LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2068-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 1, 1984 — THIS PERMIT EXPIRES

MRS. BERNIE GOFF — ISSUED TO

120TH & WAVERLY RD. — ADDRESS

WAVERLY NE 68462 — ADDRESS

T11N; R8E; Sec. S½ of 7; 120th & Waverly Rd.
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

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
SS	9-2-84	30

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. _____

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

DATE: 3-1-84

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. 11 NORTH; Range 8 EAST; Section S½ of 17;
Block —; Lot —; Addition —
Street Address — 120th Waverly Road -

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: add 100' concrete Lateral

5. Work to be done by: Owner ☐; or Contractor ☒, Waverly Poly-Weld Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 900.00

Mrs. Bernie Goff
Signature of Applicant (owner or lessee)

120th Waverly Road
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 3-1-84 by: _____
Date: _____ by: _____
Date: _____ by: _____

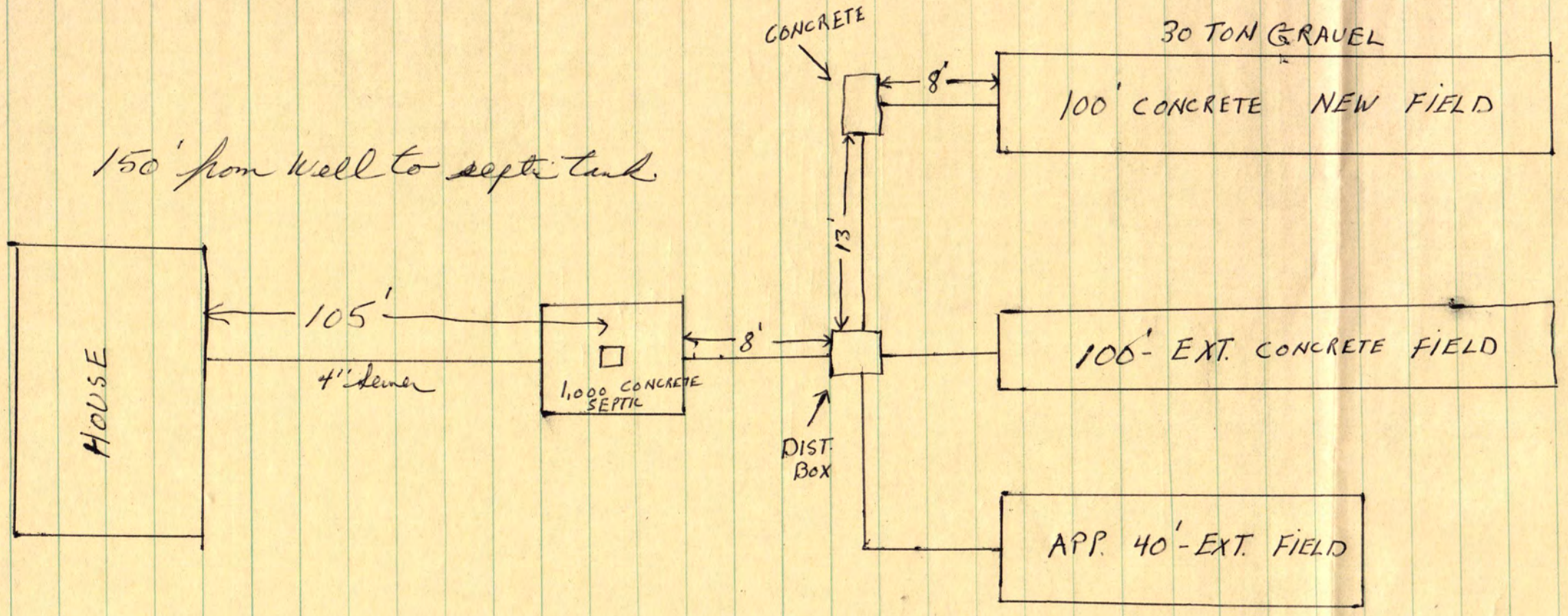
3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-1-84 by: Ron Maynard

EAST

WELL

150' from well to septic tank.



NORTH

SOUTH

WEST

BERNIE GOFF
3-1-84

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

006

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: 10-21-93

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

Legal Description of Property: TWP. 11N; RANGE 8-E; SECTION S½ 7; BLOCK ____

LOT 14; ADDITION NA; Street Address 11900 Waverly Rd Waverly, NE 68462

Directions to Property Contact Borrower Mail Box

Location of Well 1st Entry Bypass Contact Borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System Contact Borrower (Back of House) Bob May owns septic tank Year Installed ____

Owner Gaff

	NAME	ADDRESS	PHONE
Present Owner:	Lane I Fenster	11900 Waverly Rd	786-2470
Tenant/Buyer:			
Return to:	Thad Potratz	PO Box 81231, Lincoln, NE 68501	434-4570

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

Signature of Applicant Thad Potratz Address PO Box 81231 Lincoln 68501

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HEALTH DEPARTMENT USE ONLY

Date Received 10/22/93 LP. Received $150.00 Check ☑ Cash ☐ #20947

PRELIMINARY STATUS--DATE 10-25-93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒	☐
Nitrate	☒	☐

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☒
Disapproved: ☐

SITE VISIT:
Date 10-25-93 by RM
Date _____ by ____
Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping. Original septic system apparently predates County regulations. Thus, a provisional approval.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☒

APPROVED BY Ron Jorgensen DATE 11-3-93

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

287

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: _____

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

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well East of NE corner of house Tap Location: Inside ☑ Outside ☑

Location of Sewage System So of house, where moved Year Installed 19yrs ADDED TO IN 3/1984

	NAME	ADDRESS	PHONE
Present Owner:	BERNARD/Helen GaTT	11500 WAU Rd	786-2153
Tenant/Buyer:	Kevin Fenster	5800 Abbey Crt #89 68505	464-7237
Return to:	Scott Frut	3701 Pioneers Blvd (Woods Bro. Realty)	483-4151

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

Signature of Applicant Kevin R Fenster Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 8, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10/9/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 10/9/90 by L.E.H
Bacteria	☐	☐	Provisional:	☒	Date 11/2/90 by L.E.H. C.K.
Nitrate	☒	☐	Disapproved:	☐	Date 11/6/90 by L.E.H

Comments: FROST PROOF HYDRANT TOO CLOSE, TWO BOLTS MISSING OUT OF WELL CAP. 11/2/90 Hydrant moved, bolts still missing. L.E.H 11/6/90 Bolts in. L.E.H

See Attached Letter ☐

PARTS OF SEWAGE SYSTEM PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION.

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.S. DATE NOVEMBER 8, 1990

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