LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97390056801

SEWAGE SYSTEM REPAIR

Issued 10/15/97
Expires 03/15/98
Revenue Code 18754

Establishment

ROGER WALL
T8N R6E SEC 21
16235 SW 14 STREET

FEES: $50.00

Permittee

ROGER WALL
BOX0035A
BOX 0035A
HALLAM NE 68368

TOTAL $50.00

Issued By ~~M. Jane Ford~~ Gregg Wright M.D.
Health Director

5338

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10-14-97

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 6E ; Section 21 NE¼ ;
Block _____ ; Lot _____ ; Addition _____
Street Address 16235 SW. 14th

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 4 Describe _____

Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: build lagoon on existing sewer line

5. Work to be done by: Owner ☒ ; or Contractor ☒ , Gene Const.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	400.00
b. Labor	$	100.00
c. Other	$	
TOTAL	$	500.00



Signature of Applicant (owner or lessee)

Box 35A Hallam
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10/14/97 cw
Filing Fee: $ 50.00 ck 1448

2. Site Visits:
Date: 10-23-97 by: P.D.
Date: 11/5/97 by: J.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/5/97 by: J. C. Hood

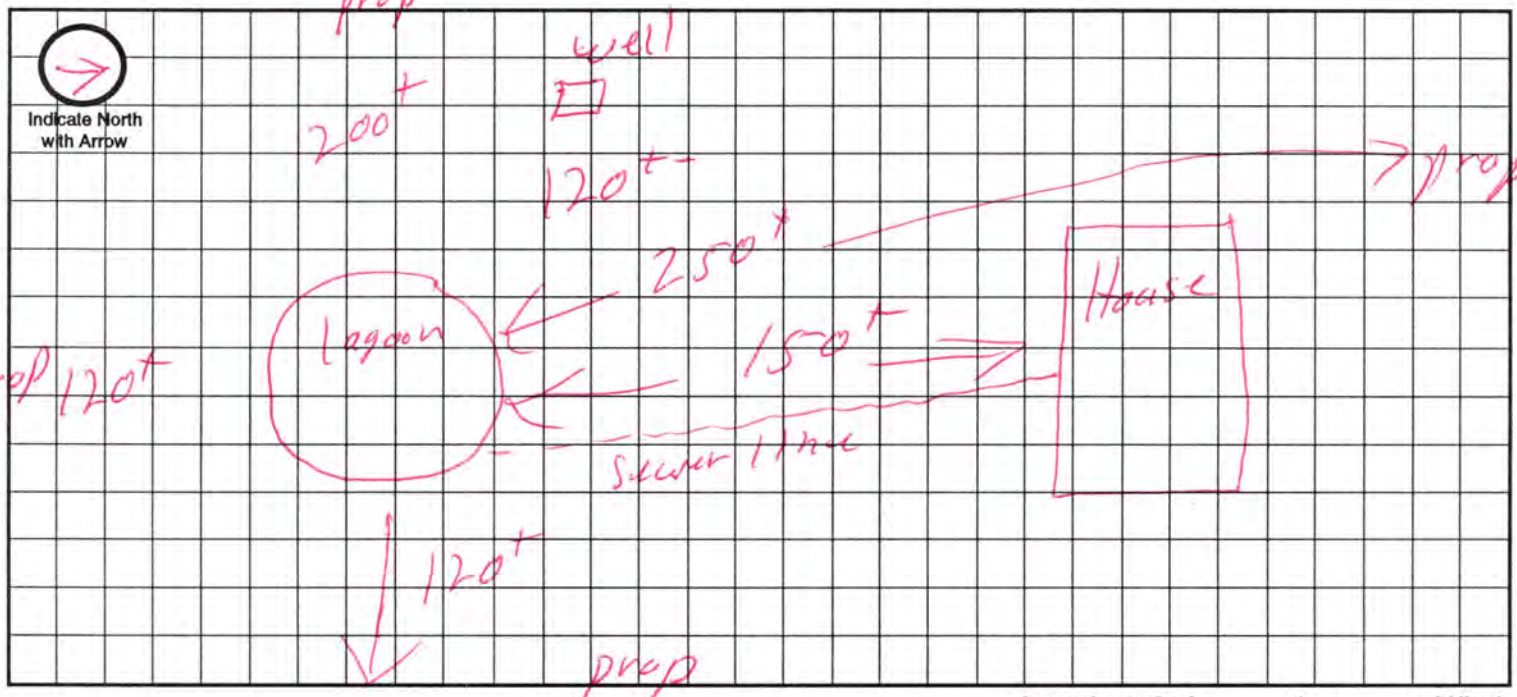
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16235 SW 14th City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor Roger Wall Date 10-14-97

Installer Roger Wall Date 10-14-97

FORM 23-102 10-96

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.

Legal Description of Property: Street Address 16235 SW 14th Malcolm NE

Twp 21 Range 8 Section ___ 1/4 ___ 1/4 ___ Block ___ Lot 70 Addition ___

Directions to Property ½ Mile South of Hwy 33 & SW 14 West side of Road

Location of Well SW of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon South of House Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Jim & Stacy Elzen/Barker	16235 SW 14 Malcolm	402 796-4550
Tenant/Buyer:	Mark & Wendy Fowler	7100 So 32 Lincoln 68516	402 423-9828
Return to:	Dick Wolk	Home Real Estate Suite 101 235 No Cotner, Lincoln	402 430-7288 68505

Signature of Applicant Dick Wolk Address Same Date 10/26/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 10/26/00
Initials ES
Amount 200.00
Check No. 3307

DATA ENTRY

Date 10/30/00
Case No. ___
Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 10/30/2000

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date 11/13/2000 by DS
Bacteria 11/24/01	☒ 0.0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate Old well	☒ 9.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___
New well – 8.2				

Comments: "No trespassing" sign needed on lagoon fence. Recommend adding approximately 1 (one) foot of water to lagoon to prevent vegetation growth and pipe freeze up. Lock needed on gate. See Attached Letter ☐

10/4 Lab results E. Coli present – Dick Wolk contacted 11/8 Second test results verify

11/13 Well Chlorinated – Cl_2 out of system Re-sampled

11/13 Gate padlocked, sign up Contamination – Dick Wolk contacted 11/24/01

FINAL STATUS

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

Approved by Doug Smith Date 01/24/2001

Note: New well has been installed New well nitrate – 8.2 ppm 1/24/01 DS

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.

Old well has been abandoned 1/24/01 DS

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

Revised/Reprint: 10-95