# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit No. 96390051001

SEWAGE SYSTEM REPAIR

Issued 08/12/96
Expires 02/12/97
Revenue Code 18754

Establishment

DAVID MARTIN
T9N R5E SEC 22
LOT 123-4
9605 W 3 STREET

FEES: $50.00

TOTAL $50.00

Permittee

DAVID MARTIN
9605 W 3 ST
DENTON NE 68339

Issued By M. Jane Ford
Health Director

2455

**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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: _____

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 22 ;
Block _____ ; Lot 123+124 ; Addition _____
Street Address 9605 W. 3RD DENTON NE 68339

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2 Describe _____
Other Use ☐
Describe N/A

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

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

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

6. Estimated cost of project:

| | |
|---|---|
| a. Materials | $ |
| b. Labor | $ |
| c. Other | $ |
| TOTAL | $ |

DAVID C. MARTIN David C. Martin
Signature of Applicant (owner or lessee)

9605 W 3RD DENTON, NE
Address

(Do not write below this line)

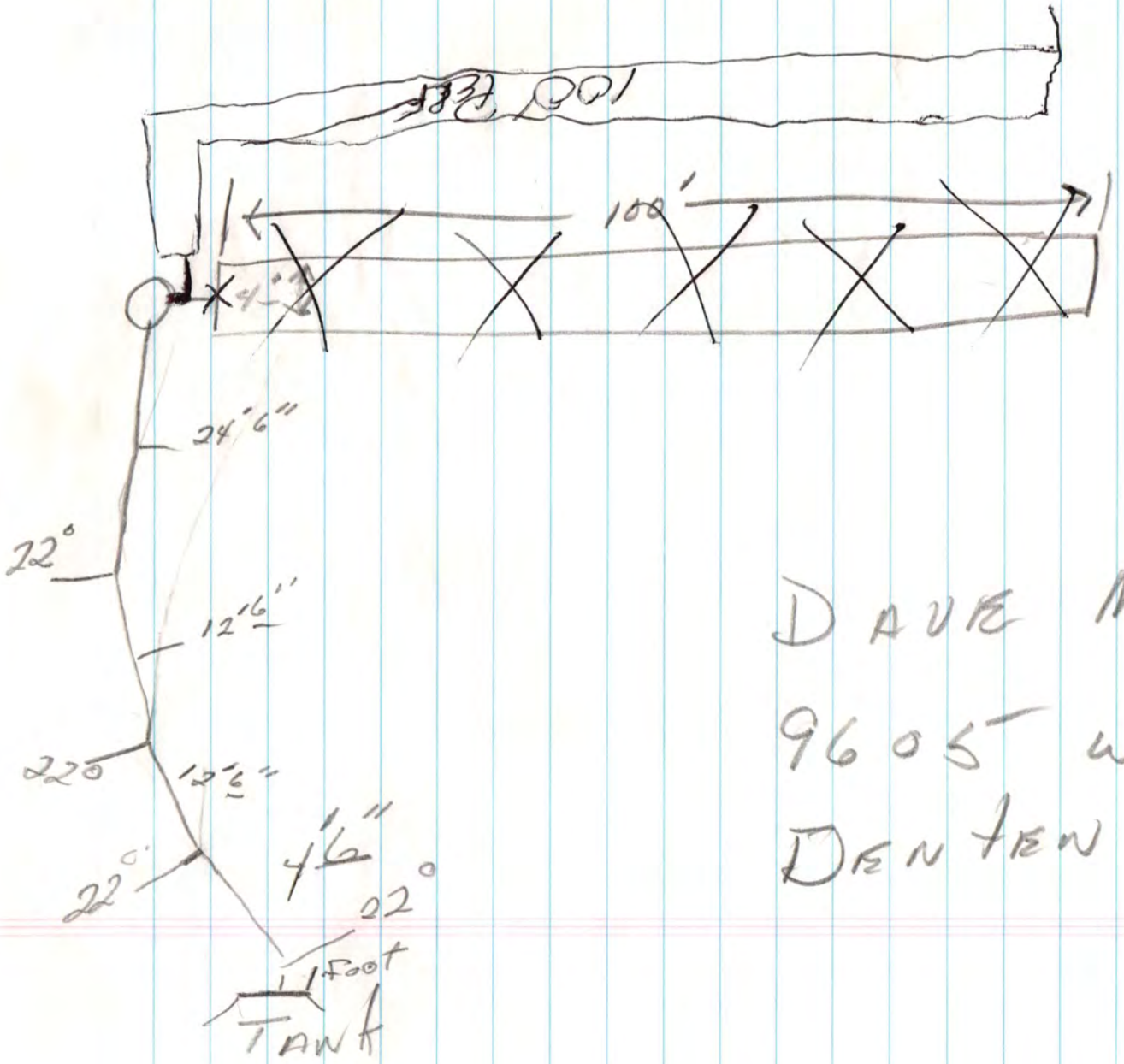
REVIEWING ACTION

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

2. Site Visits:
Date: 8/2/96 by: J. C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/14/96 by: J. C. Hood




DAVE MARTIN

9605 W 3RD

DENTEN 68338

9605 W 3RD

# 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 9605 WEST 3RD, DENTON, NE

Twp 9N Range 5E Section ~~16~~ NW 1/4 1/4 Block Lot 123/124 Addition OF 6TH PM

Directions to Property

Location of Well Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | DAVID C. MARTIN | 9605 W 3RD | DENTON 797-2635 |
| Tenant/Buyer: | LANCASTER CO. BANK | WAVERLY NEBR. | |
| Return to: | ~~ATT: TITLE DEP~~ | ~~790 N COTNER LINCOLN, NE 68505~~ | |

Signature of Applicant David C. Martin Address 9605 W 3RD Date 8/2/96

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**HEALTH DEPARTMENT USE ONLY**

Date Received 8/8/96 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 8/5/96

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☐ | Date 8/2/96 by L.C.H. |
| Bacteria | ☒ 0 /ml | ☐ /ml | Provisional ☒ | Date 8/5/96 by L.C.H. |
| Nitrate | ☒ <0.1 ppm | ☐ ppm | Disapproved ☐ | Date / / by |

**Comments:** PARTS OF THE SEWAGE SYSTEM PREDATE REGULATIONS AND LATERAL ADDED ON 8/2/96 IS NOT BASED OFF OF A SOIL PERCOLATION TEST HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/7/96

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.

'96 AUG 5 PM 3 45

REPORTED

'96 AUG -2 P2:03

RECEIVED

COMPLETE INFORMATION BELOW

# WATER CHEMISTRY

STATE LAB NO. 15 5325

DATE COLLECTED 8 (MO) 2 (DAY) 96 (YEAR) 1137PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION DAVE MARTIN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 22 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 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

'96 AUG -5 P3:11 RECEIVED

'96 AUG 6 PM 12 53 REPORTED

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO 14/5221

FOR LABORATORY USE ONLY

DATE COLLECTED 8 (MO) 5 (DAY) 96 (YEAR) 11:42 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAVID MARTIN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 22 TWNSHP 9 N 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:

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

FOR ACCOUNTING USE ONLY

LWB 91