LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97390054201

SEWAGE SYSTEM REPAIR

Issued 03/07/97
Expires 09/07/97
Revenue Code 18754

Establishment

LUCY KERBY
T12N R5E SEC 14
LOT 10

FEES: $50.00

TOTAL $50.00

Permittee

LUCY KERBY
19600 NW 84 ST
VALPARAISO NE 68065

Issued By M. Jane Ford
Health Director

3381

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: 3-6-97

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. 12N; Range 5E; Section 14 SW4;
Block _____; Lot 10; Addition _____
Street Address 19600 NW 84th

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: Check system for. Problem Water out of top of Riser.

5. Work to be done by: Owner ☐; or Contractor ☐, SINTEK Sew Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	?

Permit Fee 50.00
By Owner

call one
No. ~~308 692~~ 308 692
3-10-97

Lucy Kirby
Signature of Applicant (owner or lessee)

19600 NW 84th
Address

phone 784-2480

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 3/6/97 LO
Filing Fee: $ 50.00 # 5304

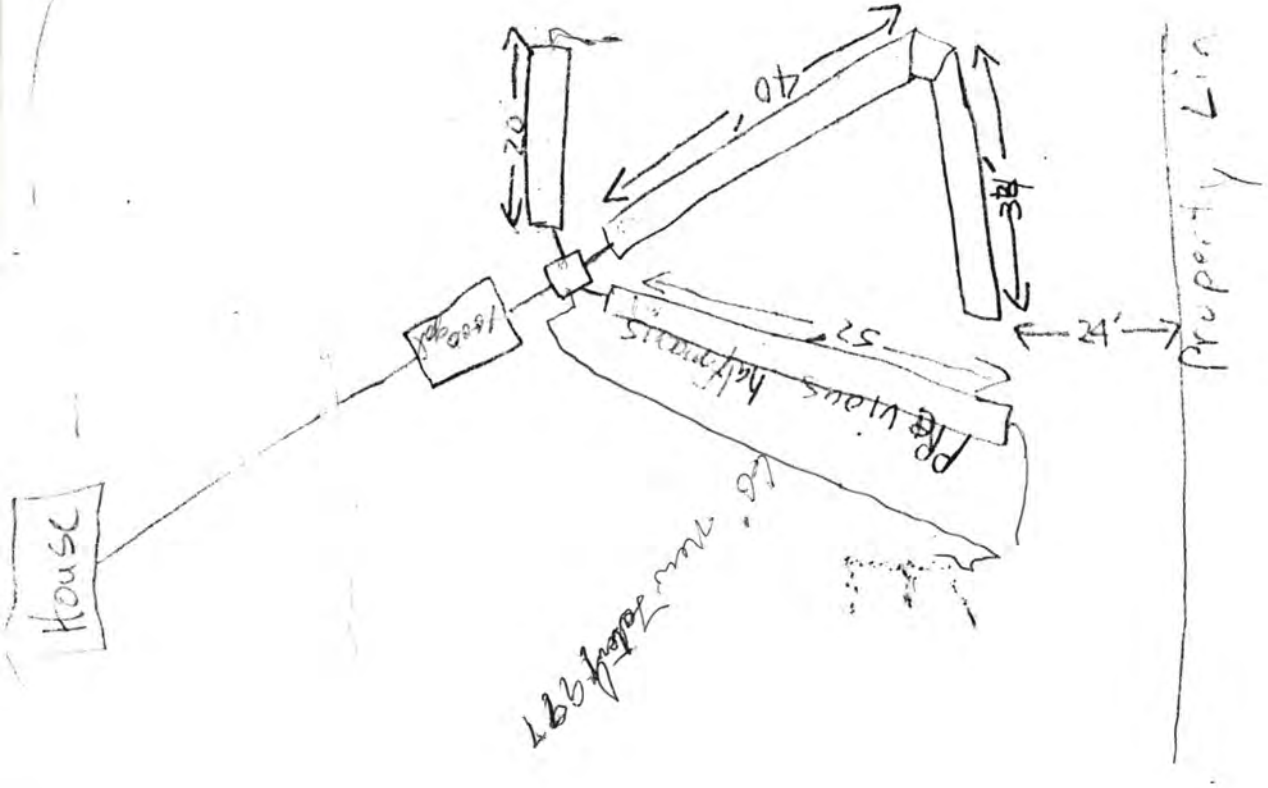
2. Site Visits:
Date: 3-10-97 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hoos

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-10-97 by: Ron Magnuson

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



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. 89390002201

Issued 11/06/89
Expires 05/06/90

ESTABLISHMENT

LUCY KERBY
T12N R5E SEC 14
LOT 10

FEES: Permit 018754 $50.00

Total $50.00

Issued By COUNTY HEALTH

PERMITTEE

LUCY KERBY
RR0001
BOX 0040A
LINCOLN NE 68065

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8939000092

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: 11/3/89

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. 12N; Range 5E; Section 14;
Block_____; Lot 10 I.L.; Addition_____
Street Address RR1 Box 40A Valparaiso, NE

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: extend laterals

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

6. Estimated cost of project:

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

EXPIRED

Lucy Kerby
Signature of Applicant (owner or lessee)

RR1 Box 40A Valparaiso NE 68065
Address

(Do not write below this line)

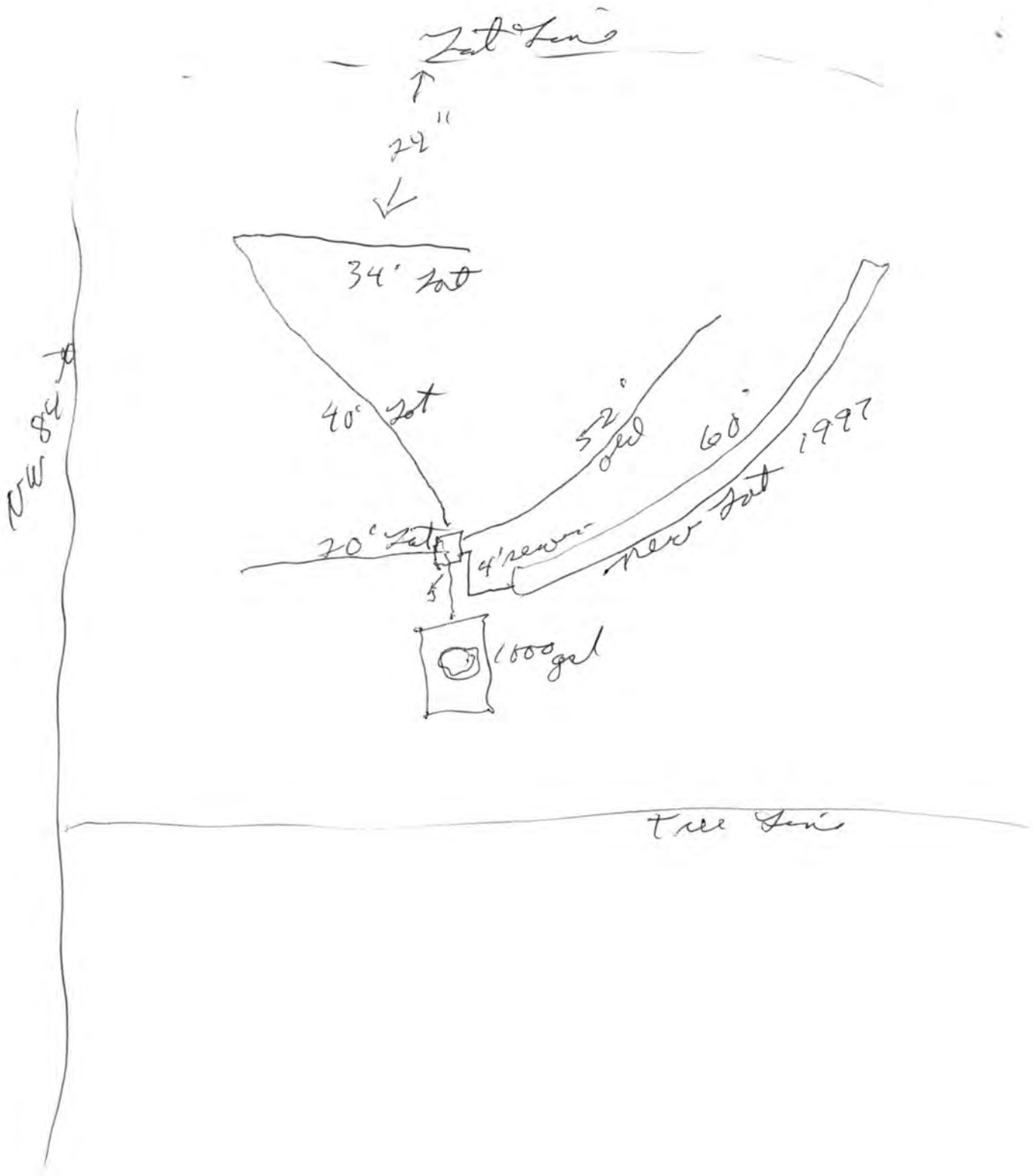
REVIEWING ACTION

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

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

3. Date: 11/3/89 Approved ☒; Disapproved ☐
by: Jerrold C. Hood

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


Lot Line
24"
34' Lot
40' Lot
52' old
60'
1997
new Lot
NW 84'
20' Lot
4' new
5
1000 gal
Tree Line

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1935-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 25, 1983 — THIS PERMIT EXPIRES

GLADYCE M NIELSON — ISSUED TO

BOX 40-A-RR VALPARAISO NE 68065 — ADDRESS

T12N, R5E, SECTION 14, LOT 10 IRREGULAR TRACT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE EXTEND PERMIT

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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 475-6221)

FILE NO. 1935-C

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

DATE: _____

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. 12N ; Range 5E ; Section 14 ;
Block _____ ; Lot 10 I.T. ; Addition _____
Street Address _____

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: 96 Feet of Lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 800.00

Gladys M Nielsen
Signature of Applicant (owner or lessee)

Rt 40-A-RR#- Valparaiso, Neb
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10/25/82 by: L.C.H.
Date: 10/25/82 by: L.C.H.
Date: 10/26/82 by: JMM

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 10/26/82 by: J. C. Wood

* WAIVER ON DISTANCE FROM RIGHT-OF-WAY DUE TO CRAMPED SPACE.

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

D

DATE: 10-25-82

FILE NO. _____

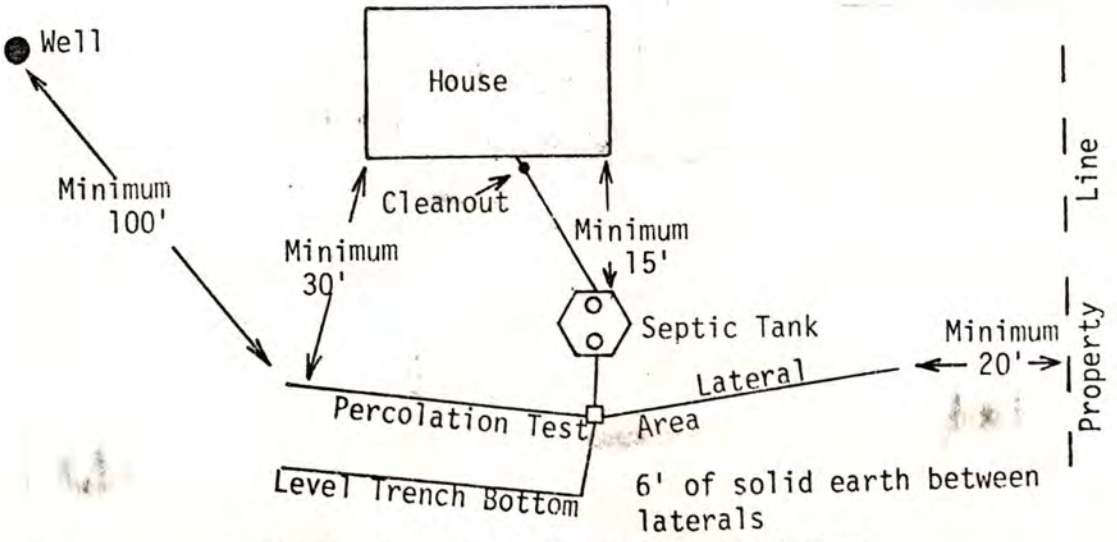
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 160 ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.

B. SEPTIC TANK:
1. Material PRECAST; No. of compartments TWO.
2. Capacity 600 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. — in.
Riser Above ☐ Below ☒ Grade 38 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 160 ft.; Stream — ft.; Pressure Line 150 ft.; Property Line 50 ft.

C. DISTRIBUTION BOX:
1. Material PRECAST; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank 10 ft.

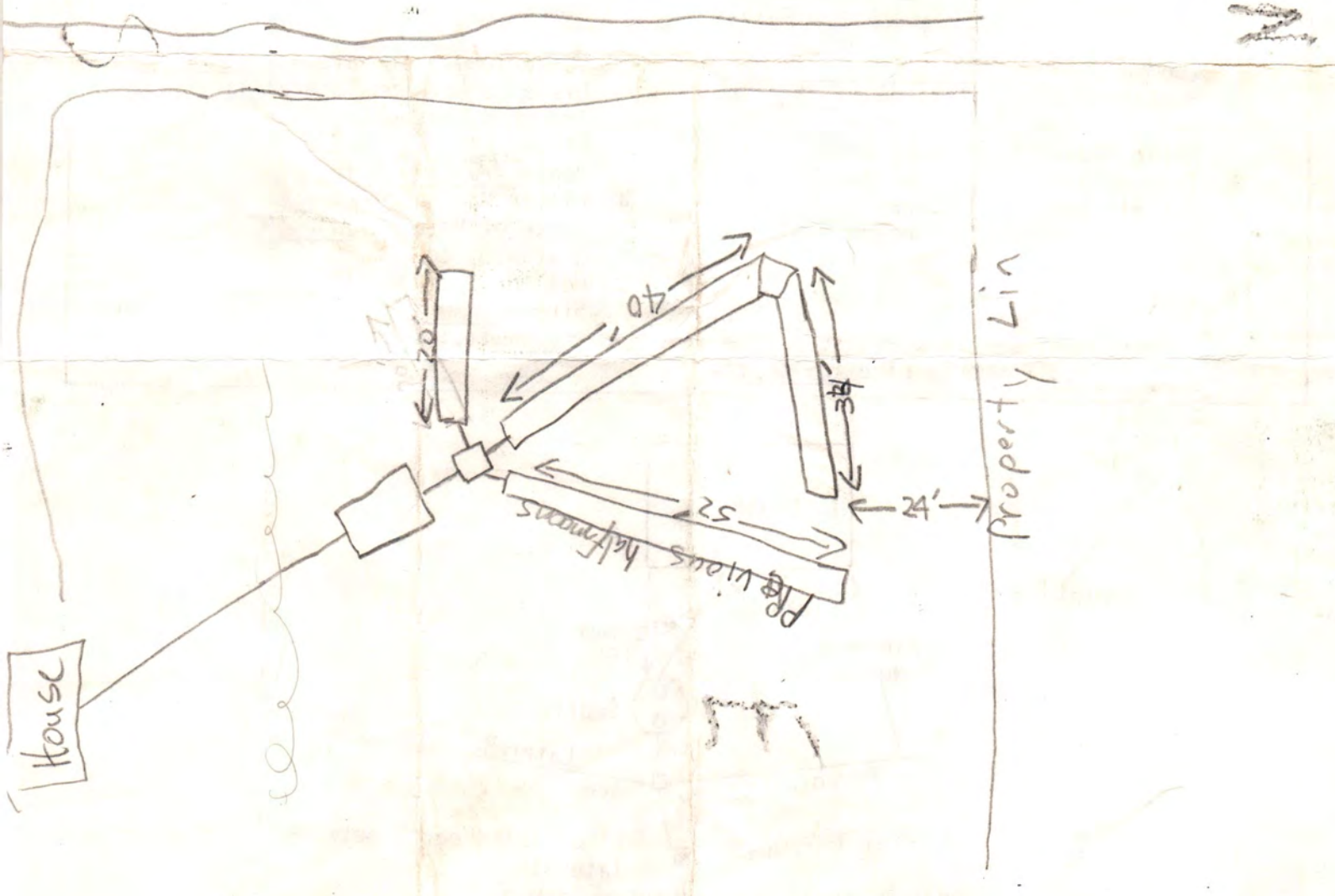
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 4" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 52', 20', 74', _____, _____ ft.;
Total length of laterals 150 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 36 to 48 in.
4. Filter Material: road gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 160 ft.;
Stream — ft.; Pressure Line — ft.: Property Line 24 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



N
Lateral field
septic tank
Trees
NW 84th
Driveway
House
Garage
WELL
wooden fence

PID # 06-14 300-002-000

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 19600 NW 84th St. Valparaiso, NE

Parcel ID 06 - 14 - 300 - 002 - 000 (i.e. 99-99-999-999-999)

Twp 12 Range 5 Section 14 1/4 SW 1/4 Block ___ Lot 10 Addition ___

Directions to Property North of Rock Creek + NW 84th Intersection, east side

Location of Well Behind garage Tap Location: Inside ☐ Outside ☒

Location of Sewage System north of driveway, toward corner Year Installed ___

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Michael + Lucille Kerby		
Tenant/Buyer:	Rod + Marci Walther	4541 N. 21st Lincoln, NE 68521	435-0444
Return to:	Joe Ayres Woods Bros.	3737 S. 27th St. Lincoln, NE 68502	434-3500 434-3510 (Fax)

Signature of Applicant Marci M. Walther Address 4541 N. 21st Lincoln, NE 68521 Date 2 / 1 / 01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 02 / 01 / 01 Amount 200.00 Check No. 1388 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 2 / 5 / 01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

Approved by Paul Drotzmann Date 2 / 7 / 01

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

P17119-46