LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380075501

Issued 10/01/91
Expires 04/01/92

ESTABLISHMENT

JAMES RIPPE
T11N R5E SEC 9
LOT 16

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JAMES RIPPE
10100 W WAVERLY RD
MALCOLM NE 68402

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/4/91	PAID

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $_____

FILE NO._____

RECEIVED SEP 24 1991

DATE: Sept 18, 91

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

1. Legal description of property: Twp. 11 N ; Range 5E ; Section 9 ;
   Block _____ : Lot 16 I.T. : Addition _____
   Street Address 10100 West Waverly Road
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ Lagoon
4. Distance to public sewer: 2½ miles ft.

Part of this Property Lies in Zone "A" of Flood Plain Map

James Rupe
Signature of Applicant (Owner or Lessee)

10100 West Waverly Rd
Address Malcolm Ne

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/25/91. Date Frwd. 9/25/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-25-91. Date Frwd. 9-25-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouza
3. City or County Engineer: Date Rec'd. 9-25-91. Date Frwd. 9-25-91. ACTION: Approved ☐ Disapproved ☐ Signature: Larry W Vandt

REMARKS OR REASONS FOR DISAPPROVAL SEWAGE SYSTEM MUST BE OUT OF FLOOD PLAIN.

Site Visits:
Date: 10-17-91 by: rm
Date: _____ by: _____
Date: _____ by: _____

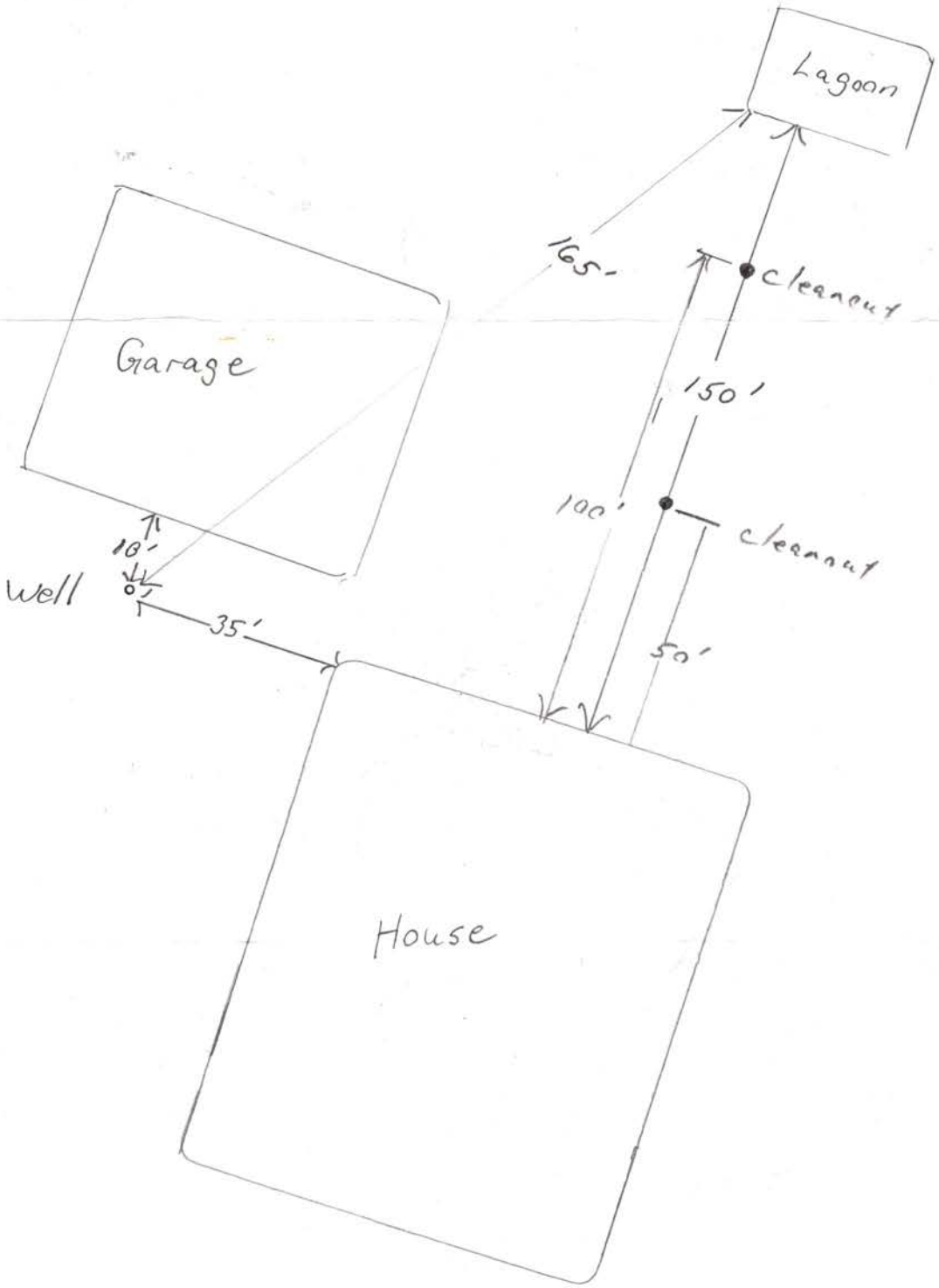
INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-1-96 By: Ron Magnuson

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

FORM 23-43

James and Dorothy Rippe
10100 West Waverly Road
Malcolm Ne. 68402

North



Not to scale

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 10100 West Waverly Rd. Malcolm Ne 68402
Twp 11 Range 5 Section 9 1/4 SE 1/4 Block ___ Lot 16 Addition ___
Directions to Property 1½ miles north of Malcolm on 105th ¼ mile East on W Waverly North side of waverly Rd
Location of Well Northwest corner of house Tap Location: Inside ☑ Outside ☑
Location of Sewage System Northeast of house Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	James A, Dorothy J Rippe	10100 W Waverly Rd Malcolm Ne 68402	796-2183
Tenant/Buyer:	Same as above		
Return to:	Farmers Merchant Bank	Milford Ne 68405	402-761-2211

Signature of Applicant James A Rippe Address 10100 W Waverly Rd Malcolm Ne Date 2/16/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 02/20/96
Initials CW
Amount $150.00
Check No. 6800

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/22/96

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM		
Approved	☐	
Provisional	☐ OK	
Disapproved	☑ need soaking	

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart Date 3/1/96

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