LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

No. 98390058901

Issued 07/21/98
Expires 01/21/99
Revenue Code 3157

FEES: $50.00

PAID

Establishment
STEVEN HERGENRADER
T12N R6E SEC 13 QTR NW
20600 N 14 ST-CERESCO

TOTAL $50.00

Permittee
STEVEN HERGENRADER
RR0002
BOX 00048
CERESCO NE 68017

Issued By Health Director
Lincoln-Lancaster County Health Department

007857

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 7/20/98	File No.: 98390058 9

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **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:**
   Township 12N Range 6E Section 13 1/4 Section NW
   Block _____ Lot _____ Addition _____
   Street Address 2060 N 14th St

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 1 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** @Install new lateral field.
   20 min/in = 210 ft² = 3ft = 70ft + 4ft = 52 ft.

5. **Work to be done by:** ☐ owner ☒ contractor's name BURESH PLUMING

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Steven Hergenrader Address Rt 2 Box 48 Ceresco Phone (402) 785-7750
Applicant Signature (owner or lessee) Steven Hergenrader

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 7-21-98 REVIEW: ☒ approved ☐ disapproved By: _____

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 8-6-98 By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

7/21/98
#2709 $50 =
NC

White - EH Pink - Business Office Revised 1/98

B

CERESCO 68017

Steven Hergenrader Rt 2 Box 48

15.93

7/17/98 7/18/98 SUNNY - HOT 85-90°

1	36	7/17	7:00AM	7/17	11:00AM	7/18	1:00PM	6	7/18	5:00PM	30	1 3/4	17.14 (17)
2	36	7/17	7:00"	7/17	11:00AM	7/18	1:00"	6	7/18	5:00"	30	1 1/2	20.0 (20)
3	36	7/17	7:00"	7/17	11:00AM	7/18	1:00"	6	7/18	5:00"	30	1 1/2	20.0 (20)
4	36	7/17	7:00"	7/17	11:00AM	7/18	1:00"	6	7/18	5:00"	30	1 5/8	18.4 (18.5)
5	36	7/17	7:00"	7/17	11:00AM	7/18	1:00"	6	7/18	5:00"	30	1 1/2	20.0 (20)
6	36	7/17	7:00"	7/17	11:00AM	7/18	1:00"	6	7/18	5:00"	30	1 3/8	21.81 (21.8)

95.6 117.3
15.93 (19.5)
20 20

Steven Hergenrader
(402) 785-7750
Rt 2 Box 48
CERESCO, NE 68017

Soils map indicates Sharpsburg soil.

Signature of Reviewing Official Ron Magenau

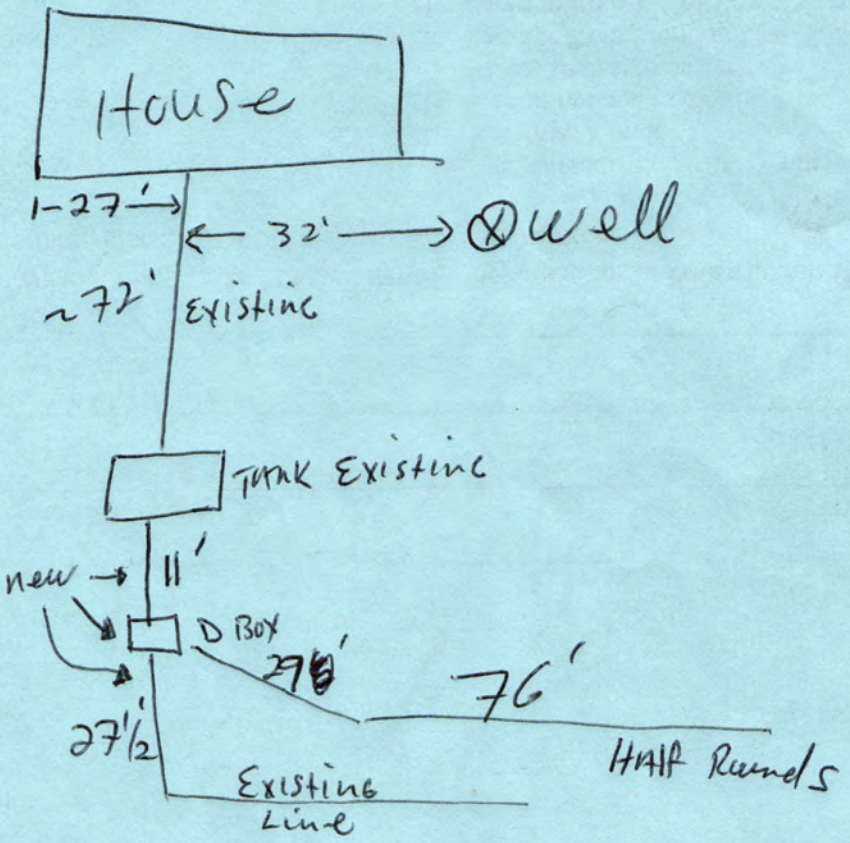
FORM 25-101 (10-98)

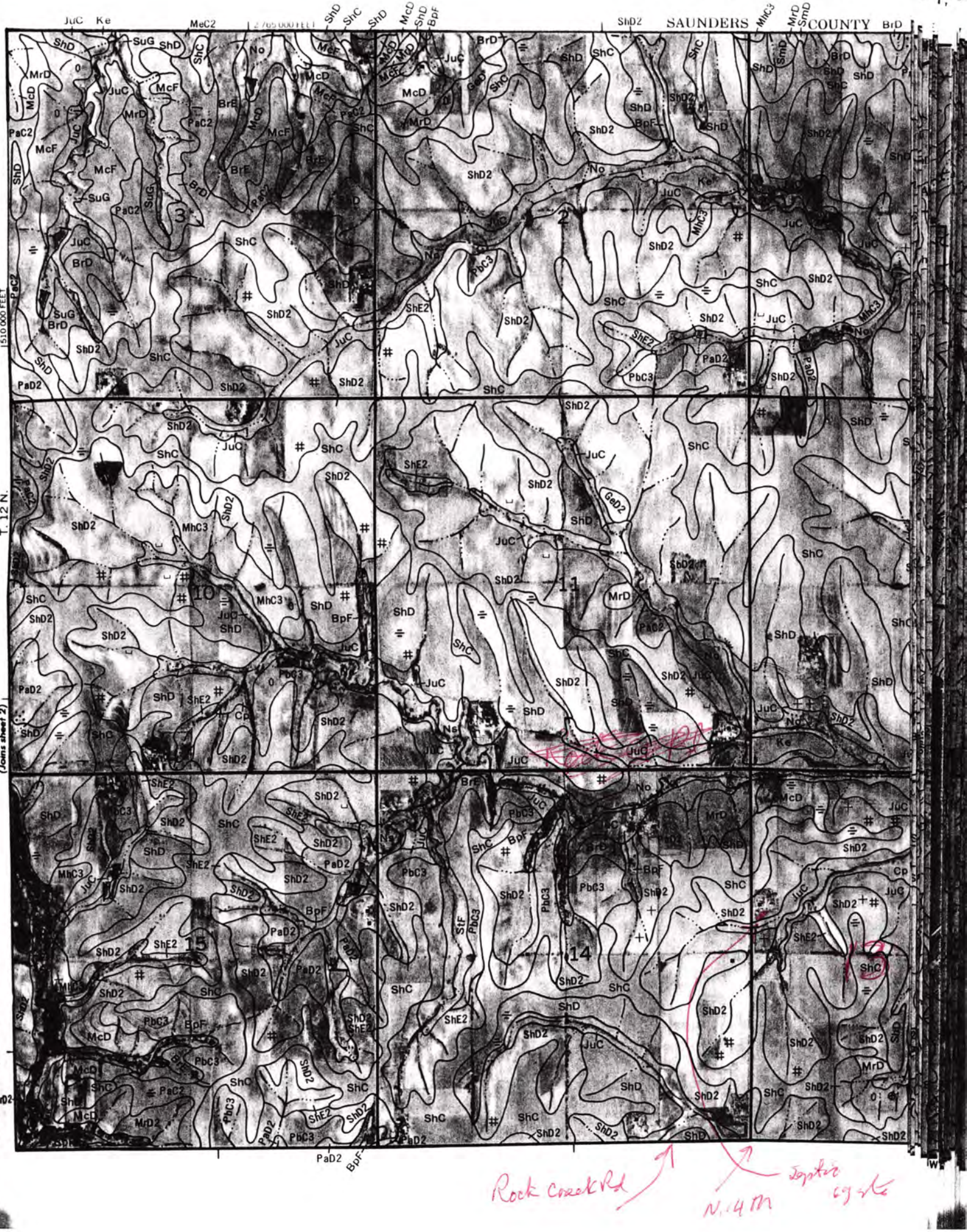
#983900589

8/6/98

2600 N. 14th St
12, 6, 13, NW 1/4

N




LANCASTER COUNTY, NEBRASKA
SAUNDERS COUNTY
T. 12 N.
(Joins sheet 2)
Rock Creek Rd
Jupiter
N. 4 M

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address _____

Twp 12 Range 6 Section 13 NW 1/4 Block ___ Lot ___ Addition _____

Directions to Property _____

5/8 MILE NORTH OF ROCK CREEK ROAD ON 14th ST - EAST SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	STEVE HERGENRADER + CYNTHIA HERGENRADER	RR 2 Box 48 CERESCO, NE 68017	785-7750
Tenant/Buyer:			
Return to:		Barosh Valparaiso	784-6101

Signature of Applicant Cynthia Hergenrader Address Rt 2 Box 48 Ceresco, NE 68017 Date 2/18/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/20/98
Initials MM
Amount $150
Check No. 5587

DATA ENTRY

Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Ron Maxwart **DATE:** 2/20/98

WATER SYSTEM:	Approved	Disapproved ?
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☐	Date___/___/___by___
Provisional	☐	Date___/___/___by___
Disapproved	☒ see comments	Date___/___/___by___

Comments: _____

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: 10-95

98022300 1
tdf

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

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CR 3573

Legal Description of Property: Street Address 20600 N 14

Twp 10 Range 6 Section 13 ~~1/4~~ NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property

5/8 MILE NORTH OF ROCK CREEK ROAD ON 14TH ST - EAST SIDE OF ROAD

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

CR 27677 20600 N. 14 - Cheney

	NAME	ADDRESS	PHONE
Present Owner:	STEVE HERTZMARKER	RR 2 Box 78	785-7751
	+ CYNTHIA HERTZMARKER	Cheney, NE 68017	
ACR 71683 Tenant/Buyer:			
Return to:			

Signature of Applicant ___ Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/20/98

Initials ___

Amount $160

Check No. 5587

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 2/20/98

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☐	☐	Approved	☐	Date___/___/___by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date___/___/___by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☒	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date___/___/___

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Revised/Reprint: 10-95