LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390030601

Issued 10/20/92
Expires 04/20/93
Revenue Code 18754

Establishment
STEVE PURBAUGH
T9N R7E SEC 28
LOT 75
9600 S 56 STREET

FEES: $50.00

TOTAL $50.00

Permittee
STEVE PURBAUGH
9500 S 56 ST
LINCOLN NE 68516

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)

FILE NO._____

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

DATE:_____

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. 9N ; Range 7E ; Section 28 ;
Block_____; Lot 75 E.T ; Addition_____
Street Address 9500 SOUTH 56TH STREET

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: REPLACE TANK & LATERAL

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

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$OVER 400.00

Signature of Applicant (owner or lessee)

9500 SOUTH 56ST LINCOLN, NE, 68516
Address

(Do not write below this line)

REVIEWING ACTION

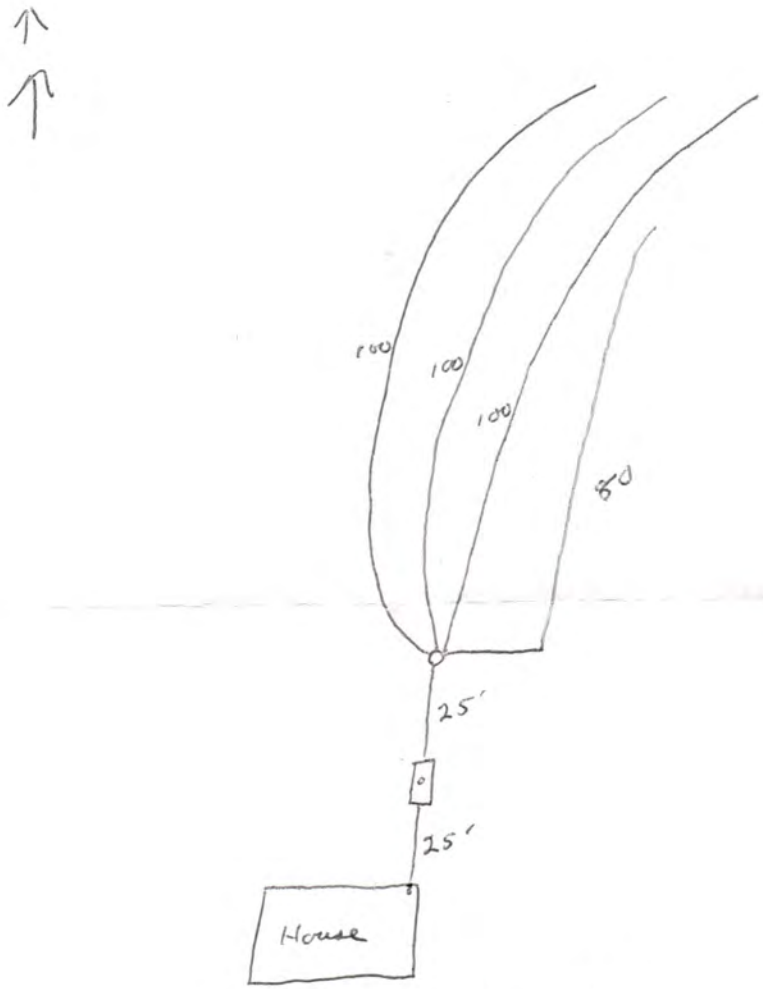
1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 10/19/92 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Head

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/26/92 by: J. E. Head

Larry Schwarck 10-19-92



Steve Purbaugh
9500 So 56 24

□ well

o Well

Jerry Pesicka - First Commerce

203

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: October 6, 1992

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

Legal Description of Property: TWP. 09N; RANGE 7E; SECTION 28; BLOCK ____

LOT 75; ADDITION Lancaster; Street Address 9500 South 56

Directions to Property South 1/2 past Pebel Road - on top of the hill after Pebel Rd. South of Lancaster Acres, North of Kerr Estates

Location of Well west of driveway in grass Tap Location: Inside ☐ Outside ☑

Location of Sewage System North of house toward the East Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Steve & Rhonda Purbaugh	9500 So. 56th	423-0870 or 437-3241
Tenant/Buyer:			
Return to:	Jerry Pesicka	First Commerce 40th & South	

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

Signature of Applicant Rhonda M. Purbaugh Address 9500 So. 56th

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 7, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE OCTOBER 7, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10/7/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 10/19/92 by J.C.H.
Nitrate <0.1 ppm	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: SEWAGE SYSTEM IS LEAKING THROUGH INTO ROAD DITCH. Corrected 10/19/92 J.C.H. Need as built drawing yet. PROVISIONAL APPROVAL ON SEWAGE SYSTEM SINCE NEW INSTALLATION WAS NOT BASED ON SOIL PERCOLATION TEST. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE OCTOBER 23, 1992

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

WELL #W-248

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 18, 1988 — THIS LICENSE OR PERMIT EXPIRES

STEVEN L. PURBAUGH — LICENSEE OR PERMITTEE

9500 SO. 56 STREET — ADDRESS

LINCOLN, NE 68516

T9N, R7E, Sec Part of N½ of SW¼ 28 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

RECEIVED APR 15 1988

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $45.00 gl

FILE NO. W-248

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range NE : Section ~~28~~ PART OF N½ OF SW¼
   Block _____ : Lot _____ : Addition Lancaster County
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Household Water

Glenda L H Purbaugh
Signature of Applicant (owner or lessee)

9500 So 56
Address

No City Water

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 4/15/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/18/88. Signature: Jerrold C. Nood
2. Supt. Bldg. Insp.: Date Rec'd 4/18/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/18/88 Signature: Gary Stenroos
3. City or County Engineers: Date Rec'd 4/18/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/18/88. Signature: John D. Murphy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/19/88 by J. C. Nood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: APRIL 22, 1988 By: J. C. Nood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-248

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block ____ Lot ____ Addition ____

Owner Steve Purbaugh Old Bentzinger place Address N. of S. 56th & Rokeby Rd

LOG OF WELL	
	Description
Depth Ft. to	
0-5	black soil
5-10	dk brn c.
10-50	yell co.
50-75	blue/yell c.
75-95	red + white sh.
95-110	red white & blue sh.
110-115	black sh.
115-155	dk yell ss
155-200	med light ss
200-203	med coarse ss
203-209½	very coarse ss & some fine gravel
209½-215	red sh

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 209
Date Completed 2-19-88

Casing: Length, Ft. 199 ; Dia. In. 4
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type wop PVC , slot Size .030

Drop Pipe: Length, Ft. 160 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 125 , Pumping ____

Yield: 20 ggm, Measured ☒ , Est. ☐ 100+
Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moser (Signed)

REMARKS NITRATE NITROGEN LESS THAN 0.1 ppm. Address ____

Moser Well Drilling & Service, Inc.
Box 308
Hickman, NE 68372

Date 4-20-88

BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

AREA OF
SEPTIC SYSTEM

