Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380255001

Issued 10/16/02
Expires 04/16/03
Revenue Code 3157

Establishment
JERRY SIEFKES
T9N R8E SEC 24 QTR SE
LOT 11
18601 MIDWAY RD

FEES: $200.00

Permittee
JERRY SIEFKES
18601 MIDWAY RD
WALTON NE 68461

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003007

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

LATERALS ONLY

A

Permit Number: 023802550

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18601 Midway Rd. (no rural route) City Walton NE, Zip 68461

Legal Description NW (1/4) SE (1/4) 24 (Section) 9N (Township) 8E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 1 (Lot) I.T.

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Lot 1 / SE 24-9-8

B. Owner

Name Jerry Siefkes Signature _____

Address 18601 Midway Rd City/State/Zip Walton, NE 68461

☐ Check if owner designed system Home Phone 402-782-8108 Work Phone 866-219-8793

C. Contractor

Name Gordam Lukes Company Name G+A Backhoe Service

Address 2319 South 214th City/State/Zip Eagle, NE 68347-1995

☒ Check if contractor designed system Work Phone 781-2400 450-2409 cell

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/16/02 Date frwd 10/16/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

10/16/02 1 lateral sewer from septic tank to I.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date MAY 23, 2003

Business Office Use Only

Date Rec'd 10/16/02

Amt Paid 200.00

Rec'd By m Cash/Check No. 1480

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 023802550

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18601 Midway Rd. (no rural route) City Walton NE, Zip NE 68461

Owner Jerry Siefkes Addresss Same

Soil Type (SCS): _____ Percolation Rate: 10 min. min./inch

Date of Tests 7/31/02 to 8/1/02 Weather: Precipitation None Temperature 90°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36"	7/31	8:30AM	8/1	9:00 AM	8/1		6"	8/1	1:00PM	30 min	3/4"	40
2	36"	7/31	"	"	9:00AM	"	"	6"	"	"	30 min	1 5/8"	18
3	36"	7/31	"	"	9:00AM	"	"	6"	"	"	30 min	5/8"	48
4	36"	7/31	"	"	9:00AM	"	"	6"	"	"	30 min	1/2"	60
5	36"	7/31	"	"	9:00AM	"	"	6"	"	"	30 min	1"	30
6	36"	7/31	"	"	9:00AM	"	"	6"	"	"	30 min	1 3/4"	17

Person Conducting Percolation Tests

Name: Jerry Siefkes
Phone: 402-782-8108
Address: 18601 Midway Rd
Walton, NE 68461

Sum of Percolation Rates: 213
Average of Rates: 35.5
Rate Used for Calculation: 60 min/In

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

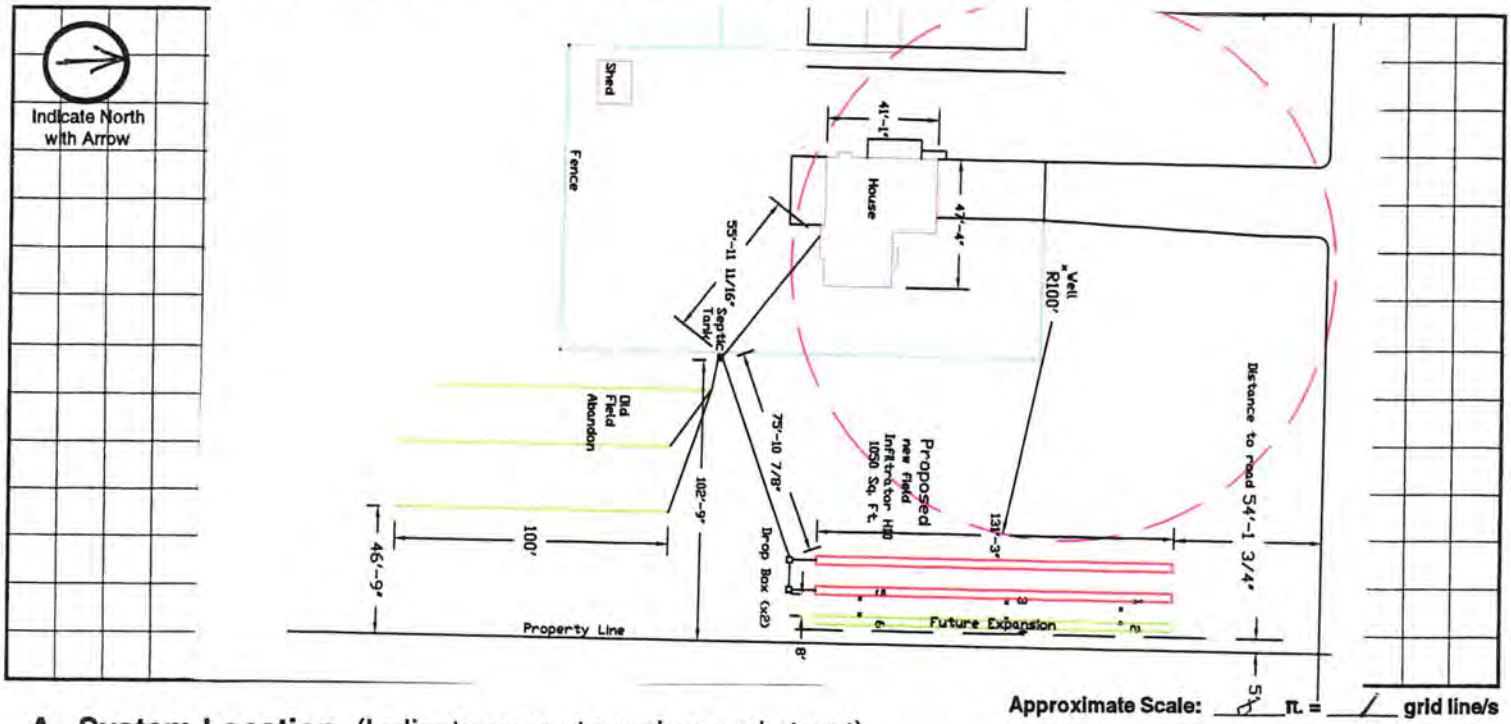
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802550

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: 5 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18601 Midway Rd City Walton NE, Zip NE, 68461

B. Proposed Septic Tank/s

Existing

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Clay Loam Land Slope: 4 %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator H10

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 131.25 ft. Number of Trenches 2 Trench Width 11" 48"

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 _____ Date _____

Installer Gordon Sluka Date 10-15-2002

FORM 23-102 10-96

MAY 2 2 2003

D

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

Permit Number: 023802550

Sewage Disposal System

As Built Plans & Specifications

Date 5/30/02

System Location (Indicate correct number and street)

Address 1860 / Midway Rd (no rural route) City Walton NE, Zip 68461

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: 44 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 90 ft.
   stream 500+ ft.
   pressure line ____ ft.
   property line 145' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: ____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ____ in.
8. Distances to: Well or suction line 129 ft.
   Stream 500+ ft.
   Pressure line 35' ft.
   Property line 105 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8' ft.

D. Absorption Field

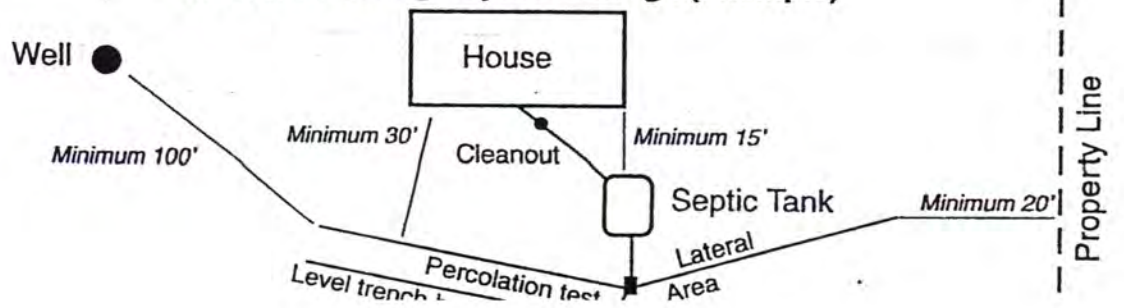
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ~~☐ Perforated pipe~~
   Diameter of half round: 34"
   or perforated pipe: ~~[illegible]~~
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: ~~[illegible]~~134 ft. ~~[illegible]~~134 ft.
   ~~[illegible]~~ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth ~~[illegible]~~36 in
4. Filter material: ~~[illegible]~~ Equilizer
   Depth of material 6" in.
5. Distances to: Well or suction line 137 ft.
   Stream 500+ ft.
   Pressure line 75 ft.
   Property line 461 ft.

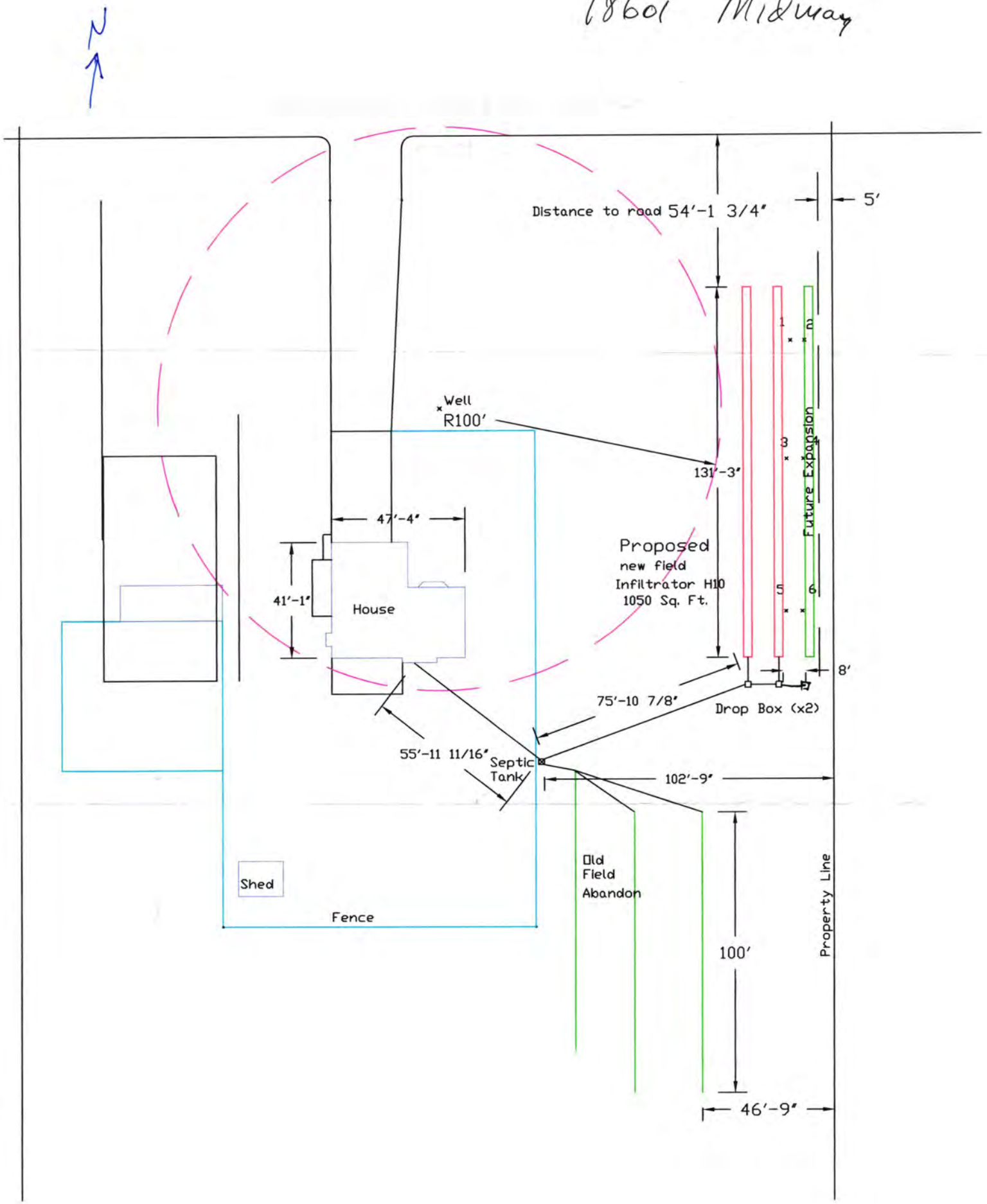
Indicate North with Arrow

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

Individual Sewage System Design (Example)



18601 Midway



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98390060601

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR COST <$400--NO FEE

Issued 11/20/98
Expires 05/20/99
Revenue Code 3157

Establishment
JERRY SIEFKES
T9N R8E SEC 24 QTR SE
LOT 11
18601 MIDWAY RD

FEES:

TOTAL $.00

Permittee
JERRY SIEFKES
18601 MIDWAY RD
WALTON NE 68461

Issued By Health Director
Lincoln-Lancaster County Health Department

008308

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 11-20-98	File No.: 983900606

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:** Lot 11 SE 24-9-8
   Township 9N Range 8E Section 24 1/4 Section SE
   Block _____ Lot 11 Addition _____

   Street Address 18601 Midway Rd

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair:** Add 100'x3' lateral with 4" perferated Pipe. Sloped not to excede 6" in 100'. located ≃ 30 ft East of existing lateral

5. **Work to be done by:** ☒ owner ❒ contractor's name _____

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Jerry Siefkes Address 18601 Midway Rd Phone 782-8108
Applicant Signature (owner or lessee) Jerry Siefkes work 483-8983

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 11-20-98 REVIEW: ☒ approved ❒ disapproved By: Paul Drotzmann

Site visits:
Date 12-14-98 By P. D
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 12-14-98 By Paul Drotzmann

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

Midway Rd

Siefkes
18601 Midway Rd.
Walton, NE 68461

Septic Plan

N

Cost Estimate

Gravel ≈$150
Pipe ≈$150
Misc ≈$50

Total $350

≈125'

Well

Fence Post

63'-3 1/16"

119'-3 15/16"

House

Elevation of lateral

Dirt Barrier
Newspaper or Fabric
Road Gravel

≈2'
4"
4"
8"
3'

4" Perforated Pipe

Septic Tank Lid
E -3'-3.5'

Distribution Box

4" PVC Non Perf Pipe
40'

E -3'-3.5'

≈45'

Property Line

≈30'

≈30'

Existing

Existing

Proposed New Lateral
100' x 3'

E -2'-8.5'

E -4'-2.5'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 770-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 2, 1976 — THIS PERMIT EXPIRES

Ronald Williams — ISSUED TO

RFD #2, Lincoln, NE 68505 — ADDRESS

T9N; R8E; Sec. 24; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
-624-15	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 770-C

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

DATE: Feb. 12, 76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: SE¼ 24 T9N R8E 6PM LANCASTER NE Twp. 9N ; Range 8E ; Section 24
Block ____ ; Lot ____ ; Addition ____
Street Address [redacted] RFD 2 Lincoln Nebr 68505 5.32 ac See attached

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3. Describe: ____
Other Use ☐
Describe: ____

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

4. Distance to public sewer: NONE ft.

Ronald Wesleaing
Signature of Applicant (Owner or Lessee)

RFD # 2 Lincoln Neb. 68505
Address

(Do not write below this double line)

REVIEWING ACTION

Health Department: Date Rec'd. 3/4/76. Date Frwd. 3/5/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

Supt. Bldg. Insp.: Date Rec'd. 3-5-76. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Saasch

City or County Engineer: Date Rec'd. 3/5/76. Date Frwd. 3/5/76. ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

OR REASONS FOR DISAPPROVAL ____

Health Dept. Copy
Engineers Copy
Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 770-C

DATE: FEB. 12, 76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 8E ; Section 24 ; Block ; Lot ; Addition . Street Address RFD #2 LINCOLN NB 68505 (24 T9N R8E 6PM LANCASTER NEBR.)

2. Property Use: Residential YES ☐ ; Commercial ☐
No. of Bedrooms 3 Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Ronald Williams
Signature of Applicant (owner or lessee)

RFD #2 Lincoln Neb 68505
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-23-76 by: sm
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 3/4/76
by: Jerrold E. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-23-76 by: Ron Morgan

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 770-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: 2/24/76 to 2/25/76. Weather: Precip. ____ Temp. ____ F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	2/24	8:30	2/25	8:30	2/25	10:00	6"	10:30	3	30	3	
2	↓	↓	↓	↓	↓	↓	10:05	6"	10:35	2 3/4	↓	3 1/4	
3							10:10	6"	10:40	2 1/4		3 3/4	
4							10:15	6"	10:45	2 1/2		3 1/2	
5							10:20	6"	10:50	2		4	
6	↓	↓	↓	↓	↓	↓	10:25	6"	10:55	2 1/4	↓	3 3/4	

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Vernon A Master
Signature of Person Conducting Test

Address 2725 N. 12th St
Phone: 435-6388

(Do not write below this line)

REVIEWING ACTION

REMARKS: Rather fast but test appears to have been properly run.

DATE: March 4, 1976

Approved Percolation Rate(s)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 770-C

SPECIFICATIONS

DATE: FEB-12,76

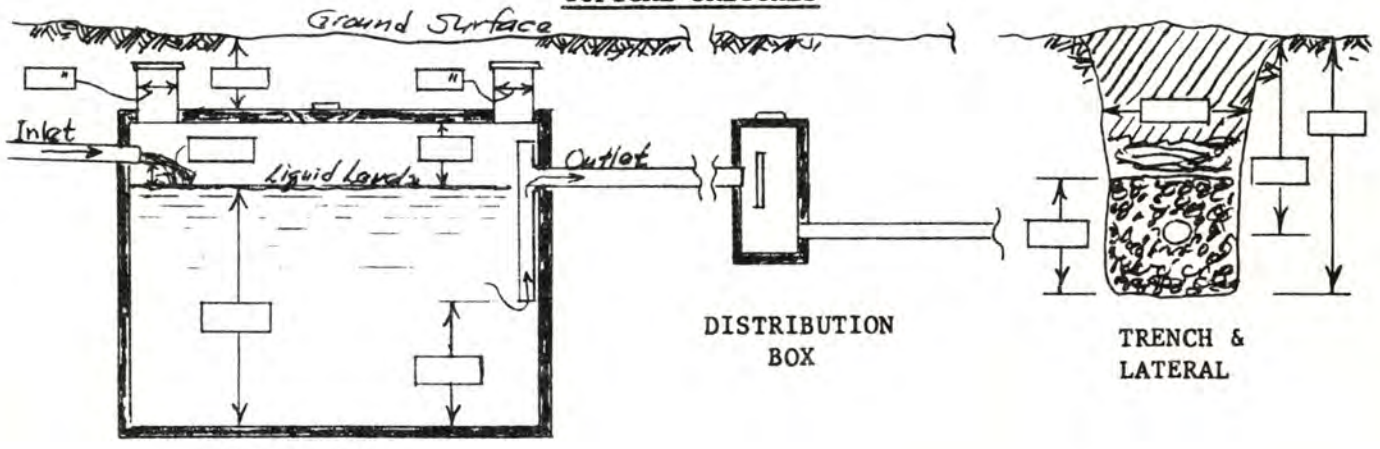
A. BUILDING SEWER:
1. Material TILE OR PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company pre-Cast
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

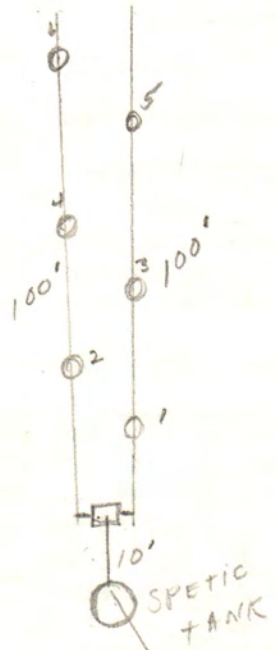
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____ No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number 3; Length of each line ___ft Total length of Laterals 202ft.; Slope ____in/100 ft. Diameter of pipe 4 in.; Shape ROUND Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 36 in.
4. Filter Material: _____. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant



806.0

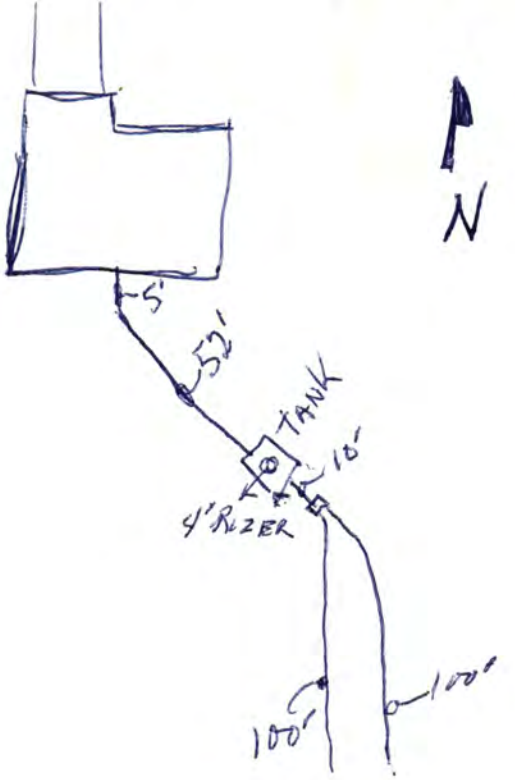
628'

151.62

90'

144'

287.62 WILL BE ON Rural Water District #1



Ron Williams son's House

7/25/05
CDL

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 18601 Midway Rd

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

Twp 24 Range 9W Section 8E 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property "O" St East to 148th, South 5½ mile to Midway Rd, E 2¾ miles.

Location of Well 40' East drive 100' N. of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 40' S. of House 60' East Year Installed 2002 LATERALS ONLY

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Jerry Sietkes	18601 Midway Rd	782-8108
Tenant/Buyer:			
Return to:	CAPITOL TITLE ATTN: LISA BERNCH		434-3746 (Fax)

Signature of Applicant [signature] Address 18601 Midway Rd Walton, NE 68469 Date 7/14/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/19/05 Amount $200.00 Check No. 2650 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood R.E.H.S. **DATE:** 7/20/05

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 7/25/05 by J.C.H
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.0 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT IS SEPARATED FROM WELL HEAD. ← CORRECTED 7/25/05
SUNKEN SPOTS NEED TO BE FILLED IN OVER SEPTIC LATERALS.
LID OVER SEPTIC TANK IS BROKEN AND NEEDS ___ See Attached Letter ☐
REPLACEMENT. Laterals are given full approval Rest of sewage system is given provisional because it was installed prior to regulations + inspections.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/27/05

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.

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

Revised/Reprint: 9-00

OK Please call Columbus Federal w/Results 564-4444

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 $150.00

Legal Description of Property: TWP. 9N ; RANGE 8E ; SECTION 24 ; BLOCK ____

LOT III ; ADDITION _____ ; Street Address _____

Directions to Property Hwy 2 to 176th (1 mile past Bennet Corner) North 1½ miles to Midway Rd; East ¾ mile South Side of street

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Jerry Siefkes	Rt 1 Box 31 Walton NE	783-8983 Bus. 782-8108 Home
Tenant/Buyer:			
Return to:	COLUMBUS FEDERAL BEN BARRETT	770 NORTH COTNER BLVD	

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 22, 1993 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4/22/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 4/22/93	by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 4/23/93	by J.C.H
Nitrate <10 ppm	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: ELECTRICAL CONDUIT SEPARATED FROM WELL HEAD. AIR VENT SCREEN HAS A HOLE IN SHOULD BE PROTECTED DOWNWARD. Corrected 4/23/93 J.C.H See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐
APPROVED BY	Jerrold C. Hood R.E.H.S.	DATE	APRIL 26, 1993

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 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: 8/8/90

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

Legal Description of Property: TWP. 9 ; RANGE 8 ; SECTION 24 ; BLOCK ___

LOT 11 ; ADDITION _____ ; Street Address Midway Rd. between 176 and 170

Directions to Property Highway 2 to 176, North 1 1/2 Mile to Midway Rd East 3/4 Mile to William house

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

Location of Sewage System SE of house in back Year Installed LB Reg: 76 or 78

	NAME	ADDRESS	PHONE
Present Owner:	Robert + SHARON WILLIAMS	C/o Woods Bros.	437-5320 wk
Tenant/Buyer:	Jerry Siefkes w 483-3583	3201 Pioneers Blvd Lincoln 68502	782-5946 - hm.
Return to:	Carol Odell - Woods Bros	3201 Pioneers Blvd 68502	483-4151

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

Signature of Applicant Carol H. Odell Address Woods Bros - 3201 Pioneers Blvd 68502

Closing 9/27 Please call Dwell rep down + pick up!

HEALTH DEPARTMENT USE ONLY

Date Received 8-13-90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-13-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒ Corrected	Date 8-13-90	by mm
Bacteria	☒	☐	Provisional:	☐	Date 8-22-90	by mm d_2 3.0
Nitrate	☒	☐	Disapproved:	☒	Date 8-23-90	by mm

Comments: Sunken area over disposal field must be filled to prevent pooling of water. Water up 24" Checking to see if septic tank needs pumping. Est 3

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangnall DATE 8-28-90

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