LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1743-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

July 6, 1981
THIS PERMIT EXPIRES

Strohmyer Excavating Co. Inc. 4401 N. 27th Lincoln NE 68512
ISSUED TO ADDRESS

T9N. R5E. Section 25 NE¼ Lots 3. 4. 10 IT
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE Change to Lagoon

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. 1743-C

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 25 NE¼ ; Block _____; Lots 3,4,10 IT; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: CHANGE TO LAGOON

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	OVER #400.00

STROHMYER EXCAVATING CO. INC.
Signature of Applicant (owner or lessee)

4401 NORTH 27TH STREET
Address

(Do not write below this line)

REVIEWING ACTION

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

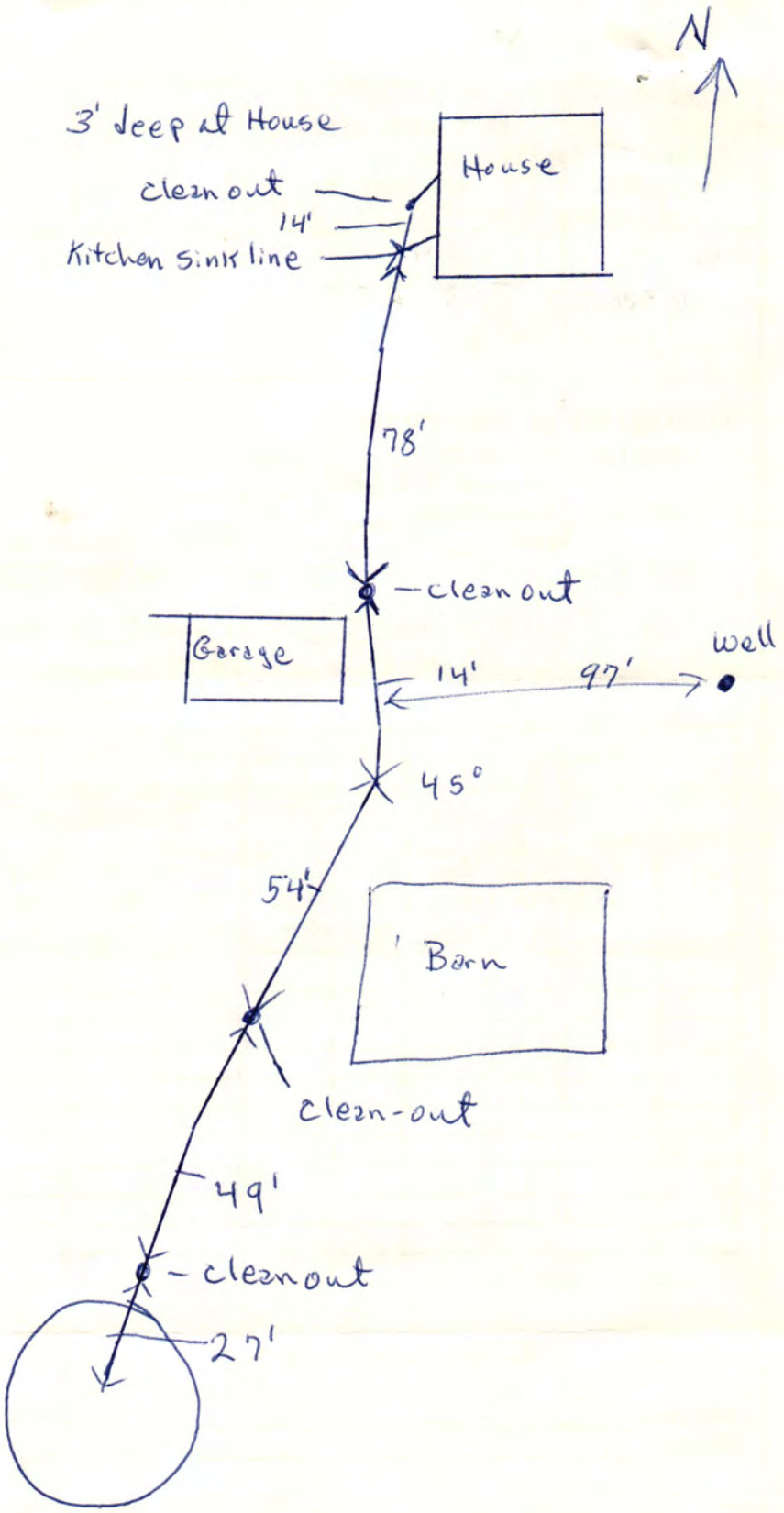
2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/6/81 by: J.C. Hood

* ~~CORN CRIB SHOULD BE REMOVED TO REMOVE WIND FLOW RESTRICTION.~~ REMOVED

SW 56th & Yankee Hill Rd.



Installed by Stuhmer

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

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: 3-5-89

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

Legal Description of Property: TWP. 9 NORTH; RANGE 5 EAST; SECTION NE 1/4 25; BLOCK ____

LOT 11 & 12; ADDITION _____; Street Address 5707 West Yankee Hill Rd

Directions to Property First house west of SW. 56th and West Yankee Hill Rd

Location of Well *1. In meadow on East edge of [illegible] Tap Location: Inside * 1 Outside * 2

Location of Sewage System West of barn Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	5707 W Yankee Hill Rd	797-3400
Tenant/Buyer:	[illegible]	5900 S. 38th [illegible]	423-1400
Return to:	[illegible]	[illegible]	[illegible]

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

Signature of Applicant [illegible] Address [illegible]

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 7, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-13-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3-13-89 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date 4-4-89 by [illegible]
Nitrate	☐	☐	Disapproved:	☒	Date _____ by [illegible]

Comments: Lagoon must have discharge pipe repaired - it's broken off. Need two signs - Waste Lagoon No Trespassing. Clean-out needs a cap. Tree in like must be removed

See Attached Letter ☐

FINAL STATUS * Note that South well has 29.8 ppm NO_3 which exceeds Nitrate limit. Infants must not be fed this water.

WATER SYSTEM:*	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒ for east well only	Approved: ☒	Provisional Approval: ☐

APPROVED BY Ron Maguire DATE 4-4-89

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

FOR LABORATORY USE ONLY

OLOGICAL EXAMINATION OF DRINKING WATER

SA[illegible] 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. 3-13-89 (9-16) BY mm (17-28)

ADDRESS OR LOCATION kitchen (29-41)

NAME AND ADDRESS OF OWNER

Dewayne Erickson
East Well #1

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. 15 (44-47)

DATE EXAMINED 3-13-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE 3.2 (State) (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN
3-13-89
3:41 P
ah

OUT
3-14-89
3:30 P
mjg

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 159-1538

COMPLETE INFORMATION BELOW:

DATE COLLECTED 3 (Mo.) - 13 (Day) - 89 (Yr) 1100 (Hour)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION Erickson - East well #1

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

_____ REC.

_____

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD

2200 S. 16th

Lincoln NE

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 3.2 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: CC

FOR ACCOUNTING USE ONLY

LRWC 85

REP REC

MAR 21 AM 9:06

MAR 13 PM 2:33

89

'89 MAR 21 A9:06

'89 MAR 13 P12:33

REP.
REC.

WATER CHEMISTRY

STATE LAB NO. 159-1577

COMPLETE INFORMATION BELOW:

DATE COLLECTED 3 (Mo.) - 13 (Day) - 89 (Yr) 1100 (Hour)

SAMPLE COLLECTED BY Maraman

SAMPLE LOCATION Erickson – South wall #2

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Marys
Lincoln NE

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 29.8 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: CC

FOR ACCOUNTING USE ONLY

LRWC 85

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.

Legal Description of Property: Street Address 5707 W. Yankee Hill Rd Denton, Ne
Twp 7N Range 8E Section 25 1/4 NE 1/4 ___ Block ___ Lot 11, 12 Addition ___
Directions to Property W. Denton Rd to SW 56, S to W. Yankee Rd then West

Location of Well on left side of Driveway Tap Location: Inside ☐ Outside ☒ SE corner of house
Location of Sewage System SW of Barn Year Installed unknown 1981

	NAME	ADDRESS	PHONE
Present Owner:	Patrick & Cindy Bell	5707 W. Yankee Hill Rd Denton, Ne 68339	797-7170
Tenant/Buyer:	Jon & Jenny Carlson	1923 "B" St. Lincoln, Ne 68502	477-2769
Return to:	John Beckwith	Woods Bros. Realty 7141 "A" St. Lincoln, Ne 68510	432-2819

Signature of Applicant Jon C [signature] Address 1923 "B" Street Lincoln, Ne 68502 Date 9/24/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/24/96
Initials KS
Amount $ 150 00
Check No. # 1003

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/24/96

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

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 10/16/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON LAGOON FENCE. SHOULD BE A LITTLE VEGETATION CUTTING ON DIKES. IF ANY WELLS ARE NOT GOING TO BE USED THEY MUST BE PROPERLY ABANDONED. See Attached Letter ☐
10/16/96 Signs up, Vegetation Cut. J.C.H.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/16/96

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