LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380069201

Issued 04/29/91
Expires 10/29/91

ESTABLISHMENT

DALE FINKE
T8N R7E SEC 36
LOT 19

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DALE FINKE
1711 N 56 ST
LINCOLN NE 68504

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
4/30/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 150.00

FILE NO. _____

DATE: 4-26-91

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 36 ;
   Block _____ : Lot 19I.T. : Addition east of the 6th P.M.
   Street Address _____

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

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

4. Distance to public sewer: unknown ft.

Dale D. Funke
Signature of Applicant (Owner or Lessee)

1711 N. 56 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/26/91 . Date Frwd. 4/30/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-1-91 . Date Frwd. 5-1-91 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baume

3. City or County Engineer : Date Rec'd. 05/01/91 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/14/91 by: J. C. H. Good job!
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/5/91 By: Jerrold C. Hood

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

FORM 23-43

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

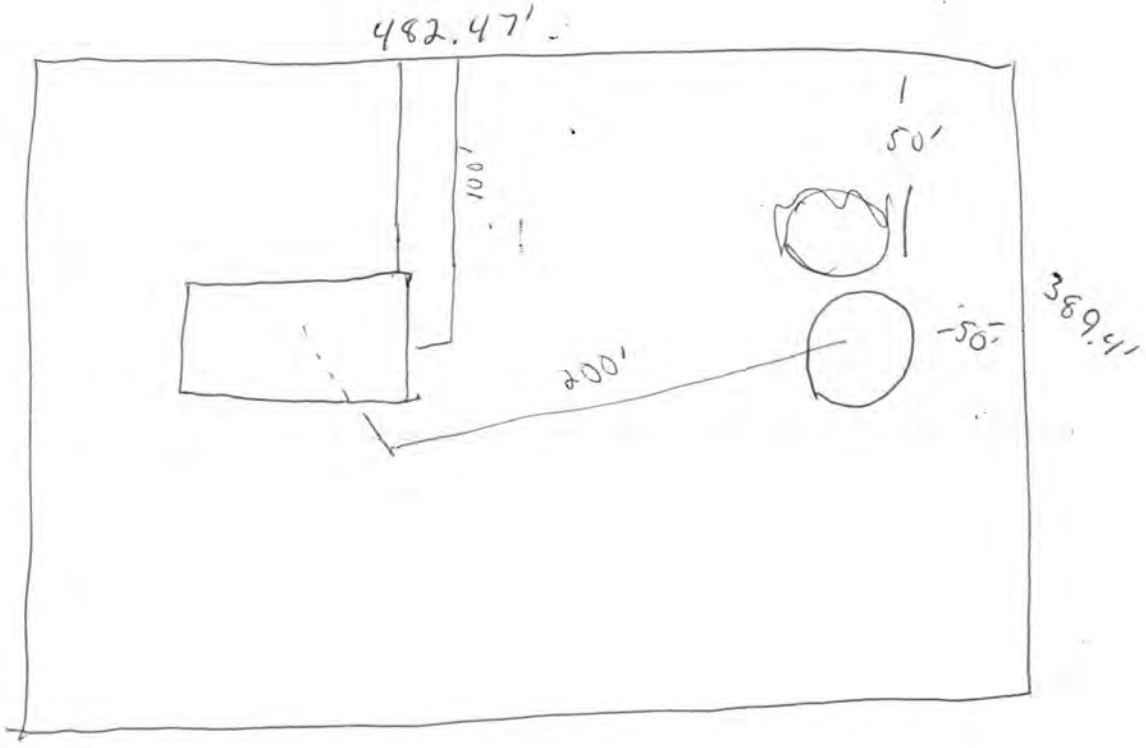
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

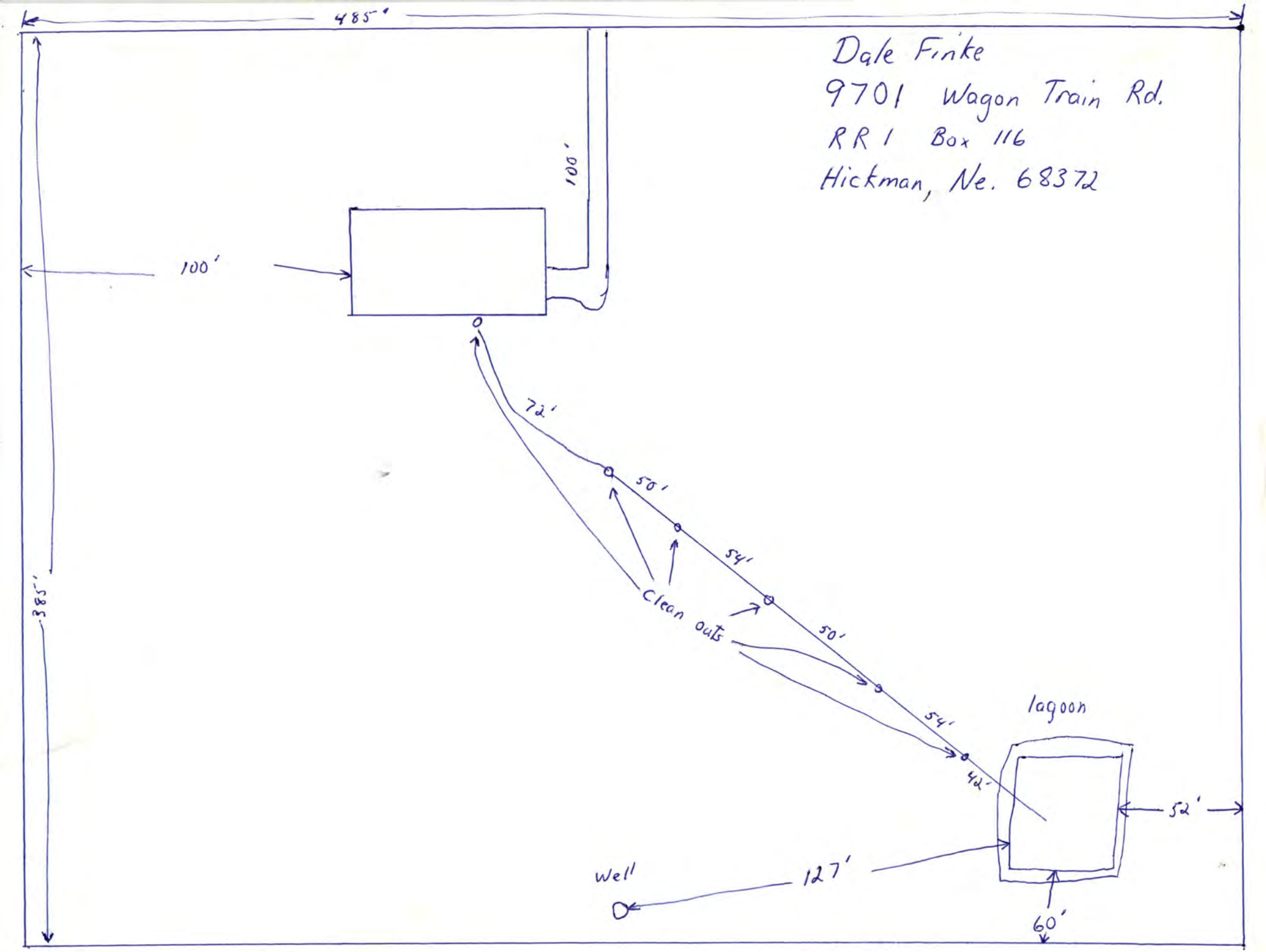
Remarks:_____

_____

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


485'
Dale Finke
9701 Wagon Train Rd.
RR 1 Box 116
Hickman, Ne. 68372
100'
100'
385'
72'
50'
54'
50'
54'
42'
Clean outs
lagoon
52'
Well
127'
60'

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: _____

☐ Evaluation of the Sewage Disposal System 7E ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE ~~6E~~ 7E; SECTION 36; BLOCK ____

LOT ____; ADDITION _____; Street Address 9701 Wagon Train Rd

Directions to Property ~~350-400' S.E.~~

Location of Well tree line, 300' south of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System 350'-400' SE house Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Dale D. Finke	9701 Wagon Train Rd.	792-9300
Tenant/Buyer:			
Return to:	same		

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

Signature of Applicant Dale D. Finke Address 9701 Wagon Train Rd.

==========

HEALTH DEPARTMENT USE ONLY

Date Received 9/12/91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/12/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/12/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE SEPTEMBER 13, 1991

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

SEP 13 P '91

REPORTED

RECEIVED

SEP 12 P2:02

WATER CHEMISTRY

STATE LAB NO. 151-5797

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 9 (MO) 12 (DAY) 91 (YEAR) 11:48 (HOUR)

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DALE FINKE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 36 TWNSHP 8 N RANGE 7 E

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

NOT TESTED BECAUSE OF:

☐ DAMAGE

☐ INSUFFICIENT AMOUNT

☐ IMPROPER CONTAINER

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

NEW WELL COUNTY

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 9/12/91 11:48A.M. (9-16) BY J.C. Hood (17-28)
MO./DAY/YR./HOUR

ADDRESS OR LOCATION SEC. 36, T8N, RTE (29-41)
DALE FINKE

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S 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. 141-21165 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ____ (76-79)

IN 91 SEP 12 AM 11:48
OUT SEP 13 91 P2:40