LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390034801

Issued 09/17/93
Expires 03/17/94
Revenue Code 18754

Establishment
JIM STUTZMAN
T11N R5E SEC 26
LOT 25
8707 NW 70 STREET

FEES: $50.00

TOTAL $50.00

Permittee
JIM STUTZMAN
BOX 0000H
MILFORD NE 68405

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: 9-16-93

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 5E; Section 26, NE¼;
Block _____; Lot 25; Addition _____
Street Address 8707 NW 70th

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: 100' Half moon Laterals 4' Ditch with Gravel

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ >400	

Jim Stutzman
Signature of Applicant (owner or lessee)

Box H Milford NE 68405
Address

(Do not write below this line)

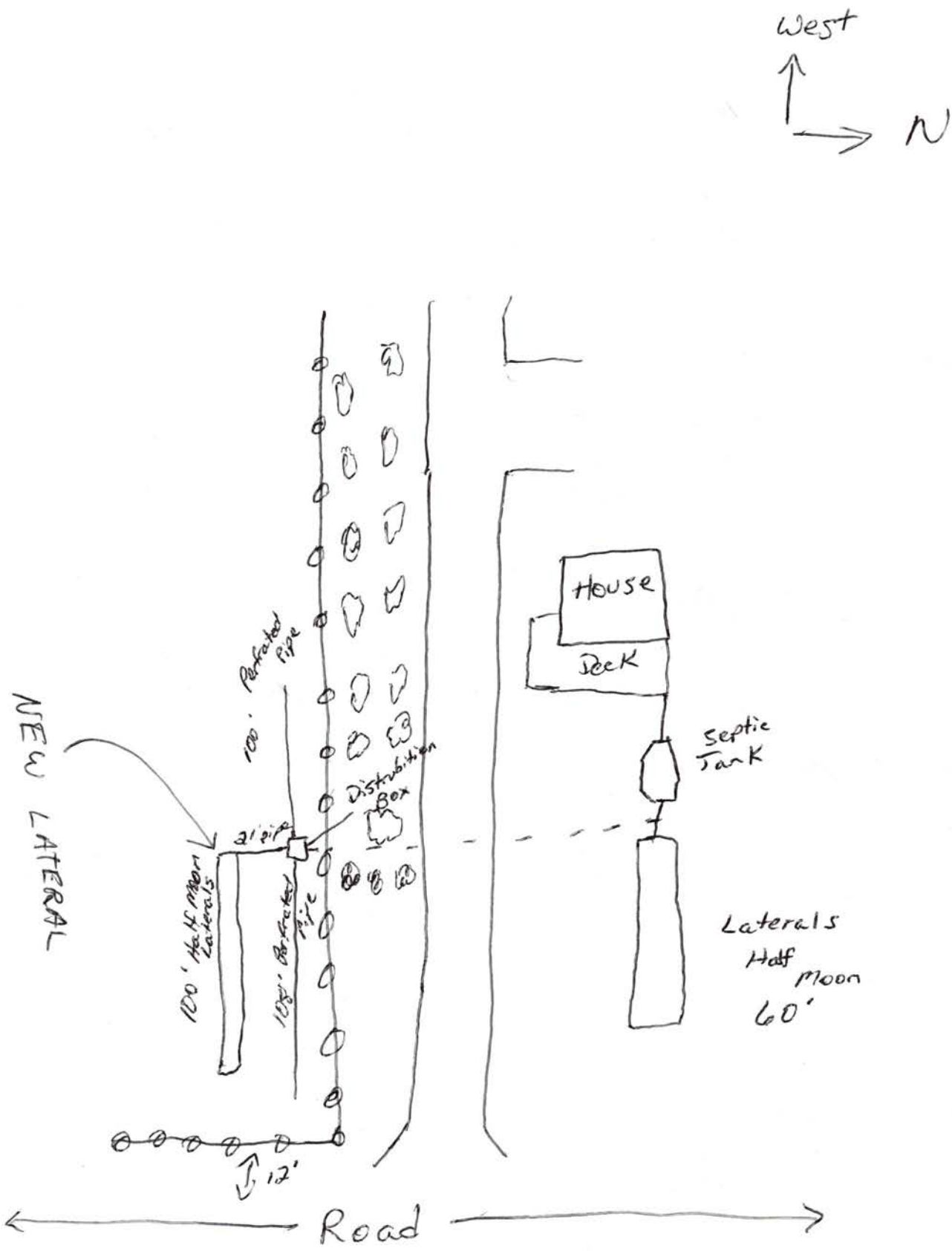
REVIEWING ACTION

1. Date Rec'd: 9-16-93
Filing Fee: $ 65.00

2. Site Visits:
Date: 9-16-93 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-19-93 by: Ron Maynard


West
N
House
Deck
Septic Tank
Distribution Box
Perforated pipe
100' Perforated pipe
NEW LATERAL
100' Half moon Laterals
21' pipe
100' Perforated pipe
Laterals Half Moon 60'
12'
Road

FILE NO. 1572

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 31, 1980 — THIS LICENSE OR PERMIT EXPIRES

James R. Griess — LICENSEE OR PERMITTEE

Route 1, Box 90A, Malcolm, NE 68402 — ADDRESS

T11N, R5E, Section 26, Lot 25 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH

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

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)

James R. Griess
Rt. 1 Box 90A
Malcolm, Ne 68402

Rd NW 70th Street

FILE NO. 1572

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

DATE: July 30, 1979

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 5E; Section 26;
Block ____; Lot 25 T.L; Addition ____
Street Address Rt 1 Box 90A Malcolm, Ne

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 Sewer Line plus 200 feet of lateral drain field

5. Work to be done by: Owner ☐; or Contractor ☑, Taylor Phase II
Contractor's Name

6. Estimated cost of project:

a. Materials	$	694 | 25
b. Labor	$	400 | 00
c. Other	$	
TOTAL	$	1094 | 45

James R Griess
Signature of Applicant (owner or lessee)

Rt. 1 Box 90A Malcolm, Ne.
Address

Bus 475-7611
Home 796-2557

(Do not write below this line)

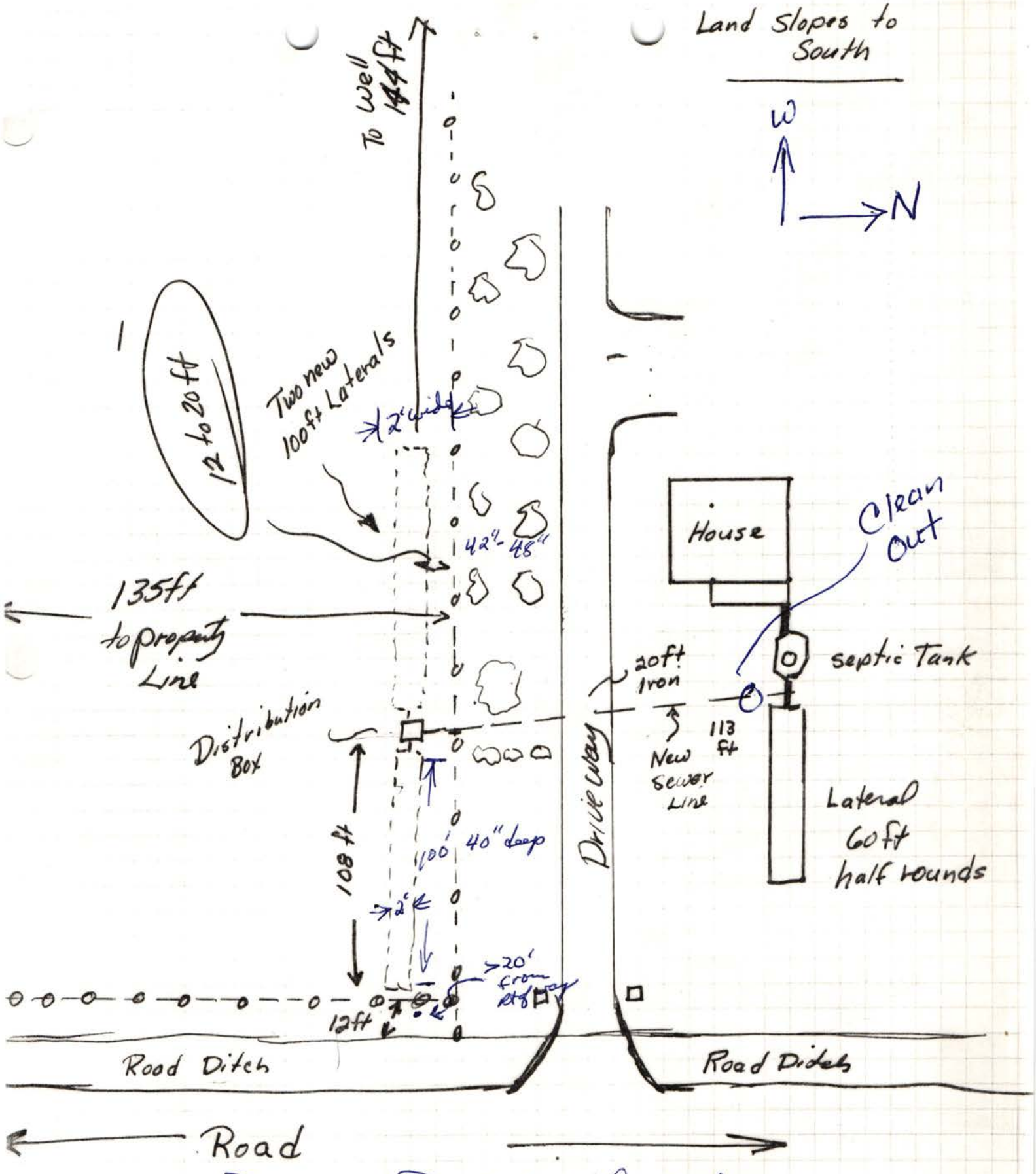
REVIEWING ACTION

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

2. Site Visits:
Date: 8-7-79 by: DM
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold E. Haase

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-7-79 by: Ron Magnuson



Larry Schlogelmilch
Taylor's Drain & Sewer

012

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 8707 NW 70th, Malcolm NE

Twp 11N Range 5E Section 36 1/4 NE 1/4 Block ___ Lot 25 Addition ___

Directions to Property 3/4 mile N of HY34 on NW 70th West Side of Road - "G" on mail box

Location of Well in front of barn Tap Location: Inside ☐ Outside ☐

Location of Sewage System front of house to S. pasture Year Installed 1st? / 2nd 85

	NAME	ADDRESS	PHONE
Present Owner:	James Griess	8707 NW 70, Malcolm NE	796-2557
Tenant/Buyer:	Same		
Return to:	Commercial Federal	13 & O Street, 2nd Floor Attn: Kay Borreson Lincoln, NE 68508	473-0810

Signature of Applicant [signature] Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 08 / 04 / 93 Received $150.00 Check ☒ Cash ☐ #454177

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 8 / 6 / 93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected	Approved ☐	Date 8 / 11 / 93 by L.C.H
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 9 / 13 / 93 by [illegible]
Nitrate (treated)	☒ 20.1 ppm	☒ 48.6 ppm	Disapproved ☐	Date ___/___/___ by ___

Original installation predates Reg. Station; thus, provisional

Comments: SCREEN IS MISSING OUT OF AIR VENT ON WELL. NEED A LITTLE MORE DIRT AROUND WELL. OLD WELL, JUST SOUTH OF WELL. A LITTLE LATERAL LEAK in well corrected. Old well needs to be abandoned. 9/13/93, still NITRATE TOO HIGH. Another 100 ft 4" wide lateral installed on sewage system. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ *

SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Ron Mogenet, R.S. Date 9 / 21 / 93

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.

* Applies to treated water only, not the raw water which has a high nitrate level.

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