LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040701

Issued 08/04/94
Expires 02/04/95
Revenue Code 18754

Establishment
BRUCE WEBER
T7N R8E SEC 23

FEES: $50.00

TOTAL $50.00

Permittee
BRUCE WEBER
RFD
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"

9439004407

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: 8-2-94

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. T7N; Range R8E; Section 23 SW/4;
Block _____; Lot _____; Addition _____
Street Address Hwy 43 & Pella Rd.

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 Tank & 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	$ 1450.00

Owner: Rod + Maria Erick 788-2860

Bruce Weber Rod Southwick
Signature of Applicant (owner or lessee)

RFD Adams 68301 13291 S. 72 Hickman Rd.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 8-3-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-3-94 by: P.D. Need fence, etc.
Date: 8-30-94 by: P.D.
Date: _____ by: _____

3. Date: Approved ☑; Disapproved ☐
by: Paul Dreyfuss

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-30-94 by: Paul Dreyfuss

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 Rt. 1 Box 41 Adams Ne

Twp 3N Range 8E Section 23 1/4 SW 1/4 Block Lot 8 Addition

Directions to Property 9 miles South of Bennett on Hwy 43. NE corner of the intersection Hwy 43 & Bella Rd. Need owners for locations

Location of Well Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Weber	Rt. 1 Box 41 Adams, NE	788-2706
Tenant/Buyer:	Rodney Eirich	1112 Peach St. Lincoln	476-7306
Return to:	~~First Federal~~ Gloria Chadwick fka	~~3901 Normal Blvd #100~~ Lincoln, NE 68506	~~473-6104~~

Signature of Applicant x Rodney J. Eirich Address 1112 Peach St. Lincoln, NE 68502 Date 11/28/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/30/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hoos **DATE:** 12/1/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/3/94 by PD
Bacteria	☒ 0 /ml	☐ /ml	Provisional ☐	Date / / by
Nitrate	☒ <0.1 ppm	☐ ppm	Disapproved ☒	Date / / by

Comments: SEPTIC LATERAL IS LEAKING OUT.

8-3 Lagoon dug. Need fence etc.

8-30 fence installed PD.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Paul Drotzmann Date 8/30/94

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.

'93 DEC -2 P1:42

REPORTED

'93 DEC -1 P12:08

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1430709

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO) 1 (DAY) 93 (YEAR) 10:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE WEBER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 23 TWNSHP 7 N RANGE 8

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

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 JW

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 1517602

COMPLETE INFORMATION BELOW

DATE COLLECTED 12 (MO) 1 (DAY) 93 (YEAR) 10:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE WEBER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW. SECT 23 TWNSHP 7 N RANGE 8

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

REPORTED

RECEIVED

93 DEC -2 P2:27

93 DEC -1 P2:07

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

RATE — N Less than 0.1 mg/l

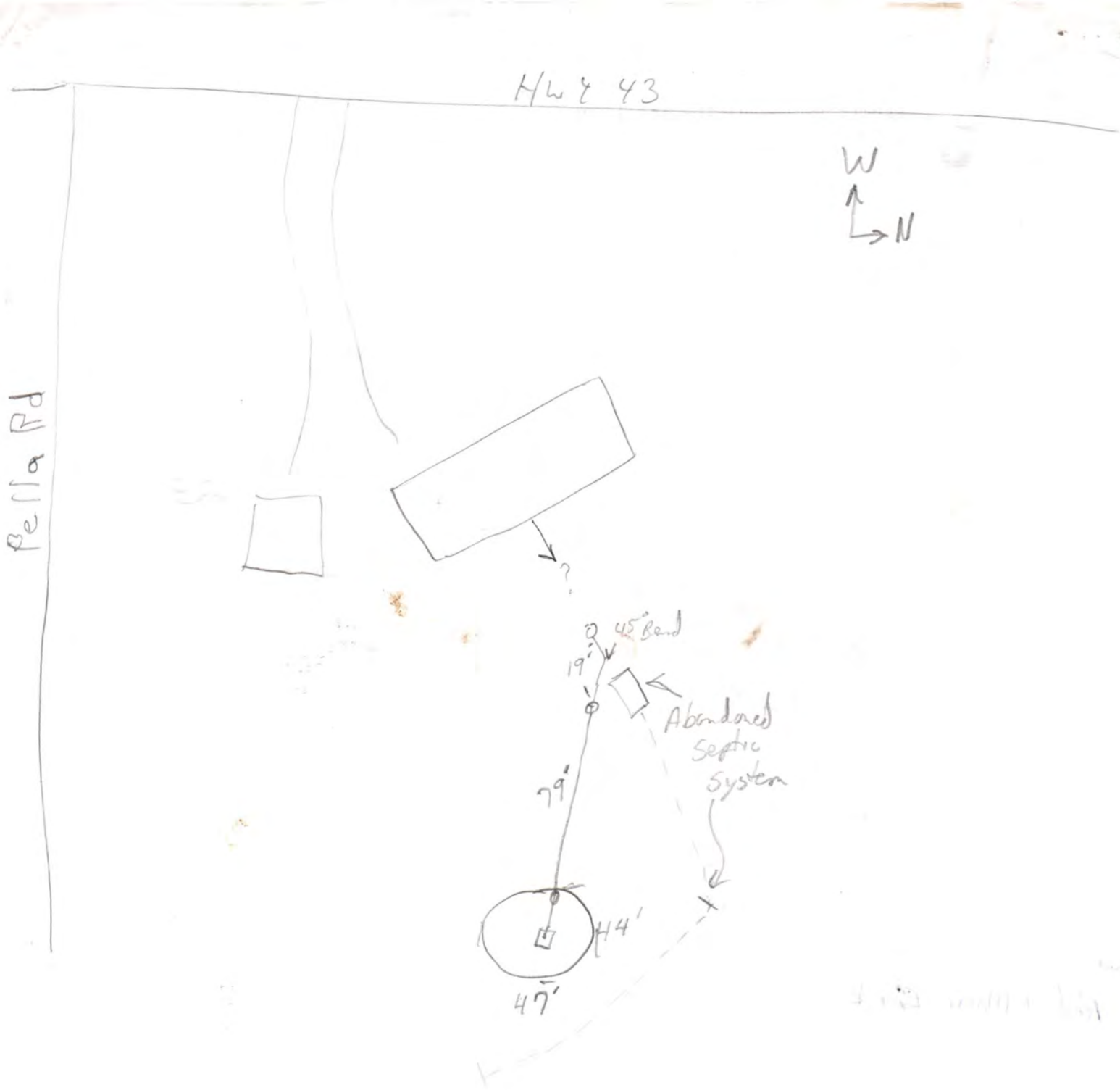
NOT TESTED BECAUSE OF:

☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88


Hwy 43
W
N
Perry Rd
?
45' Bed
19'
Abandoned
Septic
System
79'
44'
47'

Vacant

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.

Legal Description of Property: Street Address 26300 S 162nd

Twp 7 Range 8 Section 23 1/4 SW 1/4 Block ___ Lot 8 Addition ___

Directions to Property Hyw 2 to Bennet, South on Nebr Hy 43 to Rolla Rd. Approx 10 M South of Bennet N.S. (NE Corner of intersect)

Location of Well ___ Tap Location: Inside ☒ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Dept of Veteran Affairs.	5631 S 48 Lincoln No.	402 420-4096
Tenant/Buyer:			
C/O Return to:	Harry Rotthaus Prop Manager	4444 O St Lincoln Ne 68510	402-436-4444

Signature of Applicant Harry E. Rotthaus Address 4444 O St Lincoln Ne Date 5/10/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5/10/99
Initials JS
Amount 150.00
Check No. 8226

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

PRELIMINARY STATUS--By JBare **DATE:** 5/11/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒ JM
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 7/12/99 by JB
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Excessive weed and tree growth in lagoon. No warning signs. Fence not structurally sound. Garden hose extends out of lagoon. Corrected.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jim Bare Date 7/12/99

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

P8340-20

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

MAY 1 4 1999

Laboratory Report Printed on May 12, 1999

ORIGINAL

7/14 Fax
DL

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P8340-20**
Sampled By: **BARE, J**
Location: **26300 S 162**
Sample Point:

Date Collected: **11-May-1999 02:45 PM**
Date Received: **11-May-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	05/12/99	KC		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	05/12/99	KC		**E. coli negative**

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

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.

P8340-20

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: (Nitrate) Coliform/Other:_____

Reason: Annual Well, (Loan Approval), New Well, Other:

Collected by: J Bare Date/Time 5/11 99 2:45 am (pm)
MM DD YYYY

LLCHD Permit #9439000407 State ID #_____

Well Location Address: 26300 S. 162nd
Bennet ne

Legal Description: T 7N R 8E Sec 23 1/4 SW 1/4 ___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: #67 1.3 mg
5-12-99
Wayne Mallett

Well # not on file

P8340-20

LOGO---LLCHD

Laboratory Water Test Request

ORIGINAL

DRV

Lab Test #_____ Method_____

Test For: (Nitrate)/Coliform/Other:_____

Reason: Annual Well, (Loan Approval), New Well, Other:

Collected by: J Bare Date/Time 5/11/99 2:45 am (pm)
MM DD YYYY

LLCHD Permit #943900407 State ID #_____

Well Location Address: 26300 S. 162nd
Bennet ne

Legal Description: T 7N R 8E Sec 23 1/4 SW 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: #67 1.3 mg

5-12-99
Wayne J Mallett

Fax Cover Sheet

Lincoln-Lancaster County Health Department
Environmental Health - Consumer Services

3140 "N" Street Room 107
Lincoln, NE 68510-1514
Telephone: (402)441-8022
Fax: (402)441-6206

Date 5-14-99

# of Pages
including this page TWO

To
Attention: HARRY ROTTHAUS
Subject: 26300 S. 162
Fax #: 437 7599

From
Name: Jim BARE
Phone #: 441 8633

Message: Well is Approved.

Lagoon needs work - See Attached.

********** -COMM. JOURNAL- ********** DATE MAY-14-1999 ***** TIME 16:16 *** P.01

MODE = TRANSMISSION START=MAY-14 16:15 END=MAY-14 16:16

STN NO.	COM	ABBR NO.	STATION NAME/TEL.NO.	PAGES	DURATION
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-LLCHD -

********** -CONSUMER SERVICE- ***** - 402 441 6206- *********