Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390074401

Issued 07/14/03
Expires 07/14/03
Revenue Code 3157

FEES: $100.00

Establishment
MARY JONES
T10N R8E SEC 31 QTR NW
11601 A ST-WALTON

TOTAL: $100.00

Permittee
MARY JONES
11601 A ST
WALTON NE 68461

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003214

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☒ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☑ **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:**
   Township 10N Range 8E Section 31 1/4 Section NW
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 16601 AJ Walton NE

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Relevel Pipe so intire System works

5. **Work to be done by:** ☐ owner ☑ contractor's name Daharsh Exca.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Mary Jones Address 16601 AJ Walton Phone _____
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 1/14/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 1/15/03 By nm, no effluent on ground
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 1/15/03 By Ron Mayfield

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 1/14/03 Amount $100.00 Check No. 2076 Initials MO

White - Division Copy Pink - Business Office Revised 9/00

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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: June 8, 1990

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 31 ;
Block_____; Lot_____; Addition_____
Street Address 11601 A St Walton

2. Property Use: Residential X [ ]; Commercial_____ [ ]
No. Bedrooms 3
Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Add Leach Pit 10X30 X 2½' deep with Gravel, Perforated Pipe

5. Work to be done by: Owner [ ] ; or Contractor [ ], Owner - Clayton Maahs
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
Under TOTAL	$ 400	00

Clayton Maahs
Signature of Applicant (owner or lessee)

11601 A St Walton, Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ NO FEE

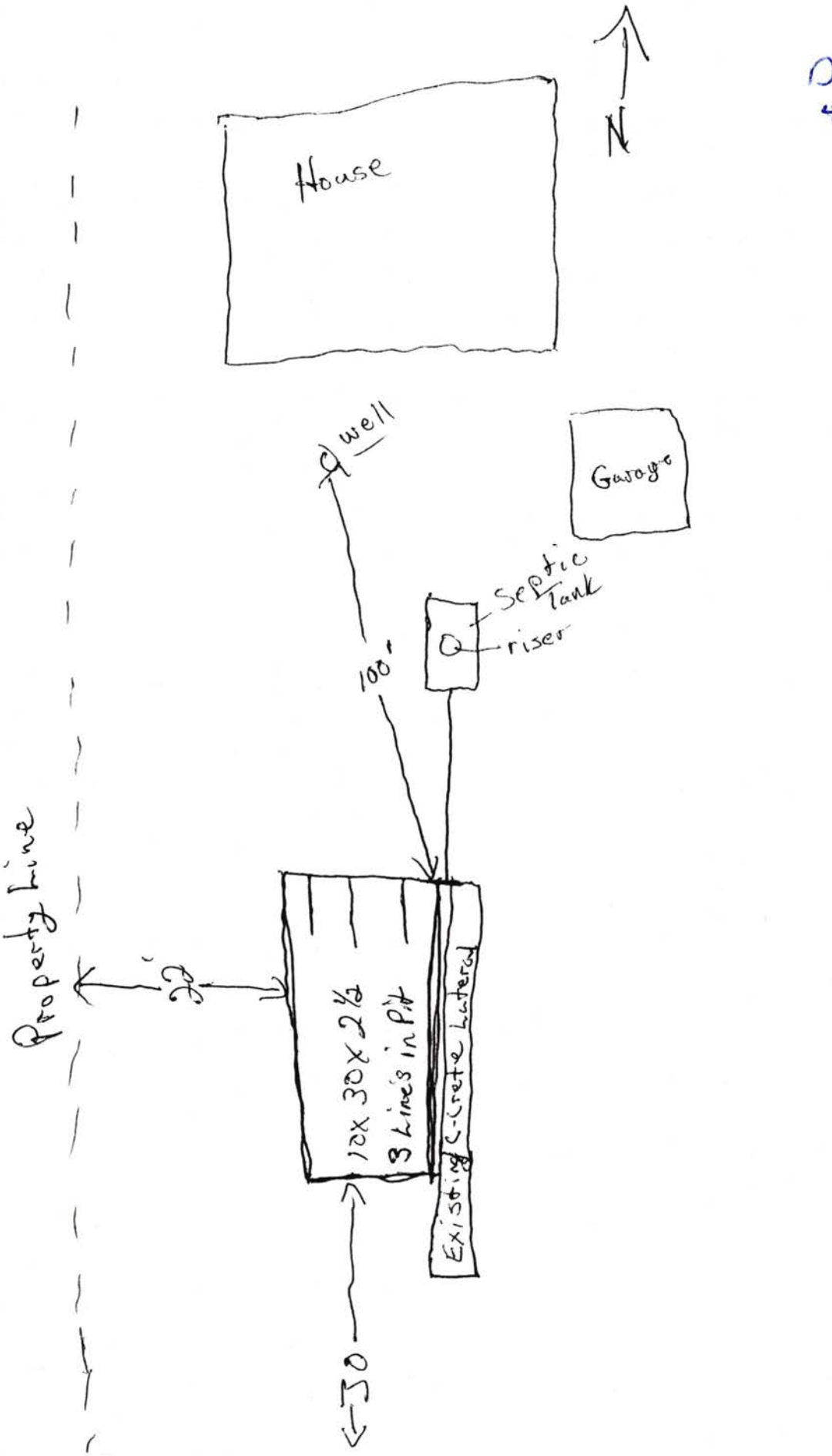
2. Site Visits:
Date: 6/13/90 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Boos

4. INSTALLATION FINAL WRITTEN APPROVAL [X]
Date:_____ by:_____

* EXPERIMENTAL SYSTEM

Dashersh
440-3284



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOA

This form must be completed and returned to request

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: June 19, 1989

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 31; BLOCK ____

LOT ____; ADDITION _____; Street Address 11445 "A" Street

Directions to Property US 32 & 11, N.E. Tract 10N 31 10-8 East on A Street - 1st Hse. Right side of St. in Walton

Location of Well BEHIND HOUSE - CENTER Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE. SIDE BEHIND HEDGE Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	NANCY J. KUNTZWEILER	1403 Yolanda Rd. Bellevue	292-9078
Tenant/Buyer:	CLAYTON & DENISE MATHIS	RR 1, BOX 174 WALTON, NE	781-2353
Return to:	RE/MAX PROFESSIONALS	6940 "O" St. Suite 300 68503	467-3000

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

Signature of Applicant _____ Address 6940 "O" Street Suite 300 Lincoln, NE 68503

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 26, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6/22/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 6/22/89 by J.C.H
Bacteria	☐	☐	Provisional:	☐	Date 7/10/89 by J.C.H
Nitrate	☐	☒	Disapproved:	☒	Date 7/11/89 by J.C.H

Comments: DEPRESSION AROUND WELL - CONDUIT IS SEVERED. 7/11/89 EVIDENCE SEPTIC SYSTEM HAS OVERFLOWED AT LID. LID IS BROKEN. NEED NEW ONE. NOTE: SEPTIC TANK HAS BEEN DUMPED IN See Attached Letter ☐

IN VIEW OF RECENT TESTS IN WALTON IT IS THE HEALTH DEPARTMENTS VIEW THAT THIS WELL WATER SHOULD BE TESTED FOR CARBON TETRACHLORIDE

FINAL STATUS

APPROVAL ON WATER IS ONLY FOR WATER COMING THROUGH DISTILLER ONLY AND ONLY AS LONG AS IT IS KEPT IN GOOD OPERATING CONDITION

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

APPROVED BY Leland C. Hood R.S. DATE JULY 13, 1989

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

SEPTIC SYSTEM MAY NEED ADDITIONAL LATERAL IN NEAR FUTURE.