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. 91390025801

Issued 11/15/91
Expires 05/15/92

ESTABLISHMENT

ROSEMARY HORNER
T10N R5E SEC 17
LOT 13

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

ROSEMARY HORNER
3201 PIONEERS BLVD
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11-15-91	

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 [X]

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: 11/16/91

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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 17;
Block _____; Lot 13 IT; Addition _____
Street Address _____

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 4
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: two additional 600 ft laterals added to system Installed about in 1989.

5. Work to be done by: Owner [ ]; or Contractor [ ], ?
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 400 ±

Rosemary L. Horner Agent
Signature of Applicant (owner or lessee)

Woods Bros. Realty
Address Suite 112 3201 Pioneers Blvd.

(Do not write below this line)

REVIEWING ACTION

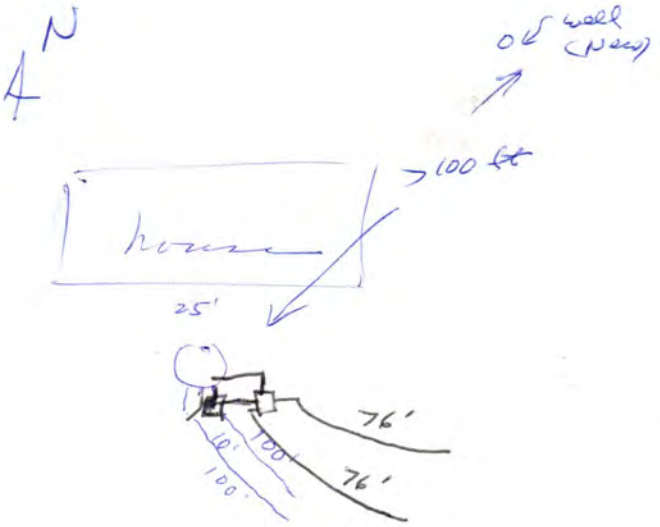
1. Date Rec'd: 11-15-91
Filing Fee: $ 50.00

2. Site Visits:
Date: 11-14-91 by: ~~Ron~~ Already covered labor inspection.
Date: 5-7-92 by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: ~~Ron Moyer~~ Ron Moyer for Duffy

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-7-92 by: Ron Moyer

* One permit for 2 installations by upper management (see note)



Greg Bouwens
Bouwens Plumbing
5-6-92

Add 152' laterals
4' Wide
Concrete 1/2 moon
NEW Bof

004

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 11909 W. Adams, Lincoln, NE 68524
NW Twp 10N Range 7E Section 13 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___
Directions to Property W. "O" Street to NW 126th Street, then North to West Adam, then E. approx. 3/4 mi.
Location of Well NE of House Tap Location: Inside ☐ Outside ☒ Hydrant.
Location of Sewage System S. of House Year Installed est 1988 with New in 1991 - approved by Health Dept.
↑ laterals

	NAME	ADDRESS	PHONE
Present Owner:	Gary & Katie Omel	11909 W. Adams St. Lincoln, NE 68524	796-2466
~~Tenant~~/Buyer:	Bill & Nancy Jennett	900 Starview Ln Lincoln, NE 68512	423-2182 HM 466-6342 - Wk
Return to:	Lou Villalobos / Janice Spicha Home Real Estate	225 N. Cotner Blvd. Lincoln, NE 68505	Lou - 432-3231 Janice 432-3230

Signature of Applicant Lou Villalobos Address Home Real Estate Date 10/9/95
225 N. Cotner Blvd, Lincoln 68505

HEALTH DEPARTMENT USE ONLY

Date Received 10/10/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Margenat **DATE:** 10/11/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Original septic system predates County regulations. 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 Margenat, RS Date 10/17/95

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 Marys Avenue Phone (402) 471-7

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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: _____

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 17 NW¼; BLOCK ____

LOT 13; ADDITION _____; Street Address _____

Directions to Property 1900 W Adams 3 B.5 Miles 3-4717

Location of Well NW corner IN Garage Tap Location: Inside ☒ Outside ☐

Location of Sewage System South West of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Mary Hyburn Osborn	Rob Hyburn - Osborn Lincoln	476-9501
Tenant/Buyer:	Gary Oneal	941 W. Beal Lincoln	476-1853
Return to:	L.L. Co Health	3232 So 27th Lincoln	437-6603

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 23, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-24-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒ NEW well drilled	☒ old well abandoned	Approved:	☐ 2	Date 9-24-91	by rmm
Bacteria	☐	☐	Provisional:	☒ tank only per unit	Date 11-13-91	by rmm
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date 11-15-91	by rmm no water Cl2 0

Comments: well pit within 10 ft of well must be properly abandoned. Need drawing of sewage system, corrected. Original septic system construction apparently predates County regulations, thus a provisional approval is Recommend See Attached Letter ☐
checking to see if septic tank needs pumping. 11-21-91 rmm F-0 2F-0

FINAL STATUS

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

APPROVED BY Ron Mayhew R.S. DATE 11-20-91

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

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

Legal Description 10N, R5E, S17, NW¼ Location 11900 W. Adams
Owner/Requestor John Ball

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 No visible malfunction of the septic system. A drawing of sewage disposal system will be needed in order to determine the distance of components from well and if within property boundaries.

A pit is located within 10 ft of well. Pit must be properly filled before a bacterial water sample can be collected.

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)
   - Pit within 10 ft of well

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: Ron Marquart
Date: 9-24-91

Received by: _____

WA1002

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

Legal Description T10N R5E, Sec 7 NW¼ Location 11900 W. Adams
Owner/Requestor John Ball

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 followup
___ Consultation
___ Other (Specify)

REMARKS Update to 9-24-91 inspection
New well drilled & old well abandoned.
Took out repair permit several years after installation.
Drawing from memory & probably not accurate.

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: Ron Maravant
Date: 11-18-91

Received by: _____

WA1002