LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2197-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 8, 1985 — THIS PERMIT EXPIRES

BARRINGTON REALTY — ISSUED TO

107 WEDGEWOOD DR. LINCOLN, NE 68372 — ADDRESS

T7N; R8E; Sec 27 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

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
GJS	5/6/85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

0109-0977

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. 2197-C

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

DATE: 5-6-85

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. 7N ; Range 8E ; Section 27 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: INSTALL LAGOON DISPOSAL SYSTEM - ABANDON SEPTIC TANK - INSTALL FENCING ON LAGOON

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

6. Estimated cost of project:

a. Materials	$	1750 00
b. Labor	$	
c. Other	$	
TOTAL	$	1750 00

Harrington Realty by Brad Southwick
Signature of Applicant (owner or lessee)

107 Wedgewood Dr, Fenchel Ne
Address
701 E 4th, Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5-6-85 by: (real fence)
Date: 5/29/85 by: J.C.H. fences, signs + lock-in
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/29/85 by: J. C. Hood

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: ~~12-12-84~~ 5-6-85

FILE NO. _____

MOBILE HOME

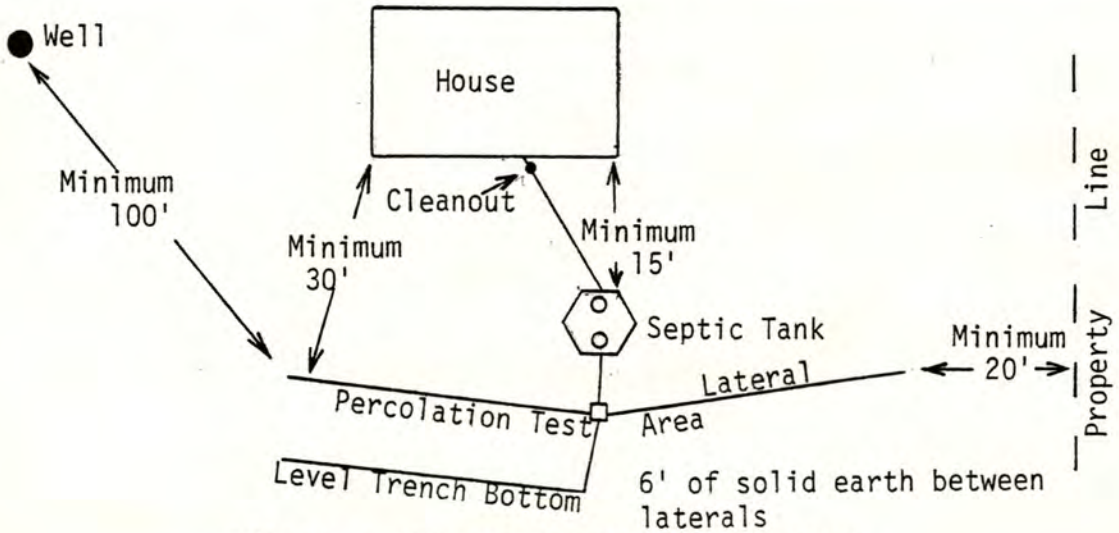
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: PLASTIC
1. Material ~~CI~~; Diameter 4 in.
2. Distance above basement floor 40 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FORM CONTROL NUMBER 08460

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C R	CASH RECEIPT NUMBER	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
		17672	050885		85

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 11

OFFSET CASH ACCOUNT:

COMMENTS: 2+2 Co. Health

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./DEC IND	P/F IND
		011	999				2539							Sewer permits			
														2197-C	30 00		
														2198-C	60 00		
														2199-C	60 00		
														TOTAL	150 00		

PREPARED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME EB TITLE _____ DATE 5/8/85

ORIGINAL

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

P17119-73

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 15401 Pella Rd.

Parcel ID 20-27-200-005-000 (i.e. 99-99-999-999-999)

Twp 17 N Range 8E Section 27 1/4 1/4 Block Lot 29 Addition

Directions to Property 3 mi south of Louisana Rd on Hwy 43, Turn West on Pella Rd. for 1/4 mi on S side

Location of Well No of House by Wagon Tap Location: Inside ☐ Outside ☒

Location of Sewage System S.E of House Year Installed 1994 (?)

Site Hazards (dogs, etc.) Dogs in Kennels behind House

	NAME	ADDRESS	PHONE
Present Owner:	Todd/Michelle Chambers	15201 So 158 Bennet 68317	782-3210
Tenant/Buyer:	Leslie Ringenberg / Jonathan Nordhausen	1736 W. A St.	328-0487
Return to:	NEBRASKA TITLE	5635 10th St. 68522	486-4900 (Fax)

Helen Steinheider 430-4455

Signature of Applicant Leslie N Ringenberg Address 2831 Tierra Dr. #206 Lincoln, NE 68516 Date 5/2/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 05/02/01 Amount 200 oo Check No. 1656 Initials LO

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/7/01

Need fence repaired, warning signs + lock on gate.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 11/14/01 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: LAGOON FENCE IS DOWN BELOW 4 FEET, NO WARNING SIGNS, NO LOCK ON GATE. LITTLE TREES MUST BE REMOVED FROM LAGOON AREA, VEGETATION MUST BE CUT, LAGOON MUST BE DREDGED. CATAIL DIE OFF HAS SLUDGED IN LAGOON. CATAILS MUST BE KILLED OUT. ANY WELL NOT USED MUST BE PROPERLY ABANDONED. (WINDMILL WELL?) See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

or disapproval is based on State and local standards for construction, location and water quality. Inspection is isible construction and operation at the time of inspection. Approval or provisional approval does not imply or arantee of system operations.

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

9-00

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

MAY 9 2001

Laboratory Report Printed on: **May 08, 2001**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P17119-73**
Sampled By: **JERROLD HOOD**
Location: **15401 PELLA ROAD**
Sample Point:

Date Collected **07-May-2001 11:05 AM**
Date Received: **07-May-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/08/01	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/08/01	KC

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

For inquiries on result interpretation call: (402) 471-6435.

AS BUILT DRAWING OF SYSTEM

DATE 5-6-85 INSTALLER SOUTHWICK SEWER & DRAIN

