LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 996 -C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — July 24, 1977

TYPE OF PERMIT — THIS PERMIT EXPIRES

Harold W. Jochim — R.R. 6, Lincoln, NE 68502

ISSUED TO — ADDRESS

T10N; R5E; Section SW¼ of Section 22, Lot 121 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

Health

ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

2832

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

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 996-C

DATE: 5/16/78

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. 10N ; Range 5E ; Section 22 ;
   Block _____ : Lot 12 I.T. : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

DUPLICATE; ORIGINAL LOST AT COUNTY-CITY BUILDING

HAROLD W. JOCHIM
Signature of Applicant (Owner or Lessee)

RT. # 6, LINCOLN, NEBRASKA
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/24/77 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 5/16/78 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
   or Village Clerk Date Frwd. 5-16-78 EG Signature: _____

3. City or County Engineer: Date Rec'd. 5/16/78 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 5/16/78 . Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: 11/16/82 by: J. C. H.
Date: 11/22/82 by: J. C. H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/22/82 By: Jerrold C. Hood

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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 Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 996-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 5E ; Section 22 SW 1/4 ; Block ; Lot 12 I.T. ; Addition .
Street Address .

2. Property Use: Residential [X] ; Commercial [ ]
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Harold H. Jochim
Signature of Applicant (owner or [redacted])

R R # 6
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

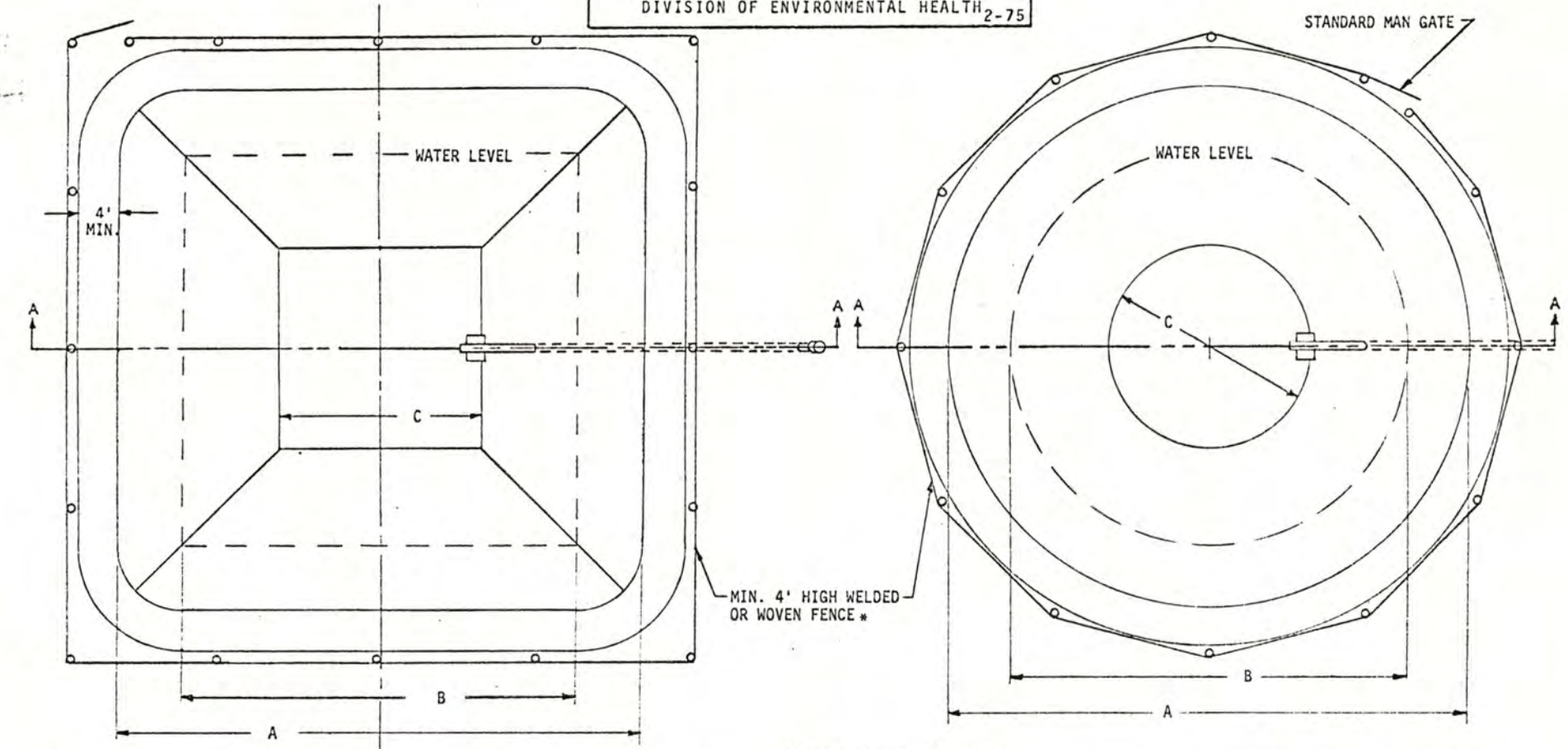
2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

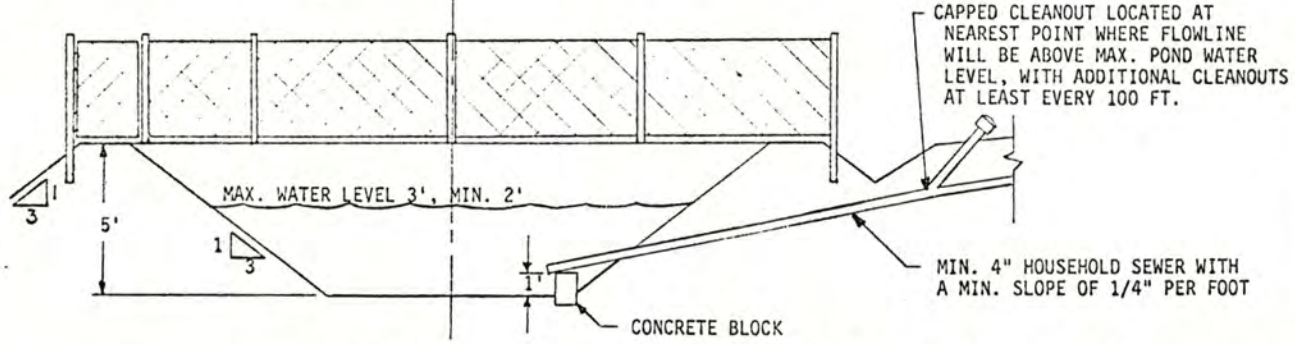
3. Date: Approved [X] ; Disapproved [ ] 1/24/72
by: Jerrold C. Hoot

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	55	43	25	52	40	22
4	61	49	31	60	48	30

*THE FENCE IS TO BE COMPLETED WITHIN 10 DAYS AFTER CONSTRUCTION APPROVAL IS RECEIVED

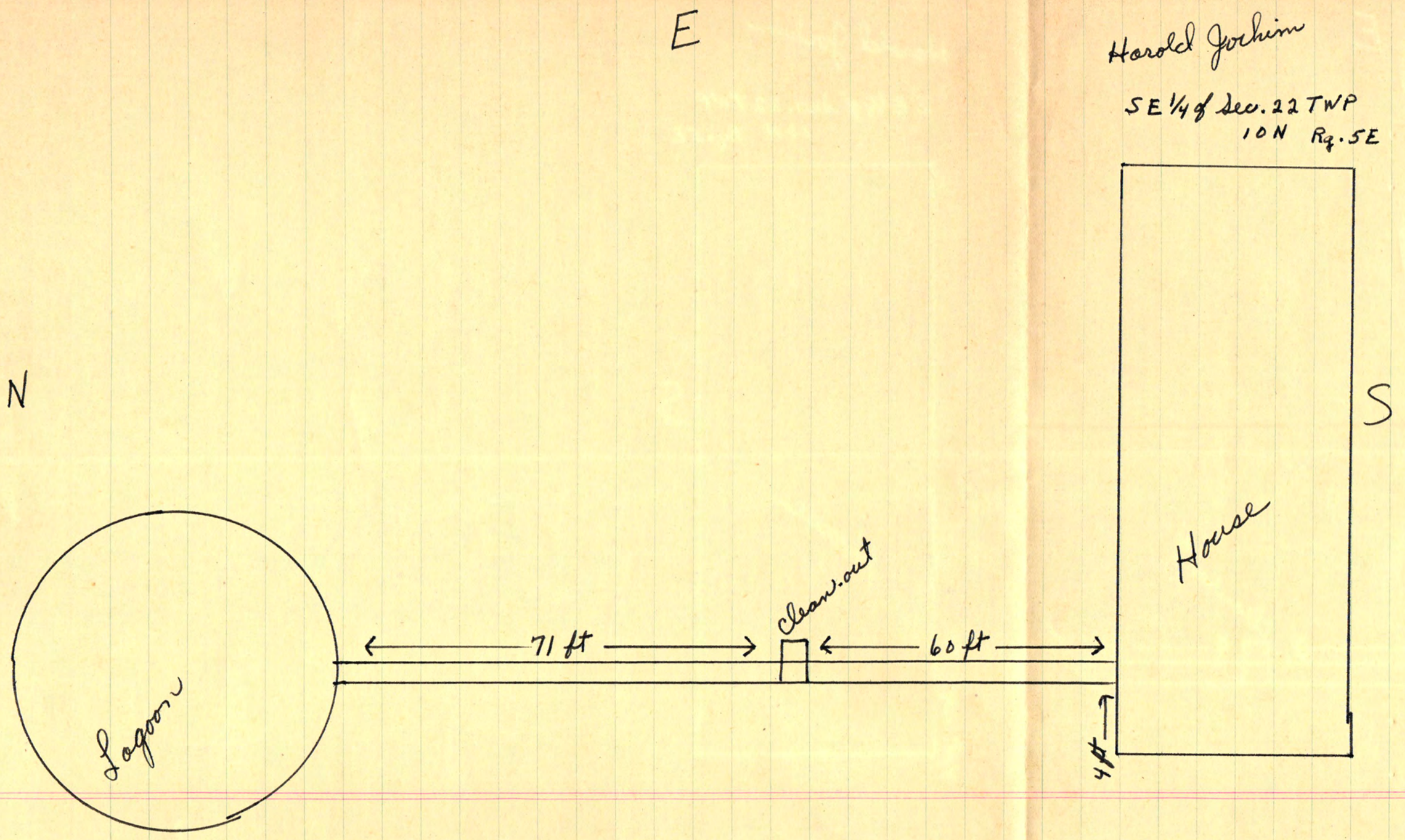
ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT Harold W. Jorgensen

HD-46(75)

Harold Jochim

SE 1/4 of Sec. 22 TWP 10N Rg. 5E



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

check FAX 434-2229 Countrybank

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: 1-30-92

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 22, SE¼; BLOCK ___

LOT ___; ADDITION _____; Street Address 9740 West O

Directions to Property NE Corner of 98th + West O

Red + White house

Location of Well SE ~~NE~~ Corner of lot Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of house in pasture Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Don + Leone Dieter	9740 West O	474-4279
Tenant/Buyer:	Same		
Return to:			

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

Signature of Applicant Leone Dieter Address 9740 West O

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HEALTH DEPARTMENT USE ONLY

Date Received 1-31-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-31-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1-31-92 by ms
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒ 0.1 ppm	☐ chloride 386 ppm	Disapproved:	☐	Date _____ by ___

Comments: chloride level of 386 ppm indicates water may be somewhat salty. those people on low sodium diets may have to be cautious about this water supply.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mayer DATE 2-6-92

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 22-10-5 Location 9740 Wood D
Owner/Requestor Don Dieter

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
___ Consultation
___ Other (Specify)

REMARKS well + sewage OK

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 X 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 Mazour Received by: _____
Date: 1-31-92

WA1002

ORIGINAL

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: JUNE 16, 1989

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 22; BLOCK ____

LOT 21; ADDITION _____; Street Address 9740 WEST O STREET

Directions to Property _____

_____

Location of Well SE OF HOUSE Tap Location: Inside ☑ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	DON-LEONE DIETER	9740 WEST O	474-4279
Tenant/Buyer:	BEVERLY BLANK CARLITA McDULLEN	1107 JACQUELINE COURT OMAHA, NE. 68041	339-9240
Return to:	CHARLIE BROWN	HOOD BROS REALTY 7141 A ST. - LINCOLN, NE.	483-4741

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

Signature of Applicant Beverly E. Blank Address 1107 Jacqueline Ct Papillion Ne 68046

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 23, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6/26/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6/26/89 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: WELL TAKEN CARE OF LAGOON.

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ronald E. Hood, R.S. DATE JUNE 29, 1989

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