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. 1802-C

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

DATE: _____

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. 7N ; Range 6E ; Section 7 ;
Block [redacted]; Lot [redacted] I.L. Addition _____
Street Address RFD Hallam

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

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

4. Description of proposed alteration, extension or repair: CHANGE TO LAGOON

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

6. Estimated cost of project:

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

Paul J Muff
Signature of Applicant (owner or lessee)

R.F.D. Hallam, Nebraska
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7-2-81 cg
Filing Fee: $ $30.00

2. Site Visits:
Date: 10/26/81 by: JMN
Date: 11/30/81 by: JMN
Date: 7/16/81 by: JMN
8/3/81 JMN
9-7-81 JMN

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-8-81 by: John Nelson

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Block_____; Lot_____; Addition_____
Street Address_____

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:_____
_____
_____

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

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

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

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

3. Date: Approved ☐; Disapproved ☐
by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1908-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 6, 1982 — THIS PERMIT EXPIRES

PAUL J MUFF RFD HALLAM NE — ISSUED TO / ADDRESS

T7N, R6E, Section 7, Lot 2 Irregular Tract — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

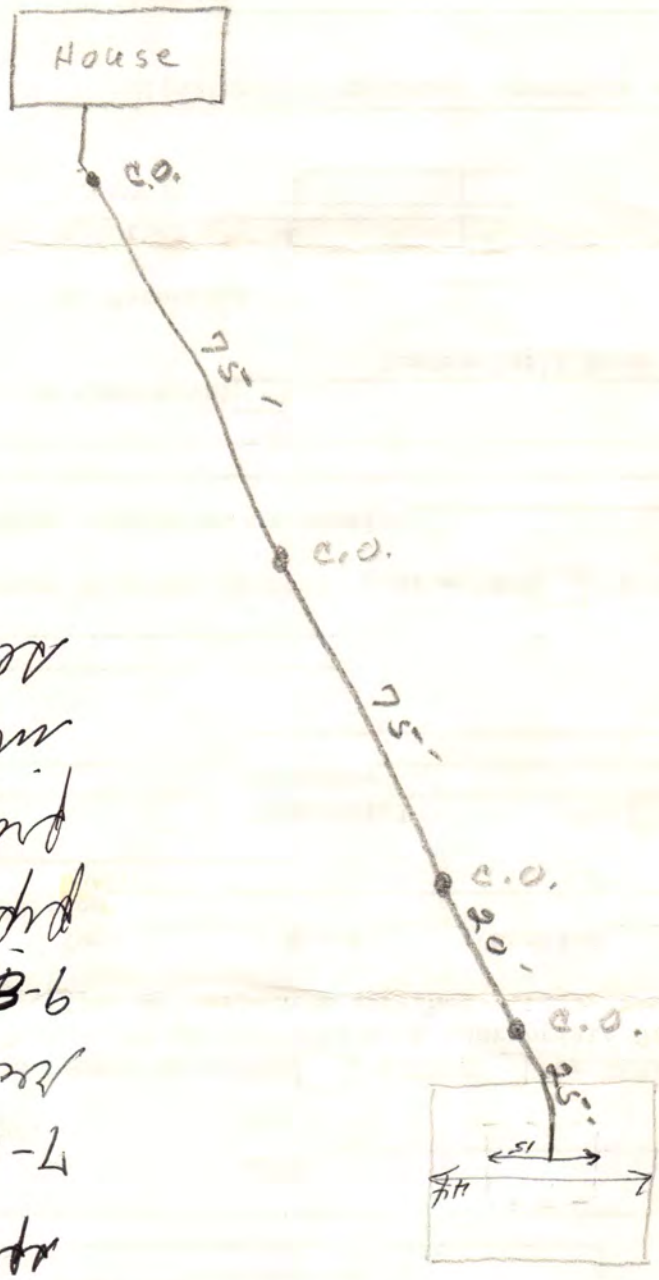
THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

5' Deep at house

4" x 195' PVC

N



Slope approx 4-1

6-30-81 - Site visit

6-30-81 - Fence in place
Asphalt pad, ramp in place.

7-6-81 - water level data
measured & recorded

9-8-81 - water level data.
pipe. Appears to be functioning properly at the time of inspection - needs grass seeded.

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: Jan. 13, 1992

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

Legal Description of Property: TWP. 7N; RANGE 6E; SECTION 7; BLOCK ____

LOT 21; ADDITION SE 7-7-6 LCN; Street Address 23101 S.W. 42nd, HALCAM, NE. 68368

Directions to Property 2 MILES WEST OF SPRAGUE, NE. ON W. SPRAGUE RD., TURN SOUTH ON S.W. 42nd ST., go 2 3/4 MILES, PROPERTY IS ON WEST SIDE OF ROAD

Location of Well W. OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH OF HOUSE Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Warren Elly		
Tenant/Buyer:	DOUGLAS O. BURTON	1316 N. 23rd Lincoln, NE. 68503	474-1789
Return to:	FIRST COMMERCE SAVING 40TH & SOUTH ST. WILL PICK UP		

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

Signature of Applicant Douglas O. Burton Address 1316 N. 23rd

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 13, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/13/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☒	Approved: ☐	Date 1/13/92 by J.C.H.
Bacteria	☒	☐	Provisional: ☒	Date 1/15/92 by J.C.H
Nitrate 0.4 PPM	☒	☐	Disapproved: ☐	Date ____ by ____

Comments: DEPRESSION AROUND WELL. REMOVE LITTLE TREES FROM LAGOON FENCE. KILL OUT CATAILS FROM LAGOON (this cannot be done now, must wait until growing season). O.D. ABANDONED WELL IN WELL HOUSE SHOULD BE ABANDONED AS WELL AS ANY OTHER UNUSED WELLS. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE JANUARY 17, 1992

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 1/15/92 2:24pm (MO/DAY/YR./HOUR (9-16)) BY L.C. Wood (17-28)

ADDRESS OR LOCATION LOT 21 I.T., SEC 7, T7N, R6E (29-41)
WARREN ELEY

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

DEPRESSION FILLED

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)

1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 1206 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

'92 JAN 15 P2:54 IN

'92 JAN 16 P2:42 OUT

WATER CHEMISTRY

STATE LAB NO. 15 167

COMPLETE INFORMATION BELOW

DATE COLLECTED 1 (MO.) 13 (DAY) 92 (YEAR) 11:40 A.M (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION WARREN ELEY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 7 TWNSHP 7 N RANGE 6 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.4 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED JAN 14 92 P4:20

RECEIVED JAN 13 92 P12:31