LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390034901

Issued 09/27/93
Expires 03/27/94
Revenue Code 18754

Establishment
MARV RENNER
T8N R7E SEC 36

FEES: $50.00

TOTAL $50.00

Permittee
MARV RENNER
20200 S 96 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._____

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

DATE: 5-6-92

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 36 NW/4 ;
Block _____; Lot _____; Addition _____
Street Address RFD Hickman Ne
Marv Renner

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4
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 System Install Sewage Lagoon

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

6. Estimated cost of project:

a. Materials	$	1200 00
b. Labor	$	
c. Other	$	
TOTAL	$	

MARV. RENNER
Signature of Applicant (owner or lessee)

RFD Hickman Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 9/8/93 by: R. Gift
Date: 9/22/93 by: J. C. Hood
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/29/93 by: J. C. Hood

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: August 5, 1991

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

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 36; BLOCK SW1/4

LOT 18; ADDITION _____; Street Address 20200 So. 96th; Wagon train Rd - Hickman

Directions to Property 1st home South of 96th; Wagon Train Road, on the east side-

Location of Well Appox 100' east of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System 75' south of house Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	David M; Loretta L. Moeckly	20200 South 96th-Hickman	792-2755
Tenant/Buyer:	Mary L.; Cindy Renner	321 Chestnut Apt # 14	792-2267
Return to:	Century Realty- To Sally Moorhead	2855 So. 70th 68506	483-2951 FAX 483-6640

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

Signature of Applicant Sally Moorhead Address Century Realty

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 6, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/7/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8/7/91 by J.C.H
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: PORTIONS OF THE SEPTIC SYSTEM PREDATES REGULATIONS THEREFORE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE AUGUST 12, 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

BIOLOGICAL EXAMINATION OF DRINKING WATER

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. 8/7/91 10:35 A.M. (9-16) BY J. C. Wood (17-28)

ADDRESS OR LOCATION LOT 18 F.T., T8N, R7E (29-41)
SEC. 36 DAVID MOECKLY

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. 17532 (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 SW (76-79)

IN 91 AUG -8 P2:26

OUT 91 AUG -8 P2:26

WATER CHEMISTRY

STATE LAB NO. 15 4423

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO) 7 (DAY) 91 (YEAR) 10:35A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAVID MOECKLY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

RTR SW SECT 36 TWNSHP 8 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

'S LAB REPORT IS TO BE MAILED TO:

'LN-LANCASTER COUNTY
RONMENTAL HEALTH
ST. MARY'S AVENUE
'L, NEBRASKA 68502

'RTMENT OF HEALTH LABORATORIES
', 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:
☐ INSUFFICIENT AMOUNT
☐ DAMAGE
☐ IMPROPER CONTAINER

THIS IS A 2 PARAMETER
COMBINATION TEST REQUEST

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 20200 So. 96th Street; Hickman, NE 68372

Twp 8N Range 7E Section 36 1/4 SW 1/4 Block ___ Lot 18 Addition ___

Directions to Property from Hickman - 1 mi. east, 1 mi. south to corner of 96th and Wagon Train. First house South of cemetary - Mailbox says "Moekly"

Location of Well East of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System Southeast of House Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:	Marvin & Cindy Renner	20200 So. 96th Street Hickman, NE 68372	792-2267 Hm. 794-5375 Wk.
Tenant/Buyer:	Gregg & Lisa Nicklas	820 East 4th Street Hickman, NE 68372	792-2479 Hm. 792-2961 Wk.
Return to:	Gregg Nicklas	P. O. Box 388 Hickman, NE 68372	792-2961

Signature of Applicant Gregg Nicklas Address 820 East 4th Street Hickman, NE 68372 Date 9 / 2 / 93

HEALTH DEPARTMENT USE ONLY

Date Received 09 / 03 / 93 Received $150.00 ✓ Check ☒ #9137 Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 9 / 8 / 93

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 9/22/93 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: COVER PLATE ON WELL HEAD ELECTRICAL BROKEN. HORSE CORRAL TOO CLOSE TO WELL. LAGOON: VEGETATION NEEDS CUT. WARNING SIGNS. LOCK ON GATE. NEW LAGOON PERMIT HAS NEVER BEEN PAID FOR. Corrected. Would advise that fence be taken down around horse shed so that incentive does not exist to keep horses in it too close to well.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9 / 24 / 93

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.

PROVISIONAL APPROVAL ON LAGOON BECAUSE A PORTION OF THE SEWER LINE WAS PUT IN BEFORE REGULATIONS EXISTED AND WAS NOT INSPECTED AT THE TIME.

038

WATER CHEMISTRY

STATE LAB NO. 15 9638

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 8 (DAY) 93 (YEAR) 2:40 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION MARVIN RENNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 36 TWNSHP 8 N RANGE 7 E

REPORTED

RECEIVED

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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE COLL. 9/22/93 2:49 P.M. (9-16) MO./DAY/YR./HOUR BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 18 F.T., SEC. 36, T8N (29-41)
R7E MARVIN RENNER

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. 23553 (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)

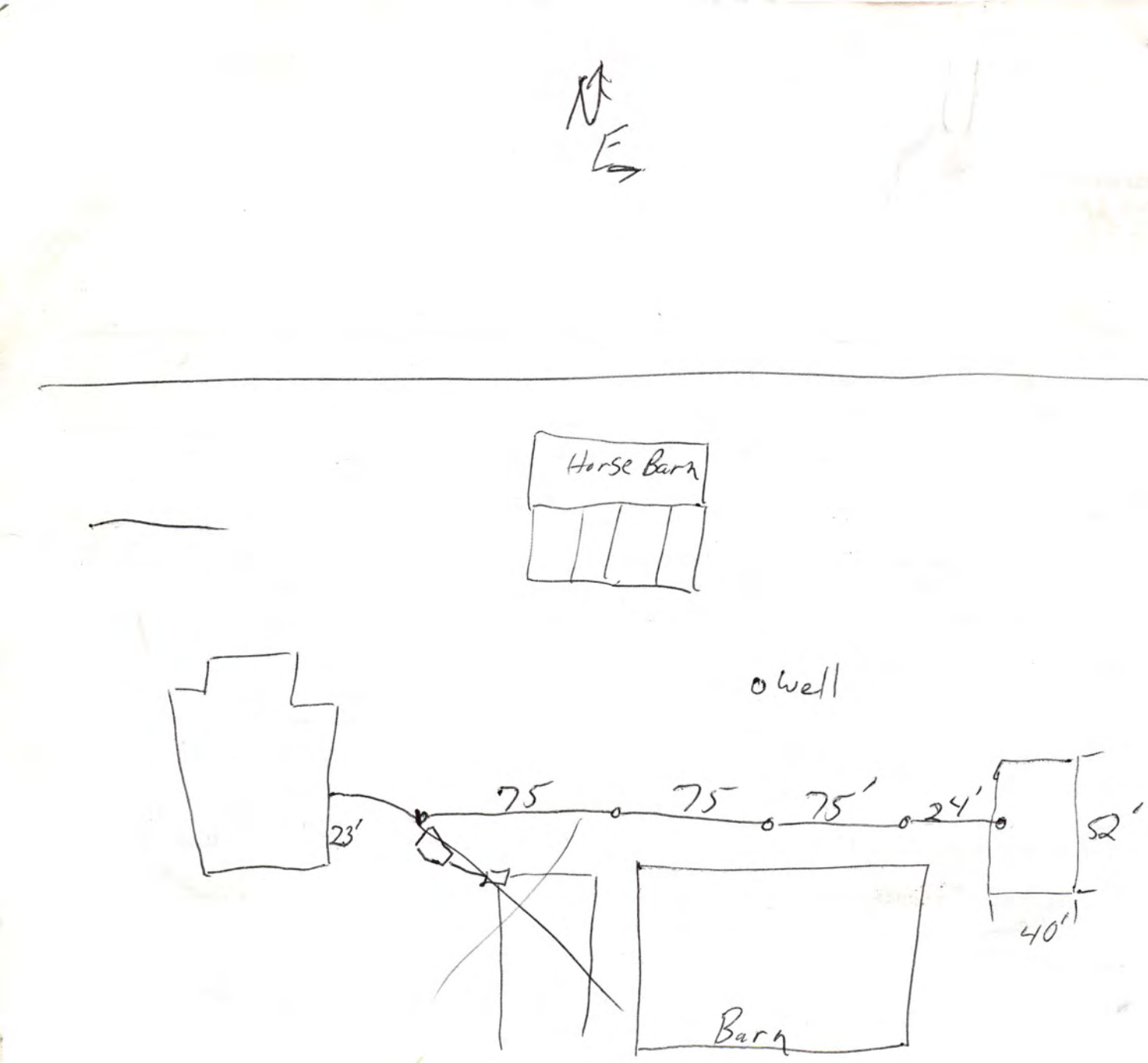
ANALIZED BY [illegible] (76-79)

IN

OUT

93 SEP 22 P 3

93 SEP 23 P1


N
E
Horse Barn
well
75
75
75
24'
52'
40'
23'
Barn

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1582-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

February 10, 1980
THIS PERMIT EXPIRES

Keith Rodaway by Brad Southwick, RFD, Hickman, NE 68372
ISSUED TO — ADDRESS

T8N, R7E, Section 36 SW¼
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 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: 475-6221)

FILE NO. 1582-C

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

DATE: 8-3-79

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 36 SW/4 ;
Block ; Lot ; Addition
Street Address

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 4
Describe
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: EXTEND LATERAL FIELD 100' TO SE OF HOUSE INSTAL DIST BOX

5. Work to be done by: Owner ☐ ; or Contractor ☒, BIG CLYDE SANITATION
Contractor's Name

6. Estimated cost of project:

a. Materials	$	750.00
b. Labor	$	200.00
c. Other	$	
TOTAL	$	950.00

Keith R. Lowry & Brad Lorenzen
Signature of Applicant (owner or lessee)

RFD Hickman, NE 68372
Address

(Do not write below this line)

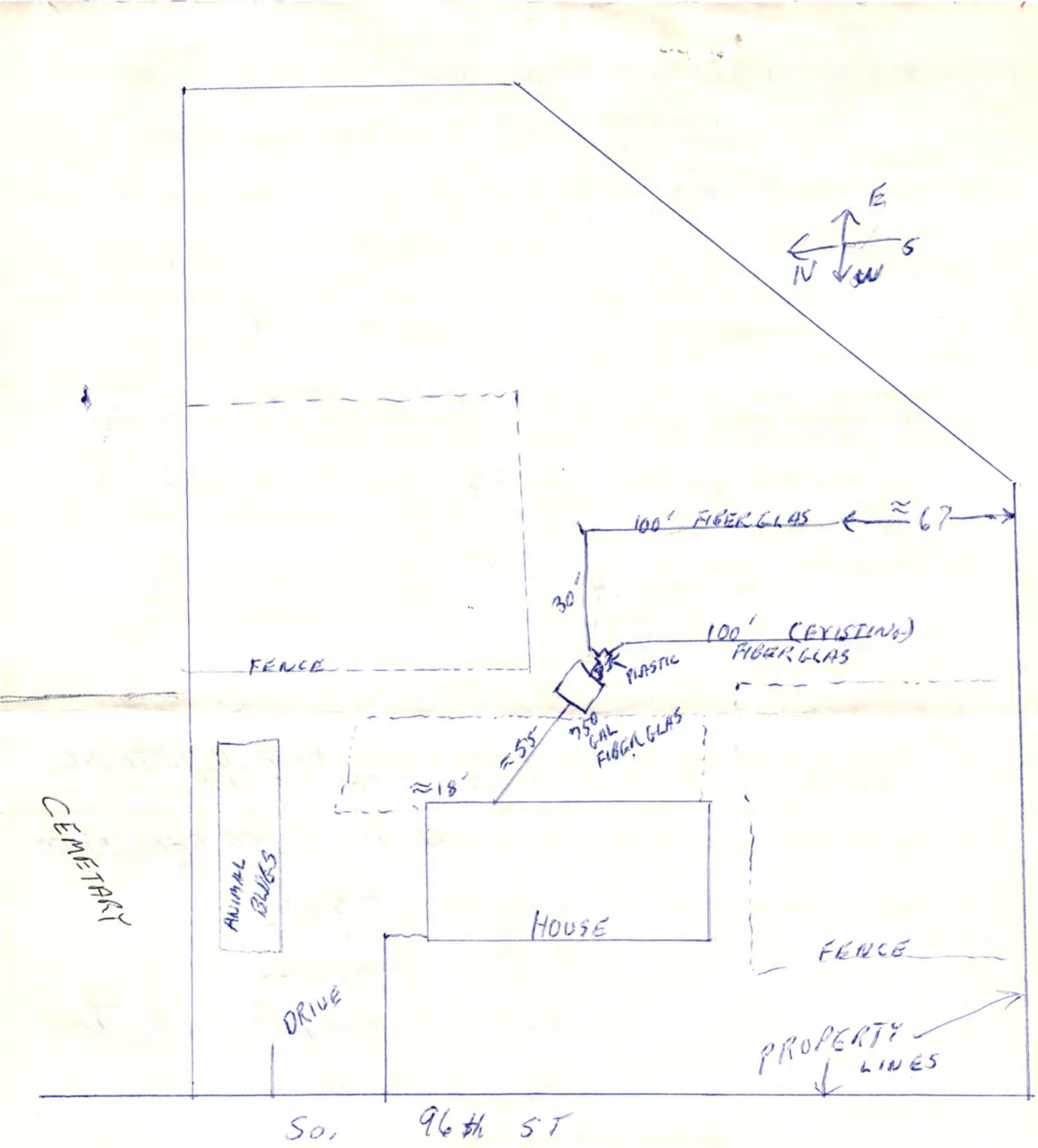
REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-3-79 by: jw
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-13-79 by: James Weverka


E
S
N
SW
100' FIBERGLAS
≈ 67
30'
100' (EXISTING) FIBERGLAS
PLASTIC
FENCE
≈ 55'
750 GAL FIBERGLAS
≈ 18'
CEMETARY
ANIMAL RUNS
HOUSE
FENCE
DRIVE
PROPERTY LINES
So. 96th ST