LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2219-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 1, 1986 — THIS PERMIT EXPIRES

RICK DRAPER — ISSUED TO

RR #1, BOX 135-A — ADDRESS

RAYMOND, NE 68428

T11N; R6E; Sec 10 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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: CB — DATE: 1/2/85 — AMOUNT:

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: 471-7800)

FILE NO. 2219-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 10 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; 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: New tank
Some New Line 100' half moon Lateral

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

6. Estimated cost of project:
a. Materials $ _____
b. Labor $ _____
c. Other $ _____
TOTAL $ over $400.00

Rick L Draper
Signature of Applicant (owner or lessee)

RR1 Box 135A Raymond Ne 68428
Address

(Do not write below this line)

REVIEWING ACTION

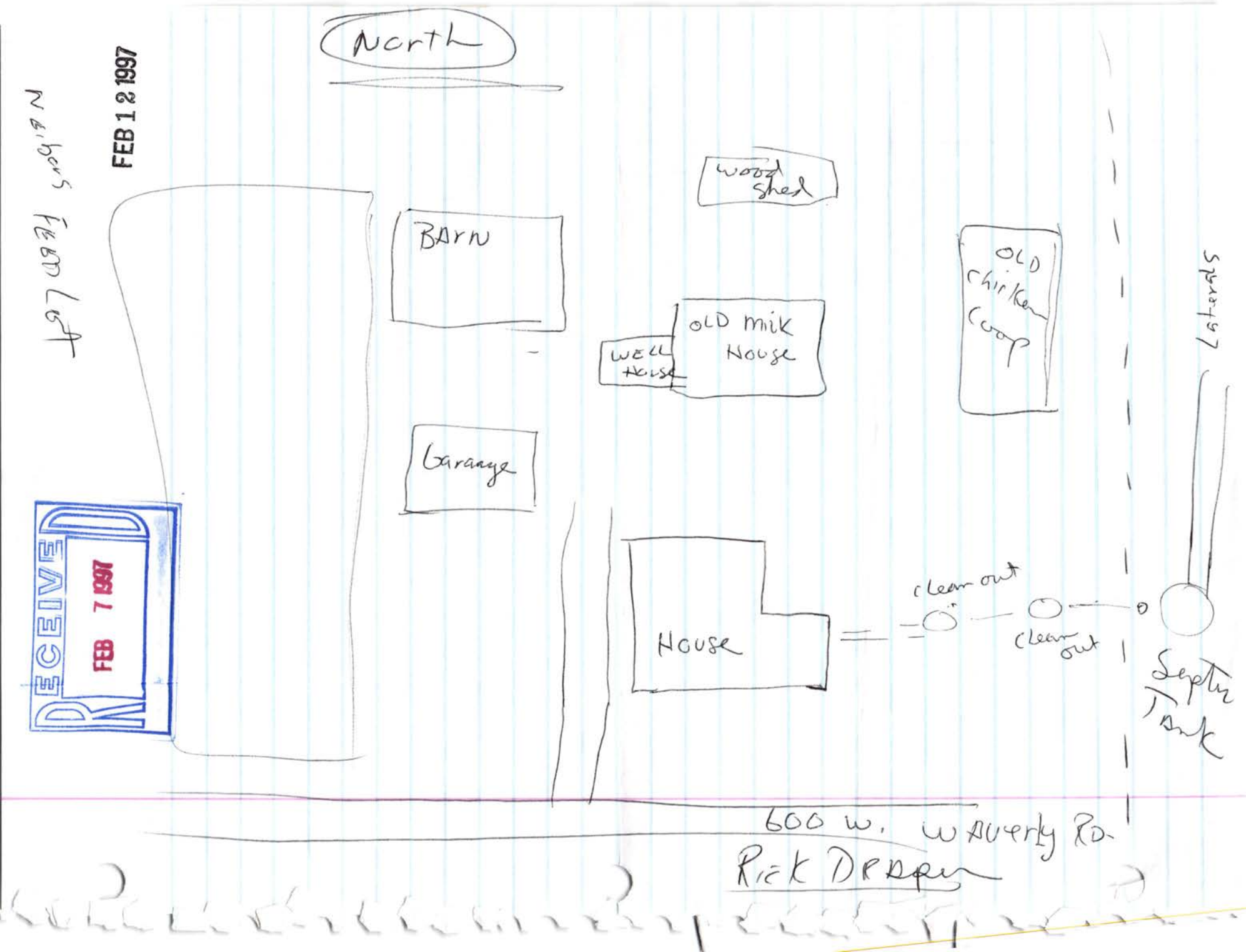
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6/28/85 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: JUNE 28, 1985 by: J. C. Hood


house
East
N
6'
26½ Frist clean out
33'10" clean out
East
4'
2"- pipe
100' half moon
N



RECEIVED
FEB 7 1997
FEB 12 1997

FEB 1 2 1997

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 RR1, Box 135A Raymond, NE.

Twp 11 Range 6E Section 10 1/4 SE 1/4 Block ___ Lot 5 Addition ___

Directions to Property 600 W. Waverly Rd.

Location of Well see map Tap Location: Inside ☐ Outside ☒

Location of Sewage System see map Year Installed 86?

	NAME	ADDRESS	PHONE
Present Owner:	Rick Draper	600 W. Waverly Rd.	(H) 783-2585 (W) 432-0794 (cell.) 450-7031
Tenant/Buyer:			
Return to:	Alford Mtg. Co.	First Commerce 1230 "O" St., Suite #345 Lincoln, NE. 68508	434-4569

Signature of Applicant Rick Draper Address 600 W. Waverly Rd. Waverly, NE. 68428 Date 2/11/97

HEALTH DEPARTMENT USE ONLY

Date Received 2/13/97 Received $150.00 Check ☒ # 034356 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/14/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☐	☒ accumulated manure	Approved	☐	Date ___/___/___ by ___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ ___ppm	☒ 33.7 ppm	Disapproved	☒ access cover	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2213-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 20, 1985 — THIS PERMIT EXPIRES

SCOTT FITZGERALD, STROHMYER EXCAVATING CO., 4401 NO. 27 ST., LINCOLN68521 — ISSUED TO / ADDRESS

T11N; R6E; Sec 10; Lot 1 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

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

REC'D JUN 1 9 1985

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)

630

FILE NO. 2213-C

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

DATE: 6-18-85

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 N ; Range 6E ; Section 10 ;
Block ____ ; Lot 1 IT ; Addition ____
Street Address ____

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' Drain field ½ moon.

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1200 00

Rick Draper
RR#1 Box 135A
Raymond, NE 68428

Signature of Applicant (owner or lessee) - Strohmyer Excavating

4401 N 27th Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____