LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390019701

Issued 08/09/90
Expires 02/09/91

ESTABLISHMENT

PAULA PURVIANCE
T8N R7E SEC 36
LOT 37

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

PAULA PURVIANCE
BOX 00125
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
8/13/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 8/7/90

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: LOT 37 & VAC RR ROW SW SW 36-8-7 Twp. 8N; Range 7E; Section 36
Block _____; Lot 37 I.T.; Addition _____
Street Address Box 125 20300 S. 96th Hickman, Ne, 68372

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms 4 Describe Rural ~~area~~ Farm
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: See attached drawing

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

6. Estimated cost of project:

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

Phyllis L Purviance
Signature of Applicant (owner or lessee)

Box 125 Hickman Ne
Address 792-2825 68372

(Do not write below this line)

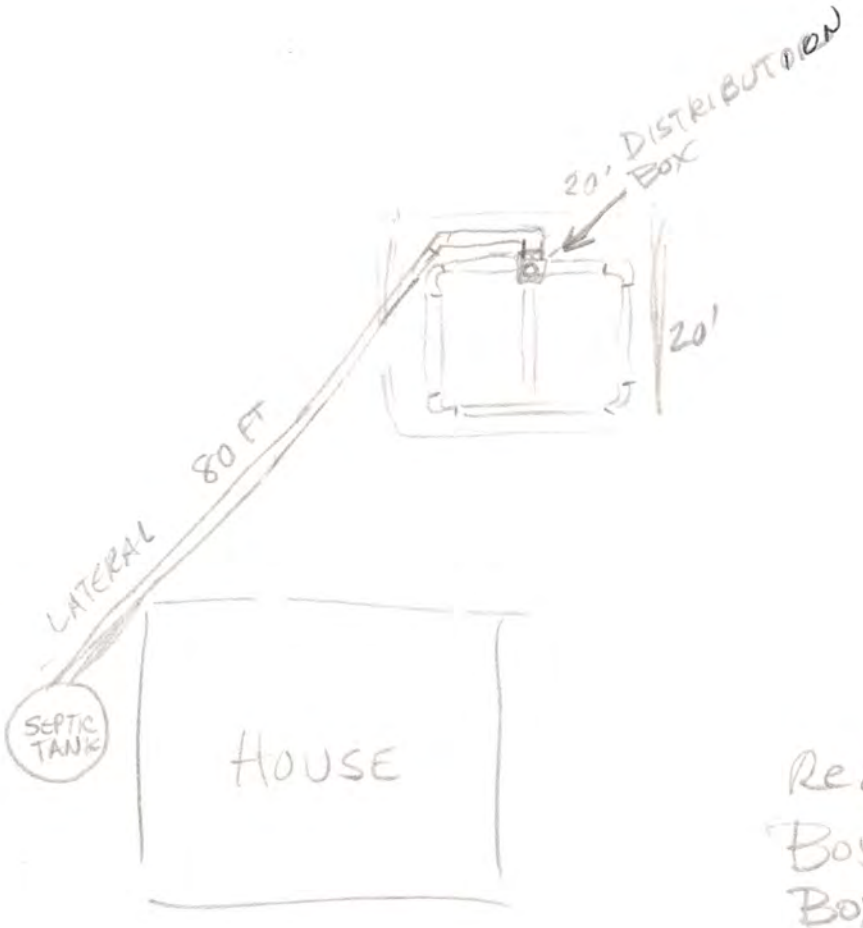
REVIEWING ACTION

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

2. Site Visits:
Date: 8-7-90 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold E. Wood
Environmental PROVISIONAL

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



Request for permit
BOB PURUIANCE
Box 125
Hickman, Ne
68372
(402) - 792-2825

LOT 37 & VAC RR ROW SW SW 36-8-7

Lincoln-Lancaster County Health Department

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

SEWAGE SYSTEM REPAIR
EXTEND PRESENT SEEPAGE BED WITH LATERALS

Permit # 01390069001

Issued 03/20/01
Expires 09/20/01
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Establishment

BOBBY L PURVIANCE
T8N R7E SEC 36 QTR SW
LOT 37
20300 S 96 ST-HICKMAN

Permittee

BOBBY L PURVIANCE
20300 S 96 ST
HICKMAN NE 68372

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014567

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 8N Range 7E Section 36 1/4 Section SW
   Block _____ Lot 37 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 20300 S 96th

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair** Extend present seepage bed with lateral

5. **Work to be done by:** ☒ owner ☒ contractor's name Brad Southwick

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 Bobby & Purviance Address 20300 S 96th Phone 402-792-2825
Applicant Signature (owner or lessee) Bobby & Purviance

Please include the permit fee ($100) wi
Fee must be included before the application will be processed. I ...lay processing

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HEALTH DEPARTMENT U

Date received 3/20/01 REVIEW: ☒ Approved

Site visits
Date 6/29/01 By J.C. Hood Need drawing
Date ____/____/____ By _____
Date ____/____/____ By _____

Return application to: Lincoln-Lancaster County Health D
3140 "N" Street,
Phone

20300 S. 96
T8, R7 S36
Lot 46
Hood

Business Office Use Only
Received: Date: 03/20/01 Amount 100.00 Check No. ... 10

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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-29-01

Bob Purviance

System Location (Indicate correct number and street)

Address 20300 So 96 (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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: Steel
   Number of compartments: 1
2. Capacity: 900 gal.
3. Factory built: ☐ Yes ☒ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☑ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 15 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 88' ft.

D. Absorption Field

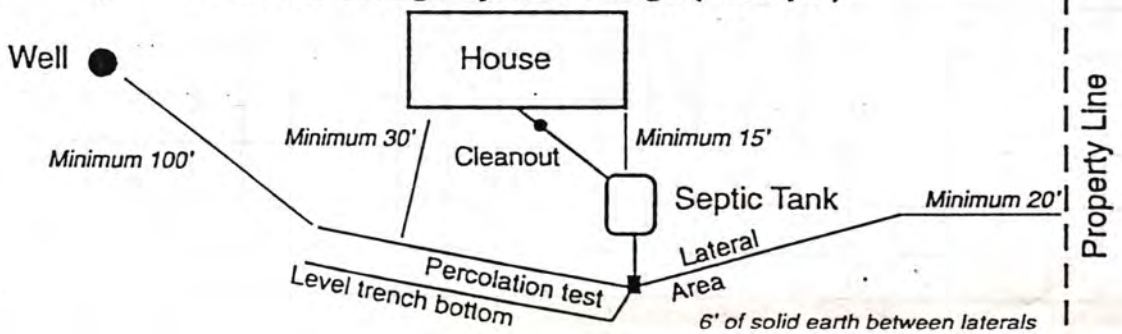
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4" pipe & 16" Rock round
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 98 ft 21 x 25 Bed ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



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: June 27 1990

☐ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. T8N; RANGE 7E; SECTION 36; BLOCK ___

LOT 37; ADDITION _____; Street Address 20300 S. 96TH

Directions to Property FROM CASEY'S IN HICKMAN GO EAST CURVE TO THE SOUTH - AT THE INTERSECTION OF 96TH AND WAGON TRAIN CONTINUE SOUTH 4TH HOUSE ON THE EAST SIDE OF ROAD.

Location of Well NW CORNER OF PROPERTY. Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	BOBBY L. PURVIANCE	BOX 125 HICKMAN NE 68372 (20300 S. 96th)	7922825
Tenant/Buyer:			
Return to:	"	"	

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

Signature of Applicant Bobby L Purviance Address Box 125 Hickman

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 9, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7/9/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☒	Approved: ☐	Date 7/9/90 by J.C.H.
Bacteria	☒	☐	Provisional: ☐	Date 7-25-90 by ___
Nitrate	☒	☐	Disapproved: ☒	Date 8-7-90 by ___

Comments: WELL HAS NO SANITARY SEAL. SEPTIC APPEARS TO LEAK OUT THROUGH FRESH DIRT, PROBABLY INADEQUATE. WELL HOUSE NEEDS CLEANING. CORRECTIONS MADE See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM: (Experimental System)	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Mayer DATE 8-8-90

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: date corrected

M ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

AC ____ (16-22) ADD. TESTS 0 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 7-25-90 MO./DAY/YR./HOUR (9-16) BY ____ (17-28)

ADDRESS OR LOCATION Bob Purviance (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 W. Mary's
Lincoln, NE

RECEIVED JUL 30 1990

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. 15344 (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 CC (76-79)

IN '90 JUL 25 P3:29

OUT '90 JUL 26 P2:37

'90 JUL 11 P4:23

REPORTED

'90 JUL -9 P3:26

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 150-4408

FOR LABORATORY USE ONLY

DATE COLLECTED 7 9 90 2:48p.m.
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOBBY PURVIANCE DISTILLED

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 36 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

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
8200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

TEST(S) BY RBY

FOR ACCOUNTING USE ONLY

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

LWN 88

'90 JUL 11 P4:23

REPORTED

'90 JUL -9 P3:26

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 150-4407

DATE COLLECTED 7 (MO.) 9 (DAY) 90 (YEAR) 2:48PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOBBY PURVIANCE RAW WATER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 36 TWNSHP 8 N RANGE 7 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. MARYS AVENUE
LINCOLN, NEBRASKA 68502

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.0 mg/l

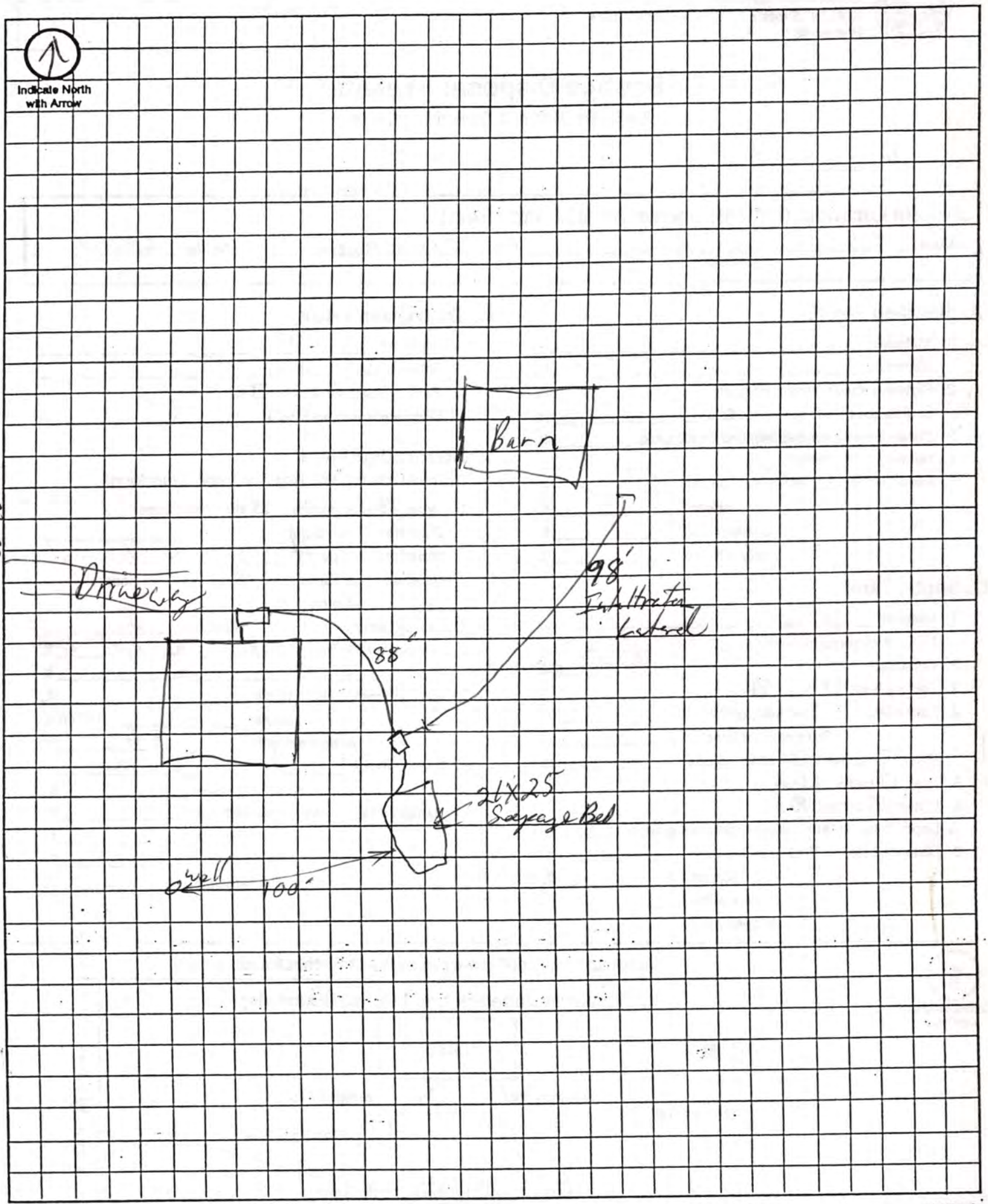
NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

As Built Drawing



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