# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040101

Issued 06/30/94
Expires 12/30/94
Revenue Code 18754

CLOSED

Establishment
CECILIA HUNT
T9N R5E SEC 28
11111 W YANKEE HILL ROAD

FEES: $50.00

TOTAL $50.00

Permittee
CECILIA HUNT
4152 BOULDER DR
LINCOLN NE 68516

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: 6-29-94

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 28 NW¼;
Block _____; Lot _____; Addition _____
Street Address 1111 W. Yankee Hill 68339

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: Add 100' of ½ moon lateral

5. Work to be done by: Owner ☐; or Contractor ☑, Earnest Well + Drilling
Contractor's Name Milford, NE

6. Estimated cost of project:

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

Cecilia L Hunt
Signature of Applicant (owner or lessee)

Cecilia Hunt
420-1402

4153 Cripple Creek Boulder Dr

4153 BOULDER DRIVE
Address
LINCOLN, NEBRASKA

(Do not write below this line)

REVIEWING ACTION

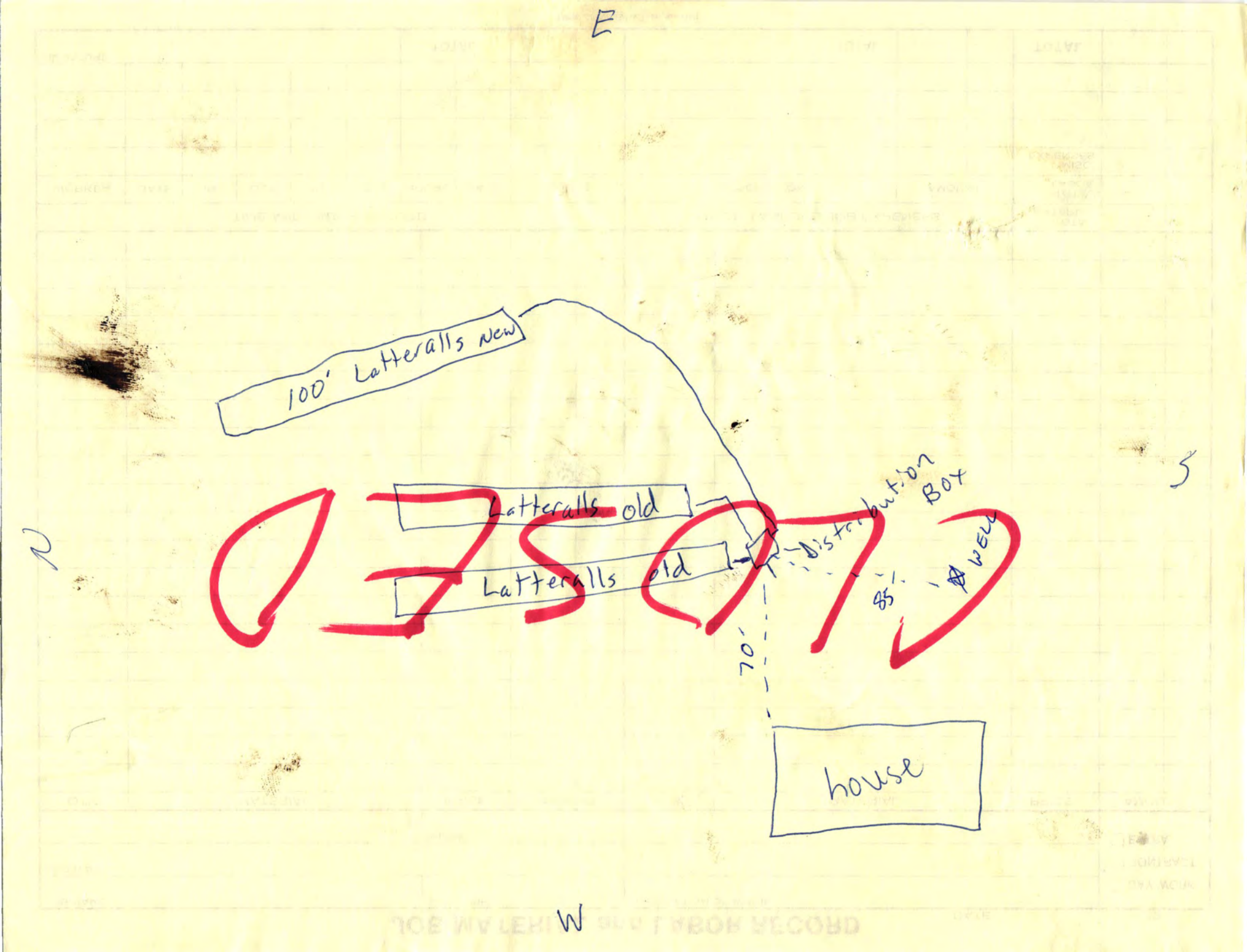
1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6-29-94 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-1-94 by: Paul Hoffman

REVISED


E
100' Latteralls New
Latteralls old
Latteralls old
Distribution Box
85'
70'
house
W

002

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 11111 W Yankee Hill Rd.

Twp 9N Range 5E Section 28 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property First left after track past 2 white houses (Airport ½ mile sign)

Location of Well Back Yard. Tap Location: Inside ☐ Outside ☐

Location of Sewage System Back Yard. Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Cec. Hunt | | 420-1402 |
| Tenant/Buyer: | William Wagner | 11111 W Yankee Hill Rd Denton, Neb | 797-2116 |
| Return to: | | | |

Signature of Applicant M. Wagner Address 11111 W Yankee Hill Rd, Denton Neb Date 2/06/94

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**HEALTH DEPARTMENT USE ONLY**

Date Received 6/24/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Gerald C. Hood **DATE:** 6/24/94

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☐ | Date 6/29/94 by PD. |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☒ <0.1 ppm | ☐ ___ ppm | Disapproved ☒ | Date 7/5/94 by J.C.H. |

**Comments:** SEWAGE SYSTEM IS RUNNING OUT. 100' ft of lateral added on 6-29-94 P.D. APPROVAL IS PROVISIONAL BECAUSE MAJORITY OF SEPTIC SYSTEM WAS BUILT PRIOR TO REGULATIONS AND INSPECTIONS. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Gerald C. Hood R.E.H.S. Date 7/7/94

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.

# WATER MICROBIOLOGY

STATE LAB NO. 144-14076

COMPLETE INFORMATION BELOW

DATE COLLECTED 6-29-94 (MO DAY YEAR) 9:05 (HOUR)

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION 1111 W. Yankee Hill, C. Hunt

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 26 TWNSHP 9 N S 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:
LLCHD
3140 'N' ST
LINCOLN NE

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

REPORTED JUN 30 '94 P1:00

RECEIVED JUN 29 '94 A11:01

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

**COLIFORM PURITY TEST FOR DRINKING WATER**

TOTAL COLIFORMS 2 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

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LV

'94 JUN 28 P12:00

REPORTED

'94 JUN 24 P2:46

RECEIVED

COMPLETE INFORMATION BELOW

# WATER CHEMISTRY

STATE LAB NO. 15 12721

DATE COLLECTED 6 (MO) 24 (DAY) 94 (YEAR) 2:10 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CEC. HUNT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 28 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

OT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '94 JUN 25 P12:16

RECEIVED '94 JUN 24 P2:47

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO. 14 13560

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO) 24 (DAY) 94 (YEAR) 2:10 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CEC. HUNT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR S.W. SECT 28 TWNSHP 9 N RANGE 5 E

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

## COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 1 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

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

FOR ACCOUNTING USE ONLY

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

LWB 91

'94 JUL -6 A8:30

REPORTED

'94 JUL -5 A11:04

RECEIVED

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO. 1414278

DATE COLLECTED 7 (MO) 5 (DAY) 94 (YEAR) 10:39 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CECILIA HUNT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 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: ☒ 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 CC

FOR ACCOUNTING USE ONLY

LWB 91

# WATER MICROBIOLOGY

STATE LAB NO. 14 14205

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO.) 30 (DAY) 94 (YEAR) 12:06 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION CECILIA HUNT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW. SECT 28 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

REPORTED JUL -1 '94 P1:30

RECEIVED JUN 30 '94 P1:54

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 CC

FOR ACCOUNTING USE ONLY

LWB 91

9906070001 rdf

# 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.

LCR 405J

Legal Description of Property: Street Address 11111 W. Yankee Hill Denton

Twp 9N Range 5E Section 28 1/4 ___ 1/4 ___ Block ___ Lot 32 Addition SW 28-9-5

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System leachfield Year Installed _____

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| NCR 35226 Present Owner: | William Wagner | P.O. Box 176 Pawnee AZ. 86334 | |
| ACR 75864 Tenant/Buyer: | Diane Petersen | 5000 Woodland Ave. Lincoln NE 68516 | 483-4922 |
| Return to: | Maryann McIntyre | 1940 O Street Ste. 300 Lincoln NE 68510 | 323-6000 |

Signature of Applicant Katie Henry Address 1940 O Street #300 Lincoln, NE 68510 Date 5/25/99

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
Date 5/27/99
Initials CW
Amount $150.00
Check No. 6237

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

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 6/1/99

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☐ ____/ml | ☐ ____/ml |
| Nitrate | ☒ 4.3 ppm | ☐ ____ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☐ |
| Provisional | ☒ |
| Disapproved | ☐ |

**Additional Site Visits**
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

**Comments:** PORTIONS OF THE SEPTIC SYSTEM PREDATE REGULATIONS OR INSPECTIONS HENCE APPROVAL IS PROVISIONAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/4/99

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

LOGO---LLCHD

Laboratory Water Test Request

P8525-15

Lab Test #_____ Method_____

Test For: (Nitrate)/Coliform/Other:_____

Reason: Annual Well, (Loan Approval), New Well, Other:

Collected by: JERROLD HOOD Date/Time 6/1/99 1:40 am/(pm)
MM DD YYYY

LLCHD Permit #_____ State ID #_____

Well Location
Address: 11111 WEST YANKEE HILL ROAD
DENTON, NEBRASKA

Legal Description: T9N R5E Sec28 1/4SW 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 1.3 mg

6-2-99

Wayne J Mallory

JUN 3 1999

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

**Laboratory Report Printed on June 02, 1999**

**LLCHD**
**LINCOLN LANCASTER COUNTY HEALTH DEPT.**

**3140 N STREET**
**LINCOLN, NE 68510**

**Laboratory Analysis For: PRIVATE COLIFORM**
**Sample Comments:**

Laboratory Number: **P8525-15**
Sampled By: **HOOD, JERROLD**
Location: **NG**
Sample Point:

Date Collected: **01-Jun-1999 01:20 PM**
Date Received: **01-Jun-1999**

| Parameter | Report Level | Units | Method | Analysis Date | Analyst | Qual | Results |
|---|---|---|---|---|---|---|---|
| TOTAL COLIFORM | 0 | cfu/100ml | COLILERT | 06/02/99 | KC | | **Total coliform positive - does not meet bacteriological standards** |
| E. COLI | 0 | cfu/100ml | COLILERT | 06/02/99 | KC | | **E. coli negative** |

**Note: see reverse side of report for description of acronyms and data qualifiers**

**For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.**