REC'D OCT 29 1986

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

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: 10-27-86

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 7E; Section 5;
Block _____; Lot 5 Ex; Addition _____
Street Address 11500 So 38th

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3 Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair:
Install NEW LATERAL

5. Work to be done by: Owner [X]; or Contractor [ ], _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	285.00
b. Labor	$	
c. Other	$	
TOTAL	$	285.00

Del L Moorman
Signature of Applicant (owner or lessee)

RR 1 — Box 176 ROCA, NE. 68430
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 10/16/86 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL*
Date: _____ by: _____

*COVERED WITHOUT INSPECTION

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390047901

Issued 10/04/95
Expires 04/04/96
Revenue Code 18754

Establishment
DEL MOORMEIER
T8N R7E SEC 5

FEES: $50.00

TOTAL $50.00

Permittee
DEL MOORMEIER
ROCA NE 68430

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"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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: 10-3-95

The undersigned hereby applies for a permit to ALTER [X], 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 7E ; Section 5 NW/4 ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. Bedrooms 3
Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Abandon Septic System on / Install 4C' round Sewage Lagoon

5. Work to be done by: Owner [ ] ; or Contractor [X] , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	7400 00

Del MacMeier Brad Southwick
Signature of Applicant (owner or lessee)

RFD Roca Ne 68430 17201 S. 72
Address Hickman Ne

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10/3/95 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Jerald C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/11/95 by: Jerald Hood

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN A

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to request

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 11500 S. 38th Roca,

Twp 8N Range 7E Section 5 1/4 NW 1/4 Block Lot Addition

Directions to Property 38th & Saltillo - 1st House South on the east side 2878

Location of Well 10 Feet east of Drive Tap Location: Inside ☐ Outside ☒

Location of Sewage System Straight East of House 40' Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	The Moormen	11500 S. 38th	423-4250
Tenant/Buyer:			
Return to:	FIRSTIER	Envelope enclosed	

Signature of Applicant Orl L. Moorman Address R+1 Box 176 Roca NE 68430 Date 9 6 95

HEALTH DEPARTMENT USE ONLY

Date Received 09/07/95 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood DATE: 9/11/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 2.4 ppm	☐ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 10/3/95 by J.C.H.
Date 10/10/95 by J.C.H.
Date / / by

Comments: SOME PART OF SEWAGE SYSTEM IS TRENCHED OUT TO GROUND SURFACE. IS OLD WELL UNDER WINDMILL PROPERLY ABANDONED? Sewage system corrected. 10/10/95 See Attached Letter ☐
No one available to know about old well. Sewage system has approval from point where it hooks onto old sewer on out to lagoon.

FINAL STATUS
WATER SYSTEM: Approved: ☒ SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 10/11/95

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.

Old sewer prexists regulations and inspections hence approval is provisional on it. J.C.H.

WATER CHEMISTRY

STATE LAB NO. 155-8830

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 11 (DAY) 95 (YEAR) 12:05PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MOORMIER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E W

REPORTED

RECEIVED

SEP 11 P1:50

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 2.4 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 145-2021

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 9 (MO.) 11 (DAY) 95 (YEAR) 12:05PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MOORMIER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 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

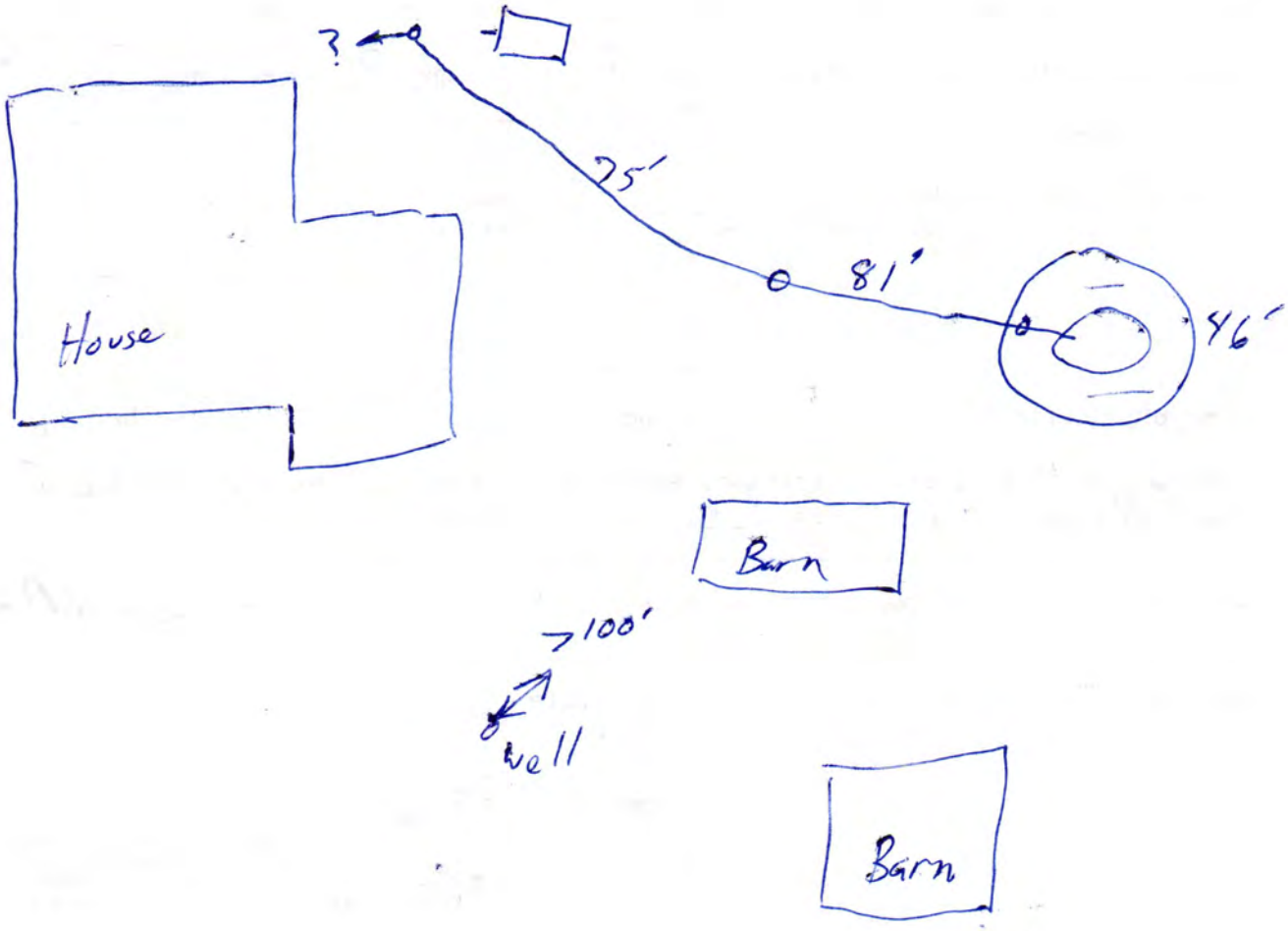
TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 88

REPORTED 95 SEP 12 P2:24

RECEIVED '95 SEP 11 P1:51


N
?
75'
81'
46'
House
Barn
100'
well
Barn

REC'D OCT 29 1986

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

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: 10-27-86

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Block _____; Lot 5 Ex; Addition _____
Street Address 11500 So 38th

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3 Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

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Install NEW LATERAL

5. Work to be done by: Owner [X]; or Contractor [ ], _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	285.00
b. Labor	$	
c. Other	$	
TOTAL	$	285.00

Del L Moorman
Signature of Applicant (owner or lessee)

RR 1 — Box 176 ROCA, NE. 68430
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 10/16/86 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL*
Date: _____ by: _____

*COVERED WITHOUT INSPECTION

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390047901

Issued 10/04/95
Expires 04/04/96
Revenue Code 18754

Establishment
DEL MOORMEIER
T8N R7E SEC 5

FEES: $50.00

TOTAL $50.00

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Signature of Applicant (owner or lessee)

RFD Roca Ne 68430 17201 S. 72
Address Hickman Ne

(Do not write below this line)

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Approved ☐
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Date 10/3/95 by J.C.H.
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STATE LAB NO. 155-8830

COMPLETE INFORMATION BELOW

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SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MOORMIER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E W

REPORTED

RECEIVED

SEP 11 P1:50

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 2.4 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 145-2021

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 9 (MO.) 11 (DAY) 95 (YEAR) 12:05PM (HOUR)

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SAMPLE LOCATION MOORMIER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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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

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*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

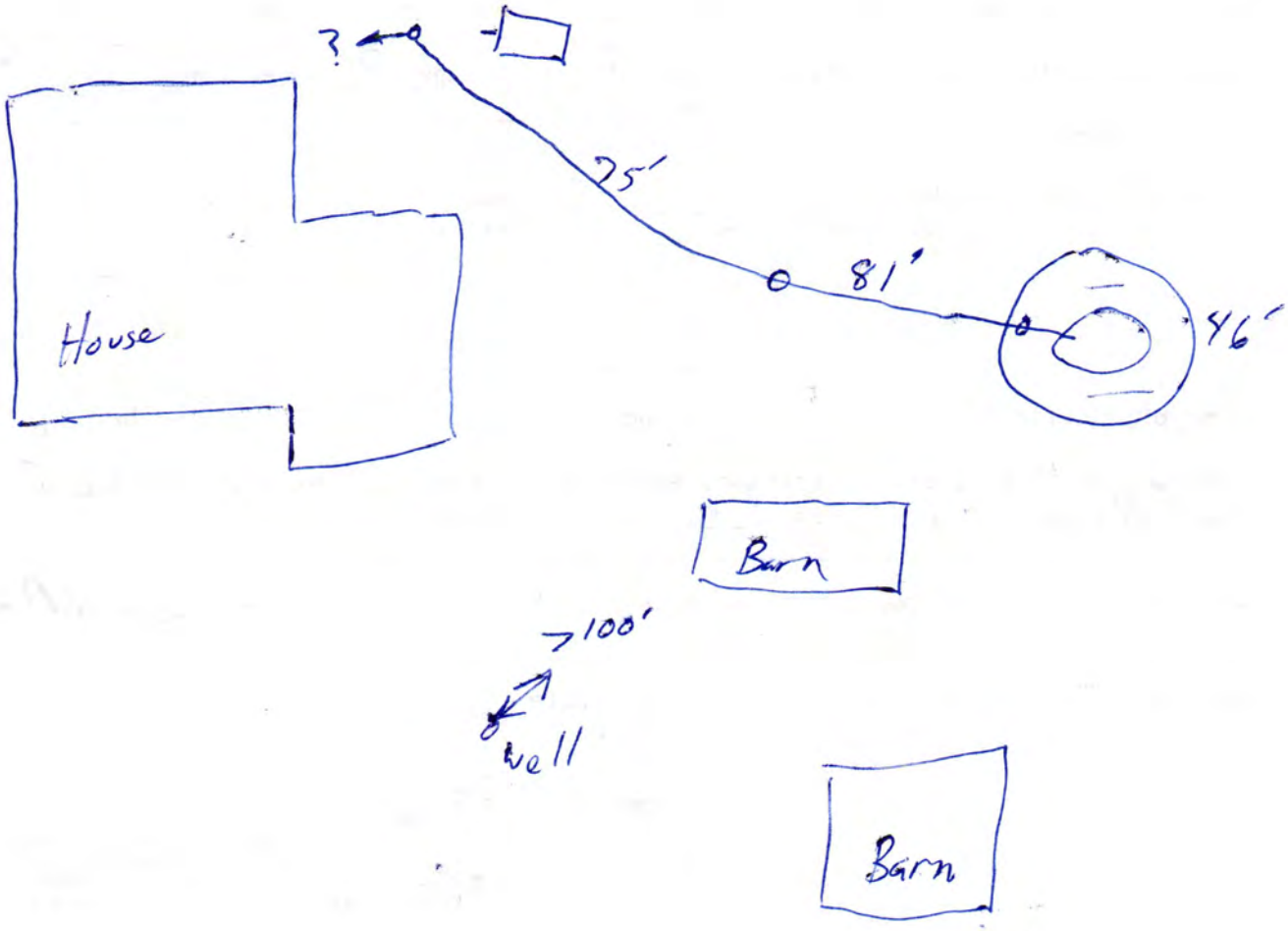
TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 88

REPORTED 95 SEP 12 P2:24

RECEIVED '95 SEP 11 P1:51


N
?
75'
81'
46'
House
Barn
100'
well
Barn