LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1491-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — August 9, 1979

TYPE OF PERMIT — THIS PERMIT EXPIRES

Deam Cadwallader R.R. Denton, NE 68339

ISSUED TO — ADDRESS

T9N, R5E, Section 11 N ½ of NE¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Alter)

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. 1491-C

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

DATE: 8/12/77

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. 9N; Range 5E; Section 11;
Block —; Lot —; Addition North ½ of NorTheast quater
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: _____

5. Work to be done by: Owner ☐; or Contractor ☒, Tony Felton
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL only	$ 300

Dean J. Cadwallader
Signature of Applicant (owner or lessee)

RR Denton Nebr 68339
Address

(Do not write below this line)

REVIEWING ACTION

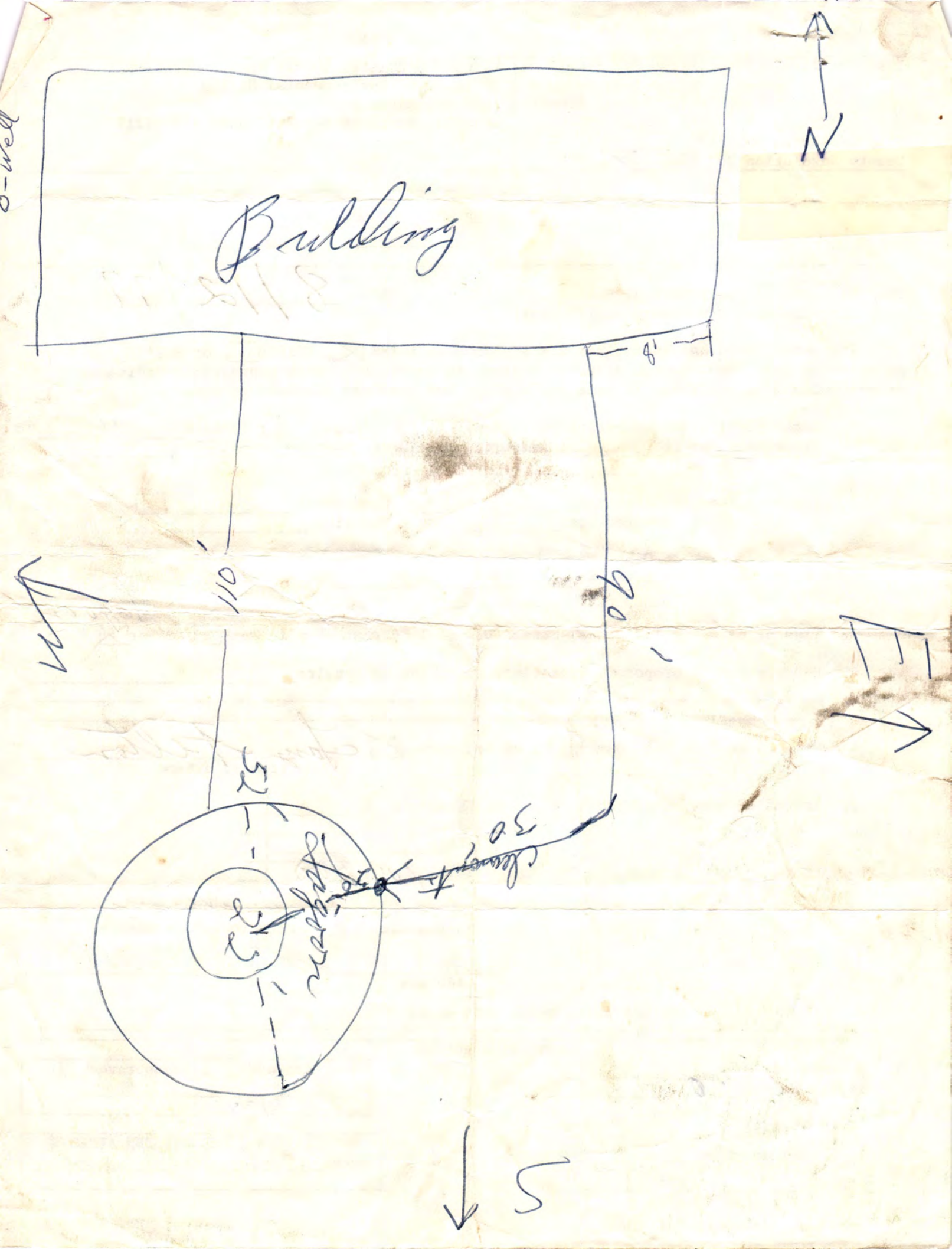
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: _____
Date: 2/26/82 by: J. C. H.
Date: _____ by: _____

Fence up. 2/26/82

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hoad
2/9/79

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/26/82 by: J. C. Hoad


N
Building
8'
110'
90'
S
Chemical Storage
50'
25'
25'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2254-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 10, 1986 — THIS PERMIT EXPIRES

DEAN DADWALLADER — ISSUED TO

RT #1, BOX 47 DENTON, NE 68339 — ADDRESS

T9N; R5E; Sec 11; Lot 8 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: EB — DATE: 9/10/85 — 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 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. 2254-C

DATE: 9-8-85

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. 9N ; Range 9 5E; Section 8 11;
   Block — : Lot 3 I.L. : Addition —
   Street Address

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

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

4. Distance to public sewer: — ft.

Dean Cadwallader
Signature of Applicant (Owner or Lessee)

RT 1 Box 47 Denton Nebr 68339
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/9/85. Date Frwd. 9/10/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/10/85. Date Frwd. 9/10/85. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 9/9/85. Date Frwd. 9/9/85. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9-18-85 by: need fence, drawing + must be sealed.
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: By:

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

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 7705 W. Pioneer

Twp 9 N Range 5 Section 11 1/4 ___ 1/4 ___ Block ___ Lot 8 Addition NE 11-9-5

Directions to Property 3 south of Emerald on Spur 55A

1/2 mile east on West Pioneers

Location of Well West of indoor arena Tap Location: Inside ☐ Outside ☑

Location of Sewage System South of house part (lagoon) Year Installed 1977 (- Repair 10-94)

	NAME	ADDRESS	PHONE
Present Owner:	Dean/Ellen CADWALLADER	~~11398~~ 11400 W. Waverly Rd Malcolm, Nebr 68402	796-2400
Tenant/Buyer:	Janel Hesson	7705 W. Pioneers Denton, Nebr 68339	797-2626
Return to:	CADWALLADERS	11398 W. Waverly Rd Malcolm Nebr 68402	796-2400

Signature of Applicant Ellen R Cadwallader Address ~~11398~~ 11400 W. Waverly Malcolm Nebr Date 10/31/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/31/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/1/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐ ☒ (WELL EAST, WELL WEST)	Approved ☐	Date 11/8/94 by J.C.H.
Bacteria	☒	☐ ____/ml ☐ ____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☒ 0.2 ppm ☐ ____ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: FROST PROOF HYDRANT MUST BE LOCATED AT LEAST 10 FEET FROM WELL. LAGOON MUST HAVE WARNING SIGNS, LOCKED GATE WIDER SPACES IN GATE SHOULD BE COVERED WITH FINER MESH AS SMALL CHILDREN CAN SLIP BETWEEN THEM. See Attached Letter ☐

Lagoon corrected 11/8/94 J.C.H.

FINAL STATUS

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

Approved by _____ Date ___/___/___

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.

'94 NOV -7 A9:20

REPORTED

'94 NOV -1 P12:06

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151869

DATE COLLECTED 11 (MO.) 1 (DAY) 94 (YEAR) 10:58 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEAN CADWALLADER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 11 TWNSHP 9 N RANGE 5 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 0.2 mg/l

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

TEST(S) BY DWF

FOR ACCOUNTING USE ONLY

LWN 88

'94 NOV 10 P4:30

REPORTED

'94 NOV -8 P2:54

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15/8879

DATE COLLECTED 11 (MO.) 8 (DAY) 94 (YEAR) 1:55 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEAN CADWALLADER EAST

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 11 TWNSHP 9 N RANGE 5 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 0.1 mg/l

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

TEST(S) BY DWF

FOR ACCOUNTING USE ONLY

LWN 88

'94 NOV -9 P2:30

REPORTED

'94 NOV -8 P2:54

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 28001

FOR LABORATORY USE ONLY

DATE COLLECTED 11 (MO.) 8 (DAY) 94 (YEAR) 1:55pm (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DEAN CADWALLADER EAST

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 11 TWNSHP 9 N RANGE 5 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

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 SW

FOR ACCOUNTING USE ONLY

LWB 91