Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008336

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390084201

Issued 10/19/05
Expires 10/19/06
Revenue Code 3157

Establishment JOHN REFSHAUGE
T8N R5E SEC 14
LOT 13
8300 W ROCA ROAD

FEES: $150.00

Permittee JOHN REFSHAUGE
8300 W ROCA RD
CRETE NE 68333

TOTAL: $150.00

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#0539008042

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

OCT 19 2005

☐ 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. John Refshauge

1. **Legal description of property:**
   Township 8N Range 5E Section 14 1/4 Section
   Block Lot 13 I I. Addition
   Parcel ID ___-___-___-___-___ (i.e. 99-99-999-999-999)
   Street Address 8300 West Roca Rd.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe Ranch style house

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

4. **Description of proposed alteration, extension or repair** Replace laterals due to them not absorbing all the water

5. **Work to be done by:** ☐ owner ☑ contractor's name Pribyl Plumbing

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 Pribyl Plumbing Address 386 N Highway 103 Phone 402-826-2818
Applicant Signature (owner or lessee) Bruce Pribyl

Please include the permit fee ($~~100~~ 150.00) 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 10/19/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

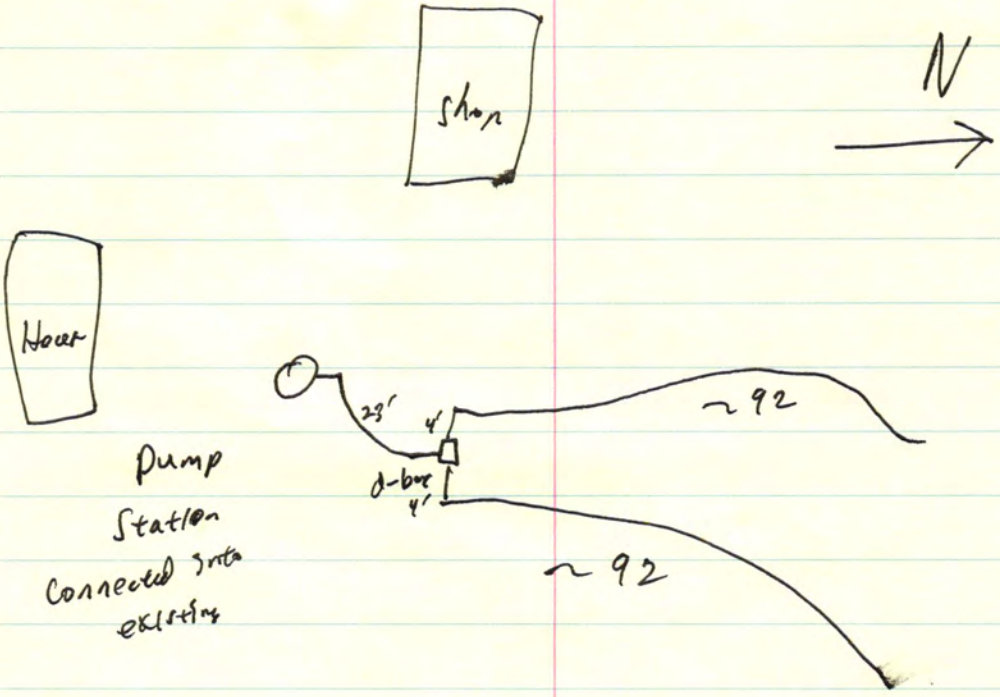
Site visits
Date 10/27/05 By DS
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
Date 10/27/05 By DS

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: 10/19/05 Amount $150.00 Check No. 4428 Initials CW

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


Shop
N
House
23'
4'
d-box
4'
~92
~92
Pump
Station
Connected into
existing

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 4

NON TRANSFERABLE

P E R M I T

Permit No. 0039201

SEWAGE SYSTEM REPAIR

Issued 05/ /4

Expires 11 /94

Revenue Code 18754

Establishment

STAN REFSHAUGE

T8N R5E SEC 14

FEES: $50.00

TOTAL $50.00

Permittee

STAN REFSHAUGE
17201 S 72 ST
HICKMAN NE 68372

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)

STAN
Refshauge
HW33 & SW72

FILE NO._____

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

DATE: 4-94

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. 6N ; Range 5E ; Section 14 SW/4 ;
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: abandon open end Sewer & build 10'x70' Seepage bed

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Dozer
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL >	$	400 00

Stan Refshauge Brad Southwick
Signature of Applicant (owner or lessee)

12201 S. 72
Address Hickman NE 68372

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/4/94 by: L. C. H.
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/2/94 by: L. C. Hood *

* PROVISIONAL APPROVAL
EXPERIMENTAL SYSTEM

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: May 4 1994

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. 8N ; Range 5E ; Section 14 ;
Block _____ ; Lot 13 I.T. ; Addition _____
Street Address 8360 W. Roca Road

2. Property Use: Residential V ☒; 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: Hook to Outgoing side of tank 50 4" pipe to 10'x 70' experimental

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL over	$ 400

Signature of Applicant (owner or lessee)

RR 1 Box 219 Crete Ne 68333
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/4/94 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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: _____

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION SW¼ -14; BLOCK ____

LOT 13 ADDITION _____; Street Address 8300 W ROCA RD

Directions to Property 6.7 mi WEST OF U.S. 77 - N-33 CORNER NORTH SIDE OF HWY 33 BETWEEN SW 72ND & SW 86TH

Location of Well 19 yds WEST OF [illegible] Tap Location: Inside ☐ Outside ☒

Location of Sewage System 6 YDS WEST OF POWER POLE (SWAN ON IT) Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	JOHN S. REESHAUGE	8300 W ROCA RD CRETE (CALL MONDAY)	826 2542
Tenant/Buyer:	_____	FIRST FEDERAL LINCOLN 68333	_____
Return to:	KEN KUTA	3901 NORMAL BLVD LINCOLN NE 68506	473 6104

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

Signature of Applicant [signature] Address RR1 Box 219 CRETE NE 68333

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 19, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 23, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 11/23/92 by J.C.
Bacteria	☒	☐	Provisional:	☐	Date 5/14/94 by J.E.H.
Nitrate <0.1 ppm	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: SEWAGE SYSTEM RUNS OUT. 5/4/94 Sewage system replaced by an experimental system. Hence approval is provisional. Experimental system is rather required because of space restraints. J.E.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MAY 25, 1994

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

BIOLOGICAL 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. 11/23/92 10:46 A.M. (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 13 I.T., SEC. 14, T 8N, R 5E JOHN REFSHAUGE (29-41)

NAME AND ADDRESS OF OWNER

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

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. 142-29131 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY RS (76-79)

IN

OUT

NOV 23 AM 11:59

92 NOV 24 P2:57

WATER CHEMISTRY

STATE LAB NO. 152-6266

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 23 (DAY) 92 (YEAR) 10:46 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN REFSHAUGE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 14 TWNSHP 8 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
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

REPORTED 92 NOV 24 P 7:00

RECEIVED 92 NOV 23 A11:58

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINE

TEST(S) BY DW

FOR ACCOUNTING USE ONLY

LWN 88

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: March 9, 1989

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

Legal Description of Property: TWP. 7; RANGE 5; SECTION 14; BLOCK ____

LOT 3; ADDITION _____; Street Address Highway 33 - 5411 3rd

Directions to Property Highway 33 - on N. side - 1 block [illegible]

Location of Well [illegible] house Tap Location: Inside ☐ Outside ☐

Location of Sewage System [illegible] Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	[illegible]	
Tenant/Buyer:	[illegible]	[illegible]	423-1463
Return to:	Home Real Estate	5411 South Street	488-4663

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

Signature of Applicant Mildred L Ball Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 3-14-89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-16-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3-16-89 by JMM
Bacteria	☒	☐	Provisional:	☐	Date 3-28-89 by JMM
Nitrate	☑	☐	Disapproved:	☑	Date _____ by ____

Corrected

Comments: Mr. has an old unused well north of house which may be too close to septic system. Appears north end of house - need to know purpose of the pipe. Recommend old unused wells be properly abandoned. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY [signature] DATE 3-28-89

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

GICAL EXAMINATION OF DRINKING WATER

TO BE COLLECTED AND MAILED ON:

___ (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. 3-16-89 (9-16) MO./DAY/YR./HOUR BY _____ (17-28)

ADDRESS OR LOCATION N. tap (29-41)

NAME AND ADDRESS OF OWNER (Real Estate)

Sam Brisco

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. 27 (44-47)

DATE EXAMINED 3-16-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE _____ (57-60) mg/LITER

NITRATE < 0.1 (Est) (61-64) mg/LITER

TPC _____ (65-68) /100 mL.

LAB. PROCEDURE _____ (69-75)

ANALIZED BY JP (76-79)

IN 3-16-89 3:53P ah

OUT 3-17-89 4PM

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

'89 MAR 16 P2:55 REC. '89 MAR 22 P3:24 REC.

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 15 1740

DATE COLLECTED 3 - 16 - 89 1200
(Mo.) (Day) (Yr) (Hour)

SAMPLE COLLECTED BY Maravart

SAMPLE LOCATION Brisco

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

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

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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 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: CC

FOR ACCOUNTING USE ONLY

LRWC 85