LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2773-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF PERMIT — THIS PERMIT EXPIRES

PLEASANT DALE LUMBER & OIL CO. BOX 7, PLEASANT DALE NE 68423
ISSUED TO — ADDRESS

T10N; R5E; Sec. 17; Bk 3; Lot 1; Workman Addition
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 — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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. 2773-C

DATE: 11-10-88

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. 10 North; Range 5 East; Section 17;
Block 3: Lot 1: Addition Workman
Street Address 12501 Wendy Lane 3-19-92 1900 NW 126th

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

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

4. Distance to public sewer: _____ ft.
Must be sealed

Wesley L. Keil
Signature of Applicant (Owner or Lessee)

P.O. Box 7 Main St Pleasant Dale Ne 68423
Address
795-3290

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/10/88. Date Frwd. 11/14/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-14-88. Date Frwd. 11-14-88. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 10/14/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 12-29-88 by: nee need fence + drawing
Date: 2-28-94 by: mm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-23-92 By:

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

FORM 23-43

APPLICATION FOR PERMIT

☐ City (☐ Three-Mile District ☑ County

(Applicant to complete numbered spaces only.)

LEGAL

1. STREET ADDRESS 12501 [redacted] Wendy Lane

LOT Lot 1 BLOCK Block 3

SUBDIVISION NAME Workman Subdivision Lancaster Co.

BUILDING

☐ The undersigned hereby applies for a Permit to: ☐ construct ☐ enlarge ☐ alter ☐ move-on ☐ mobile home foundation

2. Home
Use of Building

Nature of work: (alter or enlarge only) _____ Size 28'x36', 24'x40', 36'x40' x grade

Height _____ No. of Units _____

No. of Stories _____

TOTAL CONSTRUCTION COST (includes Gen., Elec., Plbg., & Htg.) $ $105,020.00

INS

3. ☐ The undersigned hereby applies for a permit to install thermal insulation and agrees that the insulation values will comply with Chapter 53 of the Lincoln Building Code.

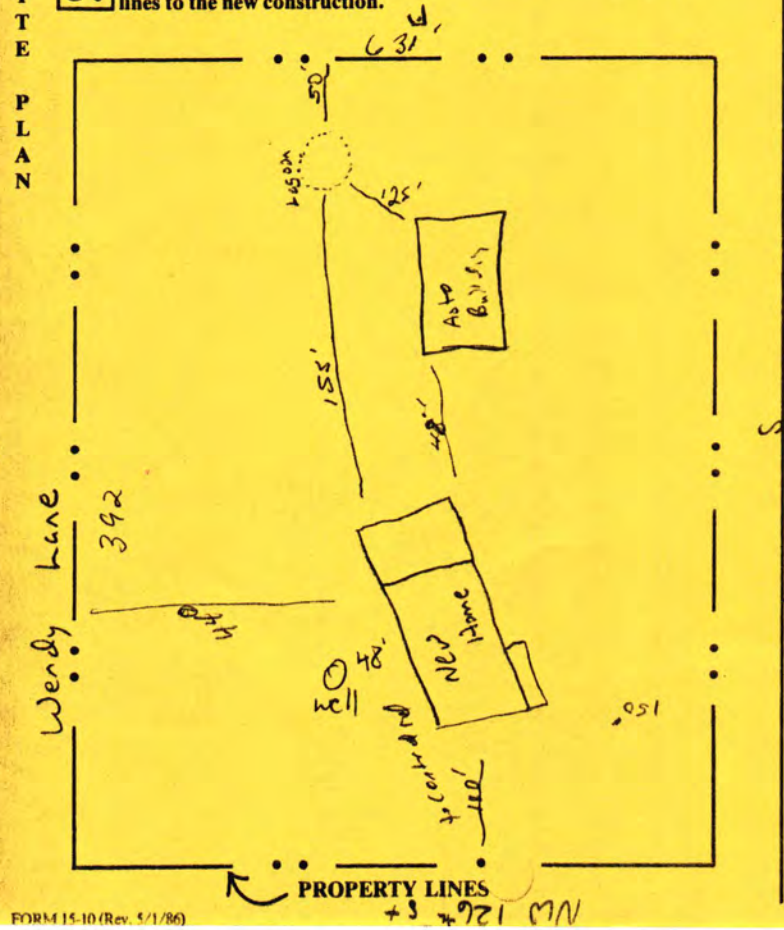
CURB CUT

4. ☐ The undersigned hereby applies for a curb cut and agrees not to use the same until the driveway between curb cut and property line is surfaced with concrete not less than five (5) inches in thickness. Sketch SITE PLAN below if necessary.

Existing Cut _____ New Cut _____ Total _____ Curb Cut No. _____

SITE PLAN

5. **Complete the site plan below. Show the setbacks from property lines to the new construction.**



OFFICE USE ONLY

Permit No. _____

FEE: ☐ Cash ☐ Check

Building $ _____

Insulation $ _____

Curb Cut $ _____

Fire $ _____

TOTAL $ _____

Finished Floor Area _____ @ _____ $ _____

Fin. Bsmt. _____ @ _____ $ _____

Unfin. Bsmt. _____ @ _____ $ _____

Garage _____ @ _____ $ _____

Carport _____ @ _____ $ _____

Total $ _____

Zoning District _____

Special Permit # _____

Bd. of Zoning Appeals # _____

Subdivision Permit # _____

Flood Plain Permit # _____

Hist. Pres. Cert. # _____

Occupancy Group _____

Type of Const. _____

Plat Page # _____

Census Use Code _____

6. **NOTICE**

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING, SIGNS, FIRE ALARMS, FIRE SPRINKLERS, FIRE SUPPRESSION SYSTEMS, AND FLAMMABLE LIQUID TANKS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signed [signature]

Date 11-7-88 Applicant's Phone # 755-3290

Owner Jane Kruse
(Please Print)

Architect or Engineer Wardcraft Homes

Contractor Pleasant Dale Lumber

Approved:

_____ _____
Water and Sanitary Sewer available Date

_____ _____
Codes Administration D. Date

FORM 15-10 (Rev. 5/1/86)

002

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: 24 Feb 94

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 17; BLOCK 4

LOT 1; ADDITION Workmans; Street Address 1900 N.W. 126th Lincoln Nebr

Directions to Property 3 miles west of Blinking caution Light in Emerald — On West "O", then 1/4 Miles north on N.W. 126th East Side

Location of Well Back Yard - North Side of House Tap Location: Inside ☐ Outside ☐ Road

Location of Sewage System North & east of House 150 ft. Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	James & Diana Kruse (Pleasant Dale number)	1900 NW 126th Lincoln 68528	796-2600
Tenant/Buyer:	Same as above		
Return to:	1st Commerce Savings	P.O. Box 80036 Lincoln 68501	434-4843

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

Signature of Applicant James A. Kruse Address 1900 NW 126th Lincoln Nebr. 68528

HEALTH DEPARTMENT USE ONLY NO

Date Received 02/25/94 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 2-28-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date ____ by ____
Bacteria	☒ 0	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ <0.1	☐	Disapproved:	☐	Date ____ by ____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Margaret R.S DATE 3-3-94

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

.4120

9203255003

RECEIVED MAR 17 1992

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

Roger Anderson 2nd house built

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. 435-3290

☒ Evaluation of the Individual Water System Date: 15 March 92

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

please call Wes number.

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 17; BLOCK 4

LOT 1; ADDITION Workman's; Street Address 1900 N.W. 126th Lincoln, Ne

Directions to Property 3 Miles West of Blinking caution Light in Emerald. - On West "O", then 1½ Miles North on N.W. 126th - East Side of Road.

Location of Well Back Yard - North Side of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System North & East of house 150 ft. Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	James & Diana Kruse	1900 N.W. 126th Lincoln, Ne	796-2600
Tenant/[redacted]:	Same as above		w-473-9209
Return to:	1st Commerce Savings	P.O. Box 80036 Lincoln, Ne. 68501	434-4843

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

Signature of Applicant James D Kruse Address 1900 N.W. 126th Lincoln, Nebr. 68528

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HEALTH DEPARTMENT USE ONLY

Date Received 3-17-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-18-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒ Corrected 3-23-92	Date 3-18-92 by rm
Bacteria	☒	☐	Provisional:	☐	Date 3-23-92 by rm
Nitrate	☒ 26.1 ppm	☐	Disapproved:	☒	Date _____ by _____

Comments: Recommend more seeding of ditch to prevent erosion

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magnuson, RS. DATE 3-23-92

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

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

Legal Description 17-10-5 Location 1900 NW 12th
Owner/Requestor James Krutz

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
K Loan approval
___ Consultation
___ Other (Specify)

REMARKS Lagoon needs lock on gate & 2 signs

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 ___ 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. (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 Received by: _____
Date: 2-18-92

WA1002