LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2833-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF PERMIT — THIS PERMIT EXPIRES

WAVERLY PLUMBING & WELL CO., BOX 116, WAVERLY, NE 68462
ISSUED TO — ADDRESS

T10N; R8E; Sec. 3; Lot 23 I.T.; 5120 No. 148th
LEGAL DESCRIPTION

REMARKS: NONTTRANSFERABLE 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: MC — DATE: 5-5-89 — AMOUNT:

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: 471-7800)

FILE NO. 2833-C

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

DATE: 5-5-89

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: Twp. 10N ; Range 8E ; Section 3 ;
Block ____ ; Lot 2 3 I.T. ; Addition ____
Street Address 5120 N. 148th ~~Lot 23 SW 3-10-8~~

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 110' of concrete latteral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Waverly Plumbing & Well Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 600.00	

#12777

Mike Dreyer
Signature of Applicant (owner or lessee)

Box 116 Waverly Neb 68462
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 5-5-89
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-5-89 by: mm
Date: ____ by: ____
Date: ____ by: ____

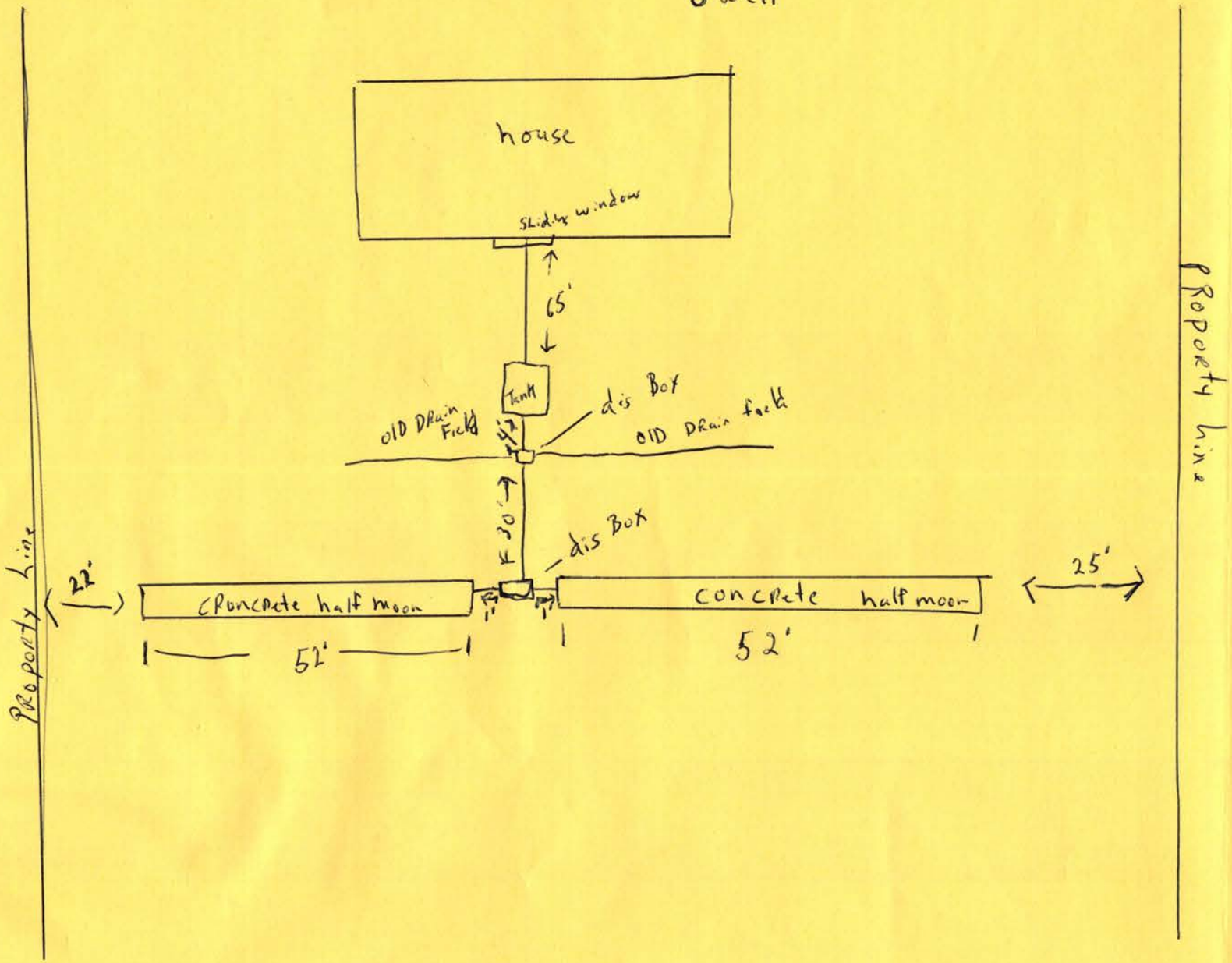
3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-5-89 by: Ron Maynard

Lot 23 SW - 3-10-8 Bob Westland May 5 1989

5120 N.14S
Installed
By
Waverly Plumbing & Well
Box 116
Waverly Neb 68462
786-5620

W
Well



S

N

E

3140 N ST

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 5120 No 148th

Twp 10N Range 8E Section 3 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well North of Dwelling Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of House Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Robert Dufek	5120 No 148th	786-3430
Tenant/Buyer:	Dana & Tim McLain	7320 Kearney Ave	471-2226
Return to:	Nebr Title Co	5635 "O" St. Suite 101	486-4900 483-6640

Signature of Applicant [signature] Address 7320 Kearney Ave Lincoln, NE 68507 Date 5/28/96

HEALTH DEPARTMENT USE ONLY

Date Received 5/28/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 5/30/96

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: This septic system appears to have been installed prior to County regulations. A permit cannot be located in the Health Dept. files. Thus, a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquardt Date 6/6/96

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

3140 "N" Street, Lincoln, Nebras

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/I

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 5120 North 148

Twp 10N Range 8E Section 3 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Lot 23 SW¼ 3-10-8 L, LC, Nebr.

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Stephen Redman	5120 North 148 Lincoln	
Tenant/Buyer:	Robert + Nancy Dufek	5525 Elkcrest Lincoln 68516	423-5576
Return to:	Robert + Nancy Dufek	5525 Elkcrest Lincoln NE 68516	

Signature of Applicant [signature] Address ___ Date 11 / 21 / 94

Closing 12-10 —

HEALTH DEPARTMENT USE ONLY

Date Received 11 / 21 / 94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11 / 22 / 94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.3 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: This septic system appears to have been installed prior to County regulations. A permit and inspection cannot be located in Health Dept. files. Thus, a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 11 / 29 / 94

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.

Steve Redman Home

5120 No. 148th

