LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1994-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 20, 1983 — THIS PERMIT EXPIRES

KEN NAGEL ROUTE 1 CERESCO NE 68017 — ISSUED TO / ADDRESS

T12N, R6E, SECTION 2 SE¼ — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER/EXTEND

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
EB	6/20/83	

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: 475-6221)

FILE NO. 1994-C

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

DATE: 6-15-83

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 2 SE¼;
Block _____; Lot _____; Addition _____
Street Address _____

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: add 200' of 3' wide lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1200 ?

Ken Nagel
Signature of Applicant (owner or lessee)

RT 1 Crete
Address

(Do not write below this line) By Sinclair

REVIEWING ACTION

1. Date Rec'd: 6/15/83
Filing Fee: $ #30

2. Site Visits:
Date: 6/15/83 by: JMN
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/20/83 by: John V. Sinclair

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

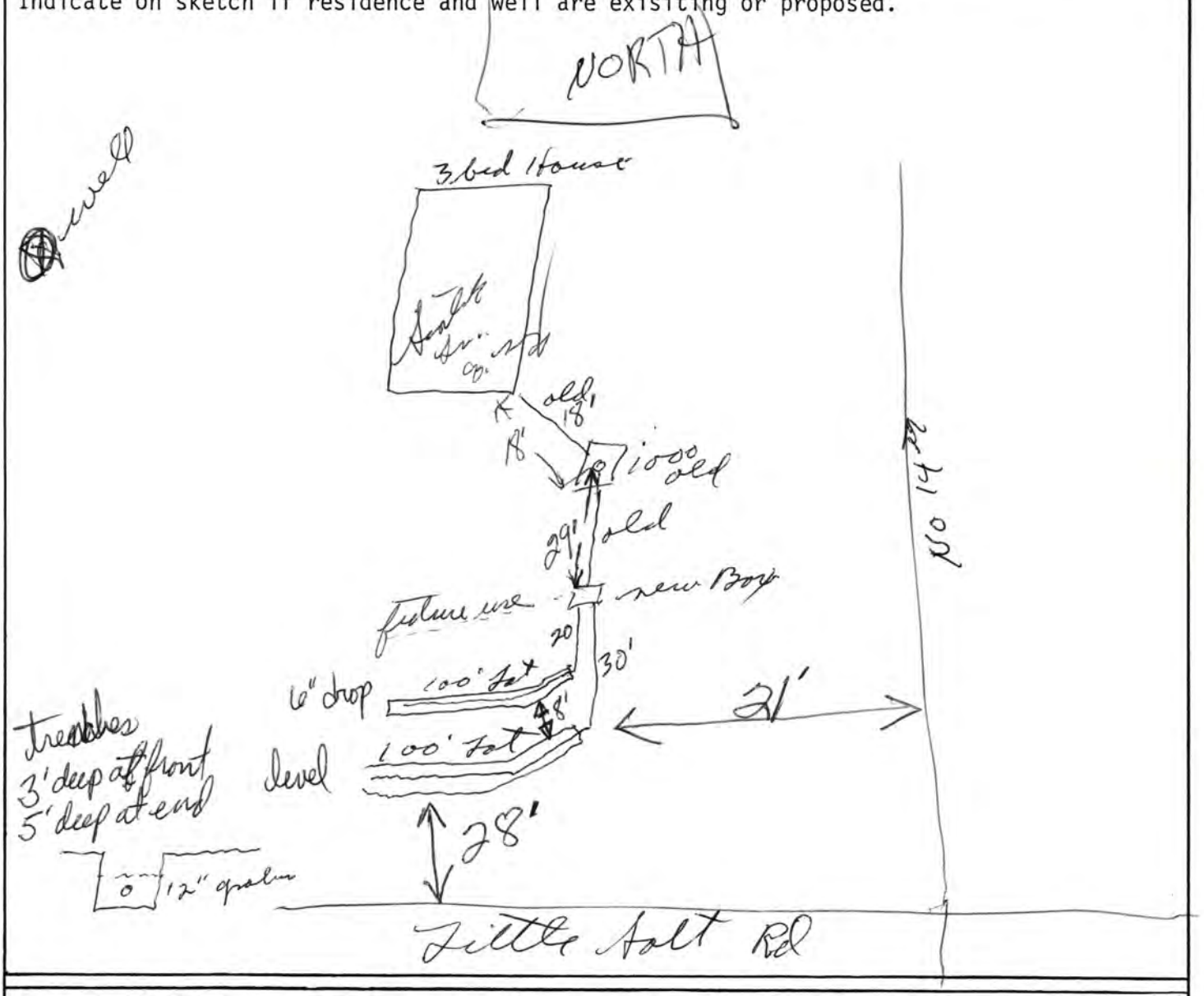
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

D

DATE: _____

FILE NO. _____

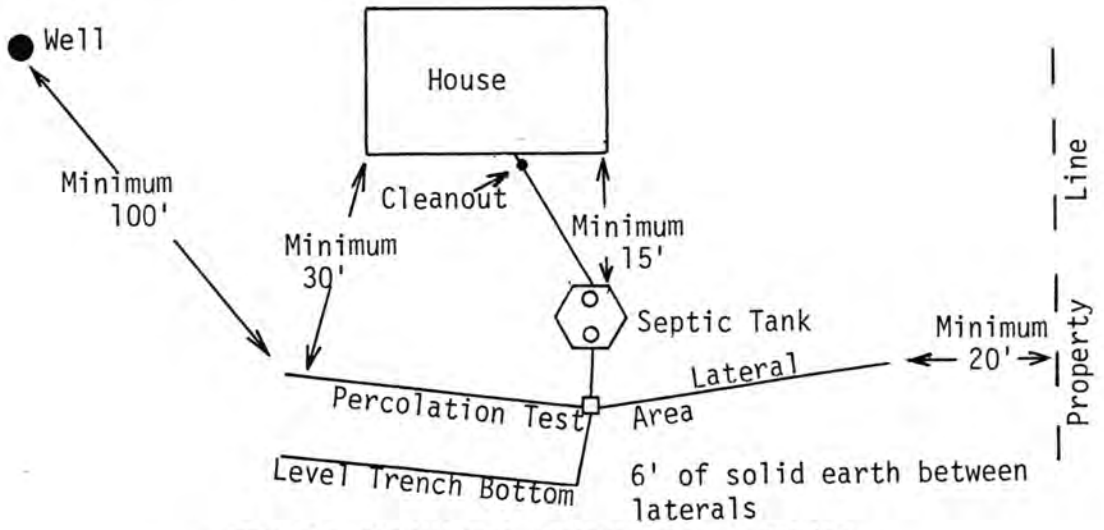
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments old.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☐ No ☐
(Company Hoval Corp)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.; Slope 4 in/100 ft.; Average Depth 22 in.
4. Filter Material: Road Gravel
Depth of Material 12" in.
5. Distances to:
Well or Suction Line 400 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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 22501 N. 14th St. Ceresco, NE

Twp 12 Range 6 Section 2 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property See address

Location of Well West of house & stall barn Tap Location: Inside ☐ Outside ☒

Location of Sewage System Uncertain (prior inspection done approximately 1 year ago) - South of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Thomas & Brenda Messick		785-7005
Tenant/Buyer:	Linda L. Smith	4020 N. 15th Lincoln	435-8267
Return to:	Crowne Closing Company (Vicki)	6940 O St. Suite 312 Lincoln, NE 68510	464-1200

Signature of Applicant Vicki K Burdick Pongsa Address 6940 O St. Ste 312 Date 10/18/95

Crowne Closing Co. Lincoln, NE 68510

HEALTH DEPARTMENT USE ONLY

Date Received 10/19/95 Received $150.00 ✓ Check ☒ Cash ☐ #3322

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/20/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ burrow corrected	Approved ☒	Date 11/14/95 by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart R.S. Date 11/17/95

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.

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

RECEIVED NOV 1994

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 22501 North 14 St.

Twp 12N Range 6E Section 2 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property approx. 12 miles North of Superior on No. 14th. NW Corner of No. 14 + Little Salt Road.

Location of Well West of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System S of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Staas	22501 No. 14, Ceresco NE 68017	785-2112
Tenant/Buyer:	Tom + Brenda Messick	Rt. 2 Box 7A Ceresco NE 68017	785-8820
Return to:	A-1 - Title Attn: Sheryl	3883 Normal Blvd. #206, Lincoln 68506	434-3712

Signature of Applicant Thomas M Messick Address ___ Date 11/15/94

HEALTH DEPARTMENT USE ONLY

Date Received 11/18/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart DATE: 11/21/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: The original installation of this septic system apparently predates regulations. Thus, a provisional approval. A permit and inspection was completed in 1983 in which 20 ft of additional lateral were added to this system. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart RS Date 11/28/94

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.

my 5-18-92
005

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: 5-6-92.

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

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION SE 25 Acres of S1/2 SE1/4, Sec. 2; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property N. 14th & Little Salt Rd. (NW Corner) Approx. 12 mi N of Superior on N. 14th.

Location of Well N. & West of Barn on hill behind row of pine trees. Tap Location: Inside ☐ Outside ☒

Location of Sewage System Front Lawn - E. of S.E. corner of house Year Installed 1983

	NAME	ADDRESS	PHONE
Present Owner:	Kenneth Nagel	Box 495, Tecumseh, Ne 68450	335-3895
Tenant/Buyer:	Barbara Strow	905 NW 12th, Lincoln 68522	474-9057
Return to:	Carol Hutson, Home R.E.	225 N. Cotner, Lincoln 68505	437-8222

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

Signature of Applicant Carol Hutson For Ken Nagel Address 225 N. Cotner Lincoln, Ne 68505.

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HEALTH DEPARTMENT USE ONLY

Date Received 5-6-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5-8-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 5-8-92 by RM
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date _____ by ____

Comments: Original septic system appears to predate County regulations. Thus, a provisional approval. A permit to extend original system has been inspected and approved. 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:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Mangen, RS DATE 5-13-92

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