LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2462-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 12, 1987 — THIS PERMIT EXPIRES

SETTE D. LOSTROH — ISSUED TO

ROUTE #1, BOX 29 — ADDRESS

PLEASANT DALE, NE 68423

T10N; R5E; Sec SE¼ 6; e 200' of S 218' — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
M6	3-12-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

0109-0977

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. 2461-C

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

DATE: 3/11/87

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. 10N; Range 5E; Section 6;
Block ____; Lot ____; Addition ____
Street Address ____
East 200' of the south 218' in the SE¼ 6-10-5 Lancaster Co.

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: Tie on to existing tank Install lift station and distribution box and 200 feet of Half moon lateral 7 feet wide

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	4200 00

Bette D Strohmyer by Jim D Strohmyer POA
Signature of Applicant (owner or lessee)

ROUTE #1, BOX 29, PLEASANT DALE NEBRASKA 68423
Address

(Do not write below this line)

REVIEWING ACTION

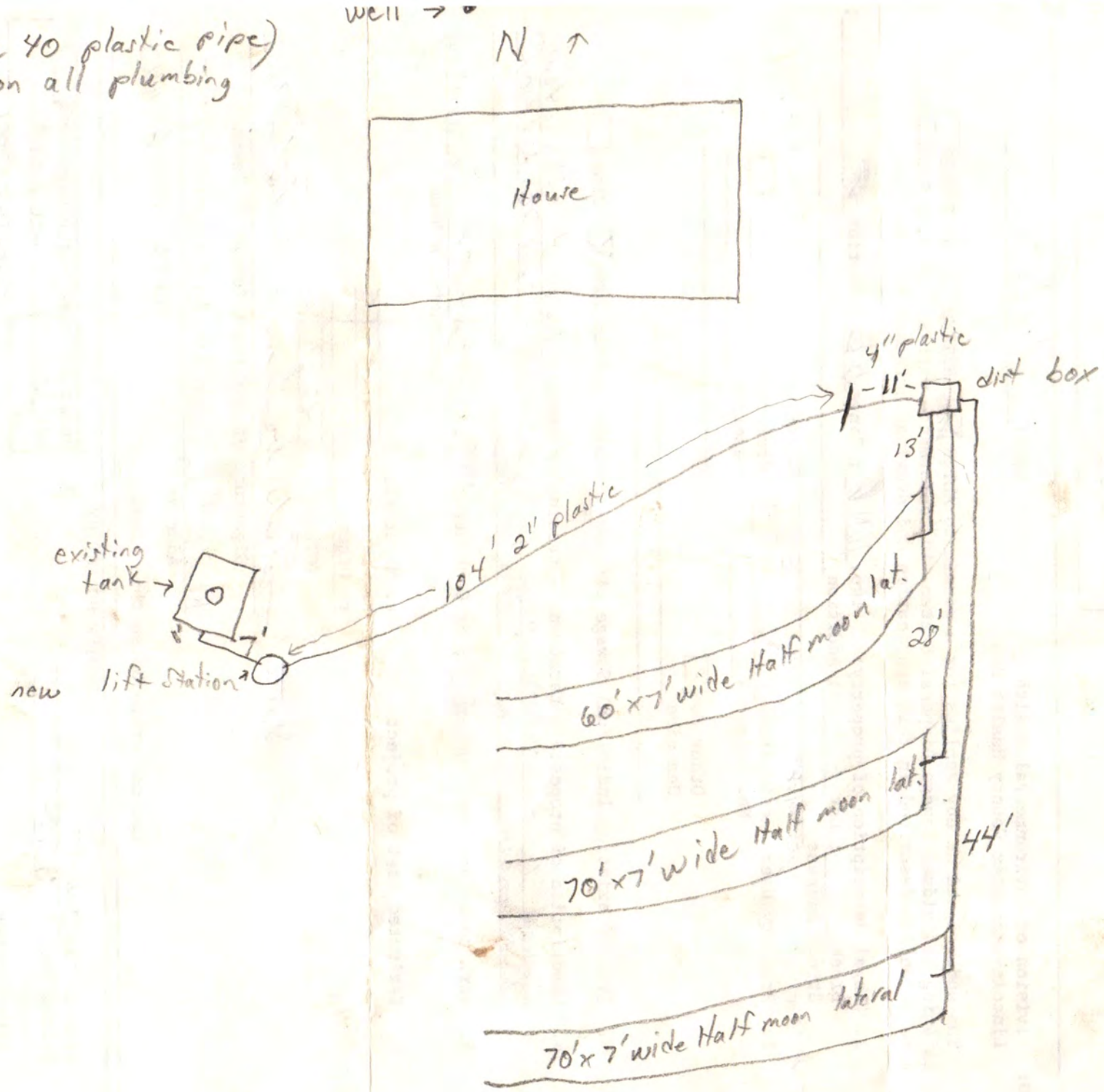
1. Date Rec'd: 3-11-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 3-11-87 by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood
EXPERIMENTAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 3-11-87 by: Ron Mayfield

(schedule 40 plastic pipe) used on all plumbing



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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 13300 W. Superior, Lancaster Co.
Twp 10N Range 5 Section 6 1/4 ___ 1/4 ___ Block ___ Lot 16 Addition Irreg. tracts in SW ¼ of Sec 6
Directions to Property HWY 34 West to NW 126th South to Superior turn West
Location of Well ___ Tap Location: Inside ☐ Outside ☐
Location of Sewage System ___ Year Installed ___
→ should be on file, If not, call Lynne Schroeder - 499-2222

	NAME	ADDRESS	PHONE
Present Owner:	Anita Fussell	13300 W. Superior Pleasant Dale NE 68423	796-9599
Tenant/Buyer:	Norman & Ruth Griswold	7420 Dotson Rd. Lincoln NE 68505	483-6972
Return to:	Lynne Schroeder	c/o Woods Bros. Realty 3737 S. 27 Lincoln 68502	499-2222

Signature of Applicant Norman E. Griswold Address 7420 Dotson Rd Date 6/15/98
Ruth E Griswold Lincoln NE 68505

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 06/16/98
Initials ___
Amount 150.00
Check No. 3574

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

PRELIMINARY STATUS--By Ron Maryuart **DATE:** 6/16/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐ corroded
Bacteria	☒ 0 /ml	☒ present /ml
Nitrate	☒ .01 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date 6/22/98 by m Cl_2O
Date 6/25/98 by m Cl_2O
Date 6/26/98 by m
6-29-98 m Cl_2O
6-30-98 m Cl_2O
7-15-98 m Cl_2O
7-6-98 m

Comments: A permit and inspection for a major addition to the original septic system was accomplished in 1987 on an experimental basis. A lift pump was a necessary component of this system, 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 Ron Maryuart RS Date 7/20/98

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: 10-95

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

This form must be completed and returned to reque.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 2/2/93 #150.00

☑ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 6; BLOCK ____

LOT 16; ADDITION _____; Street Address 13300 W. SUPERIOR

Directions to Property WEST 'O' TO NW 126, NORTH 3 MILES TO WEST SUPERIOR, WEST 1/2 MILE ON NORTH SIDE (HOME W/AL ESTATE SIGN UP)

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received 2-2-93 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-2-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 2-2-93 by ____
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ 40.1	☐	Disapproved:	☐	Date _____ by ____

Comments: An experimental wide seepage bed with 1/2 pump was installed on this septic system in 1987. Heavy snow cover prevented thorough inspection of subsurface seepage beds. Thus, a provisional approval. Recommend checking to See Attached Letter ☐
see if septic tank needs pumping. Recommend lock on covers to risers on septic tank and 1/2 pump to prevent a safety hazard.

FINAL STATUS

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

APPROVED BY Ron Yoquant DATE 2-22-93

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

197

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 6-10-5 Location 13300 W. Superior

Owner/Requestor Roger Harre

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- X Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Henry owns cover. Permit for experimental wide seepage bed with, cast pump installed in 1987. Lids on risers need locks to prevent accidents.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Moravec Received by: ____

Date: 2-2-93

WA1002