LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380131601

Issued 07/12/95
Expires 01/12/96
Revenue Code 18754

Establishment
TIMOTHY BRUDER
T8N R5E SEC 33
PARCEL A

FEES: $150.00

TOTAL $150.00

Permittee
TIMOTHY BRUDER
RR0002
BOX 0039A
WESTERN NE 68464

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"

REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO. _____

DATE: 7-5-95

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. T8N ; Range R5E ; Section 33 ;
   Block _____ : Lot _____ : Addition PARCEL "A"
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Timothy R Rodman
Signature of Applicant (Owner or Lessee)

Rt 2 Box 39A Western Ne 68464
Address

433-2011

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/95. Date Frwd. 7/12/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/11/95. Date Frwd. 7/11/95. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon
3. City or County Engineer: Date Rec'd. 7/12/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluym

REMARKS OR REASONS FOR DISAPPROVAL _____

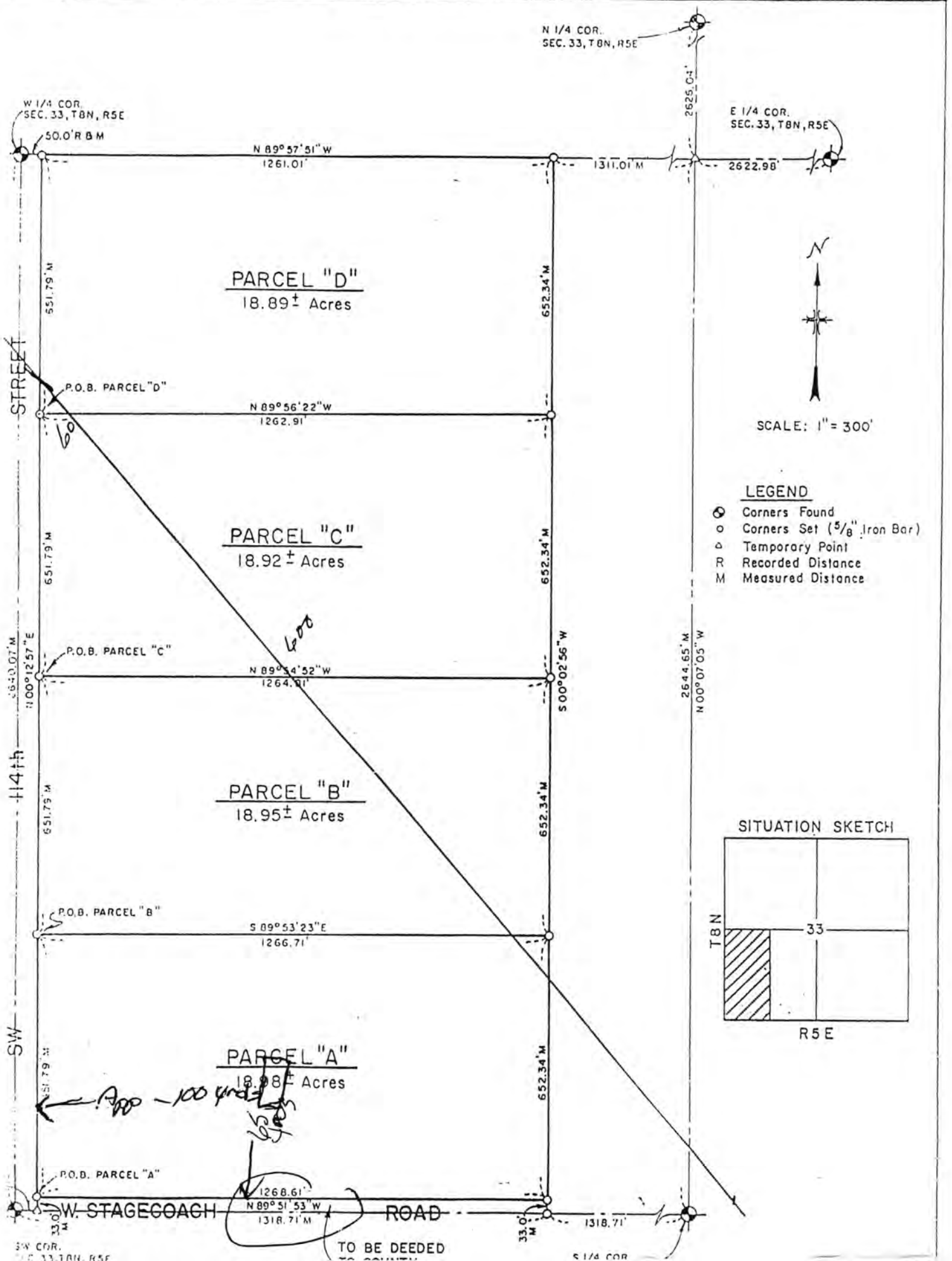
Site Visits:
Date: 10/2/95 by: J.C.H. NEED DRAWING ~~FENCE~~ SIGNS
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

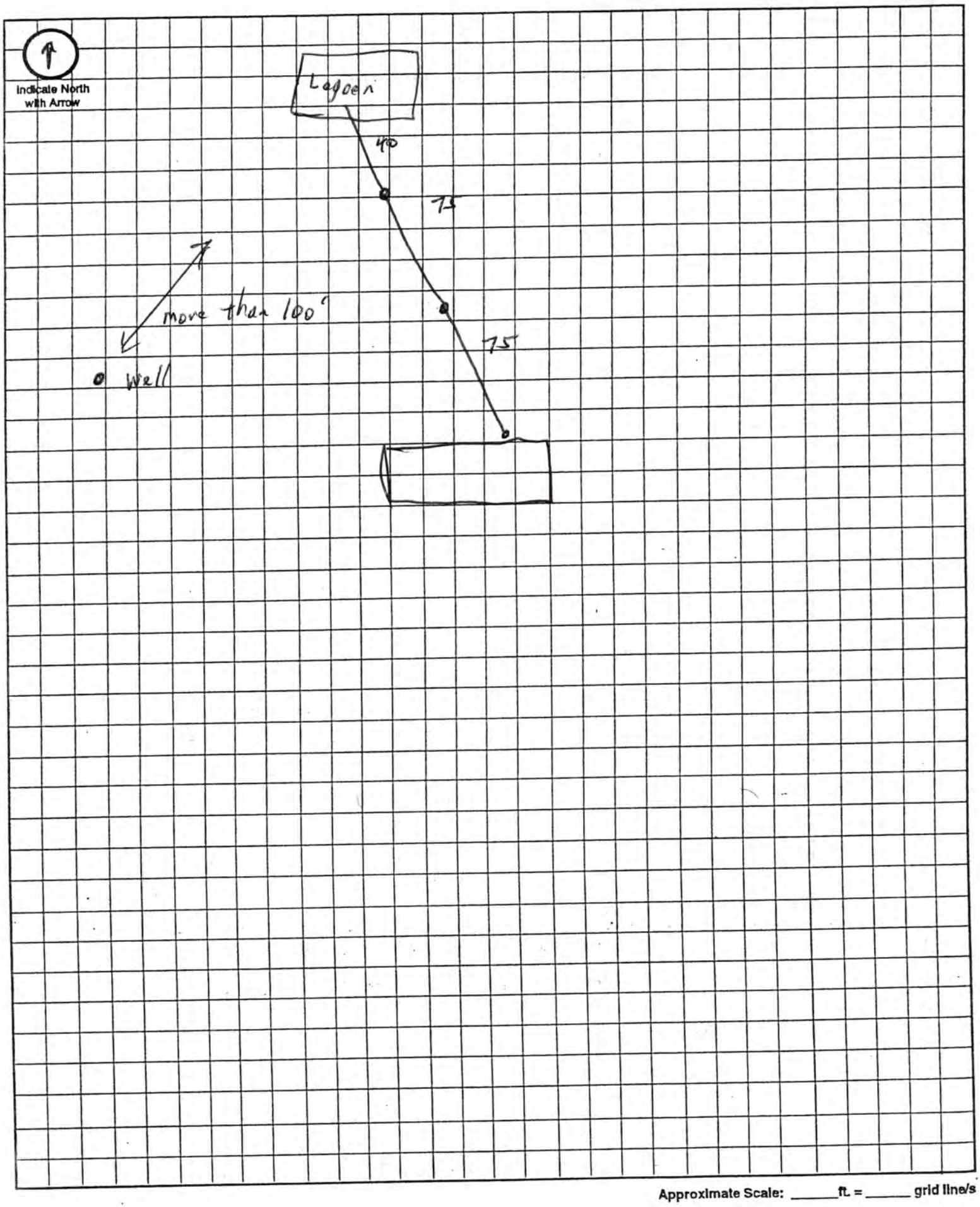
White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

Survey Record



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

75.00 Paid 75.00 Already

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 11100 West Stagecoach Rd.

Twp 8N Range 5E Section 33 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___ SW/4

Directions to Property South of Linda on Hwy 77 to Hwy 33 then west to SW 114th of Kramer Corner | South 3 miles ¼ East North Side

Location of Well Out Side Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of House Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Tim Bruder	RH Box 92B Crete Ne 68333	826-3002
Return to:	Tim Bruder or Jim Lonergan	Commeral federal Morgage 56th to 1st Lincoln	

Signature of Applicant Tim Bruder Address Same as above Date 10/27/95

HEALTH DEPARTMENT USE ONLY

Date Received 10/27/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold "Hood" **DATE:** 10/30/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: LAGOON NEEDS TO BE FINISHED, FENCING, SIGNAGE. AS BUILT DRAWING.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

APR 11 2002

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

Copy

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 11100 W. Stagecoach Rd. Crete, NE.

Twp 8N Range 5E Section 33 1/4 ___ 1/4 ___ Block ___ Lot ~~#~~ Addition Lot 13 SW 33-8-5

Directions to Property south on 77 to 33, south on 114 St. 3 miles to W. Stagecoach Rd., east ½ mile. Blue house on North side of road.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	T ~~Bruce~~ Bruder	11100 W. Stagecoach Rd. Crete, NE	402-826-3002.
Tenant/Buyer:	Mitchell & Tammy Homolka	8801 West O St. Lincoln NE 68528	402-477-8911
Return to:	Roma B. Amundson	Home Real Estate 3910 South St, Lincoln, NE	432-5488.

X Signature of Applicant Tammy Homolka Address 8801 W O' Lincoln, NE 68528 Date 4/7/02.

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	4/11/02 4/17/02	Date	___/___/___
Initials	" "	Case No.	
Amount	$150.00 "50"	Initials	
Check No.	2286 #2295		

PRELIMINARY STATUS--By Doug Smith DATE: 4/12/02

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 3.0 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: - Remove reels from lagoon, Install locked gate, Install warning sign on fence. Correction made 5/21/02 See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 05/21/02

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

TOTAL P.02

WATER CHEMISTRY

STATE LAB NO. 15 11172

COMPLETE INFORMATION BELOW:

DATE COLLECTED 10 (Mo.) 30 (Day) 95 (Yr) 2:29PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TIM BRUDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 33 TOWNSHIP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

REC.

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

OCT 30 P 3:57

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☒ CHLORIDE 12, mg/l
- ☒ NITRATE-N 0.3 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: ET

FOR ACCOUNTING USE ONLY

LRWC 85

'95 OCT 31 P1:42

REPORTED

'95 OCT 30 P3:57

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1426120

FOR LABORATORY USE ONLY

DATE COLLECTED 10 (MO.) 30 (DAY) 95 (YEAR) 2:29PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TIM BRUDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 33 TWNSHP 8 N RANGE 5 E

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

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWB 91