LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96390053101

SEWAGE SYSTEM REPAIR

Issued 11/21/96
Expires 05/21/97
Revenue Code 18754

Establishment

BRAD SOUTHWICK
T8N R7E SEC 32
5201 HICKMAN ROAD

FEES: $50.00

TOTAL $50.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

2838

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 11-19-96

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 32 W/2 & NE/4;
Block _____; Lot _____; Addition _____
Street Address 5201 Hickman Rd Hickman, Ne

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

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

4. Description of proposed alteration, extension or repair: Abandon Septic Tank & Install Sewage Drain Lagoon

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	$	

Charles Bossenecker by Bud Southwick
Signature of Applicant (owner or lessee)

17201 S. 72
Address
Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11/19/96
Filing Fee: $ 50.00 # 2347

2. Site Visits:
Date: 11/18/96 by: J. C. H.
Date: 11/25/96 by: J. C. H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/2/96 by: J. C. Hood

'96 OCT 17 PM 3 53

REPORTED

'96 OCT 15 P 3:54

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156-9465

DATE COLLECTED 10 (MO) 15 (DAY) 96 (YEAR) 3:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CHARLES MESSINGER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 32 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 less than 0.1 mg/l

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO 14-2154

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 15 (DAY) 96 (YEAR) 3:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

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LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

'96 OCT 16 PM 12 44 REPORTED

'96 OCT 15 P3:54 RECEIVED

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

FOR ACCOUNTING USE ONLY

LWB 9

Lower Platte South Natural Resources District • 3125 Portia, P.O. Box 83581, Lincoln, Nebraska 68501

Water Well Decommissioning Program Application

Well Information/Landowner and LPSNRD Agreement

A. Program Application (Please use separate application for each well)

1. Fill in the information requested in the box below:

LANDOWNER (Please Type or Print):
Charles & Karen Messenger, JT. Ten. W/Ros

MAILING ADDRESS (Street, City or Town, State, Zip Code):
RR2, Box 395, Hickman, NE 68372

SOCIAL SECURITY NUMBER or TAX I.D. NUMBER	PHONE NUMBER
506-32-4480	402/792-2268

TENANT NAME AND PHONE NUMBER (If Applicable):
— (New Buyer will also send in agreement form)

B. Well Information: Fill in the information you know:

1. Location
   a. Legal Description: NE 1/4, Section 32, Township, 3N, Range 7E.
   b. Attach CFSA aerial photo with "X": marking location of well.
   c. Circle area to be utilized for borrow material to fill top portion of well.

2. Is the Pump still in the well? Cylinder & pump rod - no submersible

3. Is there a cistern or well pit to be filled? Yes

4. Diameter of Well Casing: 5"-6" inches

5. Type of well casing (circle one)

Tile	Brick/Stone	Transite	Cement/Concrete
PVC	Asbestos/Cement	(Steel)	Other: _____

6. Total Depth of Well: 127 feet Static Water Level of Well: — feet

7. Use (circle one). If registered list number: —

Irrigation	Stock	(Domestic)	Other: _____

8. Are there any obstructions prohibiting access to the well? (Circle those that apply)

(Well ~~House~~ Pit)	Windmill	Stock Tank	Fences
Power Lines	Crops	Trees	Other: _____

9. Is there a concrete pad present? If so, what size? Yes, 5'x5'

10. Any other comments: Well is in good repair and was a back up for the new well drilled in 1988-89. Wells in pits no longer legal, so needs to be P&A.

New address as of 10/25/96
Rt 1 Box 169
Dorchester, NE 68343

Real Estate Agent Barb Ehrlich, Woods Bros
434-3510 fax
432-0277 cell.
434-3500 ~~66~~.

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 RR#2 Box 395 Hickman Rd Hickman Neb
Twp 8N Range 7E Section 32 1/4 NE 1/4 Block ___ Lot 4 Addition of the Log Co
Directions to Property Go south to 68th to Hickman Rd about 4 miles west of S. 54 of Hickman Rd. South side.
Location of Well 200 ft north of Garage by pit Tap Location: Inside ☒ Outside ☒
Location of Sewage System SE of house 15 ft-20 ft. Year Installed appx. 20 yrs old

	NAME	ADDRESS	PHONE
Present Owner:	Charles & Karen Messinger	RR#1 Box 69 Denton Neb	946-2281
Tenant/Buyer:	William & Julie Kunak	1211 So 44th	483-4098
Return to: Capital Title agent services	Woods Bros Realty	4645 Normal Blvd	434-3700

NEEDS COPY

Signature of Applicant William T Kunak Address 1211 So 44th St Lincoln NE 68510 Date 10/14/96

HEALTH DEPARTMENT USE ONLY

Date Received 10/14/96 s Received $150.00 Check ☒ #2633 Cash ☐

PRELIMINARY STATUS--By Jerrold Hood DATE: 10/15/96

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 11/8/96 by LCH
Date 11/18/96 by LCH
Date 11/25/96 by LCH

Comments: SEWAGE SYSTEM OPEN ENDS SOUTHEAST OF HOUSE. WEST WELL WASN'T FUNCTIONAL, IS IN A PIT, MUST BE ABANDONED IF NOT GOING TO BE USED. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS. See Attached Letter ☐

FINAL STATUS NEEDED. IF UNUSED WELL IS GOING TO BE USED NEED SIGNED STATEMENT FROM BUYER.

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

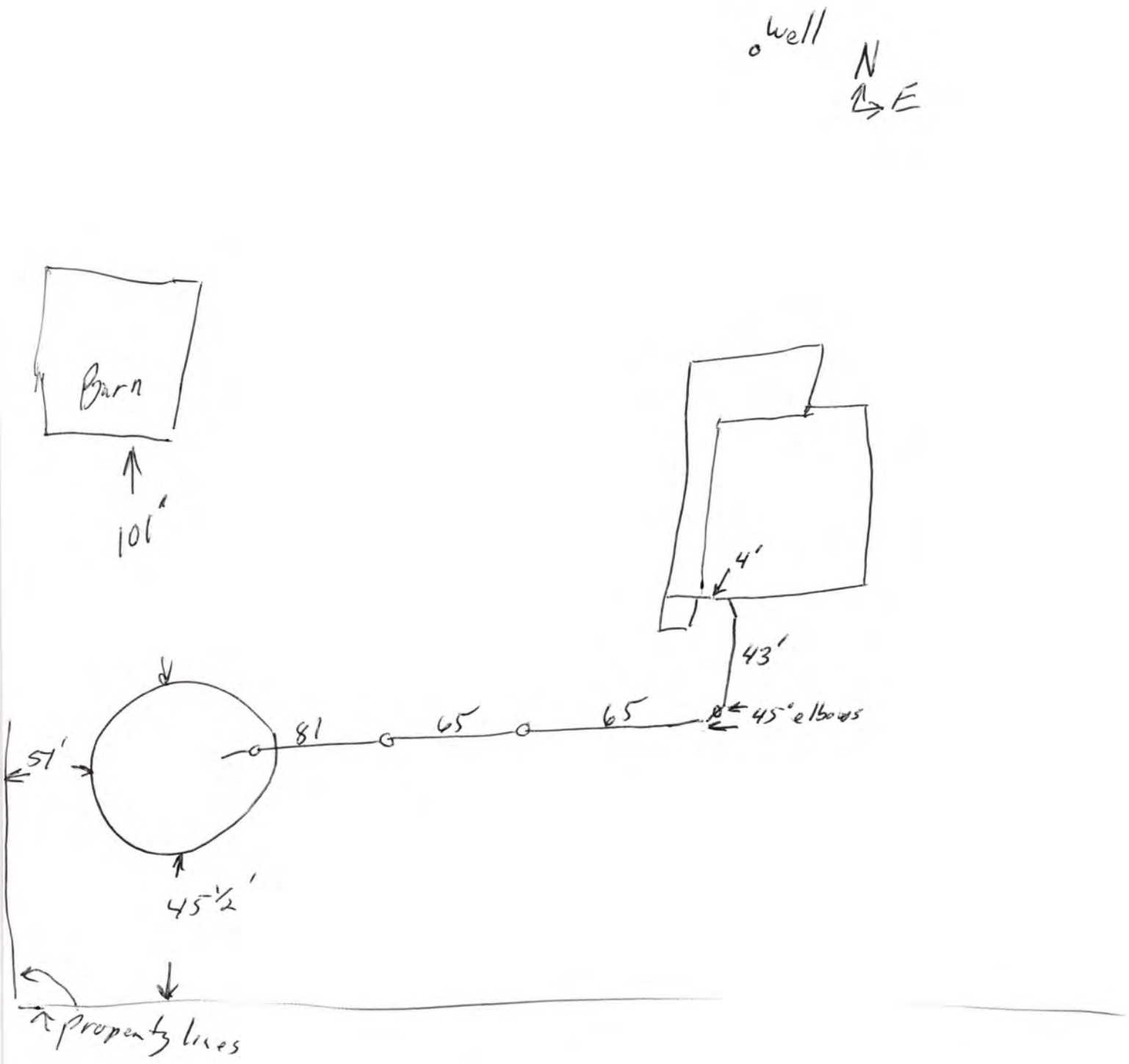
Approved by Jerrold C. Hood R.E.H.S. Date 11/25/96

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.

Corrected with sewage lagoon. N.R.D. WILL ABANDON WELL IN MAY 1997

FAX EILEEN CORNHUSKER BANK 434-2226

434-3510


well
N
E
Barn
101'
4'
43'
81
65
65
45° elbows
51'
45½'
Property lines