Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007772

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
LAGOON REPAIR

Permit # 05390082701

Issued 05/26/05
Expires 05/26/06
Revenue Code 3157

Establishment:
GARY ALMERY
T12N R7E SEC 14
LOT 12
9417 AGNEW RD-CERESCO

FEES: $100.00

Permittee:
GARY ALMERY
9417 AGNEW RD
CERESCO NE 68017

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

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

☐ Septic System ☒ Lagoon Repair ☐ 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 9417 Agnew Rd. (no rural route) City Ceresco NE, Zip 68017

Legal Description 14 12N 7E 12
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Gary L Almeny Signature Gary L Alm

Address 9417 Agnew Road City/State/Zip Ceresco NE 68017

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor Todd Pershing

Name Pershing Ex Company Name _____

Address _____ City/State/Zip Lincoln

☐ Check if contractor designed system Work Phone _____

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 5-26-05 ACTION ☒ Approved ☐ Disapproved
   5-26-05, rm need fence Date frwd 5-26-05 Signature Ron Hoyt
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date 1/16/07

Business Office Use Only
Date Rec'd 05/27/05 REPAIR
Amt Paid 100.00
Rec'd By _____ ~~Cash~~/Check No. 1070

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

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 9417 Agnew Rd

Parcel ID 19-14-200-007-000 (i.e. 99-99-999-999-999)

Twp ____ Range ____ Section ____ 1/4 ____ 1/4 ____ Block ____ Lot 12 Addition NE 14-12-7

Directions to Property 8 Miles North on Hwy 77 from I 80. East 2.7 Miles House is on South Side

Location of Well Southeast corner of lawn Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon South west of Shop Year Installed 1987-88

Site Hazards (dogs, etc.) dog - Not mean

	NAME	ADDRESS	PHONE
Present Owner:	Gary Almery	9417 Agnew Rd Hickman 68017	560-1808
Tenant/Buyer:			
Return to:	Carl B Engstrom-Realtor 327-9936 560-1385	7411 Old Post Rd #5 Lincoln Ne 68506	327 9936 (Fax)

Signature of Applicant Carl B Engstrom Address ____ Date 03/14/2005

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/14/05 Amount 200.00 Check No. 9111 Initials ____

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

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 3/16/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒ connected	☒ Sanitary seal
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.6 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☒ Corrected

Additional Site Visits

Date 5/26/05 by mm

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: ____

See Attached Letter ☐

FINAL STATUS

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

Approved by ____ Date ____/____/____

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

WL'D

E 420

P27361-29