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: 10-25-91

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. 12N; Range 8E; Section 9;
Block_____; Lot_____; Addition_____
Street Address 22201 North 148 th

2. Property Use: Residential_____ ■; 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: Replace sewer line from house to Septic Tank because of tree roots

5. Work to be done by: Owner ☐; or Contractor ■, Jerry Stander
Contractor's Name

6. Estimated cost of project:

a. Materials	$	145 00
b. Labor	$	205 00
c. Other	$	
TOTAL	$	350 00

Gregg Manske
Signature of Applicant (owner or lessee)

RT 1 Box 61 Greenwood Ne 68366
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ NO FEE

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. 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 $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System (south of house in south yard - north of apple tree 25') Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Gregg & LouAnn Mapske	Rt 1 Box 61 Greenwood NE	944-2361 (home)
Tenant/Buyer:	vial	LouAnn	473-3391 (work)
Return to:	LouAnn Mapske	Rt 1 Box 61 Greenwood NE	

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

Signature of Applicant (LouAnn Mapske) Address see above

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received 12-20-89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/26/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 12/26/89	by LCH
Bacteria	☒	☐	Provisional:	☒	Date _____	by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEED. SEWAGE SYSTEM PREDATES REGULATIONS AND THEREFORE WAS NOT INSPECTED AT TIME OF INSTALLATION, NO EVIDENCE OF MALFUNCTION HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.S. DATE JANUARY 2, 1990

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

if possible, please do the inspection on Sept. 18 or thereabouts. This needs to be completed within 30 days of our loan closing. Thank you. We need this in our possession 9/21/92 if possible.

LINCOLN-LANCASTER COUNTY H

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St. Marys Avenue Phone (402) 471-780

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.

[X] Evaluation of the Individual Water System Date: 9/1/92

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 8E; SECTION 9 NE¼; BLOCK n/a

LOT n/a; ADDITION Greenwood; Street Address Rt. 1, Box 61, Greenwood, NE

Directions to Property Lancaster, Co. Hwy. 77 north to Agnew Rd., Turn East on Agnew Rd. Go 6 miles east to 148th St. Turn north on 148th (dirt rd.) 3/4 mile. House on west side of road. Sign at end of lane "The Manske's". New home.

Location of Well west of house - next to field Tap Location: Inside [ ] Outside [ ]

Location of Sewage System south of house in south yard Year Installed 1991
new sewer line from house to septic tank

	NAME	ADDRESS	PHONE
Present Owner:	Gregg & Lou Ann Manske	Rt. 1, Box 61 Greenwood	944-2261 (home)
Tenant/Buyer:	n/a		Gregg 944-2432 (work)
Return to:	Lou Ann Manske	Rt. 1, Box 61 Greenwood, NE 68366	Lou Ann 473-5291 (work)

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

Signature of Applicant Lou Ann Manske Address (see above)

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HEALTH DEPARTMENT USE ONLY

Date Received 9-2-92 Received $150.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 9-16-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 9-16-92 by RM
Bacteria	[X]	[ ]	Provisional:	[X]	Date _____ by _____
Nitrate	[X] 0.2	[ ]	Disapproved:	[ ]	Date _____ by _____

Comments: Recommend continuing to check septic tank every 2-3 yrs to see if it needs pumping. Septic system installation predates County regulations. There is no record of installation. Thus a provisional approval. See Attached Letter [ ]
the septic system appears to be functioning satisfactorily

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Ron Mayfield, RS DATE 9-23-92

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

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebrask

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAI

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address RR1 Box 61 Greenwood NE 68366

Twp 12N Range 8E Section 9 ¼ 1/4 NE 1/4 Block n/a Lot ___ Addition ___

Directions to Property Hwy 77 N. to Agnew Rd. Turn east on Agnew Rd., 1/2 miles east to 148th. North on 148th (dirt rd.) 3/4 mile. House on west side (road).

Location of Well West of house - next to field Tap Location: Inside ☐ Outside ☒

Location of Sewage System south of house in south yard Year Installed 1991

newer sewer line from house to septic tank

	NAME	ADDRESS	PHONE
Present Owner:	Gregg + LouAnn Manske	RR1 Box 61 Greenwood 68366	944-2261 (home)
Tenant/Buyer:		LouAnn	473-5291 (work)
Return to:	LouAnn Manske	RR1 Box 61 Greenwood NE 68366	

Signature of Applicant LouAnn Manske Address same as above Date 9/17/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/16/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Maravan **DATE:** 9/20/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Installation of this septic system predates County regulations thus, a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/5/93

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.

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