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

No. 96390051901

Issued 09/23/96
Expires 03/23/97
Revenue Code 18754

Establishment
NORM GUTZMER
T10N R5E SEC 22 QTR SW
LOT 112
9301 W. VINE STREET

FEES: $50.00

TOTAL $50.00

Permittee
NORM GUTZMER
4821 FLEETWOOD CIR
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

2612

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

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO._____

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

DATE: Sept 20 1996

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. 10N ; Range 5E ; Section 22 ;
Block_____; Lot_____; Addition_____
Street Address 9301 West Vine

2. Property Use: Residential_____ ☐; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☒
Describe trailer court.

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

4. Description of proposed alteration, extension or repair: Remove AND OLD 100 gal tank
Replace Septic tank (1850 Gal) Disconnect water pressure line with in 25 ft of tank.

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

6. Estimated cost of project:

a. Materials	$ 850	00
b. Labor	$ 200	00
c. Other	$	
TOTAL	$ 1050	00

Norm Gutzmer
Signature of Applicant (owner or lessee)

4821 FLEETWOOD CIRCLE
Address
LINCOLN, NEBRASKA

(Do not write below this line)

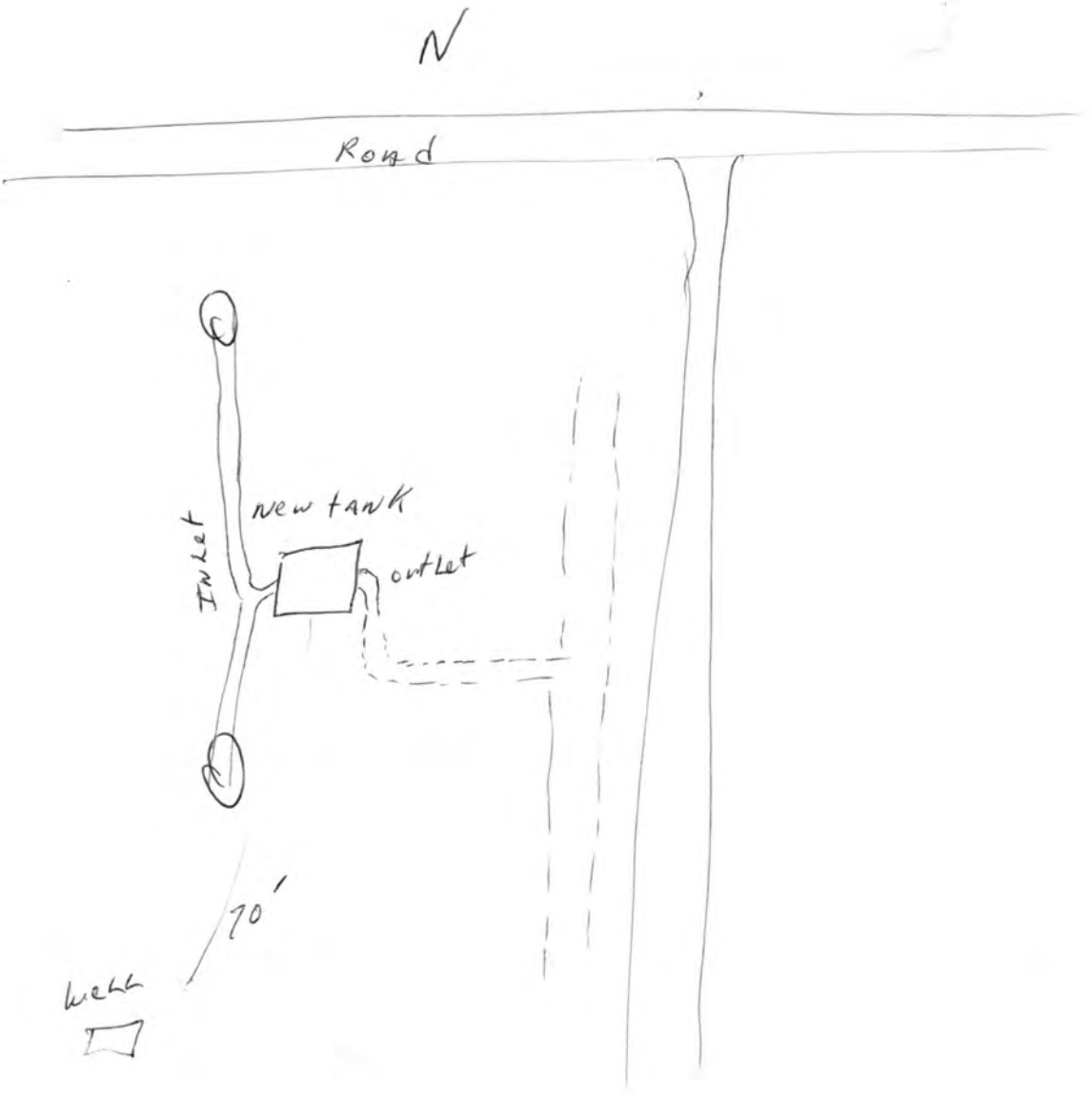
REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-24-96 by: rm (incorrect water line)
Date: 9-27-96 by: rm (corrected)
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-96 by: Ron Maynard


N
Road
new tank
Inlet
outlet
W
E
70'
well
S

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: Sept 20 1996

FILE NO: _____

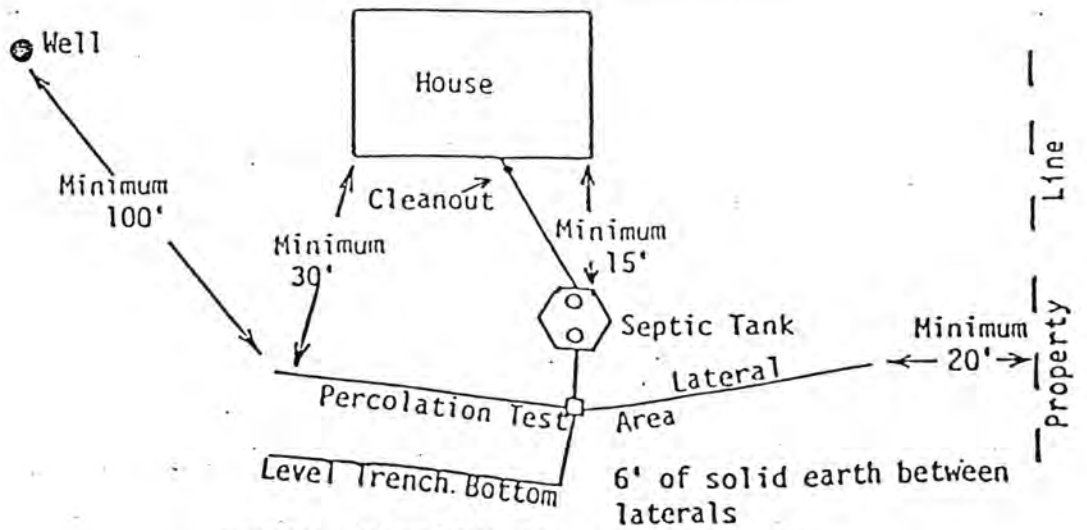
SPECIFICATIONS AS BUILT

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.

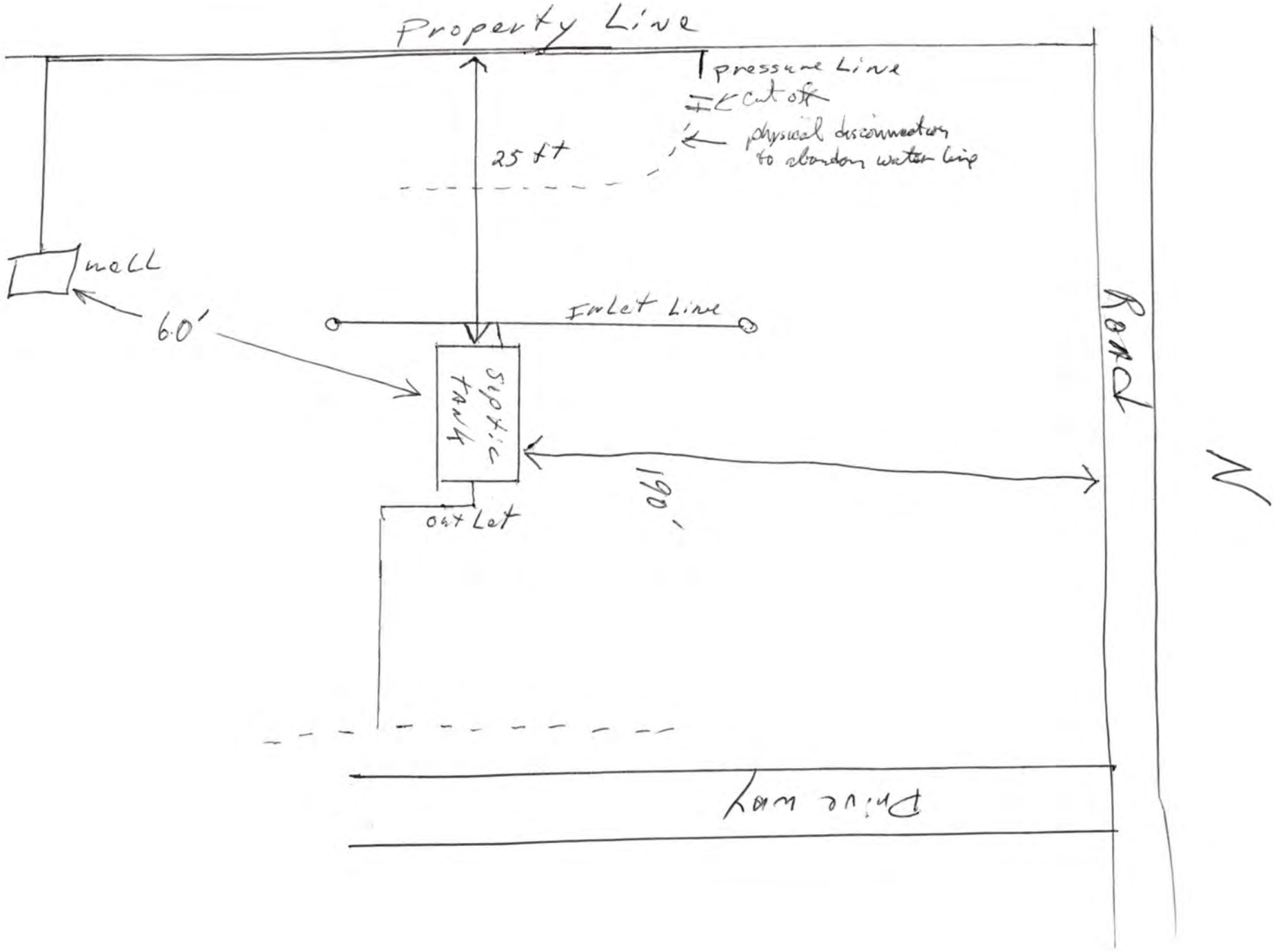
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1850 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 4" in.
Over Outlet; diam. 4" in.
Riser Above ☐ Below ☐ Grade X in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8" in.
8. Distances to:
Well or Suction Line 60 ft.; Stream _____ ft.; Pressure Line 25 ft.; Property Line 35 ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Property Line
pressure Line
cut off
physical disconnection to abandon water line
25 ft
well
60'
Inlet Line
Septic Tank
190'
Out Let
Road
Drive way
N

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. 91390024201

Issued 07/15/91
Expires 01/15/92

ESTABLISHMENT

JEFFREY A LAABS
T10N R5E SEC 22 QTR SW
LOT 112
9301 W. VINE STREET

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

JEFFREY A LAABS
9301 W VINE ST
LINCOLN NE 68528

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
7/17/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8/50

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: 471-7800)

FILE NO._____

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

DATE: 6/27/91

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. 10N; Range 5E; Section 22;
Block SW 1/4; Lot 112; Addition _____
Street Address 9301 W. Vine

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

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

4. Description of proposed alteration, extension or repair: replace Colapsed lateral

5. Work to be done by: Owner ☐; or Contractor ☒, B&R Pump Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1200 00

Signature of Applicant (owner or lessee)

9301 W. Vine Lincoln, Ne
Address

(Do not write below this line)

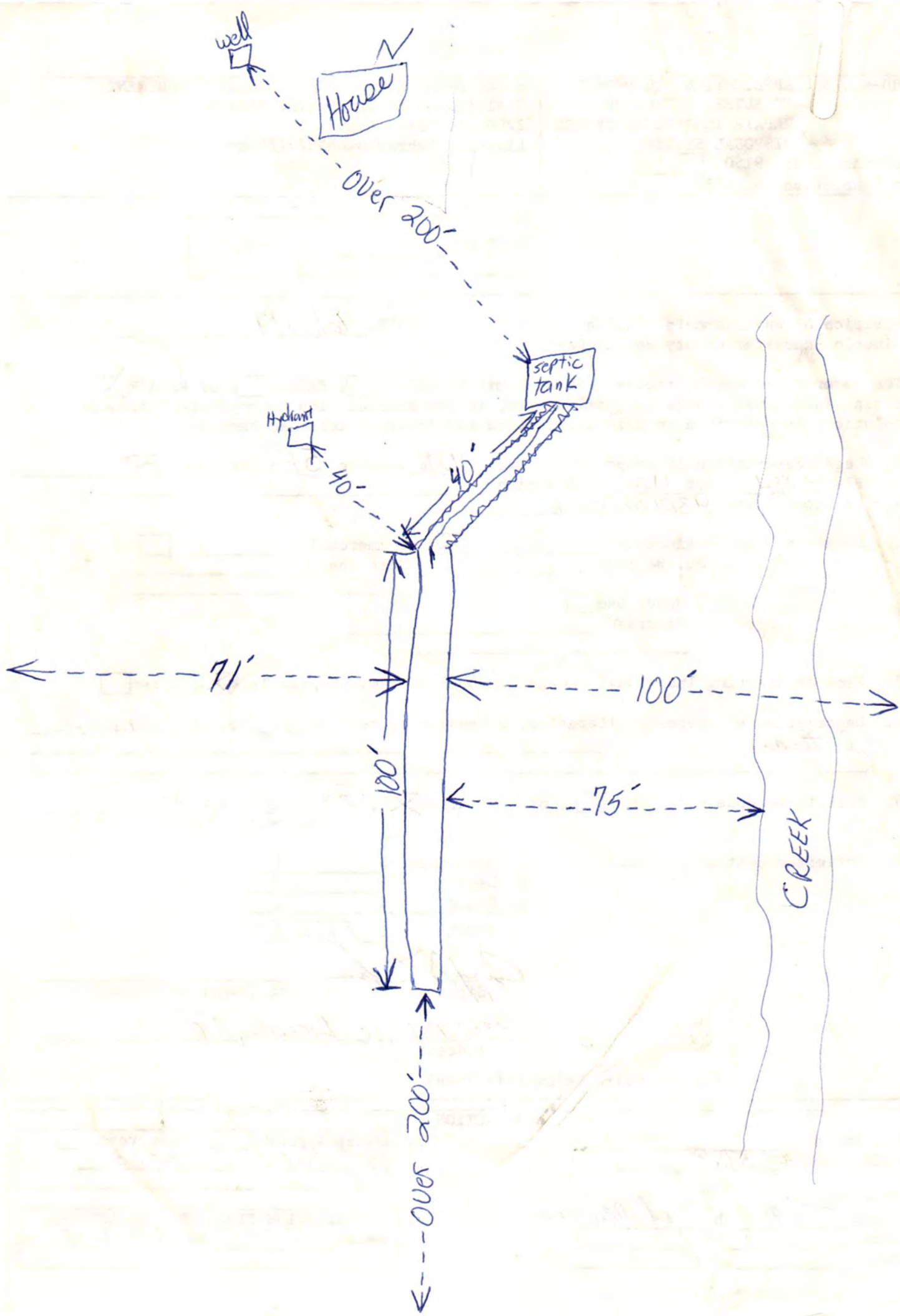
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 7-1-91 by: Paul Drotzmann
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Rose

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-24-91 by: PAUL DROTZ


well
House
N
over 200'
septic tank
Hydrant
40'
40'
71'
100'
100'
75'
CREEK
over 200'

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

Legal Description _____ Location Emerald
Owner/Requestor R+R

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
X Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS lateral depth is at max. allowable depth of 5'. Hydrant between 40'–50' of of distribution pipe. need map.

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. (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: PAUL D
Date: 7-1-91

Received by: _____

WA1002

SAN 1803 RECEIVED

AUG 16 1991

DIVISION OF DRINKING WATER & ENVIRONMENTAL SANITATION

APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY AND SEWAGE TREATMENT SYSTEM

BUYERS NAME DOUGLAS P. & MARY M. ROHE HOME PHONE (___)_____

WORK PHONE (___)_____

ADDRESS 9301 W. VINE ST CITY LINCOLN ZIP 68502 COUNTY LANCASTER

LENDING AGENCY FIDELITY SAVINGS MAILING ADDRESS (THIS IS AN ASSUMPTION OF EXISTING LOAN)

TYPE OF LOAN: ○ Conventional ⊗ FHA ○ VA ○ Other

LEGAL DESCRIPTION OF PROPERTY LOT 112, S.W. 1/4 S22T10R5

DIRECTIONS TO PROPERTY 'O' ST WEST TO NW 91ST - NORTH TO VINE & WEST TO PROPERTY.

RESULTS OF EVALUATION SHOULD BE SENT TO WOODS BROS REALTY 3201 PIONEER BLVD. LINCOLN 68502 c/o SHARON DEVRIES

If appointment for inspection is to be made with someone other than buyer, please specify name and telephone number SHARON DEVRIES - 483-4151 or 437-9594

$80 INSPECTION FEE MUST BE INCLUDED WHEN SUBMITTING THIS FORM

FOR HEALTH DEPARTMENT USE ONLY

Receipt # _____ Assigned to _____ Date _____

Water Sample Results

Before Well Improvement: Bacteria _____ Nitrate _____

After Well Improvement: Bacteria _____ Nitrate _____

DIRECTIONS: Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA as all blanks must be filled. If you have any questions concerning completion of this form, please call (402) 471-2541 for assistance.

INFORMATION DESCRIBES: ⊗ Existing Well ○ Proposed Well

WATER SUPPLY - PART A

1. In the event of poor water quality, is rural or municipal water available?
   ○ Yes ⊗ No _____ Distance from home

2. Direction of surface drainage: W to E
Direction of underground water flow: ____ to ____
Distance to groundwater table: ____ feet

3. Well Site: Distance of well from house foundation 30 ft; sewer line 150 ft; nearest building foundation (excluding home) ____ ft; septic tank 150 ft; disposal field ____ ft; seepage pit ____ ft; cesspool ____ ft barnyard 80 ft; other possible sources of pollution ____ ft;

Distance from other abandoned water wells 70 ft; other active wells ____ ft; heat pump injection well ____ ft.

4. Well Construction: Type of Well ○ Driven ○ Bored ○ Dug ⊗ Drilled
Well casing diameter 4½? inches Total well depth 54 ft
Type of casing steel (plastic) concrete other ____
Depth of casing ____ ft Casing watertight to depth of ____ ft
Approximate yield 12? gallons per minute Exterior space around casing sealed with ○ cement ○ puddled clay ○ ordinary backfill ⊗ gravel

Does the well have a well platform ○ Yes ⊗ No. If yes, what type of material? ○ wood ○ cement ○ other
Length ____ ft Width ____ ft Thickness ____ inches

Is well in a well pit? ○ Yes ⊗ No
Is well equipped with a sanitary well seal? ⊗ Yes ○ No
Is well equipped with pitless adaptor or pitless unit? ⊗ Yes ○ No
Year well installed 1989

5. Does well have recent history of repair or insufficient supply? ○ Yes ⊗ No
If yes, please explain ____

6. List water quality sample results, if any, for previous years. Bacteria ____ (date) ____ Nitrate ____ (date) ____ Other ____ (date) ____

7. Do surrounding neighbor's wells have high nitrate? ○ Yes ○ No ⊗ Unknown

Wastewater Treatment System - Part B

Information Describes ⊗ existing wastewater system ○ proposed wastewater system

1. Are individual wastewater treatment systems customary in the neighborhood? ⊗ Yes ○ No

2. Is there a sewer line discharging to the surface? ○ Yes ⊗ No

3. Are all household wastewater and waste routed through the septic system? ⊗ Yes ○ No If no, explain ____

4. Primary treatment consists of: ⊗ septic tank ○ cesspool ○ other

Septic Tank Information (A septic tank is a watertight tank other than inlet and outlet ports)

Distance from nearest foundation 150 ft Distance to highest level of groundwater table ____ft

Material: (X) concrete ( ) fiberglass ( ) steel ( ) plastic ( ) other
Total liquid capacity _____ gallons Number of compartments 1
Capacity of inlet compartment _____ gallons Inside dimensions: length _____ft
width _____ft depth _____ft liquid depth _____ft
Has the septic tank been properly maintained by pumping and cleaning periodically? (X) Yes ( ) No ( ) Unknown Does septic require pumping to ground surface? (X) Yes ( ) No

Cesspool Information (A cesspool is a non-watertight tank or excavation)

Inside diameter _____ft Depth _____ft Lining material_____
Liquid capacity _____gallons Number of cesspools _____ Does the cesspool require pumping to ground surface? ( ) Yes ( ) No

5. Secondary treatment consists of: ( ) perforated pipe disposal field ( ) half-moon disposal field ( ) mound system ( ) leeching pits ( ) other

Total length of disposal field lines 100 ft Number of lines 1
Length of each line 100 ft Trench width _____inches Depth to bottom of trench _____inches

Type of filter material is: ( ) broken stone (X) gravel ( ) other
Depth of filter material in trench _____inches
Slope of distribution line _____inches per 100 feet
Top of filter material covered with: ( ) untreated bldg paper ( ) other material
Is system located in non-traffic area? ( ) Yes ( ) No Year system installed_____
Have there been any problems with the system? ( ) Yes ( ) No If yes, describe

---

Leeching Pits. Number of pits_____ Outside diameter_____ft Depth _____ft
Lining material _____

Part C

1. Number of bedrooms in house 3 Does home have: (X) garbage grinder (disposal) (X) clothes washer ( ) heat pump which uses water ( ) water conditioner or softner

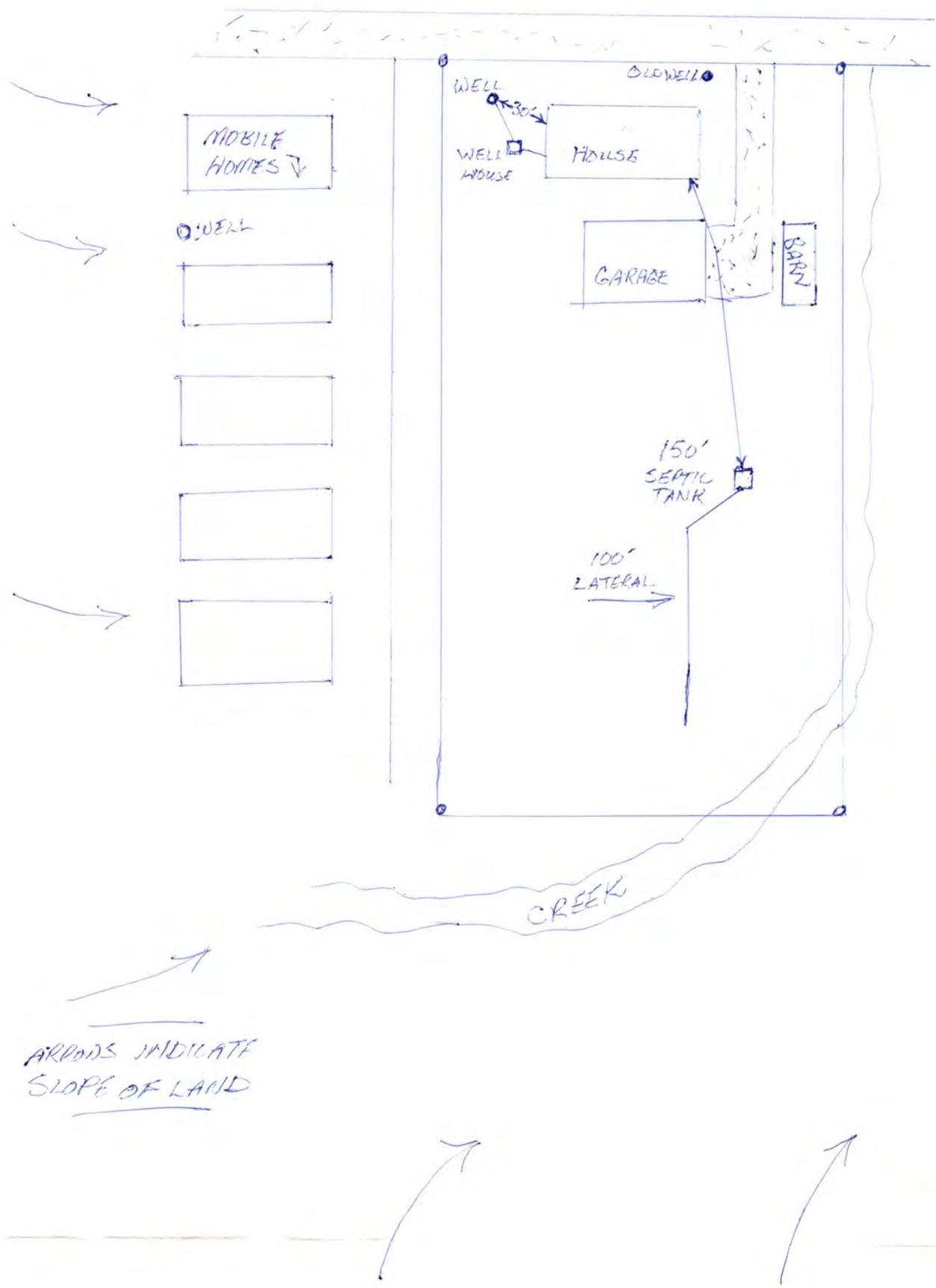
*2. Soil absorption rate: one inch in _____ minutes Source: own determination ( ) Soil Conservation Service** ( ) Other

3. On an 8½ x 11 paper provide an overall illustration of the homesite. Show the distances between existing or proposed home, well and sewage disposal system, and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well with 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Give approximate slope of land.

If this is a proposed new well and/or sewage treatment system, refer to the attached SAN 1800 and SAN 1700 forms for pertinent information. Plans for the new systems must be approved prior to installation.

N
W E
S

9301 W. VINE



ARROWS INDICATE SLOPE OF LAND

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: 8-20-91

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION SW 1/4 S22; BLOCK ____

LOT 112; ADDITION _____; Street Address 9301 W. VINE ST.

Directions to Property O ST. WEST TO N.W. 91st - NORTH TO VINE & TURN WEST TO PROPERTY.

Location of Well WEST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH Year Installed REDUNE 1991

	NAME	ADDRESS	PHONE
Present Owner:	JEFF LAGES	9301 W. VINE	
Tenant/Buyer:	DOUG & MARY ROLLE	R.R. 11	470-2669
Return to:	SHARON DEVRIES	WOODS BROS. 3201 PIONEERS 68502	483-4151

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

Signature of Applicant Sharon L Devries Address Woods Bros.

==========

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 21, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-21-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8-21-91 by ____
Bacteria	☐	☐	Provisional:	☐	Date 8-29-91 by JM
Nitrate	☒	☐	Disapproved:	☒ corrected	Date 8-30-91 by ____

Comments: Must have a secured lid over access to septic tank. Recommend checking to see if septic tank needs pumping. Recommend not allowing livestock over subsurface laterals. Original sewage system predates regulations, thus, a provisional approval. See Attached Letter ☐

Old, unused well must be properly abandoned.

FINAL STATUS

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

APPROVED BY Ron Magenau 8-21-91 DATE 9-9-91

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 T10N, R5E Sec 5.22 Location 9301 W. Van Dr.
Owner/Requestor Jeff Lash

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

11. Needs a more secure lid to septic tank

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. 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 Mavaunt
Date: 8-21-91

Received by: _____

WA1002