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. _____

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

DATE: 4-1-83

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 24 ;
Block _____; Lot 10 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: ADD LAGOON TO EXIST LINE & BY PASS SEPTIC TANK

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	250

Charles Roesans
Signature of Applicant (owner or lessee)

Rt. 1 Box 111 MARTELL 68404
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4/29/83 by: J.C.H.
Date: 5-25-83 by: rm complete fence gate signs
Date: 6-2-83 by: rm

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

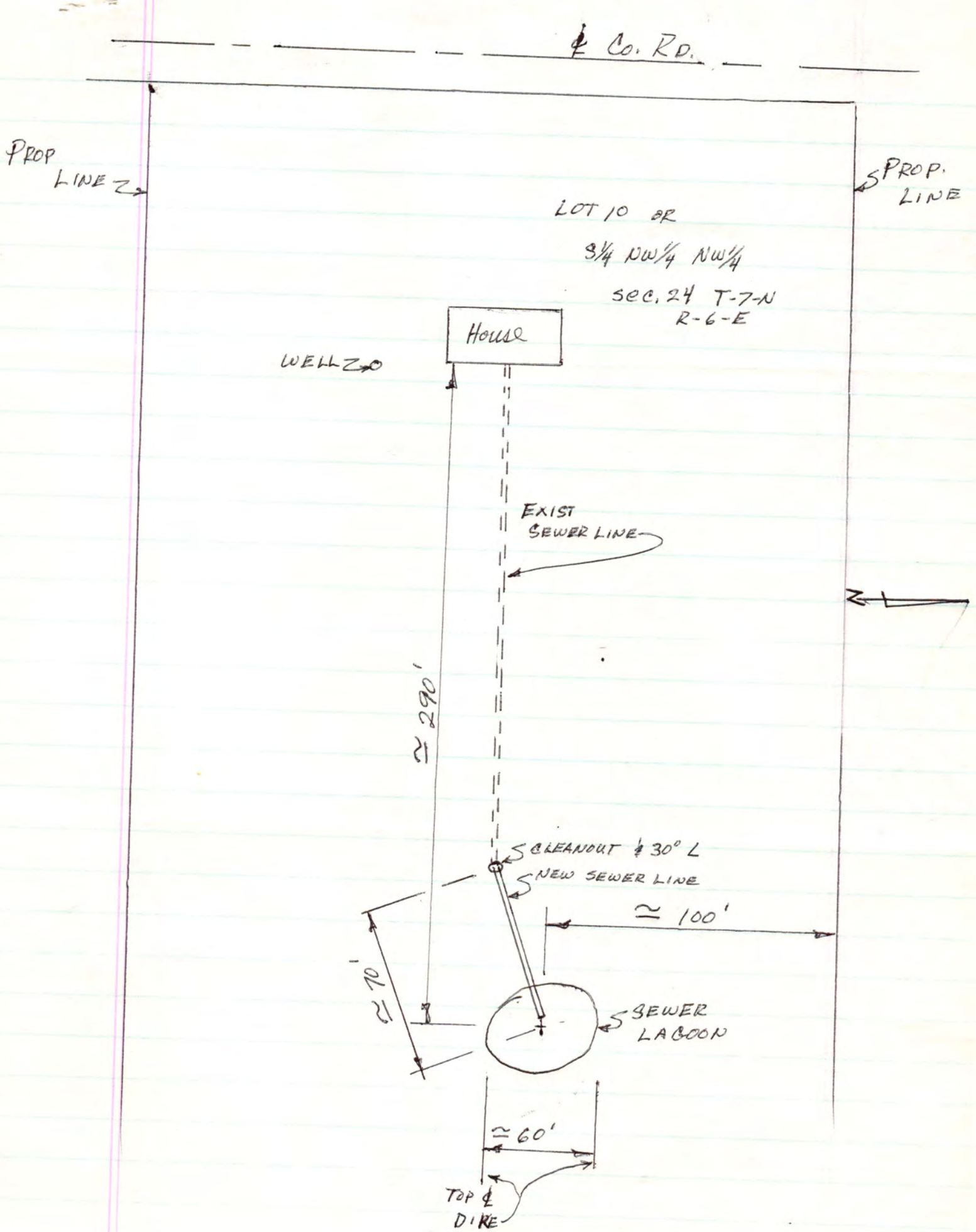
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-2-83 by: Ron Maynard

Need fencing, seeding, signing, measurement device & drawing

RECD MAY 23 1983

ATTACHED IS AS BUILT PLAN OF MY SEWER LAGOON.

Charles Lovecraus
Rt. 1 Box 111
MARTELL NE 68404


℄ Co. Rd.
PROP LINE
PROP. LINE
LOT 10 OR
3¼ NW¼ NW¼
sec. 24 T-7-N
R-6-E
House
WELL
EXIST SEWER LINE
≃ 290'
CLEANOUT & 30° L
NEW SEWER LINE
≃ 100'
≃ 70'
SEWER LAGOON
≃ 60'
TOP ℄ DIKE

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: + 7N, R6E, 24

(3)

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

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

DATE COLL. 5-25-83 (9-16) MO./DAY/YR./HOUR BY mm (17-28)

ADDRESS OR LOCATION outside tap. (29-41)

NAME AND ADDRESS OF OWNER

Charles Rosecrans
RR #1 Box 11
Martell, NE

NEBRASKA DEPARTMENT OF HEALTH

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: 1 (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 181 (44-47)

DATE EXAMINED 5-25-83 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE .07 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY RW (76-79)

OUT