LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390038601

Issued 05/11/94
Expires 11/11/94
Revenue Code 18754

Establishment
MICHAEL DIETZE
T11N R8E SEC 6

FEES: $50.00

TOTAL $50.00

Permittee
MICHAEL DIETZE
BOX 00116
WAVERLY NE 68462

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: May 5 1994

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 6, NW¼ ;
Block _____; Lot _____; Addition _____
Street Address Roger Gibson

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 2
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 Plumbing & Well Mike Dieter
Contractor's Name

6. Estimated cost of project:

a. Materials	$	560
b. Labor	$	
c. Other	$	
TOTAL	$	

Michael P Dietz
Signature of Applicant (owner or lessee)

Box 116 Waverly Neb.
Address

(Do not write below this line)

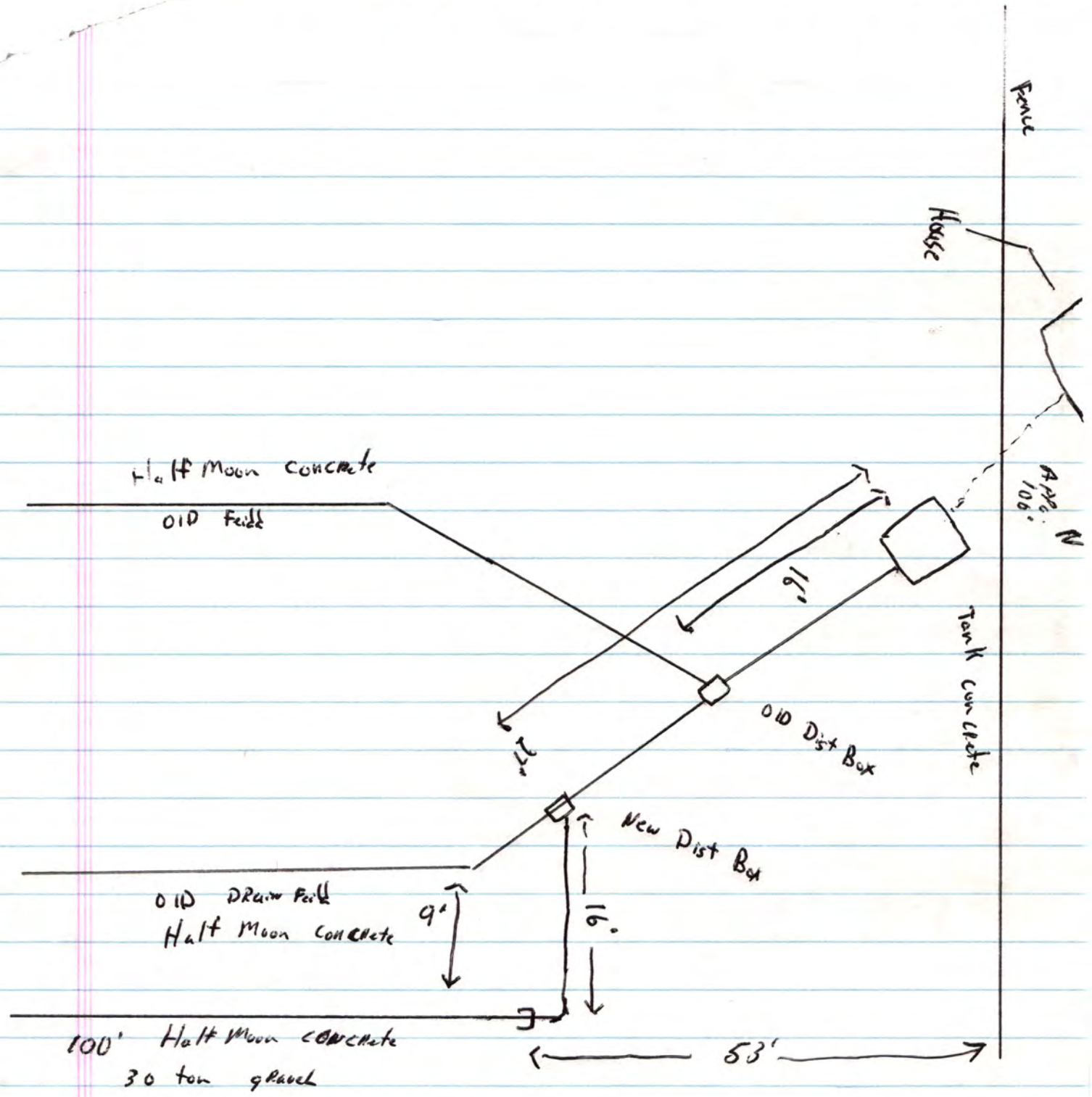
REVIEWING ACTION

1. Date Rec'd: 5-5-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 5-5-94 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Magnuson

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-16-94 by: Ron Magnuson



Roger Gibson
R.R. 3
Limerick
796-2514

Note - Please call Realtor Ron Earnest 730-6439 for access prior to Inspection

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 14710 N 112th (Lot 8 NW 6-11-8)
Twp 16 Range 8 Section 6 1/4 ___ 1/4 ___ Block ___ Lot 8 Addition ___
Directions to Property 1 3/4 Mi North of 112th & Waverly Rd on East Side

Location of Well East of house by corral by post Tap Location: Inside ☐ Outside ☑
Location of Sewage System South of house Year Installed 1971

	NAME	ADDRESS	PHONE
Present Owner:	Roger Gibson	14710 N 112th	786-2514
Tenant/Buyer:	Harold Shandera	513 Danville Lincoln 68510	488-6382 434-6911
Return to:	Ron Earnest	7141 A St. Lincoln NE 68510	730 6439 Fax 434-3893

Signature of Applicant Ron Earnest for Harold Shandera Address 513 Danville Lincoln NE 68510 Date 10/22/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 10/25/99.
Initials ew
Amount 150.00
Check No. 2133

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

PRELIMINARY STATUS--By Ron Meronert **DATE:** 10/26/99 Ba Bee

P12220-22

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 4.6 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☑
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Apparently this septic system was installed prior to County regulations. There is no permit or record of inspection. Thus, a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Meronert Date 11/2/99

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

Revised/Reprint: 10-95

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: 1-11-92

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

Legal Description of Property: TWP. 11N; RANGE 8E; SECTION 6; BLOCK ___

LOT 12; ADDITION ___; Street Address 14700 N 112 st Lincoln Ne68517

Directions to Property 112 Raymond Rd, ¼ mi south, long lane to east ½ mi

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Location of Well North of house 20 ft Tap Location: Inside ☐ Outside ☑

Location of Sewage System Northwest of house by garden Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	Robert E Auxier	RR#3 Lincoln Ne 68517	786-3709
Tenant/Buyer:			
Return to:	Robert E Auxier	RR#3 Lincoln Ne 68517	786-3709

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

Signature of Applicant Robert E Auxier Address RR#3 Lincoln Ne

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 22, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-23-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1-23-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date ___ by ___
Nitrate	☒ <10	☐	Disapproved:	☐	Date ___ by ___

Comments: ~~Apparently, installation of this septic system predates County regulations. No record of permit or inspection of contractor are in the files. Thus, a provisional approval. There was no indication at the time of inspection~~ See Attached Letter ☐

~~Recommend checking the septic tank to see if it needs pumping~~

FINAL STATUS

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

APPROVED BY Ron Maynard RS DATE 1-30-92

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