# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2348-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 19, 1986 — THIS PERMIT EXPIRES

ORIN OR DOLORES GRAFF — ISSUED TO

18100 NO. ! STREET LINCOLN, NE 68531 — ADDRESS

T12N; R6E; Sec NW¼ 26; 80 Acres — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 60.00 | $ | $ | $ 60.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| | 110.16 | 148.14 | 6-2 |

RECEIPTED BY: PB — DATE: 6/19/86 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2348-C

DATE: 6-18-86

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

1. Legal description of property: Twp. 12N; Range 6E; Section 26 NW¼
   Block _____: Lot _____: Addition 80 acres
   Street Address _____

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

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

4. Distance to public sewer: over ft.

Owin Graff of Parkson Sales
Signature of Applicant (Owner or Lessee)

18100 71 1st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/18/86. Date Frwd. 6/19/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/19/86. Date Frwd. 6/19/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Stewart

3. City or County Engineer: Date Rec'd. 6/19/86. Date Frwd. " . ACTION: Approved ☐ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

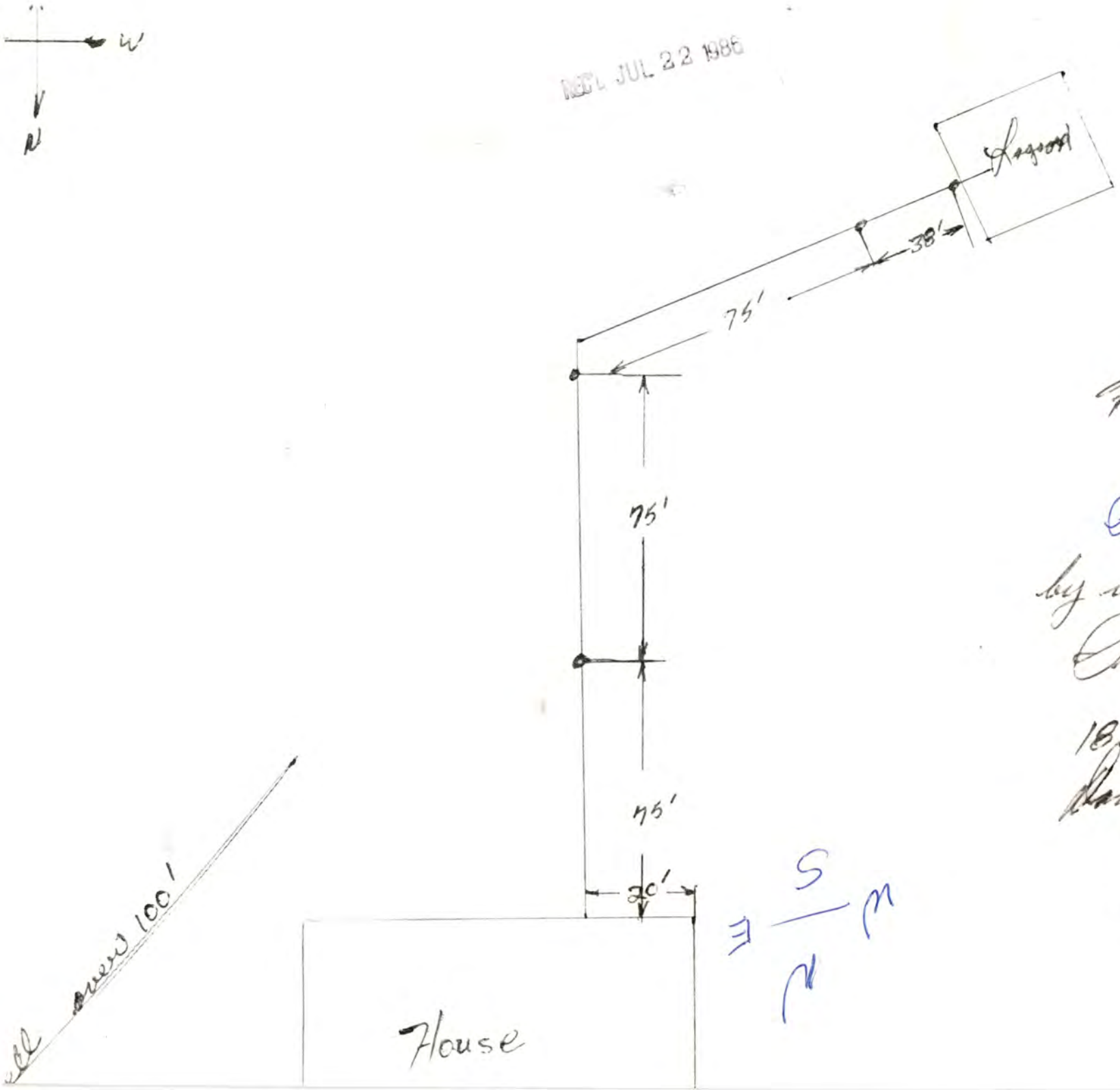
Site Visits:
Date: 7/7/86 by: L.C.H. Need fence + ~~footing~~
Date: 4-29-98 by: Jim Steele
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-29-98 By: Ken Magenheimer

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

RECD JUL 22 1986

7-16-86




For

Graff

RFD Lancey Road

by von Gillern Trucking

Dan/Jan Gillern

18/00 Mt at

Lancey, Me

04536

785-7755

MAY 0 9 2002

# 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 701 Davey Rd, Davey, NE

Parcel ID 13 - 26 - 100 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 12N Range 6E Section 26 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property North of Lincoln on 14th Street to Davey Rd, West 1/2 mile. (Just west of Northridge)

Location of Well 1- North of House 127- East of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House by horse tank Year Installed 1989

Site Hazards (dogs, etc.) Cattle sometime located on the 80 acres

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Orin & Delores Graff | 701 Davey Rd<br>Davey, NE 68336-3508 | 785-5055 |
| Tenant/Buyer: | Luke Kelly | 6442 Ponderosa Cir<br>Omaha, NE 68137-4244 | 991-3099-H |
| Return to: | Luke Kelly | 6442 Ponderosa Cir<br>Omaha, NE 68137-4244 | day 331-5446<br>work # ___ (Fax) |

Signature of Applicant Shelly Ditz / Realtor for Buyer Address 644 Seward St. Seward, NE 68434 Date 5/6/02

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 5/9/02 Amount $200.00 ✓ Check No. 229 ✓ Initials ___

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

**PRELIMINARY STATUS--By** Ron Marquart **DATE:** 5/13/02

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☒ |
| Bacteria | ☐ ___/ml | ☐ ___/ml |
| Nitrate | ☐ ___ppm | ☐ ___ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☐ |
| Provisional | ☐ |
| Disapproved | ☒ |

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** See attached sheet for deficiencies

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