# Lincoln-Lancaster County Health Department
## ENVIRONMENTAL PUBLIC HEALTH DIVISION

006655

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390082101

Issued 04/13/05
Expires 04/13/06
Revenue Code 3157

Establishment:
LEONARD HARPER
T8N R6E SEC 26
LOT 26IT
18505 S 12 ST

FEES: $100.00

Permittee:
LEONARD HARPER
BOX 15
ADAMS NE 68301-9711

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

05390082101

# Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☑ **ALTER** ☐ **EXTEND** ☐ **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:**
   Township 8 N Range 6 E Section 26 1/4 Section _____
   Block _____ Lot 26 F.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 18505 S 12th

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☑ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Extending Lagoon

5. **Work to be done by:** ☐ owner ☑ contractor's name Harper Well

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Leonard Harper Address P.O Box 15 Adams Phone 432-2204
Applicant Signature (owner or lessee) _____

**Please include the permit fee ($100) with this application**
Fee must be included before the application will be processed. Incomplete information will delay processing

---

**HEALTH DEPARTMENT USE ONLY**

Date received 4/13/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

**Site visits**
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

**Installation final written approval**
Date ____/____/____ By _____

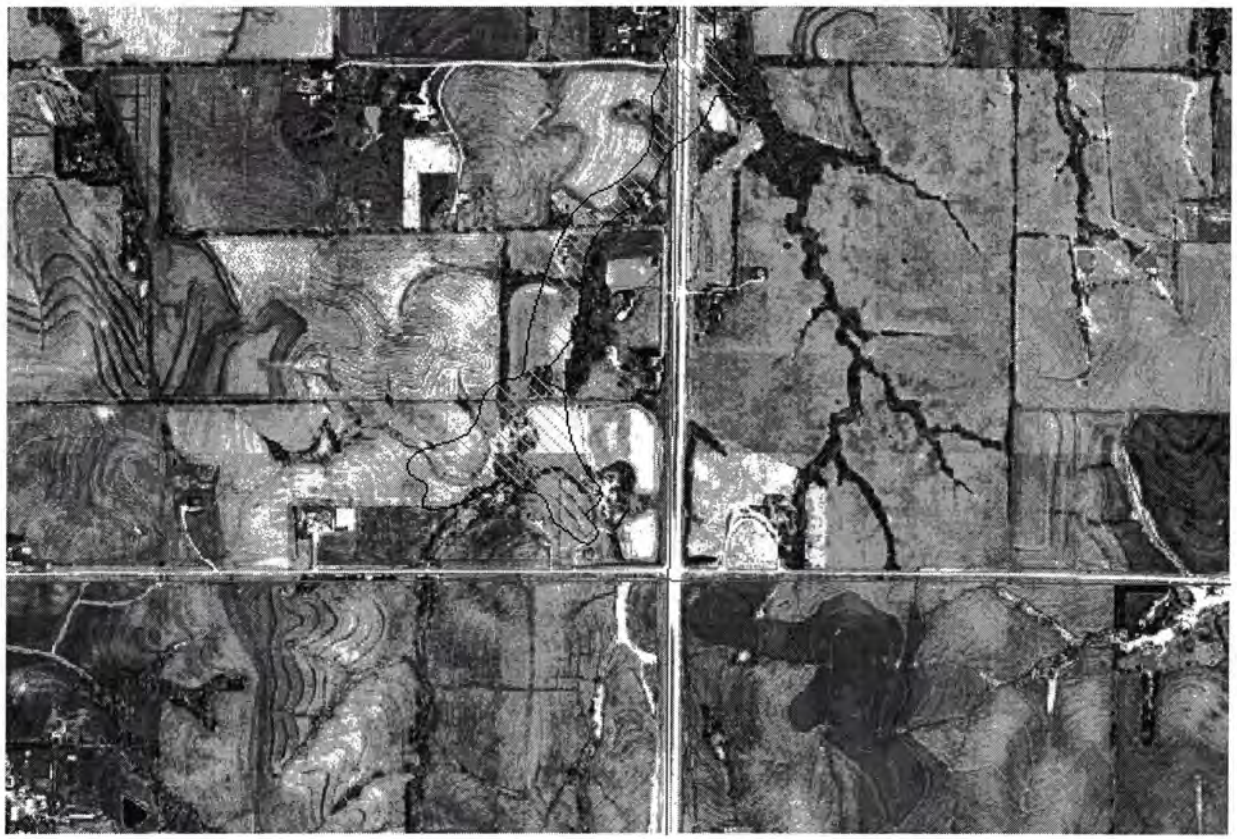
**Return application to:** Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

***Business Office Use Only***
Received: Date: 04/13/05 Amount 100 Check No. 3801 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

ESRI ArcExplorer 2.0

# 18505 South 12th Street



streets

flood1

N

Wednesday, Apr 13 2005

ATN: Jerry Flood

012

# 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.

3282

Legal Description of Property: Street Address 18505 So. 12th H. Rora

Twp 8N Range 6E Section 26 1/4 SE 1/4 Block Lot Addition Irregular Tract

Directions to Property So. on Hwy. 77 then 1.9 miles south of Creek Corner (Hwy. 33) Home on west side of Road

Location of Well Front yard @ SE corner of house Depth Dug 3 yrs. old Tap Location: Inside ☒ Outside ☒

Location of ~~Sewage System~~ Lagoon Directly Behind House Year Installed ?

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Everett Laidman | 18505 So. 12th St Rt. 1 Box 20 Rora 68430 | 794-5115 |
| Tenant/Buyer: | Marcus Hendricks | 5103 Starr Lincoln NE 68504 | 466-8884 |
| Return to: | Capital Title | Box 6577 Lincoln NE 68506 | 434 3727 |

Signature of Applicant Everett Laidman Address ~~Box~~ Box 16577 Lincoln NE 68506 Date 3/26/97

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**

Date 03/27/97
Initials ns
Amount $150.00
Check No. 4578

**DATA ENTRY**

Date ____/____/____
Case No. ____
Initials ____

**PRELIMINARY STATUS--By** P. DROTZMANN **DATE:** 3/31/97

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ____ /ml |
| Nitrate | ☒ <0.1 ppm | ☐ ____ ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☐ |
| Provisional | ☒ |
| Disapproved | ☐ |

**Additional Site Visits**

Date ____/____/____ by ____
Date ____/____/____ by ____
Date ____/____/____ by ____

**Comments:** LLCHD is unable to locate documentation that system was inspected or approved. The system may pre-date regulations, hence, no file created. Sewage system appears to be working adequately. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Paul Drotzmann Date 4/4/97

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

'97 APR 1 PM 4 23
REPORTED

'97 MAR 31 P2:01
RECEIVED

# WATER CHEMISTRY

STATE LAB NO. 15 1841

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-31-97 1:40
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION LADMAN; 18505 S. 12

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SE SECT 26 TWNSHP 8 (N) S RANGE 6 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

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 SW

FOR ACCOUNTING USE ONLY

LWN 88

# WATER MICROBIOLOGY

STATE LAB NO 14 6840

'97 APR 1 PM 1 17 RECEIVED

REPORTED

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-31-97 (MO. DAY YEAR) 1:40 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION LADMAN ; 18505 S. 12

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SE SECT 26 TWNSHP 8 N S RANGE 6 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

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

FOR LABORATORY USE ONLY

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

FOR ACCOUNTING USE ONLY

LWB 91