LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

No. 93390031601

Permit
SEWAGE SYSTEM REPAIR

Issued 01/18/93
Expires 07/18/93
Revenue Code 18754

Establishment
JOHN STROHMYER
T11N R8E SEC 15
LOT 41
15610 HWY 6

FEES: $50.00

TOTAL $50.00

Permittee
JOHN STROHMYER
9811 NW 40 ST
LINCOLN NE 68524

Issued By M. Jane Ford
Health Director

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
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: 1-8-93

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. 11N ; Range 8E ; Section 15 ;
Block _____ ; Lot 41 ; Addition _____
Street Address 15610 Hwy # 6, Waverly

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: Add 100' x 7' wide 1/2 moon concrete lateral / move lift pump to down side of Septic tank From inside of Tank

5. Work to be done by: Owner ☐ ; or Contractor ☐ , John Stuhmer
Contractor's Name

6. Estimated cost of project: 400.00+

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

John Stuhmer
Signature of Applicant (owner or lessee)

9811 NW. 40th LNK 68524
Address

(Do not write below this line)

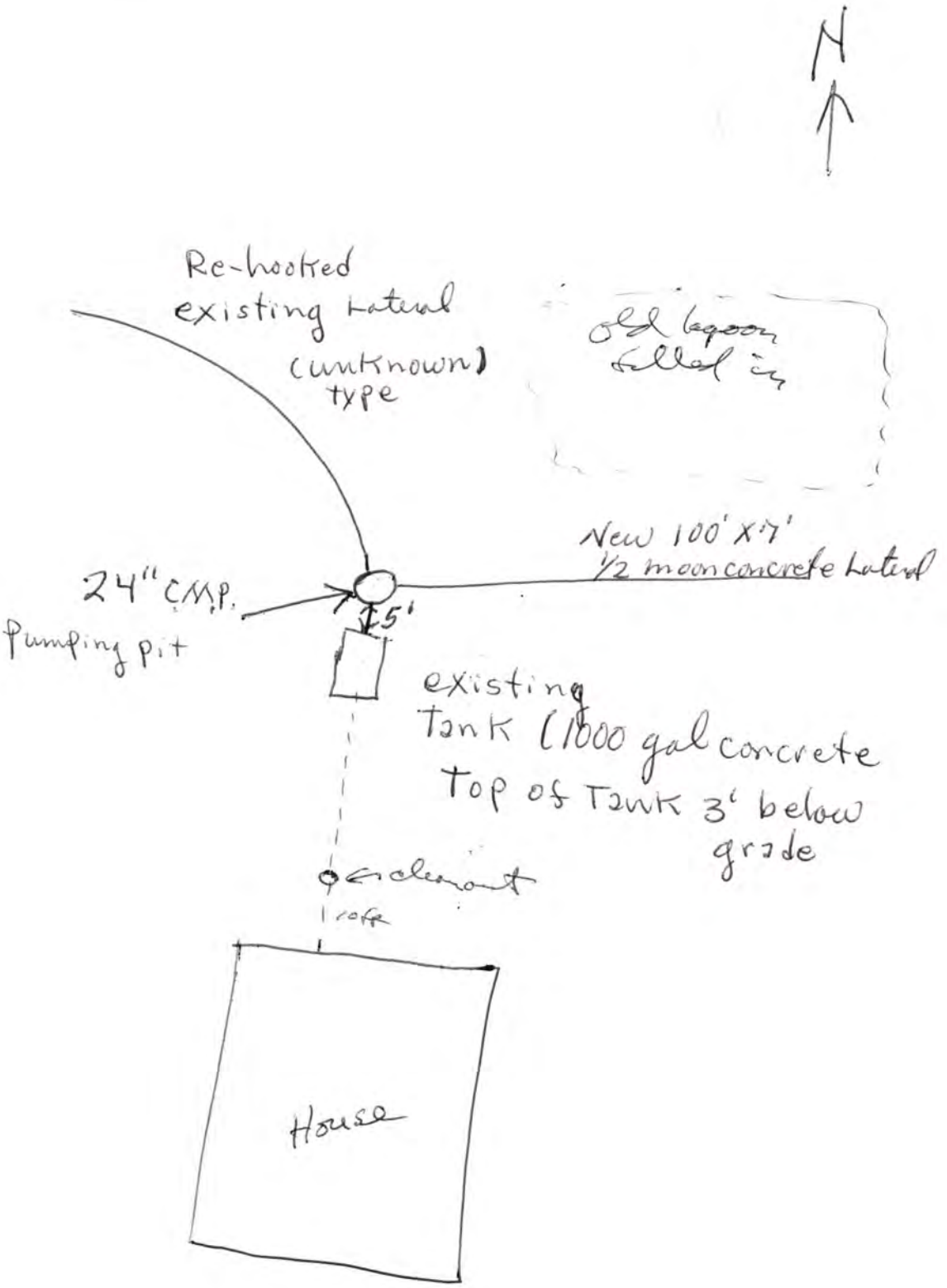
REVIEWING ACTION

1. Date Rec'd: 1-8-93 pd
Filing Fee: $ 50

2. Site Visits:
Date: 1-8-93 by: mm
Date: 2-5-93 by: mm Lift station project
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: 1-20-93
EXPERIMENTAL LATERAL & SEEPAGE BED

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 1-20-93 by: Ron Kaysen


N
Re-hooked existing lateral (unknown) type
old lagoon filled in
New 100' x 7' ½ moon concrete lateral
24" CMP.
Pumping pit
5'
existing Tank (1000 gal concrete
Top of Tank 3' below grade
cleanout
roof
House
well

RECEIVED NOV - 7 1992

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: 11-13-92

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 15; BLOCK ___

LOT 41; ADDITION NW ¼; Street Address 15610 Hwy 6 Waverly

Directions to Property Go to first drive east of National Crane on Hwy 6. At mailbox marked 15610 go north app. ½ mile.

Location of Well South of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of house Year Installed 1992

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Sheila + Leslie Elliott	Route #3, Lincoln, Ne 68505	464-5535
Return to:	FAX 473-6186 Craig Locke Woods Bros 70th & A		483-4741 437-8758

Attn: Ken Kuta

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

Signature of Applicant Sheila Elliott Address Route #3 Lincoln, Ne. 68505

==========

HEALTH DEPARTMENT USE ONLY

Date Received 11-17-92 Received $150.00 Check ☑ Cash ☐ #1367 Cornhusker

---

PRELIMINARY STATUS--DATE 11-18-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☒ Corrected 12-14-92	Approved:	☐	Date 11-18-92 by ___
Bacteria	☒	☐	Provisional:	☐	Date 12-14-92 by ___
Nitrate	☒ <0.1	☐	Disapproved:	☒	Date ___ by ___

Comments: Recommend checking to see if septic tank needs pumping. Check every 3-4 years.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum DATE 1-8-93

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