SEP 3 1998

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 8-31-98	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **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:**
   Township 11N Range 8E Section 2 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Street Address 13700 N 162nd Street. Waverly

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** Add 160' of 6" perforated pvc

5. **Work to be done by:** ☒ owner ☐ contractor's name _____

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Robert Anderson Address see above Phone 786-3158
Applicant Signature (owner or lessee) Robert Anderson

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd _____ REVIEW: ☐ approved ☐ disapproved By: _____

Site visits:
Date 11-17-98 By _____
Date 11-18-98 By _____
Date _____ By _____

Installation final written approval

Date 11-18-98 By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

SEP 3 1998

B

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13700 N 162nd St. (no rural route) City Waverly NE, Zip 68462

Owner Robert Anderson Addresss See Above

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 8/13/98 to 8/14/98 Weather: Precipitation None Temperature 62° (Night) — 84°F (Day)

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End			Last 30 min.	
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	8/13	8 AM			8/14	8:13	6	8/14	12:13	30	1 1/4	24
2	36	↓	8:05			↓	8:14	↓	↓	12:14	30	1 3/8	22
3	36		8:10				8:15			12:15	30	1 3/8	22
4	36		8:15				8:16			12:16	30	1 3/8	22
5	36		8:20				8:17			12:17	30	7/8	34
6	36	↓	8:25			↓	8:18	↓	↓	12:18	30	1 3/8	22

Person Conducting Percolation Tests

Name: Robert Anderson
Phone: 786-3158
Address See Above

Sum of Percolation Rates: 146
Average of Rates: 24.3
Rate Used for Calculation: 24 mpi

DO NOT WRITE BELOW THIS LINE

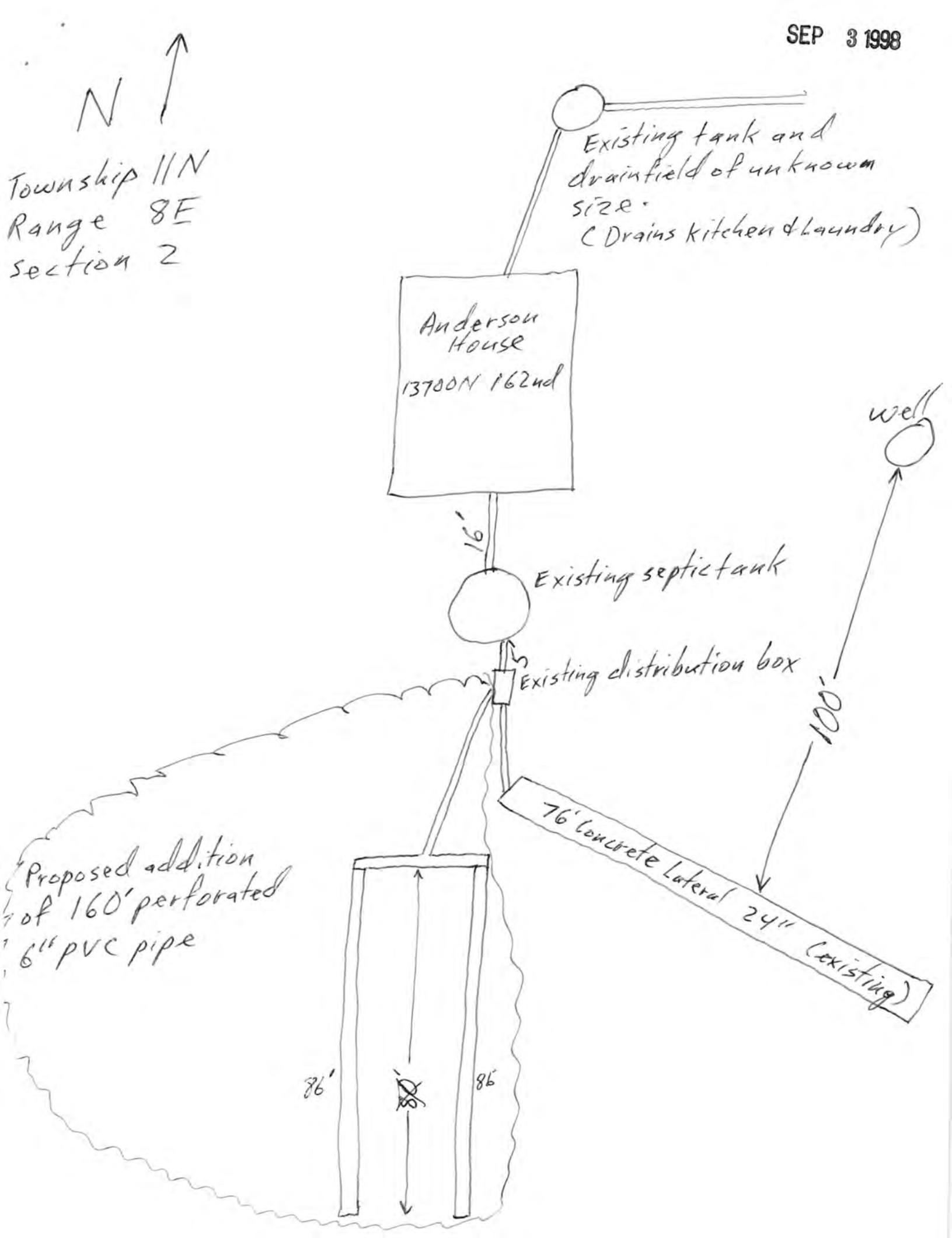
Reviewing Action

Remarks Need 169 ft 4ft wide
~~336 ft~~ 3ft wide

Signature of Reviewing Official Ron Mayard Date 9-3-98

FORM 23-101 10-96

SEP 3 1998


N
Township 11N
Range 8E
Section 2
Existing tank and drainfield of unknown size.
(Drains kitchen & laundry)
Anderson House
13700N 162nd
well
16'
Existing septic tank
Existing distribution box
100'
76' Concrete Lateral 24" (existing)
Proposed addition of 160' perforated 6" PVC pipe
86'
86'


N 162
R. 8 E.
2 830 000 FEET
480 000 FEET
T. 11 N.
CREEK
NORTHERN
BURLINGTON
10
11
15
14
2
3
(Joins inset B, sheet 6)
Co
Ke
Bw
Cr
CrB
CrC
CsB
Fm
Sk
ShC
ShD2
JuC
Zp
Wb
Lm
Ns
Wt2
Septic Repair
Mill Rd

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. 89390001001

Issued 09/12/89
Expires 03/12/90

ESTABLISHMENT

GERALD BURKE
T11N R8E SEC 2 QTR SW
SW 1/4

FEES: Permit 018754 $30.00

Total $30.00

PERMITTEE

GERALD BURKE
13700 N 162 ST
WAVERLY NE 68462

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8939000010

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: 9-1-89

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: Lot Nine (9) Irregular Tracts in the Southwest 1/4 of Section 2, Township 11 North, Range 8 East of the 6th P.M. Twp. 11N ; Range 8E ; Section 2 ;
Block _____ ; Lot 9 ; Addition Lancaster County Neb
Street Address 13700 No 162

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 Dist Box & Add 76/24" Concrete Lateral

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1100 00

Gerald Burke
Signature of Applicant (owner or lessee)

13700 No 162nd Waverly Neb.
Address

(Do not write below this line)

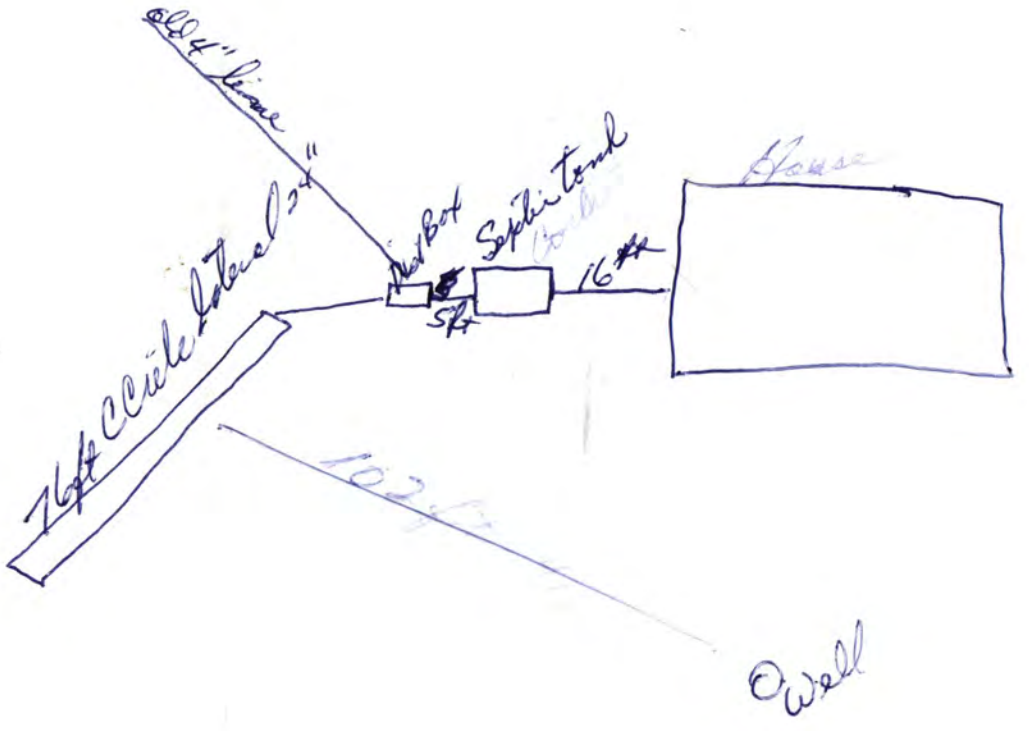
REVIEWING ACTION

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

2. Site Visits:
Date: 9/8/89 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/13/89 by: J. C. Hood


600' 4" line
Dist Box
Septic Tank
House
16'
5'
76' Circle Lateral 3/4"
Well

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☑ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 13700 No 162nd Waverly Ne

Twp 11 Range 7E Section 2 1/4 SW 1/4 1/4 Block ___ Lot 9 Addition ___

Directions to Property 84th Street North to Cornhusker Hiway; East thru Waverly, past weigh station; Left on 162nd 1½ miles - on East Side.

Location of Well East of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System 1 - North of Home Year Installed ___ (new laterals 1989)
1 - South of Home - (garden area)

	NAME	ADDRESS	PHONE
Present Owner:	Gerald and Marie Burke	13700 No 162; Waverly	786-2423
Tenant/Buyer:	Robert and Lisa Anderson	10610 N 137th Waverly	786-3158
Return to:	Mary A. Kuhlmann	7141 A Street Lincoln Ne 68510	432-0223

Signature of Applicant Robert Anderson Address (current) 10610 N. 137th Date 4/2/95
Lisa Anderson Waverly NE 68462

HEALTH DEPARTMENT USE ONLY

Date Received 04/05/95 Received $150.00 Check ☑ #637 Cash ☐

PRELIMINARY STATUS--By Ron Maynard **DATE:** 4/7/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: The original installation of this septic system apparently predates County regulations. Thus, a provisional approval. There was no visible malfunction at the time of inspection. A repair permit adding an additional 76 feet of leach field was approved in 1989. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard Date 4/14/95

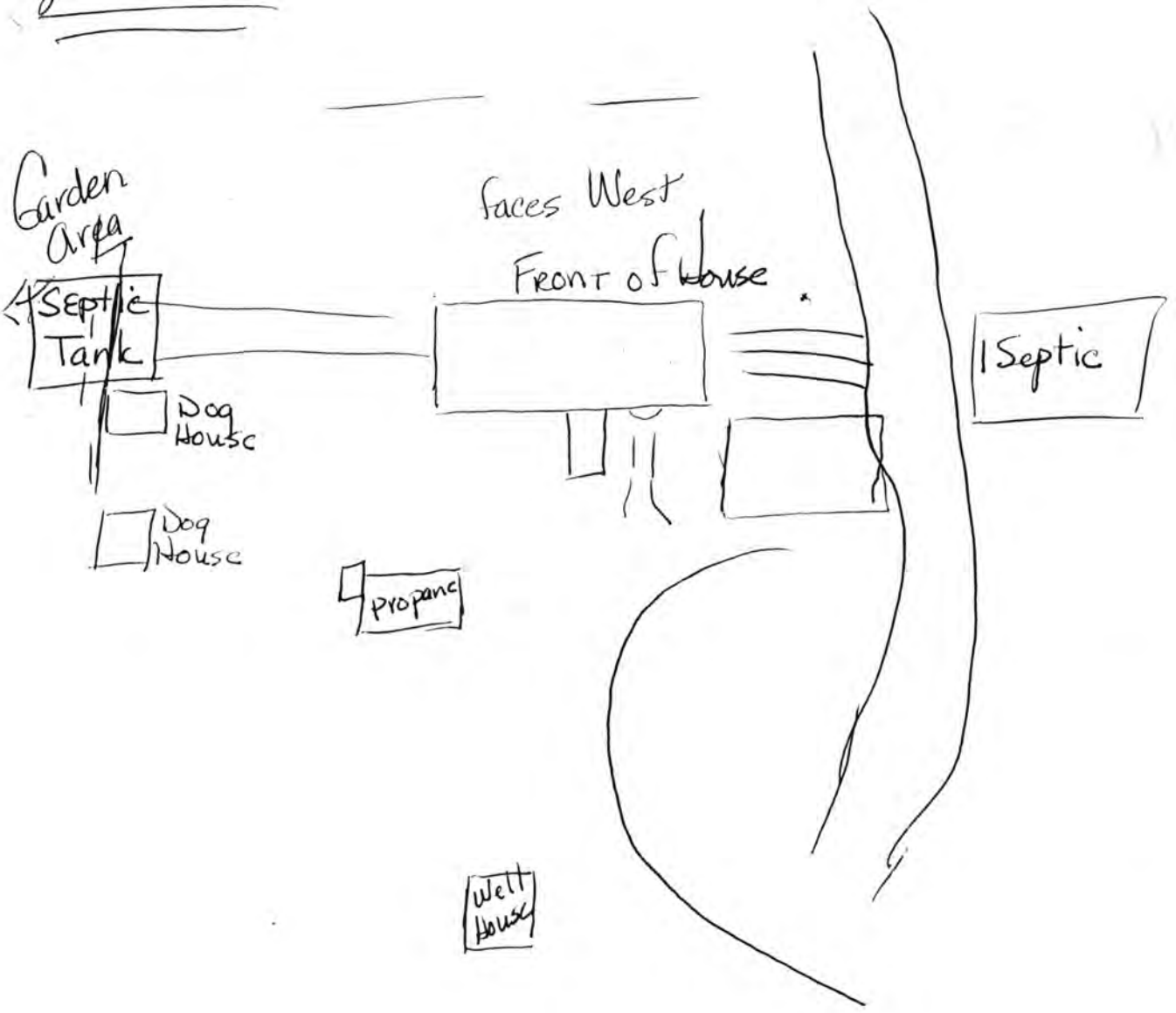
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

on back →

Here are my Landscaping questions

* What is nitrate level of water in the well? Is there enough pressure for family of 8?

* How deep are Laterals in garden?



Does septic need to be pumped?

Jerry - if questions please call Gerald Burke after 4 P.M. for better explanations. The inspections need to have appt made because of dogs - Burke's 786-2423

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: May 12, 1989

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

Legal Description of Property: TWP. 11N; RANGE 8E; SECTION 2; BLOCK ____

LOT 9; ADDITION ____; Street Address 13700 N. 162nd Street, Waverly

Directions to Property Hwy 6 to Waverly. Continue approx 1½ mile to 162nd. Turn left (1st road after weigh station). ½ mile North, white house on right side.

Location of Well 50 yds. east of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System (2) septic, 1 south, 1 north of house Year Installed 3 yrs

	NAME	ADDRESS	PHONE
Present Owner:	Alfred F. Riggert	13700 N. 162nd	786-3952-HM
Tenant/Buyer:	Gerald & Marie Burke	P. O. Box 265, Waverly	786-2423-HM
Return to:	Hub Hall Real Estate	111 Piazza Terrace, Lincoln 68510	483-2551

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

Signature of Applicant Marlene Dorbel, agent H.R. Hall Address 111 Piazza Terrace

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 16, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 16, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 5/16/89	by L.C.H.
Bacteria	☒	☐	Provisional:	☒	Date ____	by ____
Nitrate	☒ 2.01	☐	Disapproved:	☐	Date ____	by ____

Comments: SEPTIC SYSTEMS APPARENTLY PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION, IF SEPTIC TANKS HAVE NOT BEEN PUMPED RECENTLY THEY SHOULD BE CHECKED TO SEE IF IT IS NEEDED. NOTE: NORTH SEPTIC SYSTEM RUNS OFF OF SUBJECT PROPERTY. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Carroll C. Wood R.S. DATE MAY 22, 1989

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