LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2338-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 2, 1986 — THIS PERMIT EXPIRES

PAUL VON GILLERN 18100 NO. 1 STREET, RT #1 DAVEY, NE 68336
ISSUED TO

Check by Sandra Whited, Rt #1, Box 83, Malcolm, NE 68402
ADDRESS

T11N: R5E: Sec 23
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: SB — DATE: 6/3/86 — 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)

Corner of NW 84th & Holdrege

FILE NO. 2338-C

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

DATE: 5-30-86

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 23 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

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: abandoned Septic System & installed Lagoon

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	Owner
TOTAL	$	400.00

Signature of Applicant (owner or lessee)

6100 N 1st
Address

(Do not write below this line)

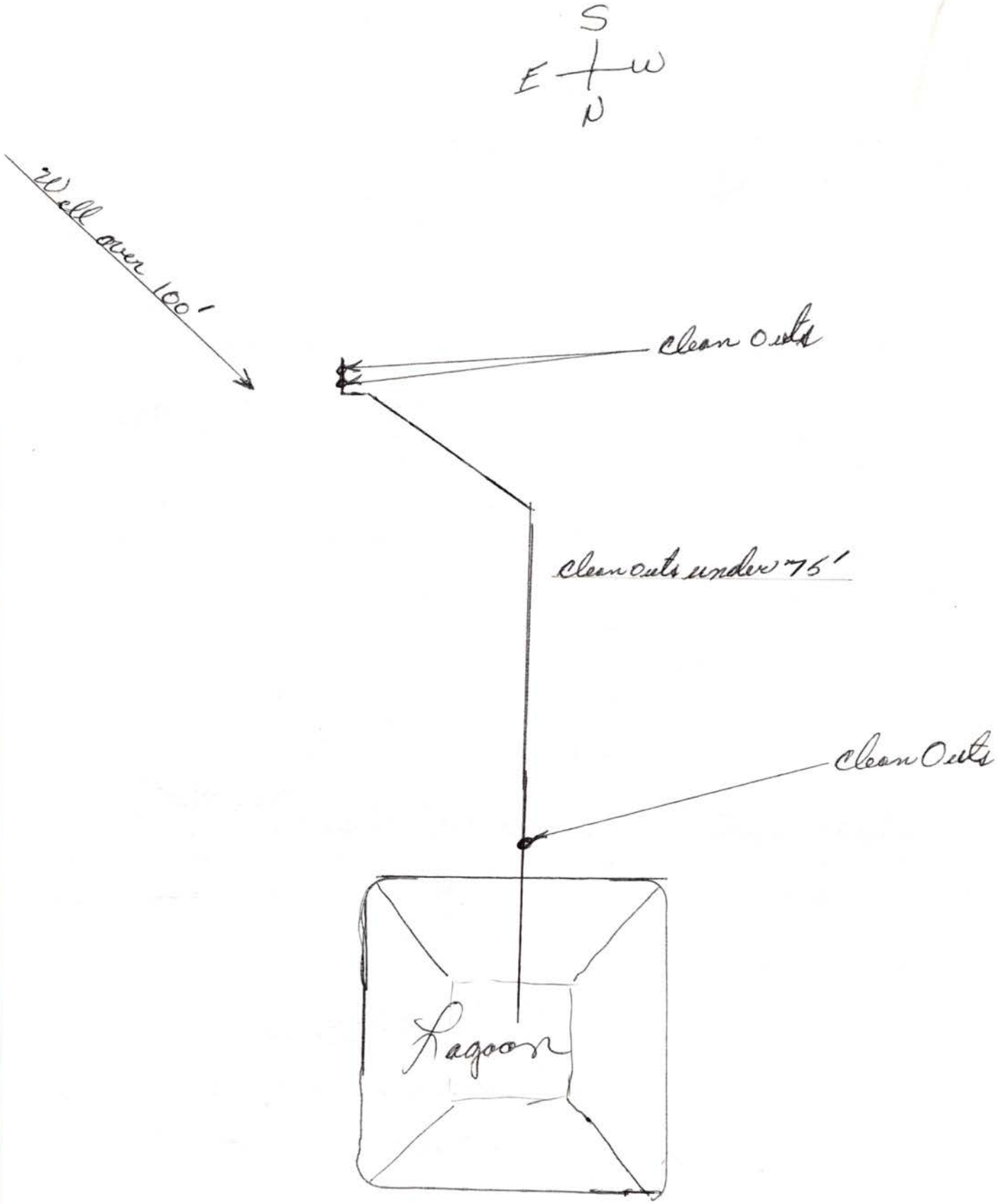
REVIEWING ACTION

1. Date Rec'd: 5-30-86
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-30-86 by: sm (need fence)
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-4-93 by: Ron Maynard


S
E
W
N
Well over 100'
clean outs
clean outs under 75'
clean Outs
Lagoon

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8300 West McKelvie Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 11 Range 5 Section 23 1/4 SW 1/4 Block ___ Lot 1 Addition Elk Precinct

Directions to Property Lot is SW corner SW 84 & W McKelvie Rd

Location of Well East of House by Windmill Tap Location: Inside ☐ Outside ☒

Location of Sewage System Approx NW of House Year Installed ____

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Bowzes		
Tenant/Buyer:	Mary & Jed Akins		476-1248
Return to:	John Ball	3737 So 27th	430-6603
			434-3510 (Fax)

Signature of Applicant John W Ball Address 3737 So 27th Date 9/21/2001

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 09/21/01 Amount 200.00 Check No. 2046 Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 9/24/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.0 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 10/10/01 by PD

Date 10/12/01 by PD

Date ____/____/____ by ____

Comments: Volunteer trees + weeds. Pressure tank in pit

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 10/12/01

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.

Revised ... White - ...proval Yellow - Environmental Health Pink - Business Office

P19100-38

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 N St. 441-8000
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: 10/24/95

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 11 ; RANGE 5 ; SECTION 23 ; BLOCK ____

LOT 1 ; ADDITION _____ ; Street Address 8300 W. McKelvie Rd LCN

Directions to Property Highway 34 To Malcom Rd - Malcome Rd To NW 84th
NW 84th North 1mi TO WEST McKelvie Rd — ON CORNER OF NW 84th & McKelvie
By Windmill 100 N/E

Location of Well SE House Tap Location: Inside ☐ Outside ☑

Location of Sewage System 150' North of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Ron / Sandy Whited	8300 W. McKelvie	796-2352
Tenant/Buyer:	Chetus / Barbara Beres	186 Laramie Trail	441-1261
Return to:	Richard E Schott Woods Bros Realty	3737 So 27th	430-6299

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

Signature of Applicant Richard E Schott Woods Bros Realty Address 3737 So 27th Lincoln 68502

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HEALTH DEPARTMENT USE ONLY

Date Received 10/27/95 KT Received $150.00 Check ☑ #1798 Cash ☐

PRELIMINARY STATUS--DATE 10-30-95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date ____ by ____
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒ 6.3	☐	Disapproved:	☐	Date ____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Magnuson RS DATE 11-9-95

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

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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 N.W. 8300 McKelvie Rd. Malcolm NE. 68402

Twp 11N Range 5E Section 23 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well East of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System 1-A400n North of house Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Don M. Whited	N.W. 8300 McKelvie Rd.	796-2352
Tenant/Buyer:			
Return to:			

Signature of Applicant Don M. Whited Address N.W. 8300 McKelvie Rd Date 4/12/93
Rt 1 Box 83 Malcolm NE. 68402

HEALTH DEPARTMENT USE ONLY

Date Received 4/12/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By RM **DATE:** 4/15/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ corrected	Approved ☒	Date 4/30/93 by RM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.4 ppm	☐ ___ ppm	Disapproved ☒ corrected	Date ___/___/___ by ___

Comments: Any future livestock operation and accumulation of manure must be 100 ft or more away from the well.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mangen Date 5/4/93

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.

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