FILE #2628

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION	SEPTEMBER 2, 1988
TYPE OF LICENSE OR PERMIT	THIS LICENSE OR PERMIT EXPIRES
GARY LAWS	2801 NO. 2 STREET — LINCOLN, NE 68521
LICENSEE OR PERMITTEE	ADDRESS
T9N; R5E; Sec NW¼ of NE¼ 1; 5901 W. Van Dorn	
NAME OF ESTABLISHMENT, IF ANY	ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $45.00

FILE NO. W-237

DATE: MARCH 2 1988

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9-N : Range 5-E : Section 1
   Block ____ : Lot ____ : Addition NW¼ of NE¼
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe ____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Domestic

Gary Fays
Signature of Applicant (owner or lessee)

2801 N 2nd Lincoln, Ne 68521
Address

NO CITY WATER

W. VAN DORN

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 3/2/88. Date Frwd. 3/2/88. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: Date Rec'd 3/2/88. Date Frwd. 3/2/88. Action: Approved ☒ Disapproved ☐ Signature: Bob Stutz
3. City or County Engineers: Date Rec'd 3/2/88. Date Frwd. 3/2/88. Action: Approved ☒ Disapproved ☐ Signature: John Thomas

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 3/28/88 by J. C. Wood
Date: ____ by ____
Date: ____ by ____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/22/88 By: J. C. Wood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

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: $ 60.00

FILE NO. 2628

DATE: March 2 1988

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. 9-N ; Range 5-E ; Section 1 ; NW 1/4 of NE 1/4
   Block _____ : Lot _____ : Addition _____
   Street Address 5901 West Van Dorn
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Gary Lang
Signature of Applicant (Owner or Lessee)

2801 N 2nd Lincoln, Ne 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/2/88 . Date Frwd. 3/2/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/2/88 . Date Frwd. 3/2/88 . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 3-2-88 . Date Frwd. 3-2-88 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

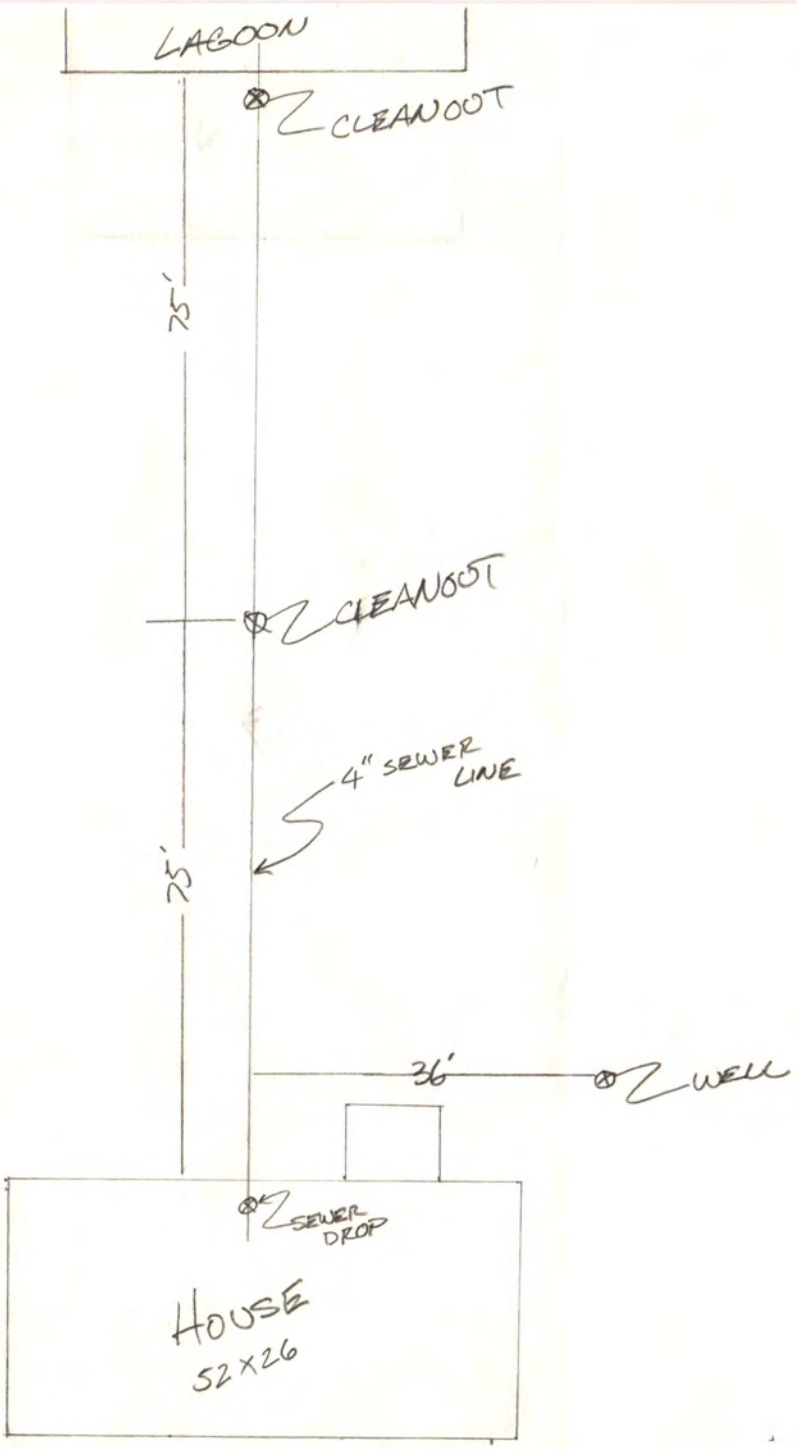
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/16/88 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/23/90 By: Jerrold C. Hood

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

FORM 23-43


LAGOON
CLEANOUT
25'
CLEANOUT
4" SEWER LINE
25'
36'
WELL
SEWER DROP
HOUSE
52 X 26

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-237

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

NW¼ OF NE¼ DATA SHEET FOR WATER WELLS

Legal Description: Sec. 1 T. 9N R. 5E Block ____ Lot ____ Addition ____

Owner Gary Jang Address SW 56 & Van Dorn

LOG OF WELL

Depth Ft. to	Description
0-5	dk. brn. c.
5-25	yell c.
25-100	blue c.
100-105	sandy blue/brn c.
105-155+	fine white ss

Moser Well Drilling & Service, Inc.
Box 308
Hickman, NE 68372

WELL COMPLETION RECORD

Drilling Method: Rot. circ.
Depth (from ground level), Ft. 154
Date Completed 2-22-88

Casing: Length, Ft. 144 ; Dia. In. 4
Wall Thickness, Inch 200# ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type WSP PVC , slot Size .025

Drop Pipe: Length, Ft. 80 Dia. In. 1"

Water Level, Surface to top of water, Ft.:
Static 54 , Pumping ____

Yield: 100+ ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moser (Signed)

REMARKS NITRATE NITROGEN <0.1 p.p.m. BACTERIOLOGICAL O.K.

Address ____

Date 4-20-88

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

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: 1-9-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 ~~$150.00~~

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 1; BLOCK ____

LOT ____; ADDITION _____; Street Address 5901 W. VAN DORN

Directions to Property WEST ON VAN DORN PAST S.W. 56th. GO OVER R.R. TRACKS 1ST HOUSE ON SOUTH SIDE

Location of Well SOUTHWEST CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 25 SOUTH OF HOUSE Year Installed 3-89

	NAME	ADDRESS	PHONE
Present Owner:	SAM FRANKS	386 UNIVERSITY LINCOLN	483-7580
Tenant/Buyer:	SAM LANG	5901 W VAN DORN	477-1619
Return to:	SAM LANG	5901 W VAN DORN	477-1619

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

Signature of Applicant _____ Address 5901 W VAN DORN

==========

HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 16 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/16/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1/16/90 by JCH
Bacteria	☒	☐	Provisional:	☐	Date 1/16/90 by JCH
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: NEED DRAWING AND WEEDS CUT INSIDE LAGOON. All done 1/23/90

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ronald C. Hood R.S. DATE January 23, 1990

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. 1/11/90 10:27 A.M. (MO./DAY/YR./HOUR (9-16)) BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 1, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER

GARY LANG
5901 W. VAN DORN ST.
LINCOLN, NEBRASKA

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. #19 (44-47)

DATE EXAMINED 1-11-90 4:00 PM (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE <0.1 STATE TEST mg/LITER (61-64)

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN
1-11-90
12 noon
mjg

OUT
1-12-90
3:00

'90 JAN 12 P7:0

WATER CHEMISTRY

STATE LAB NO. 150-333

COMPLETE INFORMATION BELOW:

DATE COLLECTED 1 (Mo.) 11 (Day) 90 (Yr) 10:27 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GARY LANG

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 1 TOWNSHIP 9 N RANGE 5 E

REP.

REC.

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

'90 JAN 11 A10:51

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N Less than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET

FOR ACCOUNTING USE ONLY

LRWC 85

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 5901 W. VAN DORN

Twp 9N Range 5E Section 1 1/4 NE 1/4 Block ___ Lot 9 Addition ___

Directions to Property 1½ MILES WEST OF PIONEERS GOLF COURSE ~~EAST~~ ON VAN DORN. SOUTH SIDE OF VAN DORN

Location of Well 10' WEST 10' SOUTH OF S.W. CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 120' SOUTH OF HOUSE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	GARY & LARITA LANG	5901 W. VAN DORN LINCOLN, NEBR.	477-1614
Tenant/Buyer:			
Return to:			

Signature of Applicant Gary Lang Address 5901 W. VAN DORN LINCOLN, NEBR. 68532 Date 6/17/93

HEALTH DEPARTMENT USE ONLY

Date Received 06/18/93 Received $150.00 Check ☒ #642 Cash ☐

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 6/21/93

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

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 6/21/93 by PD

Date 6/23/93 by PD

Date ___/___/___ by ___

Comments: Weed growth around lagoon

6-23-93 Weeds growth removed PD

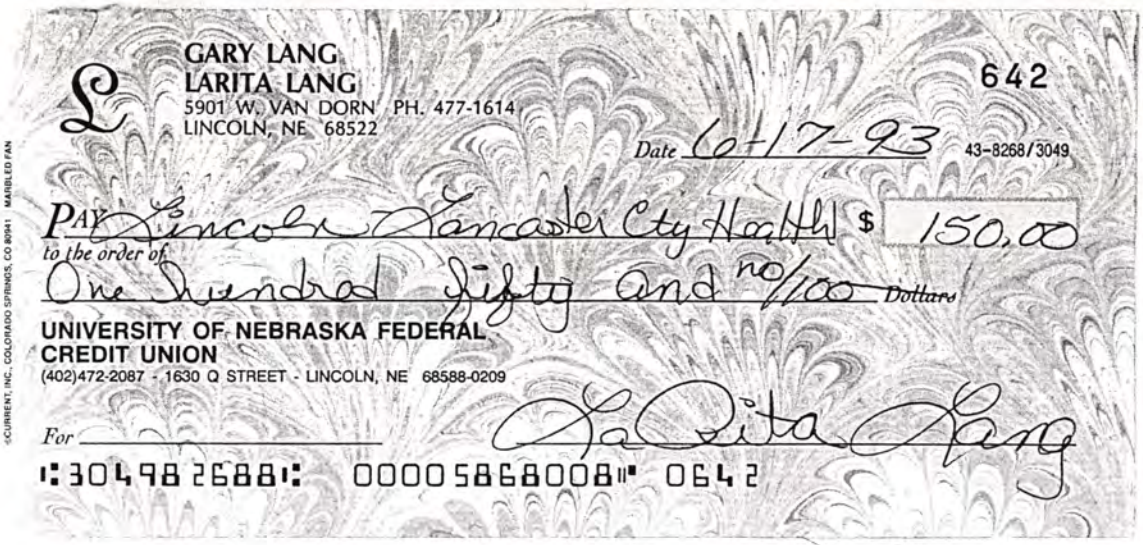
See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 6/29/93

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.



GARY LANG
LARITA LANG
5901 W. VAN DORN PH. 477-1614
LINCOLN, NE 68522

642

Date 6-17-93

43-8268/3049

PAY Lincoln Lancaster Cty Health $ 150.00

to the order of One Hundred Fifty and no/100 Dollars

UNIVERSITY OF NEBRASKA FEDERAL CREDIT UNION
(402)472-2087 - 1630 Q STREET - LINCOLN, NE 68588-0209

For _____

LaRita Lang

⑈304982688⑈ 0000586800 8⑈ 0642

©CURRENT, INC., COLORADO SPRINGS, CO 80941 MARBLED FAN

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

1. FL 2. N 3. BOTH 4. TPC

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23)

DATE COLL 6-21-93 11'18 (MO./DAY/YR./HOUR (9-16)) BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION GARY LANG 5901 W. Van Dorn (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
LINCOLN, NE
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. 13021 (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 JUN 21 P3:14

OUT '93 JUN 22 P2:59

'93 JUN 24 P7:14

REPORTED

'93 JUN 21 P3:14

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 155344

FOR LABORATORY USE ONLY

DATE COLLECTED 6-21-93 11:18
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION GARY LANG 5901 W. Van Dorn

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 1 TWNSHP 9 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

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

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 ET
FOR ACCOUNTING USE ONLY

LWN 88