LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2800-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JIM HABERLAN R.R. 1, BOX 217B — ISSUED TO

CRETE, NE 68333 — ADDRESS

T8N; R5E; Sec 11 SW ¼; Lot 3; SW 86th & Wittstruck

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABBE 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: MG — DATE: 3-1-89 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: 471-7800)

FILE NO. 2800-C

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

DATE: 2/28/89

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. T8N; Range R5E; Section SEC 11 SW¼
Block ~~SW¼~~; Lot 3; Addition
Street Address SW 86 Willstreet

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

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

4. Description of proposed alteration, extension or repair:
extend leaching field

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

6. Estimated cost of project:
a. Materials $
b. Labor $
c. Other $
TOTAL $ 400.00

work has been done 1½ yrs ago. Cost is an estimate JH.

Jim Haberlan
Signature of Applicant (owner or lessee)

RR 1 Box 217B Crete Ne 68333
Address 794-6045

(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. Hoe

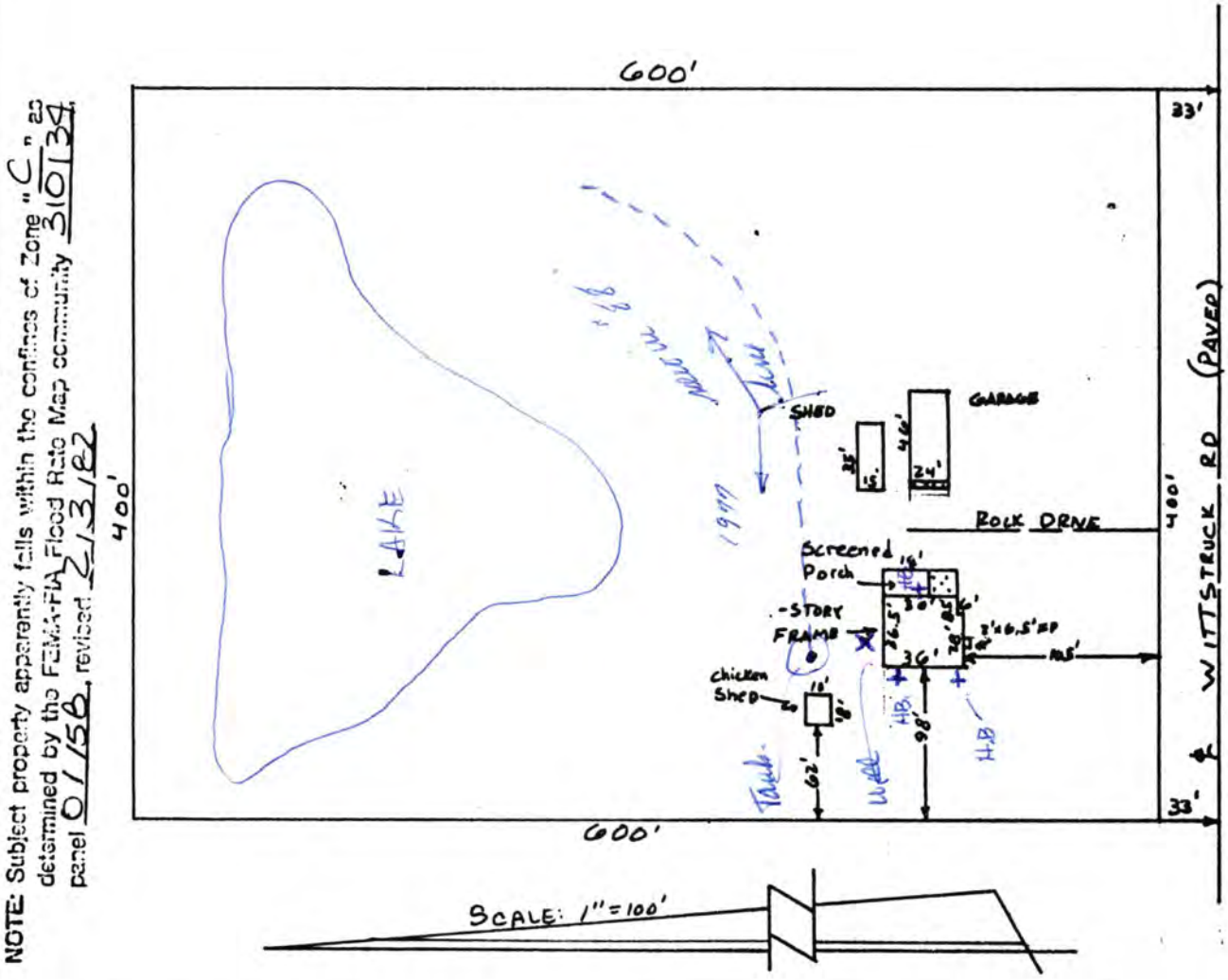
4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: by:

* COVERED WITHOUT INSPECTION

PROPERTY IMPROVEMENT LOCATION PLAT

PROVIDENT
NTC 88-24521

RT 1 CRETE



NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA/FIA Flood Rate Map community 310134 panel 0115B, revised 2/3/82

LEGAL DESCRIPTION: Lot 3, I.T. in the SW/4 of Section 11, T8N, R5E of the 6th P.M., Lancaster County, Nebraska.

DATE OF CERTIFICATE
12-23-88

REVISED

NEBRASKA REGISTERED LS-381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to

Mr. James Haberlan and Nebraska Title Co.

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Jesse W. Wininger

Professional Surveyors, Inc.
421 SO. 9TH - SUITE 101
LINCOLN, NE 68508
(402) 477-5255

JESSE W. WININGER, L.S.
PRESIDENT

PROJECT NO.
882641
103-91

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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: Jan 30-89

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 11; BLOCK SW¼

LOT 3; ADDITION _____; Street Address _____

Directions to Property SOUTHWEST 86TH & WITTSTRUCK. - ¼ MILES EAST.

Location of Well DUG 1979 - DEC. 28 Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	JIM L. HABERLAN	RR BOX 217 B. 68333	794-6045
Tenant/Buyer:			
Return to:	~~SAME~~	Provident Surveying Page 440 30. 13	% Bill Eklund

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

Signature of Applicant Jim Haberlan Address RR. BOX 217 B. 68333

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HEALTH DEPARTMENT USE ONLY

Date Received January 30, 1989 Received $75.00 Check ☐ Cash ☒

PRELIMINARY STATUS--DATE 1/30/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1/30/89 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: WORK DONE ON SEPTIC SYSTEM WITHOUT PERMIT OR INSPECTION. PERMIT received 2/23/89 Sewer to be inspected & approval to _____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Lowell C. Moore R.S. DATE FEBRUARY 28, 1989

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

BIC[illegible]L EXAMINATION OF DRINKING WATER

SAMPLE 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. 1/30/89 2:26 P.M. (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 11, T8N, 5E LOT 3 I.T. (29-41)

NAME AND ADDRESS OF OWNER

JIM HABERLAN
R.R. BOX 217B
CRETE, NEBRASKA
68333

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

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. 76 (44-47)

DATE EXAMINED 1-30-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 STATE TEST 1-31-89 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY myf (76-79)

IN 1-30-89

OUT 5:05 PM myf

'89 JAN 30 P2:37 '89 FEB -1 A9:59

REP.
REC.

WATER CHEMISTRY

STATE LAB NO. 159 - 736

COMPLETE INFORMATION BELOW:

DATE COLLECTED 1 (Mo.) 30 (Day) 89 (Yr) 2:26PM (Hour)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JIM HABERLAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 11 TOWNSHIP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVE
LINCOLN, NEBRASKA 68502

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 less than 0.1 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: EJ

FOR ACCOUNTING USE ONLY

LRWC 85