LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1589-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 27, 1980 — THIS PERMIT EXPIRES

J & J Investments, Inc. (Jerome W. Johnson) — ISSUED TO

240 "O" Street, Lincoln, NE — ADDRESS

T8N; R7E; Section 5 NE¼; Lot 10 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977

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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1589-C

DATE: _____

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. 8N ; Range 7E ; Section 5 ; Block _____ : Lot 10 I.T. : Addition SEE ATTACHED
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

T & T Investments Inc.
Signature of Applicant (Owner or Lessee)
Jerome W. Johnson
240 "O" St Lincoln NB 68528
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/24/79. Date Frwd. 8/27/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 8/27/79. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. 8-27-79. Date Frwd. 8-27-79. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-4-79 by: JW
Date: 10-4-79 by: JW *
Date: 10-5-79 by: JW *

* The sewer line was at 3' level exactly, recommended digging 1' deeper bottom

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-10-79 By: James A. Beverka

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

* Had to build up NW ¼ of dike 1 foot + Lagoon is sized for a 4 Bd Room Home.

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☐

DATE: 10-30-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☐ Evaluation of the Individual Water Supply
☐ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 8 N ; Range 7E ; Section 5 NE¼;
Block ; Lot 10 I.T. ; Addition .
Street Address # Box 163a, Roca, NE 68430 .
Directions on how to get to property 11601 So. 54, Lincoln
.
Location of well South West of House 120' aprox. .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	Eldon GRUBER	Box 163a, Roca NE	423-5458
Tenant:			
Lending Agency:	State Federal		

(Do not write below double lines)

Health Department: Date Received 10-30-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 10-30-79 by
Date by
Date by

Mrs Eldon Gruber
Signature of Applicant
Box 163a Roca
Address

PRELIMINARY STATUS -- DATE 10-30-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval
.
☐ See Attached Letter.

FINAL APPROVAL -- DATE 10-31-79

Water System ☒ . Sewage Disposal System ☒ . BY Ron Mogenet

Form Number 20215-0878

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 4-3-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 5 ; BLOCK ___

LOT 10 FT; ADDITION ___; Street Address 11601 South 54th st.

Directions to Property 3 house south of saltillo on 54th street

Location of Well west of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System North west of house Year Installed 79

	NAME	ADDRESS	PHONE
Present Owner:	ELDON GRUBER	BOX 163A ROCA 68430	423-5458
Tenant/Buyer:	SAME		
Return to:	ELDON GRUBER	BOX 163A ROCA 68430	423-5458

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Eldon Gruber Address BOX 163A ROCA

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 3, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE APRIL 6, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 4/6/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 4/7/92	by J.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date ___	by ___

Comments: NEED WARNING SIGNS ON LAGOON FENCE. Corrected 4/7/92 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Errold C. Hood R.E.H.S. DATE APRIL 9, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SA[redacted] COLLECTED AND MAILED ON:

[redacted] K. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACC[redacted] NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 4/6/92 11:48A.M. (9-16) BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 101, T, SEC. 5, T8N, R7E ELDON GRUBER (29-41)

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 7098 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE ____ mg/LITER (61-64)

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN

OUT

'92 APR -7 P1:59

'92 APR -6 P2:46

'92 APR -7 P6:07

REPORTED

'92 APR -6

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151751

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

D[illegible]ECTED 4 (MO) 6 (DAY) 92 (YEAR) 11:48AM (HOUR)

[illegible]LECTED BY JERROLD HOOD

[illegible]CATION ELDON GRUBER

PRO[illegible]Y LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 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
3200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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REMARKS: NON-TRANSFERABLE

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RECEIPTED BY — DATE — AMOUNT

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Division of Environmental Health
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Phone: 474-1541

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FILING FEE: $60.00

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   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

T & T Investments Inc.
Signature of Applicant (Owner or Lessee)
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Street Address # Box 163a, Roca, NE 68430 .
Directions on how to get to property 11601 So. 54, Lincoln
.
Location of well South West of House 120' aprox. .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
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Tenant:			
Lending Agency:	State Federal		

(Do not write below double lines)

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Date by
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Approved ☒ Disapproved ☐

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FINAL APPROVAL -- DATE 10-31-79

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Comments: NEED WARNING SIGNS ON LAGOON FENCE. Corrected 4/7/92 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Errold C. Hood R.E.H.S. DATE APRIL 9, 1992

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LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
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REPORTED

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FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

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NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
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☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

D[illegible]ECTED 4 (MO) 6 (DAY) 92 (YEAR) 11:48AM (HOUR)

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NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

LWN 88