LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2459-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 26, 1987 — THIS PERMIT EXPIRES

MARVIN ANDERSON — ISSUED TO

ROUTE #1, BOX 11-A DAVEY, NE 68336 — ADDRESS

T12N; R6E; Sec 28; Lot 5 I.T.
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
MG	2-27-87	

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 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. 2459-C

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

DATE: 2-26-87

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. 12N ; Range 6E ; Section 28 ;
Block ____ ; Lot 5 I.T. ; Addition ____
Street Address ____

2. Property Use: Residential X ☐; 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: 50 L.F. of Large Half Moon Laterals Five East of

5. Work to be done by: Owner ☐ ; or Contractor ☒, von Gillern Trenching Paul von Gillern
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	630 00

Marva Anderson w/of Paul von Gillern
Signature of Applicant (owner or lessee)

RFD Dewey, Ne
Address

(Do not write below this line)

REVIEWING ACTION

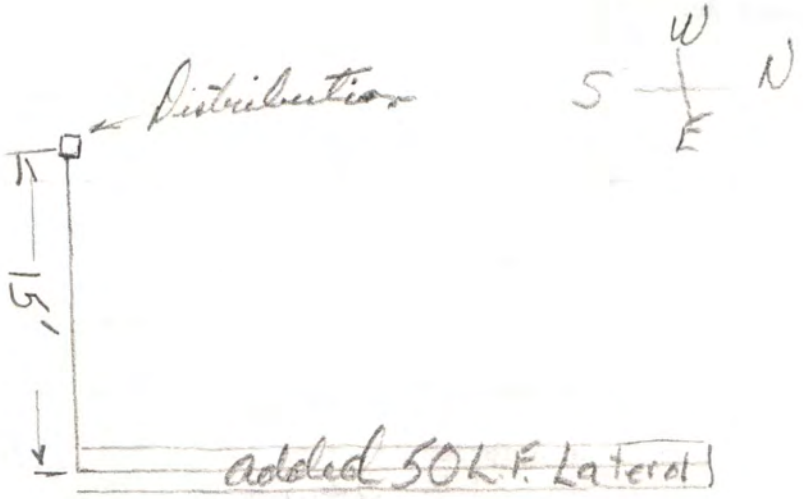
1. Date Rec'd: 2-26-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 2-26-87 by: mm
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION ~~FINAL~~ provisional WRITTEN APPROVAL
Date: 2-26-87 by: Ron Maynard

Repairs on Laterals



8-26-87

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

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 1905 W. Davey Rd Davey, NE

Twp 8 Range 6 Section 33 1/4 NE 1/4 Block ___ Lot 5 Addition ___

Directions to Property No. 14th to Davey Rd - Then 2½ miles West - on South Side

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

Location of Sewage System East of house about ½ way - between barn + house Year Installed house was built in 1979

	NAME	ADDRESS	PHONE
Present Owner:	Marvin Anderson	1905 W. Davey Rd Davey, NE 68336	785-5395
Tenant/Buyer:	Dennis Knaub	5000 Arbor Rd Lincoln, NE 68514	466-7574
Return to:	Barb Hoffman Woods Bros	7141 A Lincoln, NE 68510	432-0207

Signature of Applicant Dennis D. Knaub Address 5000 Arbor Rd Lincoln Ne 68514 Date 10/27/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/27/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquardt **DATE:** 10/28/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 6.7 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: 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 Marquardt, RS Date 11/16/93

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. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 28-12-6 Location 1905 W Davey Rd.

Owner/Requestor Dennis Knaub.

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
____ Loan approval
____ Consultation
____ Other (Specify)

REMARKS Appears to be an old unused well casing about 20 ft from lateral. (3K signed statement not a well) Thomas Flackman RFD Martlf was previous owner 798-7710

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. Leech 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 ___ 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. Marquardt Received by: _____

Date: 10-28-93

WA1002

RECEIVED NOV 0 2 1993

11/2/93

Ron Marquart
Lincoln-Lancaster Co. Health Dept.
2200 St Mary's Ave.
Lincoln, Ne. 68502

Dear Sir:

As per your request the casing located 20 feet east of a lateral septic line on our property at 1905 West Davey Road is not a well. The 5 inch PCV casing was placed there in the event another automatic water would be added to water livestock or poultry in the future. The casing is used to house the electric service and water supply lines from the barn.

Sincerely,
Marvin A. Anderson
Marvin A. Anderson
Rt #1 Box 11-A
Davey, Ne. 68336

185, 5395