Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXPAND THE SIZE OF LAGOON

Permit # 02390071701

Issued 04/19/02
Expires 10/19/02
Revenue Code 3157

Establishment

DANIEL RICE
T7N R8E SEC 29 QTR NW
12621 PELLA RD-FIRTH

FEES: $100.00

Permittee

DANIEL RICE
13000 PELLA RD
FIRTH NE 68358

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002073

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **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:**
   Township 7 N Range 8 E Section 29 1/4 Section NW
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 12621 Pella Rd.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 6 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** expanding the size of the lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name Scott Prange

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   ☒ b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Daniel Rice Address 13000 Pella Rd. Firth 68358 Phone 402-791-2228
Applicant Signature (owner or lessee) Daniel G. Rice

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/18/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 4/18/02 By J. C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

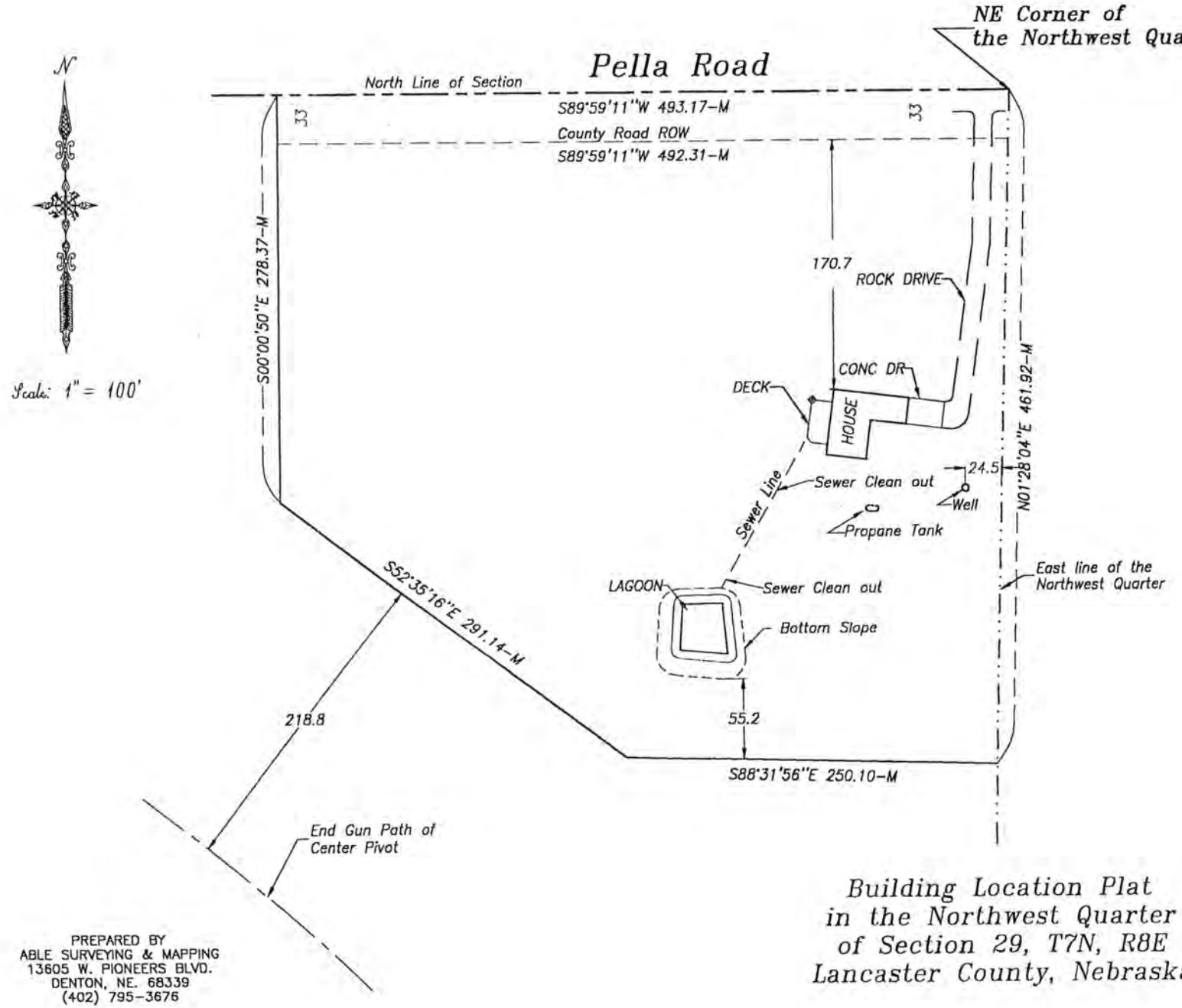
Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 4/19/02 Amount $100.00 Check No. 011873 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

Tim & Keri Pritschau

P20016-36



PREPARED BY
ABLE SURVEYING & MAPPING
13605 W. PIONEERS BLVD.
DENTON, NE. 68339
(402) 795-3676

Building Location Plat
in the Northwest Quarter
of Section 29, T7N, R8E
Lancaster County, Nebraska

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

MAR 1 8 2002

Laboratory Report Printed on:

March 15, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P20016-36**
Sampled By: **JERROLD HOOD**
Location: **12521 PELLA ROAD**
Sample Point:

Date Collected: **14-Mar-2002 09:47 AM**
Date Received: **14-Mar-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	03/15/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/15/02	JN

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

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2821-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

KERI WALVOORD — ISSUED TO

FIRTH, NE 68358 — ADDRESS

T7N; R8E; Sec. 29 N½

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R. J. NUERNBERGER, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

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

20109-0977

RECEIVED APR 10 1989

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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: 471-7800

A

FILING FEE: $_____

FILE NO. 2821-C

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N, Range 8E, Section 29; N½
   Block _____: Lot _____: Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 0 . Describe _____

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

4. Distance to public sewer: _____ ft.

Ivan Walworth
[redacted]
Signature of Applicant (Owner or Lessee)

Rt. 1 Firth, NE 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/11/89. Date Frwd. 4/11/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-11-89. Date Frwd. 4-11-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen
3. City or County Engineer: Date Rec'd 4/11/89. Date Frwd. 4/11/89. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-27-89 by: rm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/11/02 By: Jerrold C. Nood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43