LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2090-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 17, 1984 — THIS PERMIT EXPIRES

MRS. DALE PHILLIPS — ISSUED TO

RT #1, BOX 101 MALCOLM, NE 68402 — ADDRESS

T11N; R6E; Sec 18; Lot 6 I.T. — 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
EB	5/17/84	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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. 2090-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. 11N ; Range 6E ; Section 18 ;
Block _____ ; Lot 6 I.T. ; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 5
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: ADDED SEPTIC TANK, DISTRIBUTION BOX, LATERAL, ABANDON OLD SYSTEM

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1833.05

Mrs. Dale Phessey
Signature of Applicant (owner or lessee)

Rt 1 - Box 101 - Malcolm Ne 68402
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: April-84 by: JWM (need drawing)
Date: _____ by: _____
Date: _____ by: _____

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

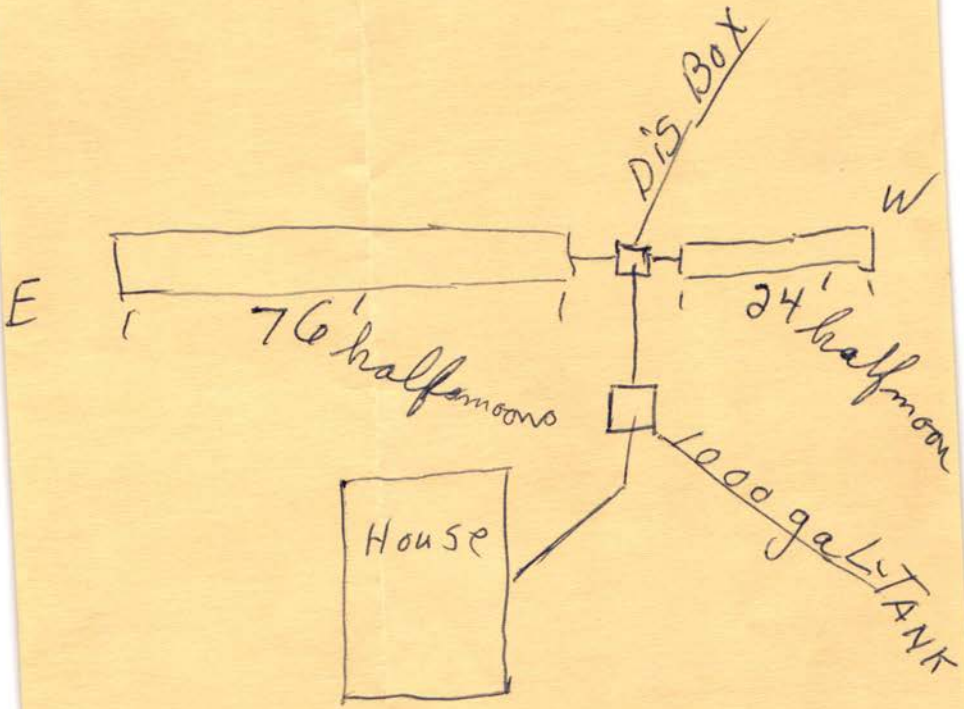
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/26/85 by: J. C. Hood

RECD SEP 26 1985

Dale Phillips

Buresh plumb.

4" sewer PVC
precast-tank + Halfmoons
50.



RECEIVED NOV 15 1993

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

005

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.

[X] Evaluation of the Individual Water System Date: 15, November 1993

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 11N ; RANGE 6E ; SECTION SW ¼ of 18 ; BLOCK ____

LOT 6 ; ADDITION _____ ; Street Address 5300 West Bluff Road Malcolm, NE 68402

Directions to Property Contact Borrower Gray home with white picket fence.

Location of Well Upper North Eyebrow Tap Location: Inside [ ] Outside [ ]

Location of Sewage System West of House Year Installed 1902

	NAME	ADDRESS	PHONE
Present Owner:	Randy and Kathleen Wiegand	5300 W. Bluff Rd. Malcolm, NE	402-783-3737
Tenant/Buyer:			
Return to:	First Commerce Mortgage	P.O. Box 81231 Lincoln, NE 68501	434-4570

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

Signature of Applicant Darren L. Lunzmann Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 11-17-93 Received $150.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 11-17-93

WATER SYSTEM:	Approved	Disapproved
Construction	[X]	[ ]
Bacteria	[X]	[ ]
*Nitrate	[X] 9.7	[ ]

SEWAGE SYSTEM:
Approved: [ ]
Provisional: [X]
Disapproved: [ ]

SITE VISIT:
Date 11-17-93 by [illegible]
Date _____ by ____
Date _____ by ____

Comments: Septic system was installed prior to County regulations. Thus, a provisional approval. Recommend checking to see if septic tank needs pumping. See Attached Letter [ ]

* Nitrate is approaching the contamination limit. It would be wise to periodically check in the future.

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Ron Maynard, RS DATE 11-23-93

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

272

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: 4-10-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$75.00~~ 50.00

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

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Randy & Kathleen Wiegand	5300 W. Bluff Rd. Milford	723-3737
Tenant/Buyer:	Same / Refinance		
Return to:	Vister Bank - RE. Lending	P.O. Box 5306 Lincoln, NE 68505	465-7505

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

Signature of Applicant Cindy Mueller - Vister Bank Address P.O. Box 5306 Lincoln

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 11, 1991 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4-12-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒ corrected	☒	Approved:	☒	Date 4-12-91 by RM
Bacteria	☒	☐	Provisional:	☐	Date 4-17-91 by RM
Nitrate	☒ 7.7	☐	Disapproved:	☐	Date _____ by ____

Comments: Need to fill depression corrected north of well. It's good to know you have recently pumped your septic tank. Recommend checking to see if septic tank needs pumping every 2-3 years. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum, R.S. DATE 4-23-91

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