Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008265

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380310601

Issued 09/19/05
Expires 09/19/06
Revenue Code 3157

Establishment: NORMAN SMITH
T9N R5E SEC 23 QTR NW
LOT 18
8101 W DENTON RD-DENTON

FEES: $275.00

Permittee: NORMAN SMITH
8101 W DENTON RD
DENTON NE 68339

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SEP 2 6 2005

A

Permit Number: 05380310601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8101 W. Denton Rd (no rural route) City Denton NE, Zip

Legal Description ~~A Part of~~ Lot 18, IRReg Tract, NW¼ of Sec 23, T9N, Rg5 East of
1/4 1/4 Section Township Range, Subdivision Addition Block Lot

Geographical Location (if known): Longitude the 6th P.M. Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Norman Smith Signature

Address 8101 W. Denton Rd City/State/Zip Denton, NE

☐ Check if owner designed system Home Phone Work Phone 326 8100

C. Contractor

Name Dave Vogt Company Name Vogt Excavating

Address City/State/Zip

☐ Check if contractor designed system Work Phone 560-4267

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/19/05 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-21-05 Date frwd 9-27-05 ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd — Date frwd 09/27/05 ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Mack

Date 9/26/05

Business Office Use Only
Date Rec'd 9/19/05
Amt Paid $275.00
Rec'd By CW Cash/Check No. 2672

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8101 W. Denton Road (no rural route) City Denton NE, Zip

Owner Norman Smith Addresss 8101 W Denton Road

Soil Type (SCS): Sandy Loam Percolation Rate: min./inch

Date of Tests 9-15-05 to 9-16-05 Weather: Precipitation Sunny Temperature 50°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	1 1/2	20
2	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	1 3/8	22
3	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	1 1/2	20
4	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	1 1/4	24
5	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	1 1/2	20
6	30"	9-15-05	8:00 Am	9-16-05	7:20 Am	9-16-05	7:20 Am	30"	9-16-05	7:50 Am	30	2	15

Sum of Percolation Rates: 121
Average of Rates: 20.17
Rate Used for Calculation: 20.17

Person Conducting Percolation Tests

Name: David Voigt
Phone: 560-4267
Address P.O. Box 22753
Lincoln NE 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date

FORM 23-101 10-96

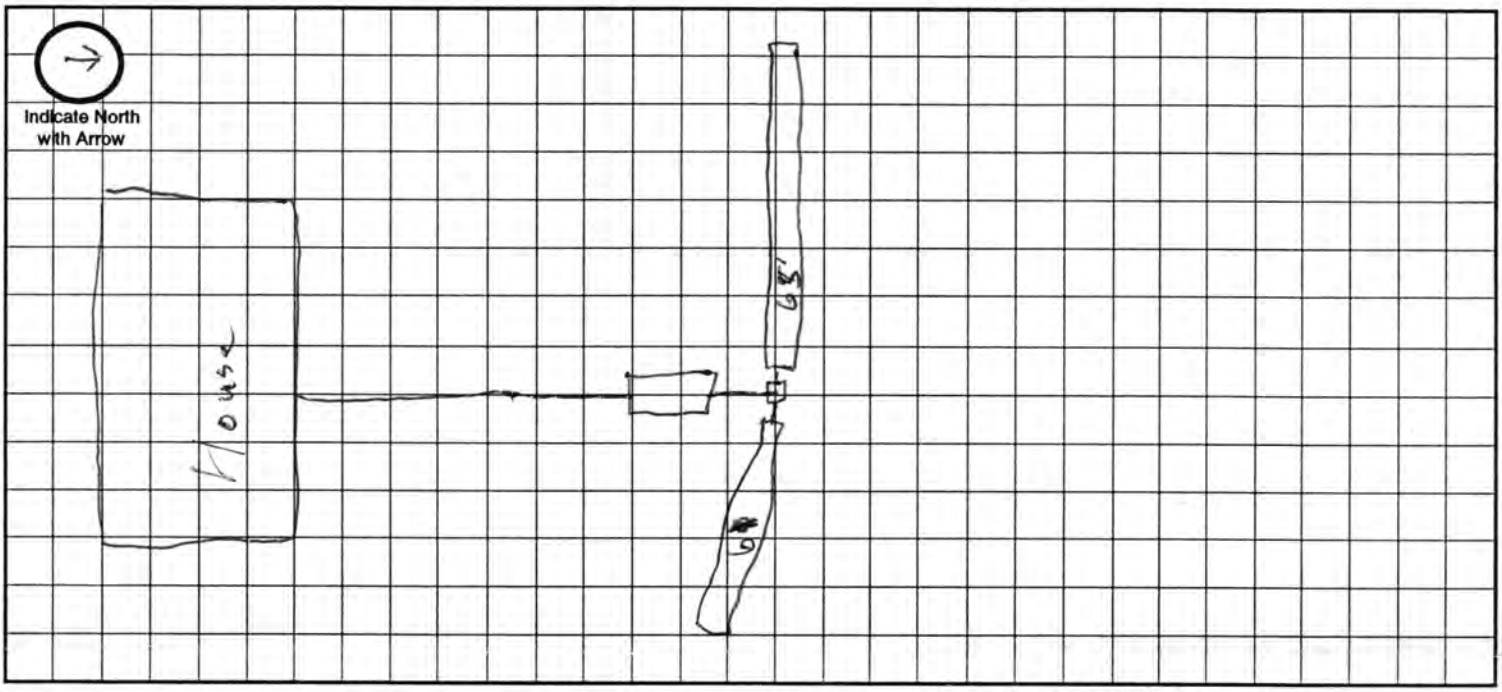
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

As built field **C**

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8101 W Denton Road City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 20.16 (min. per inch) Soil Type: Sandy Loam Land Slope: 6 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 125 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 9/19/05

Installer _____ Date 9-19-05

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

No. 97380155201

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Closed

Issued 03/24/97
Expires 09/24/97
Revenue Code 18754

Establishment

MERLIN HAYES
T9N R5E SEC 23
8101 W DENTON ROAD

Original Home Demolished

FEES: $150.00

TOTAL $150.00

Permittee

MERLIN HAYES
8101 W DENTON RD
LINCOLN NE 68339

3444

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"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8101-1 W. DENTON RD. (no rural route) City DENTON NE, Zip 68339

Legal Description N ½ ¼ ¼ Section 23 Township T-9-N Range R-5-E Subdivision — Addition — Block — Lot —

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name MERLIN HAYES Signature Merlin P Hayes

Address 8101 W. DENTON RD City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 434-5054 Work Phone Same

C. Contractor

Name Same above Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☑ Check and complete if engineer designed system

Designer Name DAVE VOGT Firm T&T EXCAVATING Work Phone MO. 560-4267

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 3/24/97 Date frwd 3/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/24/97 Date frwd 3/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Charlotte J Burke
3. **City or County Engineer** Date rec'd 03/24/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Ingrid Deamon

Installation Final Written Approval

By Jerrold C. Hood

Date April 28, 1997

Business Office Use Only 3013

Date Rec'd 3/24/97

Amt Paid 150 ⁰⁰

Rec'd By ES Cash/Check No. 5722

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8101 W. Denton Rd (no rural route) City Denton NE, Zip 68339

Owner MERLIN P HAYES Addresss 8101 W. DENTON RD 68339

Soil Type (SCS): sand CLAY DICKENSON SANDY LOAM & WYMORE SILTY CLAY LOAM Percolation Rate: 30.16 min./inch

Date of Tests 3-18-97 to 3-19-97 Weather: Precipitation _____ Temperature 56

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36"	3-18	9:00	3-19	15:10	3-19	14:10	6"	3-19	15:40	30	1"	30
2	"	"	"	"	"	"	"	"	"	"	"	1"	30
3	"	"	"	"	"	"	"	"	"	"	"	1 1/8"	26.67
4	"	"	"	"	"	"	"	"	"	"	"	1"	30
5	"	"	"	"	"	"	"	"	"	"	"	7/8"	34.29
6	"	"	"	"	"	"	"	"	"	"	"	1"	30

Sum of Percolation Rates: 180.96
Average of Rates: 30.16
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

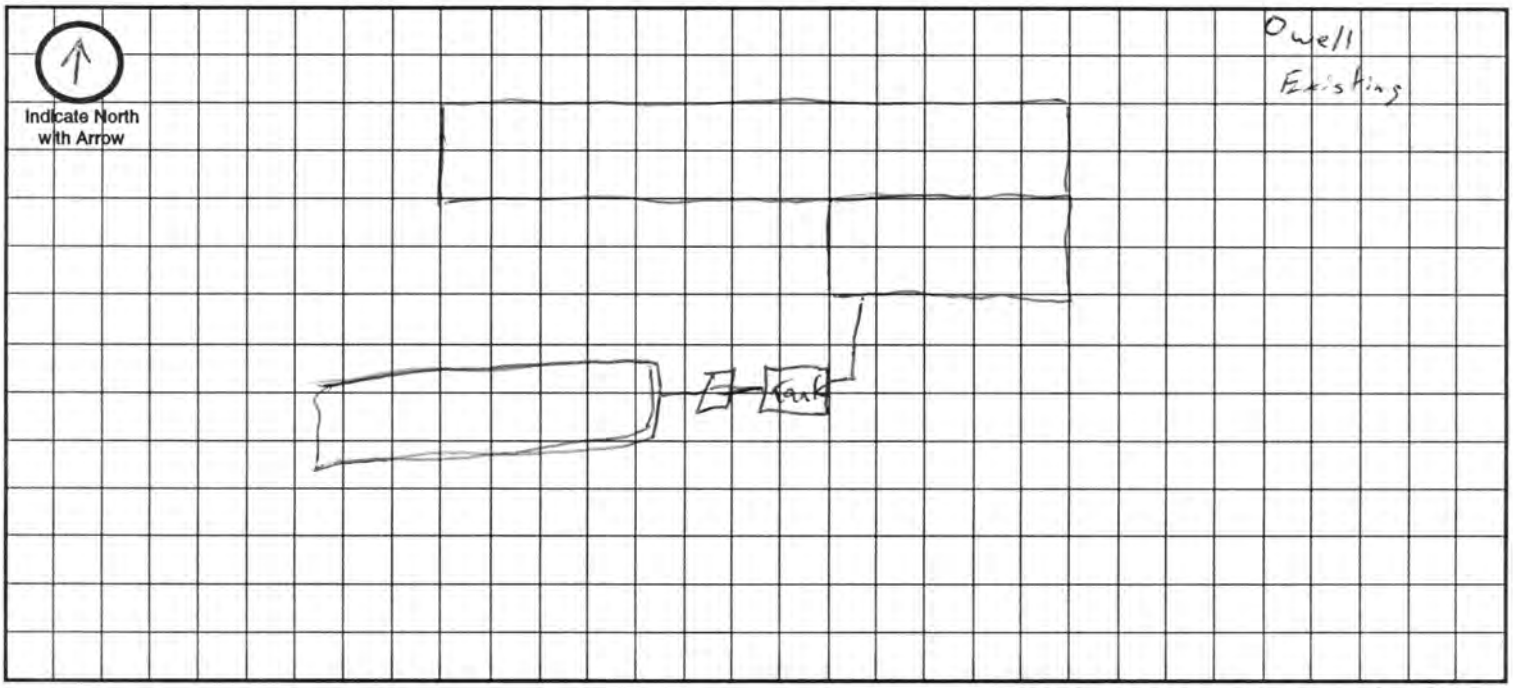
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 12 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8101 W Denton Rd City Denton NE, Zip

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 30.16 (min. per inch) Soil Type: Sand Clay Land Slope: 6 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other DICKESON SANDY LOAM + WYMORE SILTY CLAY LOAM

Total Square Feet of Field Required: 250 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material:

Capacity of Septic Tank 1000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 64 ft. Number of Trenches 1 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Date 3-21-97

Installer Date 3-21-97

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 9738015520 1

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address ~~12807~~ 8101 DENTON RD (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above ~~basement~~ crawl space floor: 12 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: —
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: ~~Concrete~~ None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

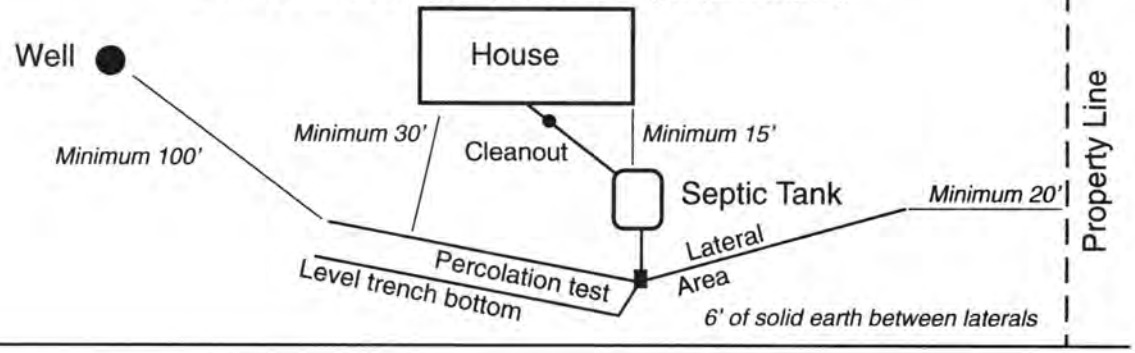
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 22"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number One
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1½ in/100 ft.
   Average depth 40 in
4. Filter material: Road Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

012

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

#3200

Legal Description of Property: Street Address 8101 W. Denton Rd

Twp 9N Range 5E Section 23 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/2 Mile East of Denton on Denton Rd on South Side. Log Home at top of Hill

Location of Well South of Home Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of Home Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Lloyd Tackwell	8101 W. Denton Rd	
Tenant/Buyer:	Merlin Hayes	12801 Yankee Hill Rd Lincoln	782-8044
Return to:	John M Bale	3737 So 27th Lincoln NE 68502	430-6603

Signature of Applicant John M Bale Address 3737 So 27th Lincoln NE Date 11/13/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/13/96
Initials ___
Amount $150.00
Check No. #5606

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 11/18/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/20/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

'96 NOV 18 PM 3 5

REPORTED '96 NOV 18 PM 3:5

RECEIVED '96 NOV 18 P2:53

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151315

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 11 (MO) 18 (DAY) 96 (YEAR) 2:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LLOYD TREADWELL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 23 TWNSHP 9 N RANGE 5 E

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 1.5 mg/l

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

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

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

LWN 88

'96 NOV 20 PM 1 32

REPORTED

RECEIVED

96 NOV 18 P2:53

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1424504

FOR LABORATORY USE ONLY

DATE COLLECTED 11 (MO) 18 (DAY) 96 (YEAR) 2:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION LLYOD TREADWELL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 23 TWNSHP 9 N RANGE 5 E

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

X 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

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

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY MW

FOR ACCOUNTING USE ONLY

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

LWB 91

9806 19003

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

old CR 3200 new CR 3668

Legal Description of Property: Street Address 8101 West Denton Rd

Twp 9N Range 5E Section 23 1/4 ___ 1/4 ___ Block ___ Lot 4 Addition ___

Directions to Property 3/4 East of Denton ~~North~~ South Side of Kehm

Location of Well SW of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System NE side of House Year Installed ___

CR 21878

	NAME	ADDRESS	PHONE
Present Owner:	Marlin Hayes	8101 W. Denton Rd	797-8040
Tenant/Buyer:	Norman & Judy Smith		
Return to:	John W. Bace	3737 So 27 Lincoln NE 68502	430-6603

Signature of Applicant John W. Bace Address 3737 So 27 Lincoln NE 68502 Date 6/22/98

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	6/15/98	Date	___/___/___
Initials	___	Case No.	___
Amount	$150.00	Initials	___
Check No.	8725		

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/16/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 1.6 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/18/98

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

JUN 1 9 1998

WATER CHEMISTRY

STATE LAB NO. 154888

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 16 98 11:25A.M
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION NEALON HAYES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 23 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 1.6 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED JUN 16 PM 1 16

REPORTED '98 JUN 18 AM 11 13

WATER MICROBIOLOGY

STATE LAB NO 14 11484

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 16 (DAY) 98 (YEAR) 11:25 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION NEALON HAYES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 23 TWNSHP 9 N RANGE 5 E

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3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

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 RG

FOR ACCOUNTING USE ONLY

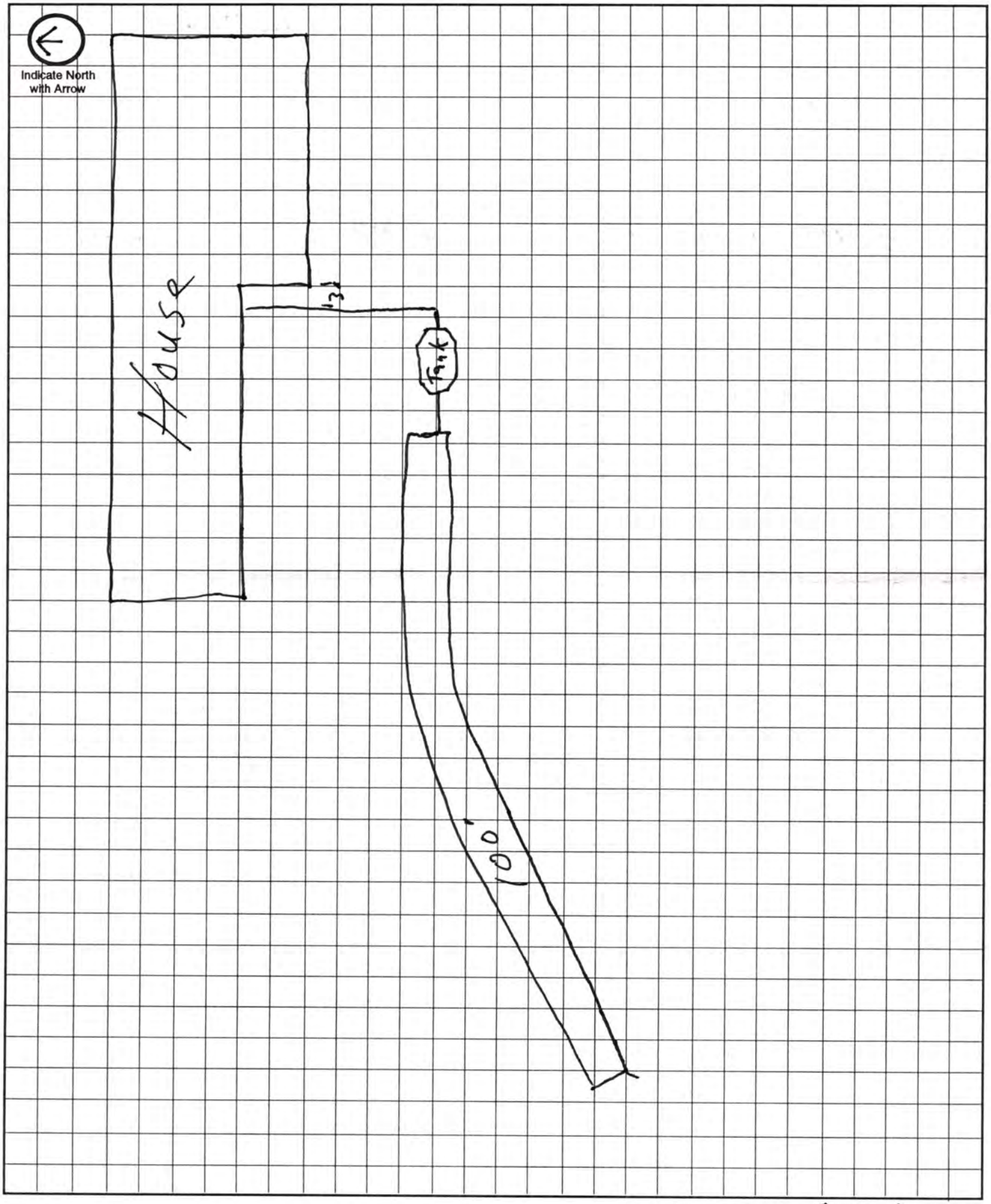
LWB 9

RECEIVED JUN 16 98 PM 1 15

REPORTED JUN 17 98 PM 2 47

WELL

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s