 8 E

'90 JAN 29 P12:28

REP. REC.

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE less than mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: lw

FOR ACCOUNTING USE ONLY

LRWC 85