LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 93390033701

Issued 07/30/93
Expires 01/30/94
Revenue Code 18754

Establishment
STEVE SKILLMAN
T9N R5E SEC 15
LOT 46
RT 1 BOX 62 DENTON

FEES: $50.00

TOTAL $50.00

Permittee
STEVE SKILLMAN
RR0001
BOX 00062
DENTON NE 68339

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: JULY 28 1993

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 15;
Block _____; Lot 46 I.T.; Addition _____
Street Address 5909 SW 91 ST

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

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

4. Description of proposed alteration, extension or repair: ADD TWO 100 FT LATERALS TO EXISTING SYSTEM

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1800 00

Steven E. Skillman
Signature of Applicant (owner or lessee)

RT 1 BOX 62 DENTON NB 68339
Address

(Do not write below this line)

REVIEWING ACTION

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

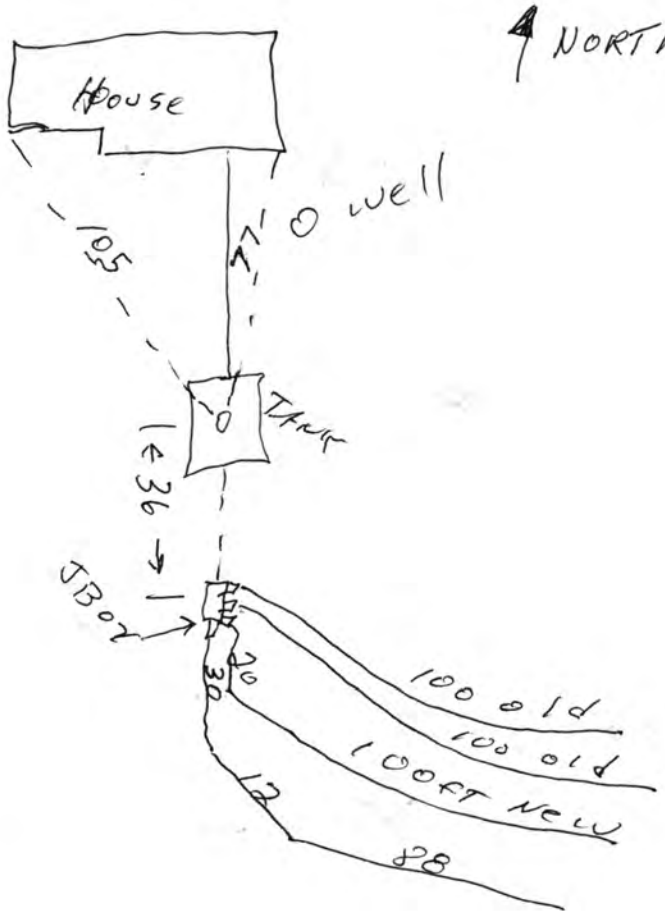
2. Site Visits:
Date: 8/2/93 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

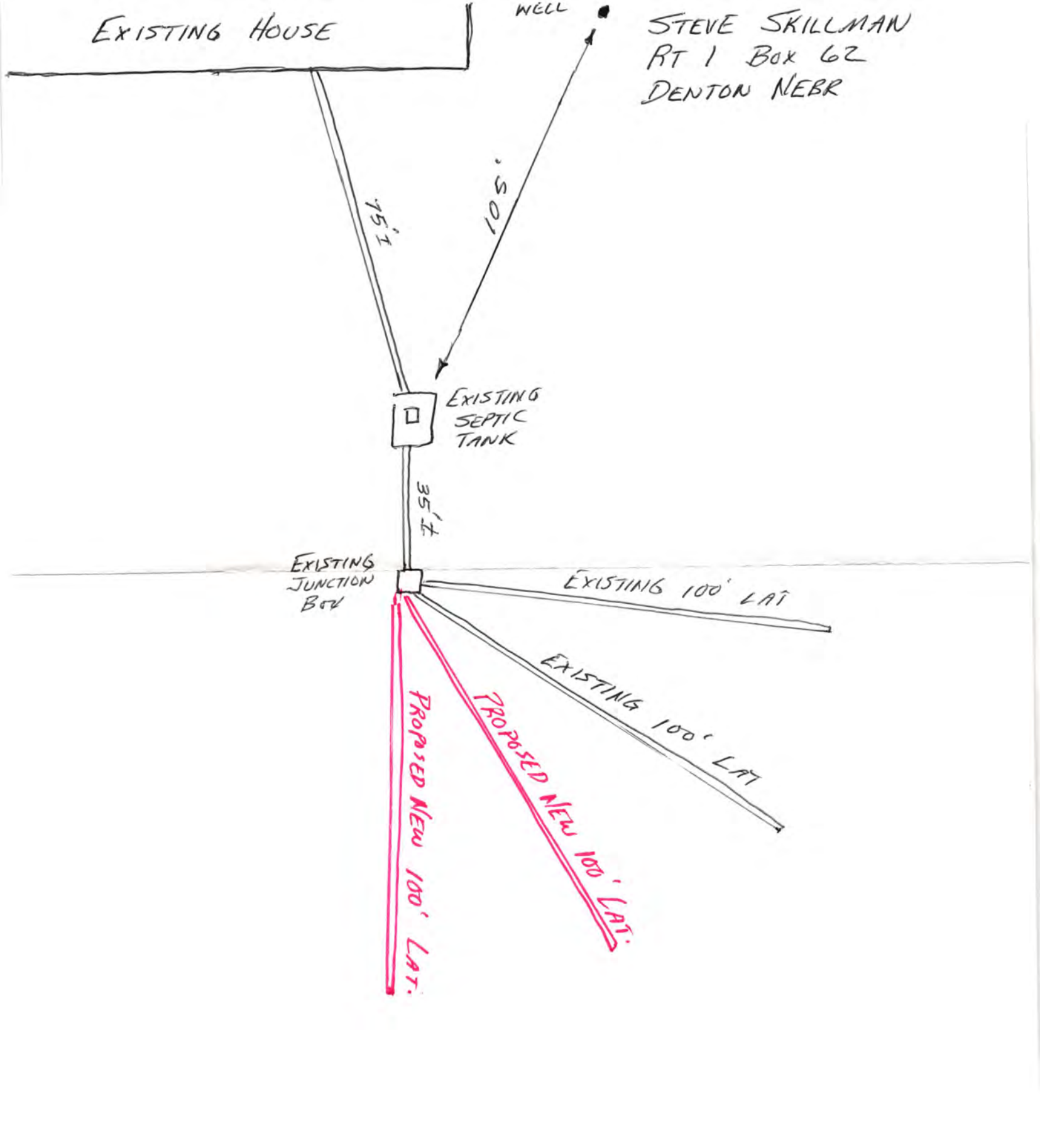
3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/4/93 by: J.C. Hood

$50.00 PERMIT FEE IF WORK IS OVER $400.00

JERROLD HOOD
441-8029




EXISTING HOUSE
WELL
STEVE SKILLMAN
RT 1 BOX 62
DENTON NEBR
75'
105'
EXISTING SEPTIC TANK
35'
EXISTING JUNCTION BOX
EXISTING 100' LAT
EXISTING 100' LAT
PROPOSED NEW 100' LAT.
PROPOSED NEW 100' LAT.

92012014

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: JAN. 13 1992

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 15; BLOCK —

LOT 46; ADDITION —; Street Address RT. 1 Box 62 DENTON NEBR 68339

Directions to Property 1/2 to 5/8 MI. NORTH OF DENTON ON WEST SIDE OF 91ST ST (SPUR 55-A) NOTE: STREET ADDRESS IS 5909 SW 91ST ST.

Location of Well 20'± EAST OF S.E. CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 70'± SOUTH OF HOUSE ACROSS DRIVE TO SEPTIC TANK JUNCTION BOX 3' FT SOUTH OF SEPTIC TANK (THREE STEEL POSTS LOCATE IT) Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	STEVE SKILLMAN	RT 1 Box 62 DENTON NB 68339	797-3315
Tenant/Buyer:	SAME AS ABOVE	"	"
Return to:			

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

Signature of Applicant Steven E. Skillman Address RT. 1 Box 62 DENTON NB 68339

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 14, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JANUARY 16, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 1/16/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date	by
Nitrate <10 mg/l	☒	☐	Disapproved:	☐	Date	by

Comments: SEWAGE SYSTEM APPARENTLY PREDATES REGULATIONS NO PLANS AVAILABLE ON IT, NO EVIDENCE OF MALFUNCTION HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JANUARY 21, 1992

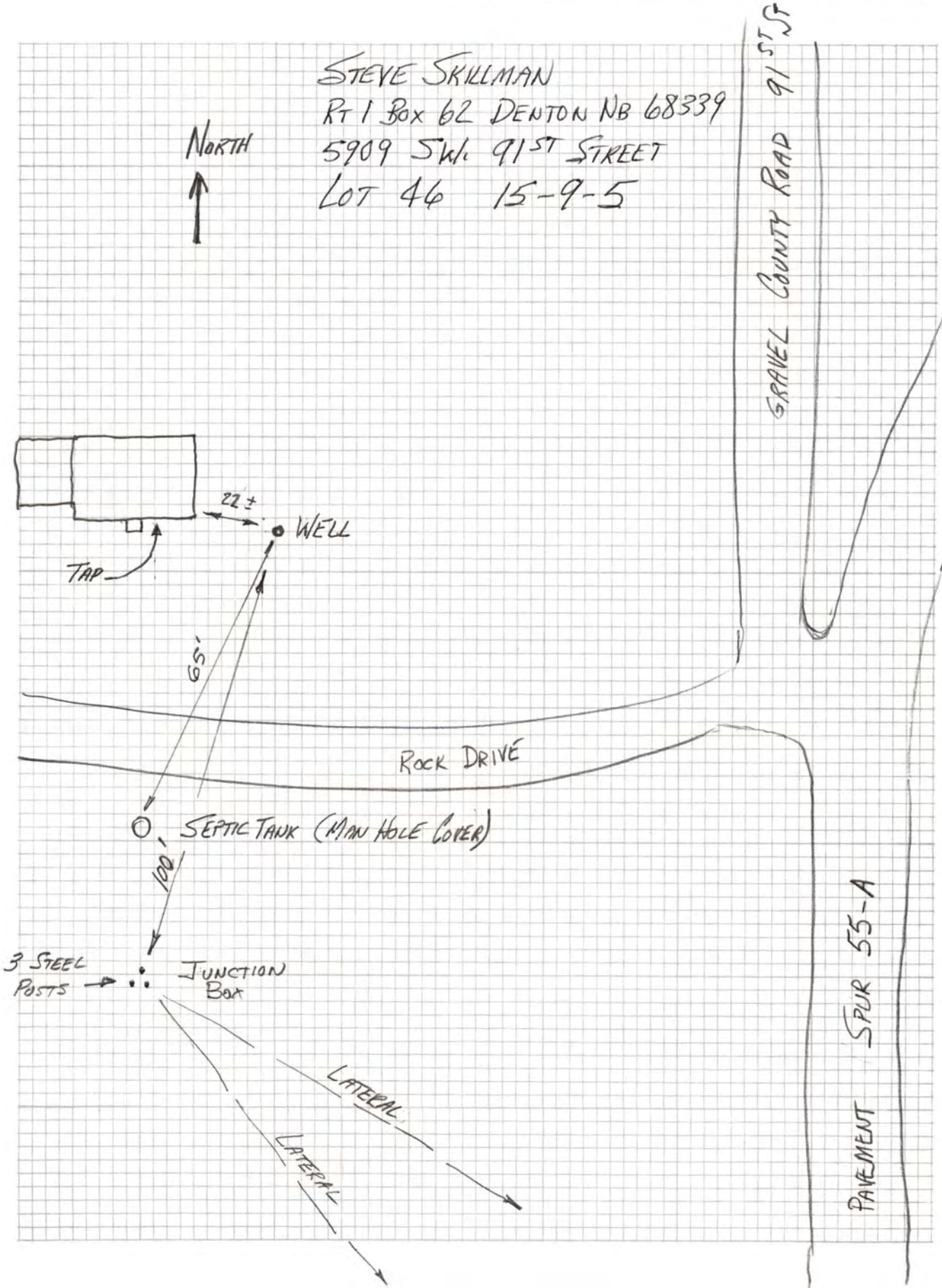
Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LANCASTER COUNTY
ENGINEERING DEPT.
CALCULATIONS FOR:

PROJECT NO. _____

COMPUTED BY _____ DATE _____
CHECKED BY _____ DATE _____
JOB # _____ SHEET ____ OF ____



BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE[redacted]D AND MAILED ON:

MO. ____ (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. 1/16/92 10:44AM BY L.C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 46 I.T., SEC. 15, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER STEVE SKILLMAN
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. 1315 (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 ET (76-79)

IN JAN 16 P2:01

OUT JAN 17 P2:06

REPORTED '92 JAN 21 P4:14

RECEIVED '92 JAN 16 P12:04

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15254

DATE COLLECTED 1 (MO.) 16 (DAY) 92 (YEAR) 10:44 A.M. (HOUR)

COLLECTED BY JERROLD HOOD

STATION STEVE SKILLMAN

PRECISE LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 15 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
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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88