LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390025401

Issued 10/15/91
Expires 04/15/92

ESTABLISHMENT

ELSIE HERMONE
T12N R6E SEC 34

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

ELSIE HERMONE
4241 N 61 ST
LINCOLN NE 68507

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10-18-91	$50.00

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

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: 10-4-91

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. 12; Range ~~E~~; Section 34;
Block_____; Lot_____; Addition_____
Street Address 1001 West Branched Oaks.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Add about 40' sewer line + add 100' lateral 3' wide as per old lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Landlab Inc-Gi
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____	septic 1350.00
b. Labor	$_____	
c. Other	$_____	well about 460.00
TOTAL	$_____	

Eric Hermone
Signature of Applicant (owner or lessee)

4241 N 61ST Apt 214 Lincoln, Ne 68507
Address

(Do not write below this line)

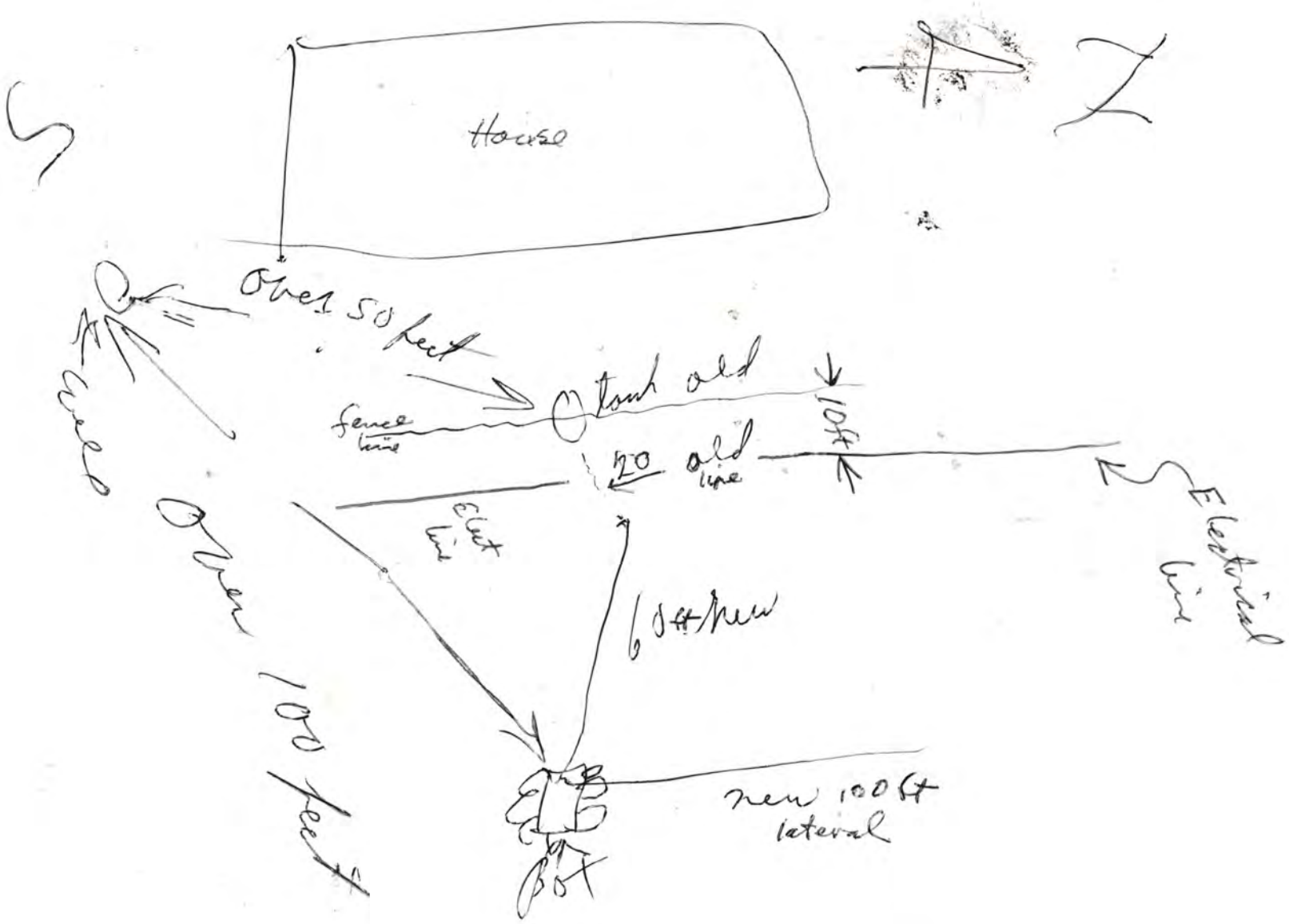
REVIEWING ACTION

1. Date Rec'd: 10-11-91
Filing Fee: $ 50.00

2. Site Visits:
Date: 10-16-91 by: RM
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-16-91 by: Ron Maynard


House
Over 50 feet
Tank old
fence line
10ft
20 old line
Elect line
Electrical line
Over 100 feet
60ft new
new 100ft lateral
Box

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: 5-22-92

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. 12; Range 6; Section 34, NW¼;
Block _____; Lot _____; Addition _____
Street Address 1001 West Branch Oaks Rd.

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: Added another 50 Ft of 4 Ft wide bed with ¼ moon

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

6. Estimated cost of project:

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

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

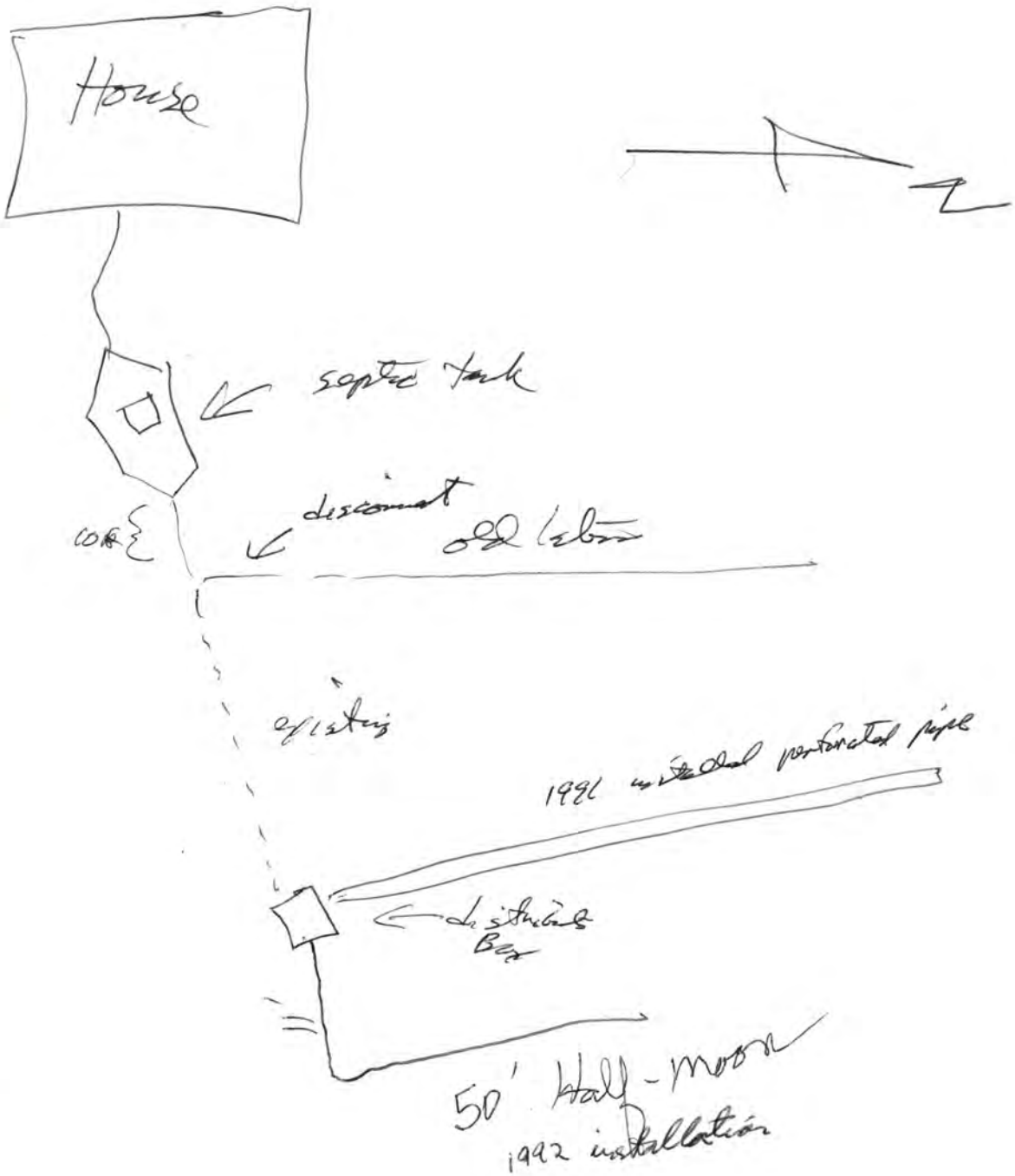
REVIEWING ACTION

1. Date Rec'd: no fee
Filing Fee: $ _____

2. Site Visits:
Date: 5-22-92 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayfield

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-22-92 by: Ron Mayfield


House
septic tank
discontinue old lateral
existing
1991 vitrified perforated pipe
distribution box
50' Half-moon
1992 installation

Ron

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 1001 W. Branched Oak Rd.

Twp 12N Range 6 Section NW 1/4 34 1/4 Block ___ Lot ___ Addition ___

Directions to Property 8 North of 14th & Superior on 14th and 1 3/4 W. on W Branched Oak Rd.

Location of Well SE of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System E of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Stephen C. Schlife	Rt. 1 Box 15 Wahoo, NE 68336	783-5021
Tenant/Buyer:			W 434-9231
Return to:	Gary Cavbaugh First Commerce Savings	126 N. 11 Lincoln, NE 68508	# 434-4807 FAX 434-4818

Signature of Applicant Stephen C Schlife Address same Date 6/15/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/15/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By R Margaret **DATE:** 6/16/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 6/21/93 by Ron
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 7/1/93 by Ron
Nitrate	* ☒ 6.7 ppm	☒ 39.5 ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: the original septic system installation predates County regulations. Thus, a provisional approval. Recommend checking every 3 years to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS * Recommend periodically checking nitrate removal unit to be sure it is functioning properly.

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

Approved by Ron Margaret Date 7/6/93

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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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: 4-30-91

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

Legal Description of Property: TWP. ___; RANGE ___; SECTION ___; BLOCK ___
20 acres, more or less, in the NW¼ NW¼ of Section 34, Township 12 North, Range 6 East of the 6th P.M. Lancaster County, NE
LOT 3; ADDITION ___; Street Address RFD DAVEY

Directions to Property NW 12th St & West Branch Oak Road - 1st House SE of intersection

Location of Well South of Back Door Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Elsie T Hermone	RFD DAVEY NE	783-2527
Tenant/Buyer:	Judi & Steve Schlife	5511 Glade Lin. NE	489-5697
Return to:	DON Monzingo	5131 Starling Dr. Lin NE	483-4869

Mike Pokorny 475-0134 Mid Century Drainage 237 So. 13th Suite 717

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

Signature of Applicant Steve Schlife By Don Monzingo Address 5511 Glade Lin NE 68

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HEALTH DEPARTMENT USE ONLY

Date Received 9-23-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-24-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT: location?
Construction	☒ 2 location corrected on 10-15-91	☒	Approved: ☐	Date 9-24-91 by rm
Bacteria	☒	☐	Provisional: ☒ Corrected	Date 9-27-91 by rm
Nitrate 46.9	☒ through treatment unit	☒ 46.9 (Raw) chloride 422	Disapproved: ☒	Date 10-15-91 by rm

Comments: Need map of sewage system. To be certain it is far enough away from well. Must have confirmation of use of old brick-lined structure east and adjacent to house (see misc. form) ☐ See Attached Letter

Corrections Made

FINAL STATUS * Approval for nitrate applies only to water from treatment unit. 11-4-91 rm

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

APPROVED BY Ron Marquiss, RS DATE 11-6-91

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