LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 95390045101

Permit
SEWAGE SYSTEM REPAIR

Issued 06/29/95
Expires 12/29/95
Revenue Code

Establishment
JIM KRUEGER
T8N R7E SEC 21
LOT 30
17205 S 68 ST, HICKMAN

FEES: $50.00

TOTAL $50.00

Permittee
JIM KRUEGER
17205 S 68 ST
HICKMAN NE 68372

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 ☐
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. 953900451

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

DATE: 6-22-95

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 7E; Section 21;
Block ____; Lot 30 IT; Addition ____
Street Address 17205 S. 68 2782

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

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

4. Description of proposed alteration, extension or repair: add 100' of Lateral

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL >	$ 400	00

JIM KRUEGER
10829

Jim Krueger by Brad Southwick
Signature of Applicant (owner or lessee)

17205 S. 68
Address Hickman Ne

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6-22-95
Filing Fee: $ 50 00

2. Site Visits:
Date: 6-22-95 by: P.D.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Paul Wingrave

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-22-95 by: Paul Wingrave
* PROVISIONAL APPROVAL

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR--EXTEND LATERALS

Establishment

SCOTT HENRICHS
T8N R7E SEC 21
LOT 30
17205 S 68 ST, HICKMAN

Permittee

SCOTT HENRICHS
17205 S 68 ST
HICKMAN NE 68372

Permit # 02390073901

Issued 11/25/02
Expires 05/25/03
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003107

#023900739

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 8N Range 7E Section 21 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 17205 So 68 Hickman, Ne 68372

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

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

4. **Description of proposed alteration, extension or repair** extend latural Field

5. **Work to be done by:** ☐ owner ☒ contractor's name _____

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 Scott Henrichs Address 17205 So 68 Phone _____
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

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HEALTH DEPARTMENT USE ONLY

Date received 11/25/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 11/26/02 By Jerrold Hood
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: 11/25/02 Amount 100.00 Check No. 4898 Initials TW

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

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

AUG 2 1 2002

Laboratory Report Printed on: AUG-19-02

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P15416-52**
Sampled By: **JERROLD HOOD**
Location: **NG**
Well ID:

Date Collected: **09-Aug-2002 10:15 AM**
Date Received: **09-Aug-2002**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	17		.05	mg/l	353.2		08/14/02	km

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

AUG 1 2 2002

Laboratory Report Printed on: August 09, 2002

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21104-40**
Sampled By: **JERROLD HOOD**
Location: **17205 S 68 ST**
Sample Point:

Date Collected: **08-Aug-2002 01:52 PM**
Date Received: **08-Aug-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	08/09/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	08/09/02	JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

950627025

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN

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

10819
63783

Legal Description of Property: Street Address 17205 South 68th Street

Twp 8N Range 7E Section 21 1/4 ____ 1/4 ____ Block ____ Lot 30 Addition ____

Directions to Property + he 56th Street South to Saltillo Road, Saltillo Road east to 68th Street and 65th Street South

Location of Well West side of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System North side of House (Northwest) Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Raymund & Bonnie Rouse	17205 South 68th Street Hickman, NE	792-2375 471-5685
Tenant/Buyer:	James D Krueger	2401 Sheridan Blvd Lincoln, NE 68502	435-5545 476-1276
Return to:	Title ATI Company	770 North Cotner Blvd Lincoln, NE 68505	434-56

Signature of Applicant James D Krueger Address 2401 Sheridan Blvd Lincoln, NE 68502 Date 5/3/95

HEALTH DEPARTMENT USE ONLY

Date Received 5/4/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 5/15/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate THRU R.O.S.U.	☒ [illegible] ppm	☒ 13.3 ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 5/15/95 by GH
Date 6/26/95 by G.H.
Date ___/___/___ by ____

Comments: SEWAGE SYSTEM IS RUNNING OUT. APPROVAL OF WATER IS FOR WATER COMING THROUGH THE REVERSE OSMOSIS UNIT AND ONLY AS LONG AS IT IS PROPERLY OPERATED AND MAINTAINED. Corrective work to be completed by 6/26/95

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 6/26/95

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.

'95 MAY 12 A11:10 RECEIVED '95 MAY 16 P1 42 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 3221

FOR LABORATORY USE ONLY

DATE COLLECTED 5 (MO.) 12 (DAY) 95 (YEAR) 10:45AM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAYMOND ROUSE THRU R.O.

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 21 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.0 mg/l

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

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 ET
FOR ACCOUNTING USE ONLY

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

LWN 88

WATER MICROBIOLOGY

STATE LAB NO. 149324

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO) 5 (DAY) 95 (YEAR) 11:24 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION RAYMOND ROUSE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 21 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

REPORTED MAY -6 P5:34 '95

RECEIVED MAY -5 A11:58 '95

FOR LABORATORY USE ONLY

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 CC

FOR ACCOUNTING USE ONLY

LWB 88

'95 MAY -5 P2:48 REPORTED

'95 MAY -5 A11:57 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 15 2987

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 5 (DAY) 95 (YEAR) 11:24 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RAYMOND ROUSE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 21 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
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 13.3 mg/l

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

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88

P21104-40

No3 & Coli

P15416-52

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

NO3

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"
X Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 17205 SOUTH 68TH ST.
Parcel ID _____ (i.e. 99-99-999-999-999)
Twp 8N Range 7E Section 21 1/4 1/4 Block Lot Addition
Directions to Property 1 1/4 MILES NORTH ON 68TH STREET FROM HICKMAN NE
Location of Well SW CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒
Location of Sewage System NW CORNER OF CHAIN LINK FENCE Year installed EST. 1974
Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	SCOTT HEINRICH	17205 S. 68TH HICKMAN, NE 68372	792-2953
Tenant/Buyer:			
Return to:			(Fax)

Signature of Applicant Scott Heinrich Address 17205 S. 68TH HICKMAN, NE 68372 Date 7/29/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/8/02 Amount $200.00 Check No. 11839 Initials

DATA ENTRY Date 8/8/02 Case No. _____ Initials _____

PRELIMINARY STATUS–By Jerrold C. Nodl DATE: 8/8/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 6.2 ppm	☒ 16.9 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 8/9/02 by J.C.H.
Date 12/16/02 by J.C.H.
Date ___/___/___ by ___

THRU 8.02.2

Comments: SEPTIC LATERAL IS WET AT THE END. SYSTEM MUST BE CORRECTED. NITRATE IN WELL WATER TOO HIGH. Lateral added approval is provisional, since original system was put in prior to regulations and inspections. approval on water is for that water coming through the Reverse Osmosis unit and only as long as it is properly operated and maintained J.C.H ☐ See Attached Letter

FINAL STATUS
WATER SYSTEM: Approved ☒ SEWAGE DISPOSAL SYSTEM: Approved ☐ Provisional Approval ☒
Approved by Jerrold C. Nodl R.E.H.S. Date 12/10/02

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: 9-00

TOTAL P.02

Jerry -
Please call Danny at
West Gate Bank - 434-3484.
FAX 434-3485