LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 894-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 3, 1977 — THIS PERMIT EXPIRES

Edward T. Douglass — ISSUED TO

Cortland, Nebraska 68331 — ADDRESS

T8N; R6E; Sec. 28; Lot 47 I. T.; ALTERATION — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

Health Department — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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

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: 475-6221)

FILE NO. 894-C

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

DATE: 7-20-76

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. 8N ; Range 6E ; Section 28 ;
Block ; Lot 47 I.T. ; Addition Lot H7-48 except 50A of Farm land in NW¼
Street Address Martell, Ne -

2. Property Use: Residential ☑; Commercial ☐
No. Bedrooms
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: New field
cement half moon + gravel field

5. Work to be done by: Owner ☐ ; or Contractor ☑, Ed Douglass
Contractor's Name

6. Estimated cost of project:

a. Materials	$	444 00
b. Labor + packing	$	343 00
c. Other tax	$	11 10
TOTAL	$	797 10

$9 to home
15% contin

Carl Sittler estate (by Ed Douglass)
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 15.00

Site Visits:
Date: 7-28-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-28-76 by: James Wevelka

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2187-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 15, 1985 — THIS PERMIT EXPIRES

GORDON R. KYHN — ISSUED TO

ROUTE #1, BOX 3A MARTELL, NE 68404 — ADDRESS

T8N; R6E; Sec 28; Lot 47 I.T.; "D" Street, Martell, Nebraska — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
EB	10/7/85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

REC'D APR 1 1 1985

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: $ 60.00

FILE NO. 2187-C

DATE: 3- 15 - 85

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 R6E ; Section 28 ;
   Block _____ : Lot 47 I.T. : Addition _____
   Street Address Dist Martell Nebr.

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

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

4. Distance to public sewer: unknown ft.

Gordon R. Kuhn
Signature of Applicant (Owner or Lessee)

within 1 mile of Sprague

Route 1 Box 34 Martell Nebr
Address 68404

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/12/85. Date Frwd. 4/15/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-9-85 Date Frwd. 4-10-85. ACTION: Approved ☒ Disapproved ☐ Signature: Roger Palmer

3. City or County Engineer: Date Rec'd. 4-17-85. Date Frwd. 4-17-85. ACTION: Approved ☒ Disapproved ☐ Signature: H Stothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-4-85 by: sm need drawing (owner will bring)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: July 17-85 By: Ron Maynard

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2187-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 6E ; Section & ¼ Section 28 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-9-85 to 3-10-85. Weather: Precip. None Temp. 55°-60°

OWNER: Gordon R. & Marcia A. Kuhn

Address: Route 1 Box 34A Martell Nebr 68404

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 1/8	30	4 1/8	
2	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 3/4	30	4 3/4	
3	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 5/8	30	4 5/8	
4	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 3/4	30	4 3/4	
5	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 3/4	30	4 3/4	
6	36	3/9	12:35	3/9	18:35	3/10	1:20	16	5:25	20 5/8	30	4 5/8	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Gordon R. Kuhn
Signature of Person Conducting Test

Address Route 1 Box 34 Martell Phone 794-6415

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM

Date: _____

Approved Percolation Rate (a)
A. 6 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

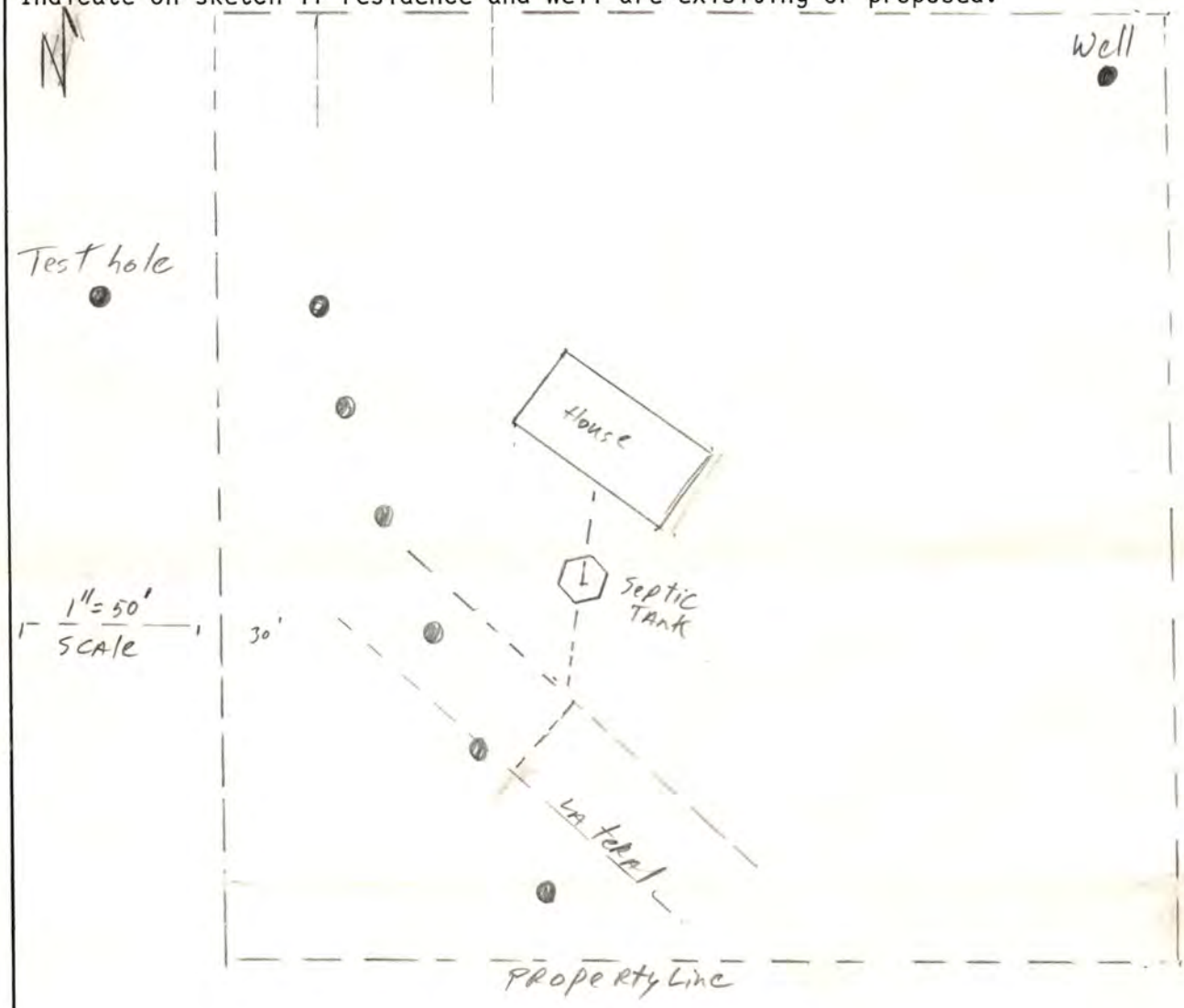
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2187-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

D

DATE: 7-1-85

FILE NO. _____

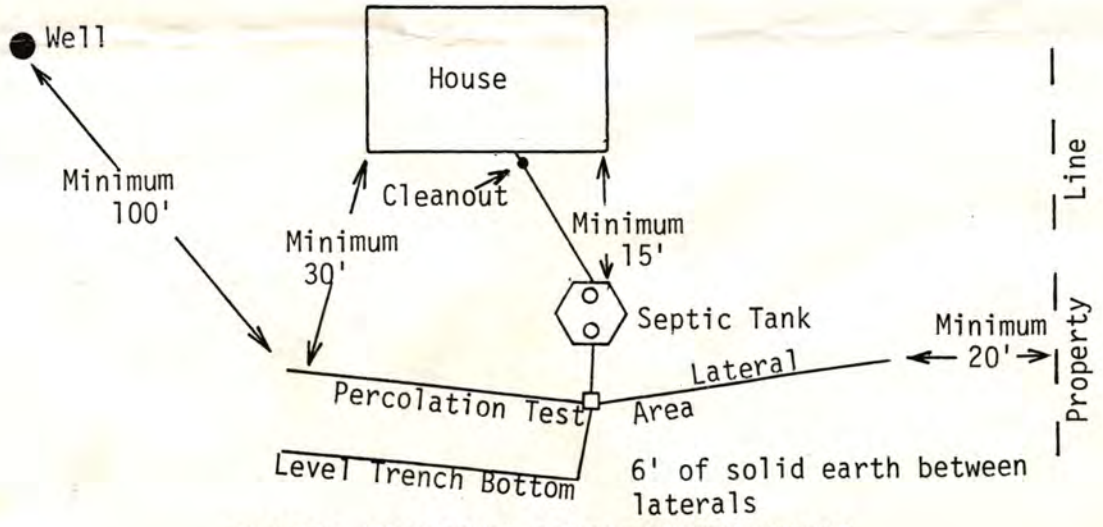
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CAST IRON; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or ~~Suction Line~~ 130 ft.; ~~Stream~~ ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade ____ in.
8. Distances to:
Well or Suction Line 75 ft.; ~~Stream~~ ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 4.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 20 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 4; Length of each line 50, 50, 50, 50, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.;
Slope ____ in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 8" in.
5. Distances to:
Well or Suction Line 150 ft.; ~~Stream~~ ____ ft.; Pressure Line ____ ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

it

WAGE SYSTEM REPAIR
WAGE REPAIR

No. 97390057201

Issued 11/13/97
Expires 05/13/98
Revenue Code 3157

FEES: $50.00

TOTAL $50.00

blishment

SAN MAGOR
N R6E SEC 28
31 D STREET, MARTELL

mittee

SUSAN MAGOR
2631 D ST
MARTELL NE 68404

Issued By Gregg M Wright MO
M. Jane Ford
Health Director

5456

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE Repair

A. System Location (Indicate correct number and street)

Address 2631 D St. (no rural route) City MARTELL NE, Zip 68404

Legal Description 28 8N 6E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name SUSAN MAGOR Signature Susan Magor

Address 2631 D St. City/State/Zip MARTELL NE 68404

☐ Check if owner designed system Home Phone 994-0216 Work Phone 441-2617

C. Contractor

Name SINTEK Sys Co. Company Name none

Address C/O NO 7 RT 5 City/State/Zip ne

☐ Check if contractor designed system Work Phone 4358868

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 11/21/97 Date frwd 11/21/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

11/25/97 GCH

Installation Final Written Approval

By Gerald C. Hood R.E.H.S.

Date NOVEMBER 25, 1997

Business Office Use Only

Date Rec'd 11/13/97

Amt Paid $50.00

Rec'd By ldl Cash/Check No. 2345

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7631 Dst (no rural route) City Martell NE, Zip 68404

Owner S.G. Magor Addresss 7631 Dst

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 52 min./inch

Date of Tests 11-17-97 to 11-18-97 Weather: Precipitation NO Temperature 40

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	18"	11-17	1 PM	11-17	5 PM	11-18	4 PM	6	11-18	5 AM	60	1"	60 MIN/IN
2								6				1⅛	53 MIN/IN
3								6				1⅛	53 MIN/IN
4								6				1¼	48 MIN/IN
5								6				1¼	48 MIN/IN
6								6				1¼	48 MIN/IN

Sum of Percolation Rates:

Average of Rates: 52 MIN/IN

Rate Used for Calculation: 52 MIN/IN

Person Conducting Percolation Tests

Name: Gary Lentz

Phone: 435-8868

Address 6710 NO 70th Lin NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 21, 1997

FORM 23-101 10-96

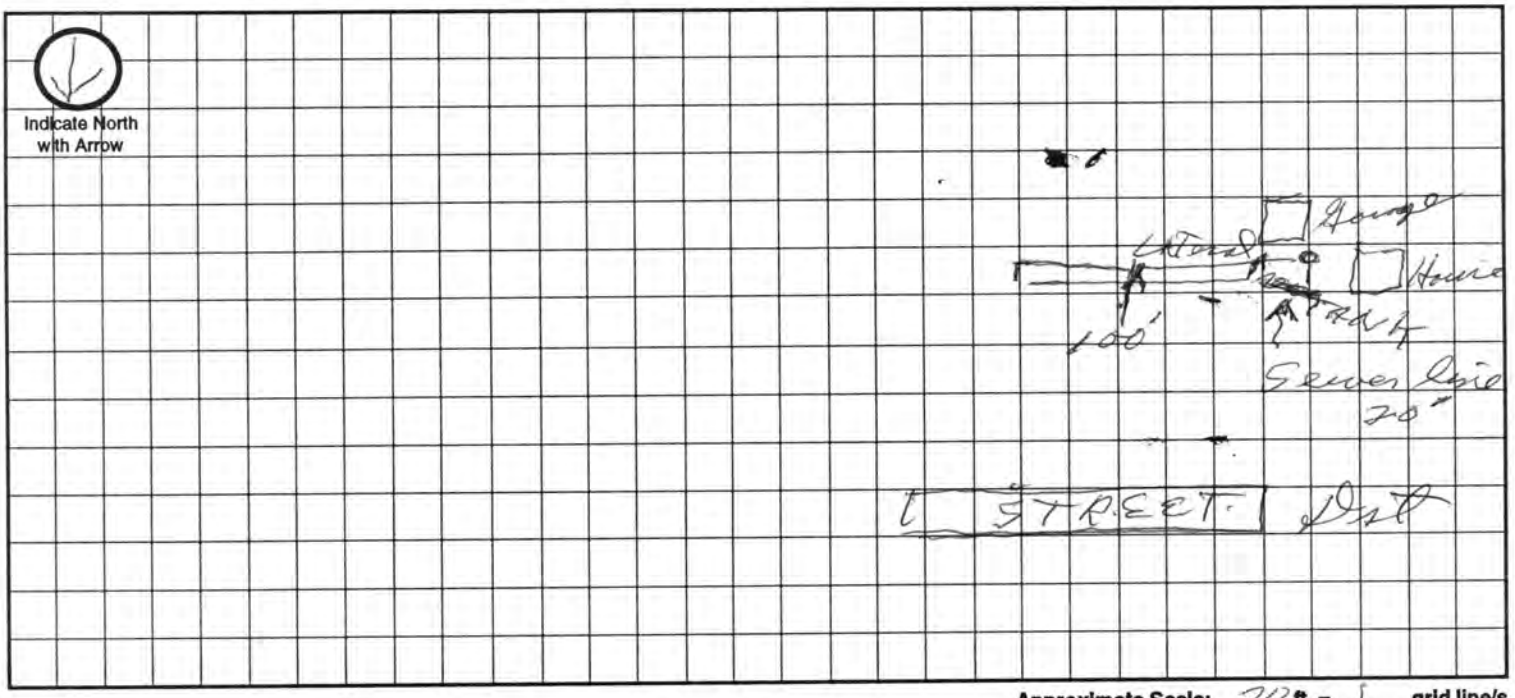
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7631 D st City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other ?

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: Wymore Land Slope: 01 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 622 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 207 ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

002

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 2631 D Martell Rd
Twp 8N Range 6E Section 28 1/4 NW 1/4 Block Lot 47 Addition
Directions to Property

Location of Well W. side of Driveway Tap Location: Inside ☑ Outside ☐
Location of Sewage System East of House see diagram Year Installed ALTERED 1976

	NAME	ADDRESS	PHONE
Present Owner:	Stacey & Jennifer Wilhelm	RR Martell	794-4020
Tenant/Buyer:	Susan Mayor	1114 Garfield Lincoln	477-3662
Return to:	John W Ball	3737 South Fwy Lincoln Nebr	432-6603

Signature of Applicant Susan G. Mayor Address 1114 Garfield Lincoln Nbr 68502 Date 3/24/94

HEALTH DEPARTMENT USE ONLY

Date Received 3/24/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 3/28/94

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

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 4/4/94 by JCW.
Date / / by
Date / / by

Comments: SEPTIC SYSTEM HAS RUN OUT SOMETIME IN THE RECENT PAST. HOUSE IS VACANT NOW. ~~BEDROOM LATERAL WAS ADDED WITHOUT PERMIT OR INSPECTION.~~ CISTERN SHOULD BE ABANDONED PROPERLY. WELL NEEDS SCREENED AIR VENT AND ~~SEALED~~ AROUND WIRES See Attached Letter ☐

FINAL STATUS Well repaired & bacteria latered fixed 4/4/94

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ GOING INTO
Provisional Approval: ☒ WELL HEAD

Approved by Jerrold C. Wood R.E.H.S. Date 4/6/94

~~CISTERN SHOULD BE FILLED IN.~~ ALTHOUGH NOT OUT OF COMPLIANCE NOW IT IS VERY POSSIBLE THAT IN THE FUTURE SEPTIC LATERAL MAY HAVE TO BE ADDED. PORTIONS OF THE SEPTIC SYSTEM PREDATE REGULATIONS AND INSPECTION.

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.

WATER CHEMISTRY

STATE LAB NO. 155534

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 3 (MO) 28 (DAY) 94 (YEAR) 1:29 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STACEY WILHELM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 TWNSHP 8 N RAN

REPORTED

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

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 CC

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 14 6647

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 4 (MO.) 4 (DAY) 94 (YEAR) 2:06 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION STACY WILHELM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 TWNSHP 8 N RANGE 6 E

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: ☒ 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

FOR ACCOUNTING USE ONLY

LWB 91

'94 APR -4 P2:31 RECEIVED

'94 APR -5 P1:17 REPORTED

97/201001

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 2631 D St. Martell NE

CR 1259 Twp 8N Range 6E Section 28 1/4 ___ 1/4 ___ Block ___ Lot 47 Addition E 465.73' N 270' Lot 47

Directions to Property South west corner of Martell NE.

Location of Well West property line (well house) Tap Location: Inside ☐ Outside ☑

Location of Sewage System Southeast of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner: CR 26260	Susan Magor	2631 D St. Martell, NE 68404	794-0216
Tenant/Buyer:	Jon Ruhnke	P.O. Box 81321 Lincoln, NE	484-6859
Return to: (above)	Security Federal	Suite 100, 1001 So. 70th Lincoln, NE 68510	434-3333 c/o Ingrid Tate

send copy to Jon Ruhnke (address above)

Signature of Applicant Jon Ruhnke Address P.O. Box 81321 Lincoln, NE 68501 Date 11/12/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/13/97
Initials ___
Amount $150.00
Check No. 19902

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/13/97

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☑

Additional Site Visits
Date 11/25/97 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SEWAGE SYSTEM RUNNING OUT. HAVE REPAIR PERMIT APPLICATION. Perc test taken. New laterals put in. System of tank and building sewer. Predator regulations and inspection here. See Attached Letter ☐ That part of system has provisional approval.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/25/97

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

WATER CHEMISTRY

STATE LAB NO. 15/0325

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO) 13 (DAY) 97 (YEAR) 1:43 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SUSAN MAGOR

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 TWNSHP 8 N RANGE 6 E

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

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

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED 97 NOV 13 PM 2:42

REPORTED 97 NOV 14 PM 3 49

'97 NOV 13 PM 3 42 97 NOV 14 PM 12 14 RECEIVED REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1425087

FOR LABORATORY USE ONLY

DATE COLLECTED 11 (MO) 13 (DAY) 97 (YEAR) 1:43 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SUSAN MAGOR

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 TWNSHP 8 N RANGE 6 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

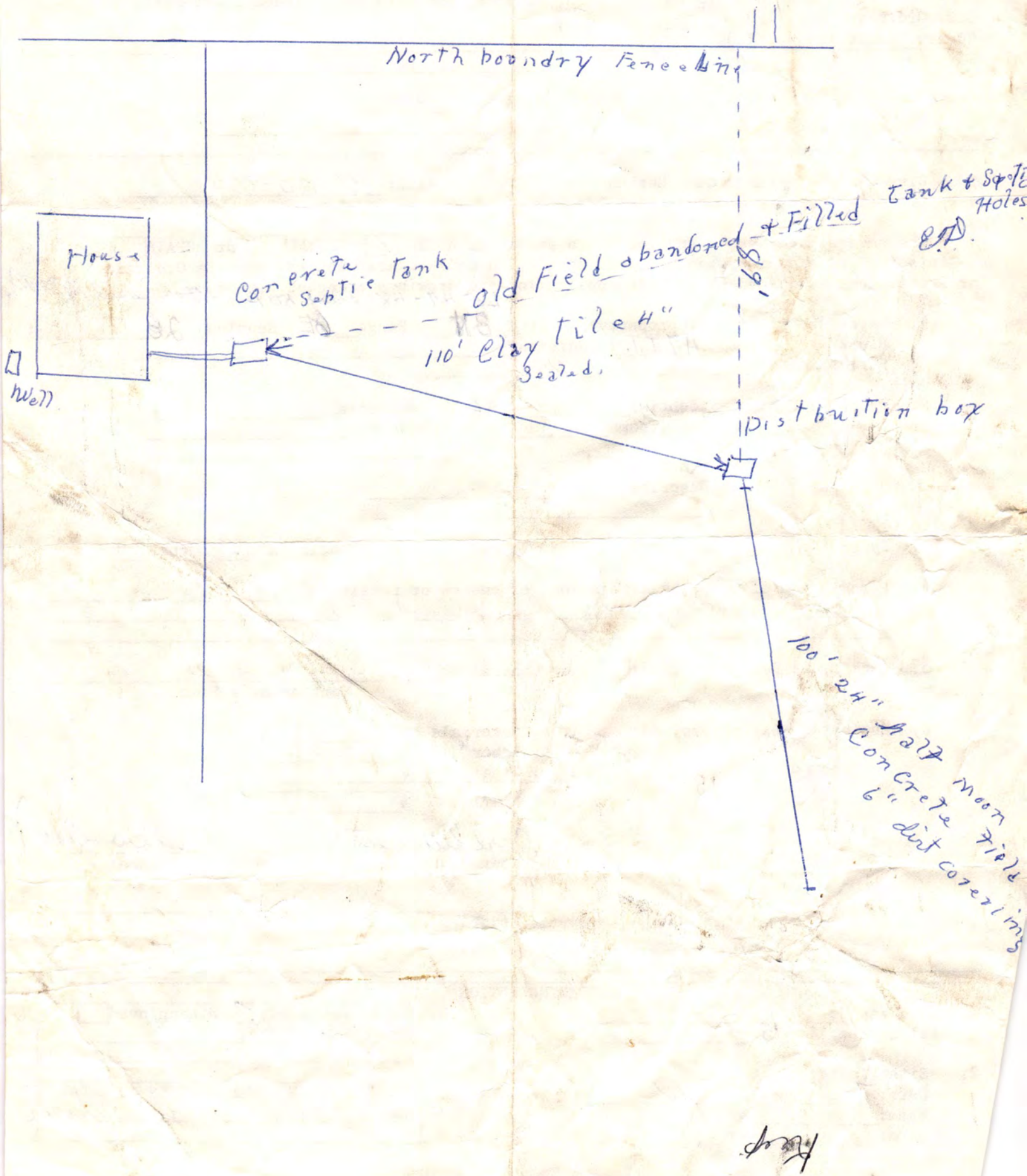
TEST(S) BY SB

FOR ACCOUNTING USE ONLY

LWB 96

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

1977


North boundry Fence Line
House
Concrete Septic Tank
old Field abandoned + Filled
110' Clay Tile H"
Sealed.
Tank & Septic Holes
E.P.
well
Distribution box
100 - 24" half Moon Tile
Concrete
6" dirt covering