LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380010001

Issued 03/13/90
Expires 09/13/90

ESTABLISHMENT

ROBERT LOOS
T8N R5E SEC 19 QTR SE
SE 1/4

FEES: Permit 013754 $150.00

Total $150.00

PERMITTEE

ROBERT LOOS
RR0001
BOX 00240
CRETE NE 68333

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
PAID	

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

9038 00100

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: March 8, 1990

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. 8 N ; Range 5 E ; Section 19 SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address ~~SE portion of SE 1/4 of Sec 19, T8N R5E, LCN~~

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 3 . Describe Modular on farm

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

4. Distance to public sewer: Approx 4 mi ~~ft.~~

X Robert E. Brook
Signature of Applicant (Owner or Lessee)

RT 1, Box 240, Crete, NE 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/8/90 . Date Frwd. 3/14/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Nod

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Janet Wilson for P.B

3. City or County Engineer: Date Rec'd. 3/14/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Klemme

REMARKS OR REASONS FOR DISAPPROVAL NEED LAGOON SEALED

Site Visits:
Date: 3/15/90 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

LLCHD

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property T8N R5E Sec 9 SE ¼
Directions to Property W. Martell RD ½ mile west of SW 129 intersection

Land Owners Name: Robert E + Betty J Hoover
Address: Box 240. RI Cristo NV 89333
Phone:

Send Results to:
Name:
Address:
Phone: 826-5501

Land Owners Signature Robert E Hoover
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	280
Casing Material	Steel
Casing Diameter	4"
Is well located in a pit	NO
Type of pump	submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	100 (distance)	FEET	(U)/D
CESSPOOL	—	FEET	U/D
SEPTIC TANK	—	FEET	U/D
SEWAGE DISTRIBUTION FIELD	—	FEET	U/D
WASTE STABILIZATION LAGOON	—	FEET	U/D
BARN YARD	75	FEET	U/(D)
NEAREST WELL	—	FEET	U/D
NEAREST PASTURELAND	—	FEET	U/D
NEAREST CROPLAND	—	FEET	U/D
SHOP	—	FEET	U/D
GRAINERY	—	FEET	U/D
FUEL TANKS	75	FEET	(U)/D
OTHER POTENTIAL CONTAMINATION SHED SOURCE	10	FEET	WHAT? For chemical storage

ADM.0002/34

Collected 6-6-96 2:30

WATER MICROBIOLOGY

STATE LAB NO. 1410819

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 6-6-96 2:30
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Loos SW 128

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SE SECT 19 TWNSHP 8 N S RANGE 5 W E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

LLCHD
3140 N ST
LINCOLN NE 68510

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

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 JW

FOR ACCOUNTING USE ONLY

LWB 88

'96 JUN 7 PM 1 52
REPORTED

RECEIVED
'96 JUN -6 P 3:08

WATER CHEMISTRY

STATE LAB NO. 154160

COMPLETE INFORMATION BELOW

DATE COLLECTED 6-6-96 (MO. DAY YEAR) 2:30 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION L005 SW 128

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SE SECT 19 TWNSHP 8 S RANGE 5 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
3140 N ST.
LINCOLN NE 68510

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

'96 JUN -6 P3:08

RECEIVED '96 JUN 7 PM 4:31

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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

Blinking yellow light
on Heard. ½ miles west
and ¾ mile

John Strohmyer
lagoon