LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96390051401

SEWAGE SYSTEM REPAIR

Issued 08/26/96
Expires 02/26/97
Revenue Code 18754

Establishment

JAMES BULLER
T1ON R8E SEC 21
LOT 13
641 N 148 STREET

FEES: $50.00

TOTAL $50.00

Permittee

JAMES BULLER
641 N 148 ST
LINCOLN NE 68527

2494

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 8-21-96

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 21 SE ¼ ;
Block _____; Lot _____; Addition _____
Street Address 641 N 148 Lincoln

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: extend Lateral area 300 sq ft (100' by 3' wide perforated pipe (4 runs))

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer + Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	7400 00

James Buller by Brad Smith
Signature of Applicant (owner or lessee)

641 N 148 Lincoln
Address 68527

(Do not write below this line)

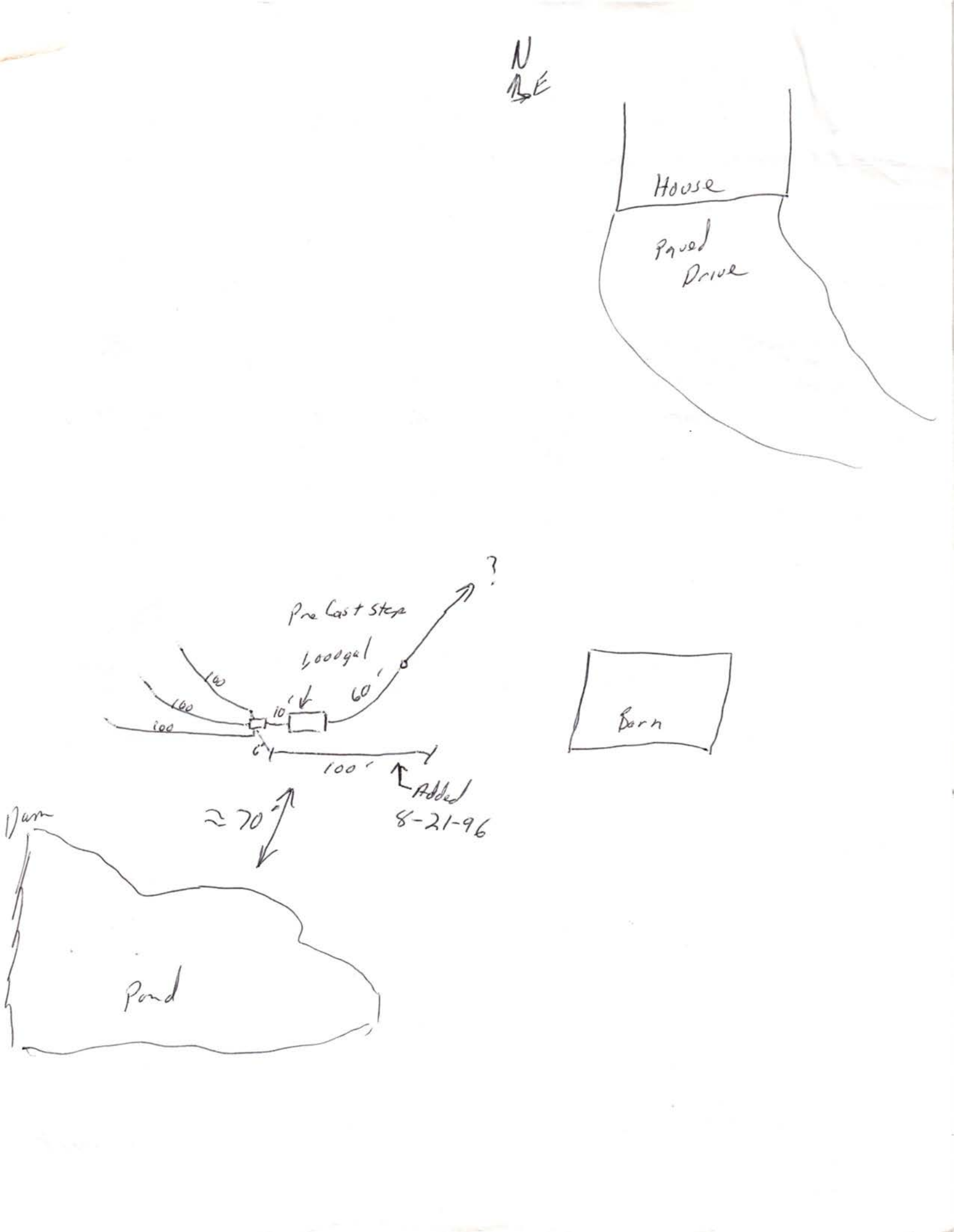
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50 00

2. Site Visits:
Date: 8-21-96 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-28-96 by: Ron Moyer


N
E
House
Paved
Drive
?
Pre Cast Step
1,000gal
60'
10'
100
100
100
6'
100'
Added
8-21-96
Barn
≃ 70'
Dam
Pond

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1509-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 12, 1979 — THIS PERMIT EXPIRES

Kevin Popp — ISSUED TO

Route22, Lincoln, NE — ADDRESS

T10N, R8E, Section 21, Lot 13 I.T. (Alter) — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABEE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

HEALTH — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2932

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. 1509-C

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

DATE: 6-13-78

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 21 ;
Block ____ ; Lot 13 I.T. ; 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: take out 1500 gal metal Septic System

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2500 —

Harris Popp
Signature of Applicant (owner or lessee)

RT 2
Address

(Do not write below line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: 6-14-78 by: JW
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION/FINAL WRITTEN APPROVAL
Date: 4/12/79 by: J.C. Hood

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. 1509-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 6-5-78 to 6-6-78. Weather: Precip. NO Temp. 80.

OWNER: Travis Popp

Address: RT 2

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	18"	6-5	12:30	6-5	4:30	6-6	3:30	6	4:15	5	45 min	1 in	
2	18"	6-5	12:30	6-5	4:30	6-6	3:30	6	4:15	5	45 min	1 in	

Smith Irwin Co
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address 2425 Lost Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. 1509-C

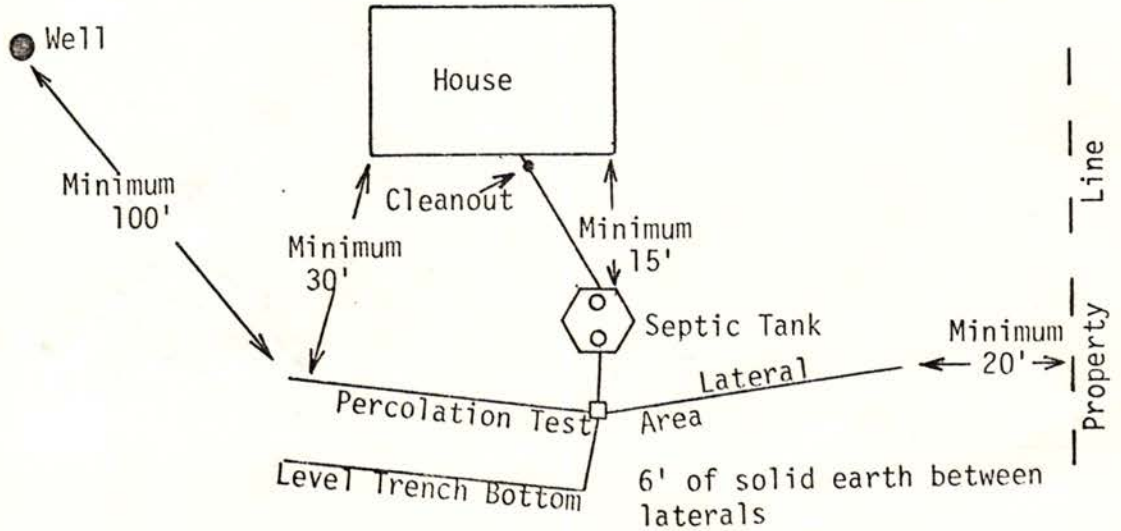
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 273.7 ft.
4. Number of clean-outs 5 .
5. Distances to:
Well or Suction Line over 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc. ; No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in. center
Over Outlet; diam. 6 in. 22"
Riser Above ☒ Below ☐ Grade 4 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 4 in.
8. Distances to:
Well or Suction Line 301 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company Hand Cave)
3. Distance from Septic Tank 15'8" ft. Center to Center

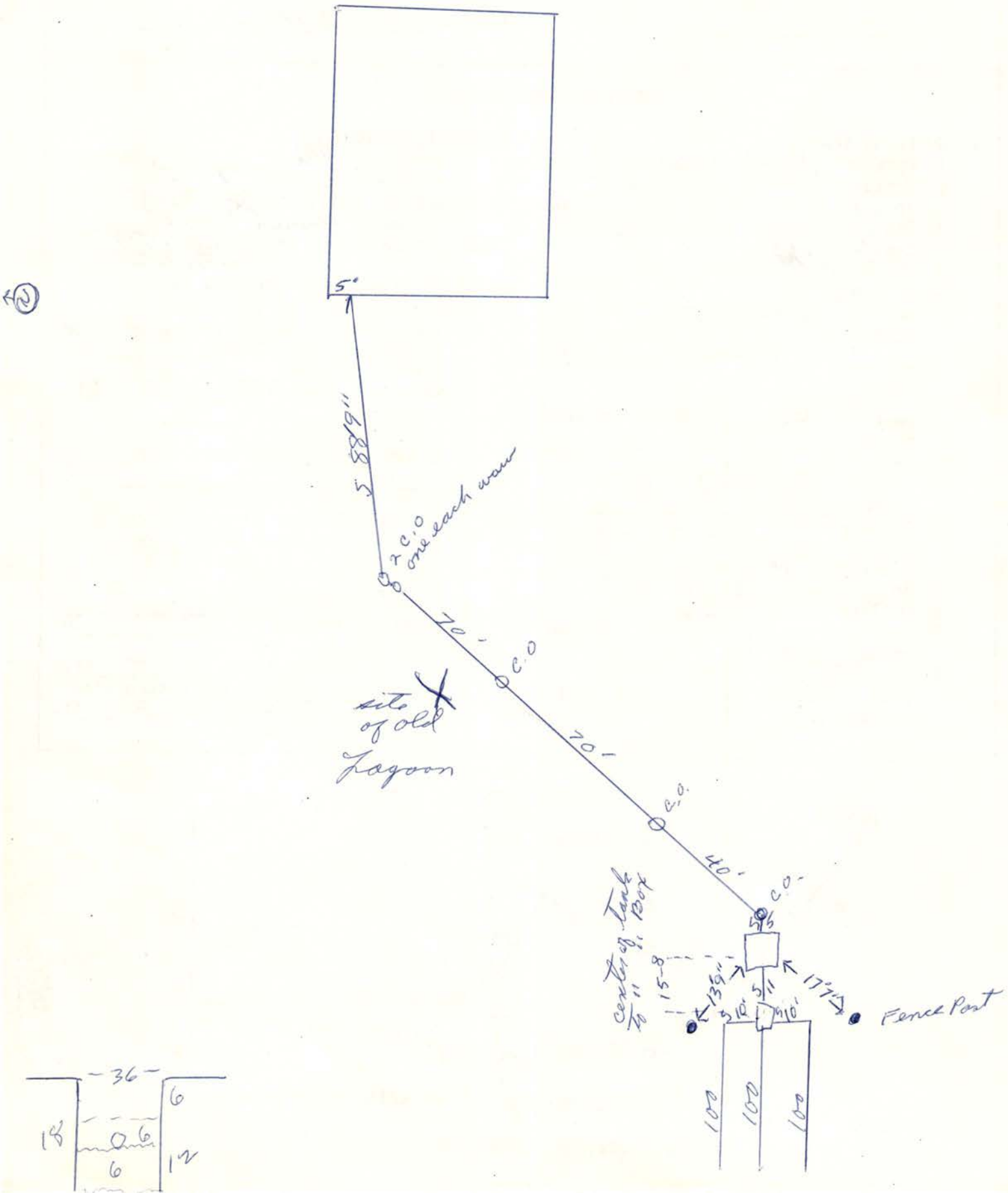
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 100 , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 36 ft.; Slope 2 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12" in.
5. Distances to:
Well or Suction Line 300 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 24 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 6-15-78 INSTALLER Sentek Env. Co.



786-2929 Kevin & Pam Popp.

25,000
3000
28,000

North 330.0 feet of the South 2310.0 feet of the East 712.0 feet of the East 1/2 South 1/4 of Section 21, Township 10 North, Range 8 East of the 6Th P.M., Lancaster County, Nebr., except the East 50.0 feet thereof.

474-1541 Jerry Hook


R 8 E
2 835 000 FEET
435 000 FEET
T. 10 N.
22
23
27
26
34
35
(Joins inset B, sheet 27)
Ke
JuC

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1020-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 23, 1977 — THIS PERMIT EXPIRES

L. Harlan Weingart, Box 38, Waverly, NE 68467 — ISSUED TO / ADDRESS

T10N, R8E, Section 21 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

2832

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1020-C

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

DATE: 3-23-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 10 N ; Range 8 E ; Section 21
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3 . Describe: _____
Other Use ☐
Describe: _____

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

4. Distance to public sewer: 5 miles/ ft.

L. Harlan Weingart
Signature of Applicant (Owner or Lessee)

Box #38 Waverly, Neb. 68462
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/23/77. Date Frwd. 3/23/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 5/12/77. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 3/23/77. Date Frwd. 5/12/77. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1020-C

DATE: 3-23-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10 N ; Range 8 E ; Section 21 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

L. Harlan Weingart
Signature of Applicant (owner or lessee)

Box #38 Waverly, Nebr. 68462
Address

(Do not write below double line)

REVIEWING ACTION

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

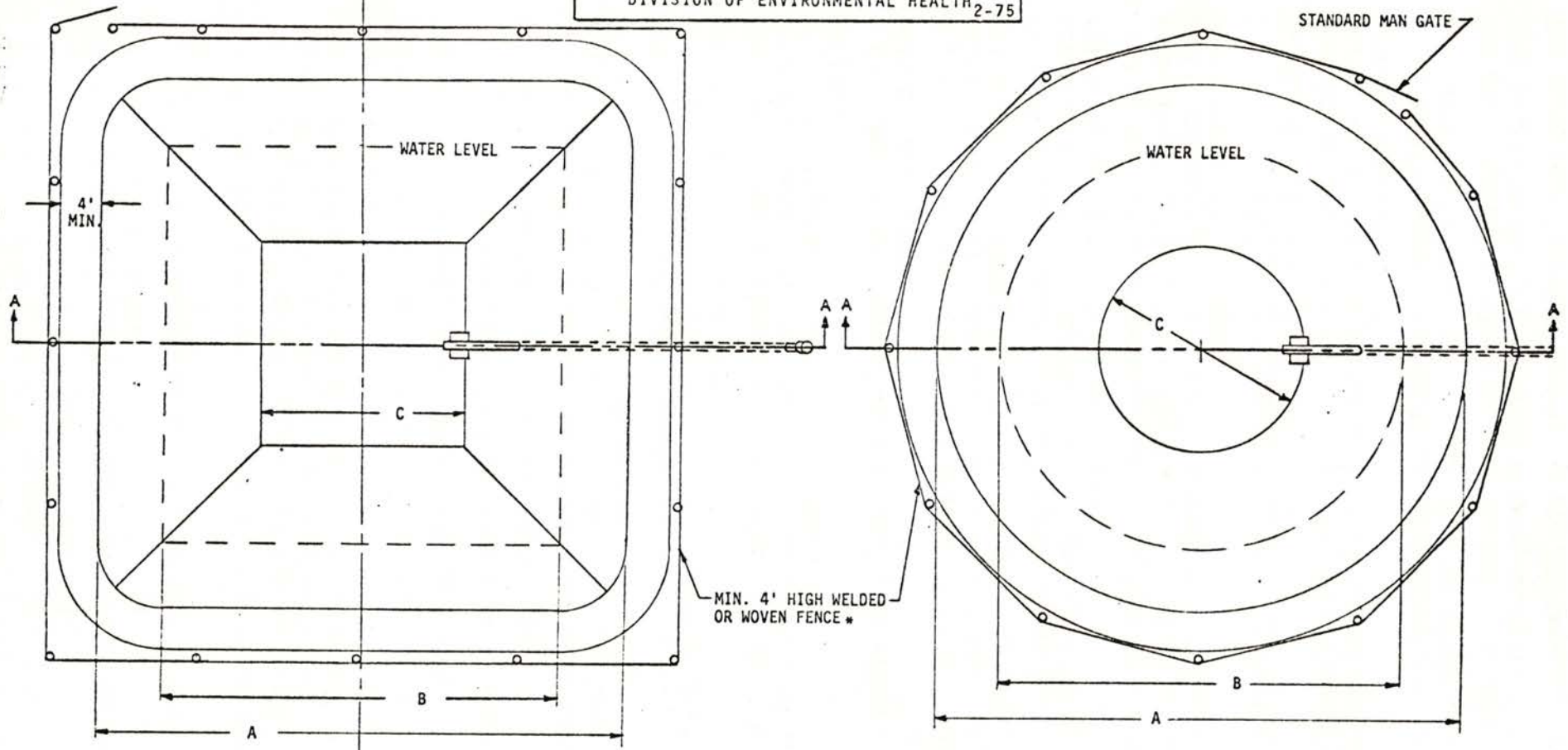
2. Site Visits:
Date: by:
Date: by:
Date: by:

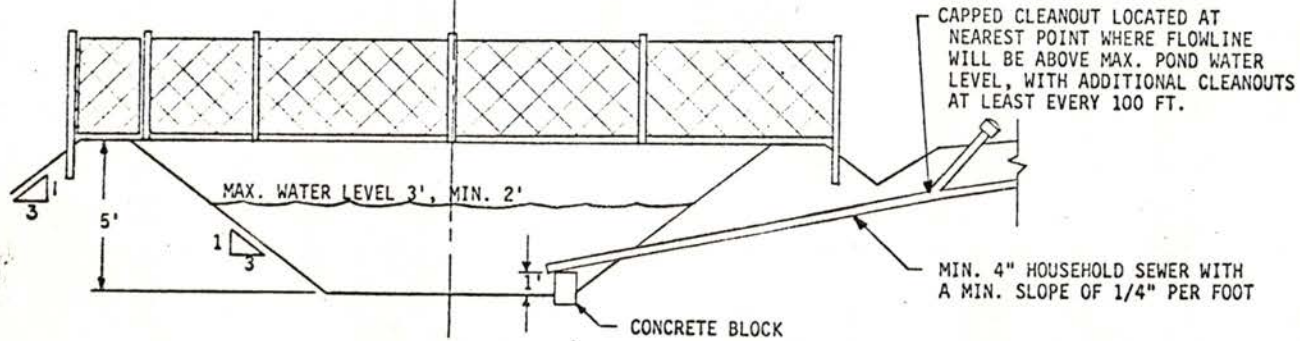
3. Date: Approved ☒ ; Disapproved ☐ 3/23/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	55	43	25	52	40	22
4	61	49	31	60	48	30

*THE FENCE IS TO BE COMPLETED WITHIN 10 DAYS AFTER CONSTRUCTION APPROVAL IS RECEIVED

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT J. Harlan Weingart

HD-46(75)

786-2929 Kevin & Pam Popp

25,000
3000
28,000

North 330.0 feet of the South 2310.0 feet of the East 712.0 feet of the East 1/2 South 1/4 of Section 21, Township 10 North, Range 8 East of the 6 Th P.M., Lancaster County, Nebr., except the East 50.0 feet thereof.

474-1541 Jerry Hood

Lincoln-Lancaster County Health Department

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

OCT 14 2003

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 (L 135E 21-10-8) 641 N. 148th Lincoln, NE 68527

Parcel ID 23-21-400-012-000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition____

Directions to Property Hwy 34 East To 148th, North Approx. ½ Mile To 641 N. 148th.

Location of Well (See Attached) Tap Location: Inside ☐ Outside ☐

Location of Sewage System (See Attached) Year Installed____

Site Hazards (dogs, etc.)____

	NAME	ADDRESS	PHONE
Present Owner:	James & Margaret Rice	641 N. 148th Lincoln, NE 68527	402-488-8334
Tenant/Buyer:	Larry & Kathleen Gadeken	827 Manes Cir. Lincoln, NE 68505	402-483-0001
Return to:	Larry Gadeken →	827 Manes Cir. Lincoln, NE 68505	402-483-0001
		540-5404	402-486-0061 (Fax)

Signature of Applicant Larry Gadeken Address 827 Manes Cir. Lincoln, NE 68505 Date 10/9/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/14/03 Amount $200.00 Check No. 9600 Initials LP

DATA ENTRY Date____/____/____ Case No.____ Initials____

PRELIMINARY STATUS--By Ron Maxwell **DATE:** 10/15/03

RWS public Supply

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate, irrigation Well	☒ 1.0 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date____/____/____ by____

Date____/____/____ by____

Date____/____/____ by____

Comments: Original permitted septic system in 1978 was failing in 1996. Additional 100 ft of drainfield was approved and installed in 1996. There is evidence (wetland vegetation) in the drainfield area of potential failure, thus, provisional approval at this time. See Attached Letter ☐

Recommend continuing to pump tank every 2-3 yrs.

FINAL STATUS Public Water supply for drinking water

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

Approved by Ron Maxwell, RS. Date 10/17/03

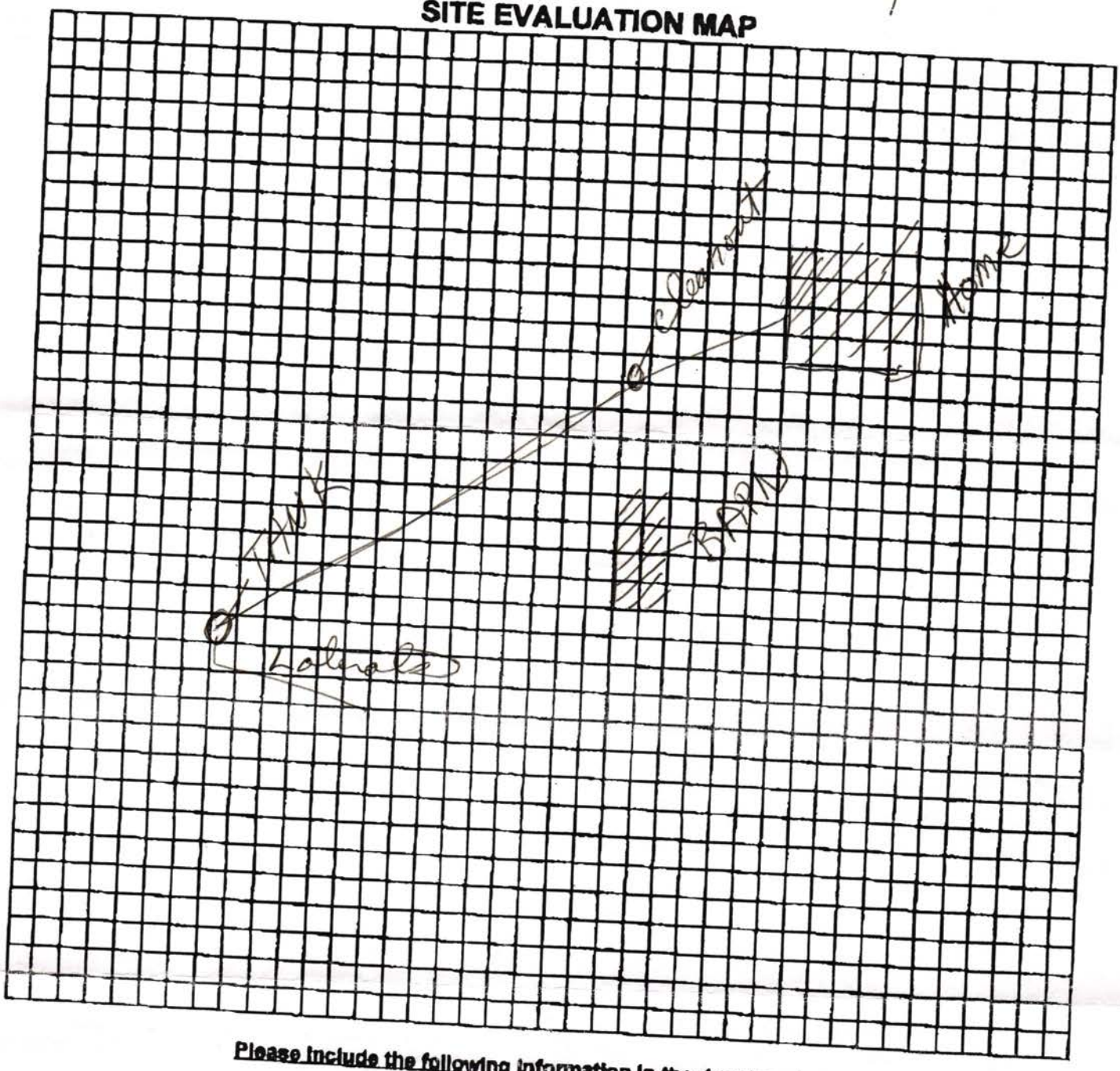
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Office

Revised/Reprint: 9-00

P23891-85

SITE EVALUATION MAP



Please include the following information in the drawing above

1. Draw and locate distances between all buildings on the property
2. Note any future improvements to the property
3. Note lot dimensions and the direction of North
4. Indicate the location of any private sewage treatment system
5. Note setback distances to property lines, private water wells, water suction and pressure lines, surface waters, neighbors property lines and public water supplies

002

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6641 NORTH 148th STREET - LINCOLN

Twp 10N Range 8E Section 21 1/4 SE 1/4 Block ___ Lot ___ Addition ___

Directions to Property WEST SIDE OF 148th - about 1/3 mile NORTH OF "O" STREET - PRIVATE (GATED) DRIVE to HOME (Behind trees)

Location of Well NW-Lev 3 Stall garage/shed Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW of house by Horse Barn Year Installed ? on record

(*) Existing Agent - RITA GREISS 483-2951 (OFC) OR 430-7551 (Cell)

	NAME	ADDRESS	PHONE
Present Owner:	DR/MRS BULLER (VETERINARIAN)	6641 NORTH 148th LINCOLN	OFC - 489-9534 (DR.)
Tenant/Buyer:	DR. SARA CHRISTIANSEN	8320 So. 112 PLAZA OMAHA, NE	402/697-8249
Return to: (OR CALL)	LARRY OWEN c/o WHY USA Harrington Realty	107 WOODSWOOD DRIVE - LINCOLN, NE 68510	483-4141 Hm 488-7614

(*) Signature of Applicant Betty Christiansen Address 2225 No. 62nd 68505 Date 7/31/96

WELL USED FOR EXTERIOR PURPOSES ONLY - HOME HAS RURAL WATER

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 08/06/96
Initials ES
Amount $150.00
Check No. 3964

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/5/96

WATER SYSTEM: Rural water Dist. #32

	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☒ Violation

Additional Site Visits

Date 8/8/96 by RM
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: The original 1978 septic system installation appears to be failing. A repair permit and 100 ft additional drainfield (stand) has been installed and approved.

See Attached Letter ☐

FINAL STATUS Public Supply

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

Approved by Ron Marquart, R.S. Date 8/22/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

Please Rush 009
Closing Nov. 7th

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: 10/22/92

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 8; SECTION 21; BLOCK ____

LOT 13; ADDITION _____; Street Address _____

Directions to Property 641 N. 148th W

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Larry Buller	641 N. 148th W	488-2127
Tenant/Buyer:	"	"	
Return to:	1st Tier Savings Bank	P.O. Box 81008 -68521-108 Attention Cindy-RC 737	467-8082

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

Signature of Applicant Lawrence R Buller Address 641 N 148, Lin. NE 68527

==========

HEALTH DEPARTMENT USE ONLY

Date Received 11-2-92 Received $150.00 Check ☒ Cash ☐ #8253

Rural Water Dist. PRELIMINARY STATUS--DATE 11-3-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 11-3-92 by RM
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS Public Water system

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

APPROVED BY Ron Mayfield, RS. DATE 11-4-92

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

Health Dept: 10-29-92

1) well is located @ NE of House
- halfway between house + upper garage.

2) sewage disposal is tank + laterals located W + SW of house.
(you should have record of location)
- everything d'ed ok 2½ yr. ago.

3) well is used only for lawn watering. All of water to house is via Cass County Rural Water Dist. No 2.

4) 2 adults in house - no kids.

L Fuller Dunn

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: 1-4-89

~~☒~~ Evaluation of the Sewage Disposal System ☒ Enclosed is ~~$45.00~~ ~~$75.00~~ $150.00

Legal description of property: TWP. 10 N ; RANGE 8 E ; SECTION 21
BLOCK _____ ; LOT 13 ; ADDITION of Irregular tracts in SE¼
Street Address 641 North 148th
Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐
Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Kevin K. Popp	641 North 148th	H ~~488~~-1554 W 786-2221
Tenant/Buyer:	Laurence B. Buller	505 North 148th	H-488-2127 W-489-9534
Return To:			

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

Signature of Applicant by: Security Federal Savings by: John L. Ley Address 1330 N Street Lincoln NE. 68508

HEALTH DEPARTMENT USE ONLY $150.00

Date Received JANUARY 11, 1990 Received ~~$45.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-15-90

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐	☐
Nitrate	☐	☐

SEWAGE SYSTEM:
Approved: ☒
Provisional: ☐
Disapproved: ☐

SITE VISIT:
Date 1-15-90 by mm
Date _____ by _____
Date _____ by _____

Comments: ~~Already Requested. Duplicate~~
Recommend Checking to see if septic tank needs pumping.
See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☒

SEWAGE DISPOSAL SYSTEM:
Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Ron Morgan DATE 1-25-90

FN 20215-1079R
FORM 23-9