LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390041901

Issued 09/29/94
Expires 03/29/95
Revenue Code 18754

Establishment
BRYAN WEBER
T12N R7E SEC 16
LOT 14

FEES: $50.00

TOTAL $50.00

Permittee
BRYAN WEBER
RR0002
BOX 0032C
CERESCO NE 68017

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"

$50

RECEIVED SEP 26 1994

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: 9-16-94

The undersigned hereby applies for a permit to ALTER [X], 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. 12 N ; Range 7E ; Section 16 ;
Block _____ ; Lot 14 ; Addition _____
Street Address Lancaster Cty

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 2
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Remove approximately 50 ft of existing lateral and re route to new area due to highway construction

5. Work to be done by: Owner [ ] ; or Contractor [X] , Action Plbg & Htg
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2500 00

Bryce Welch
Signature of Applicant (owner or lessee)

RR #2 Box 32 C
Address
Ceresco Ne 68017

(Do not write below this line)

REVIEWING ACTION

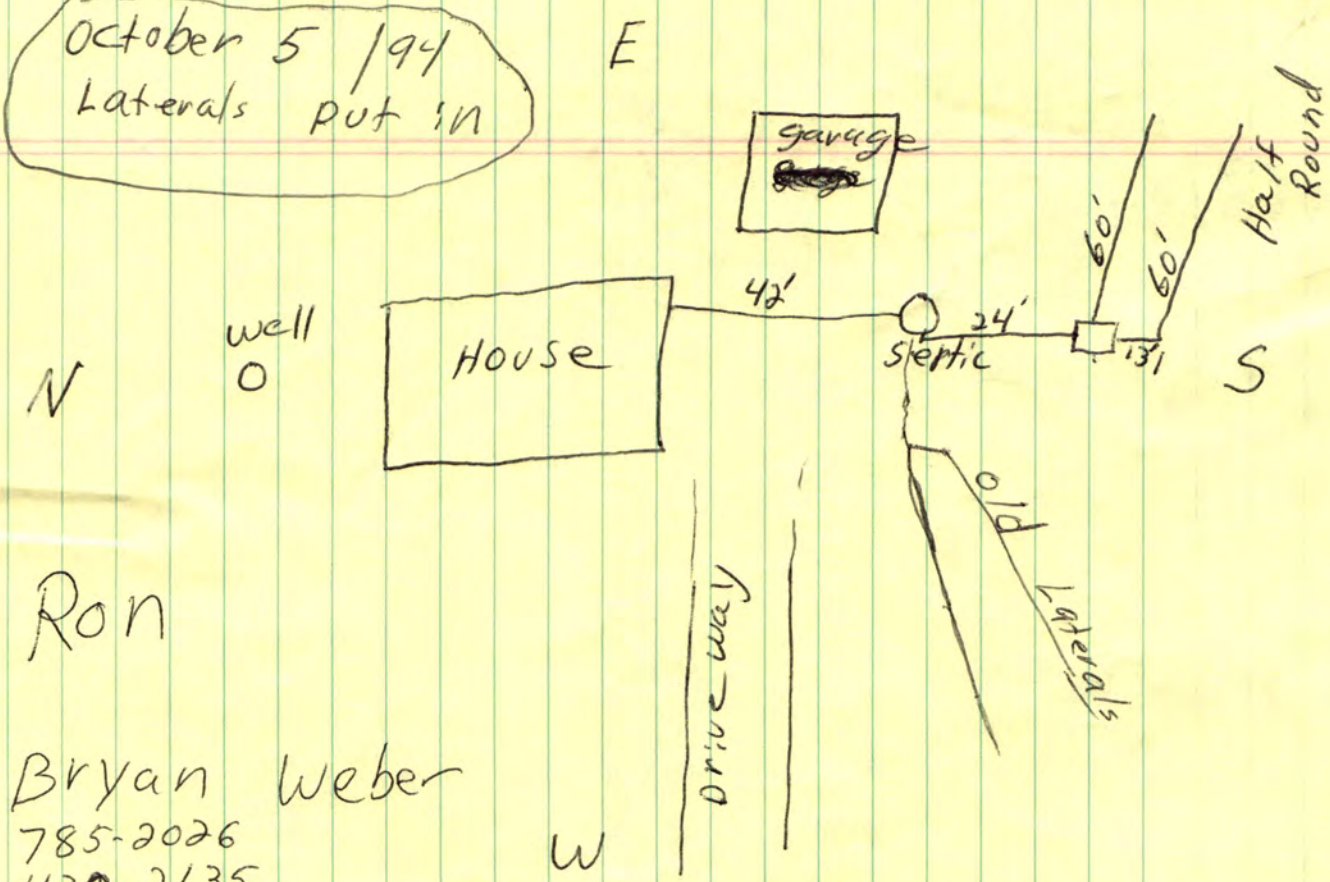
1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: Oct-95 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X] ; Disapproved [ ]
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-30-95 by: Ron Maynard

October 5 /94
Laterals put in



Ron

Bryan Weber
785-2026
430-2135

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5601 Agnew Rd.

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 12N Range 7E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property N out of Lincoln NE on Hwy 77. Turn right (East) on Agnew Rd., go over bridge + turn right (South) on blacktop. First house (2-story)

Location of Well North side of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

Site Hazards (dogs, etc.) Dog - was friendly

	NAME	ADDRESS	PHONE
Present Owner:	Sue Crisler	5601 Agnew Rd.	785-5522
Tenant/Buyer:	Anthony C Fisher	321 County Rd 14 Ceresco NE 68017	665-2239
Return to:			(Fax)

Signature of Applicant Anthony C. Fish Address 321 County Rd 14 Ceresco NE 68017 Date 12/10/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/10/01 Amount 200.00 Check No. 1065 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/11/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ 0 /ml	☐ ___ /ml
Nitrate	☒ 4.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 12/11/01 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. A permit to repair this septic system by adding an additional 160 ft of drainfield lateral was approved in 1995. There was no visible malfunction at the time of inspection. The original system was not inspected by this dept. Thus, a provisional approval ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart Date 12/13/01

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 provisio express a guarantee of system operations.

P19395-38

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

Revised/Reprint: 9-00

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 56th & Agnew Rd

Twp 12 Range 7E Section 16 1/4 NW 1/4 Block ___ Lot 14 Addition ___

Directions to Property 1/8 mile so of intersection of 56th (Hiway 77) & Agnew Rd on East Side. Also 7½ miles north of 77 & I-80 intersection on east side.

Location of Well North of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System South of House Year Installed 1995

	NAME	ADDRESS	PHONE
Present Owner:	Bryan Weber	56th & Agnew Rd	785-2026
Tenant/Buyer:	SUE CRISLER	1316 West Plum, Lincoln	477-7728
Return to:	Jerry Haertel	Home Realty 2855 So 70th Lincoln	420-6105

Signature of Applicant Sue Crisler Address ___ Date 6/20/95

HEALTH DEPARTMENT USE ONLY

Date Received 6/22/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Margrave **DATE:** 6/23/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 5.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Ron Margrave + 0.3 Date 6/30/95

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.