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: 471-7800)

Les Ralston
Princeton, Ne

FILE NO. _____

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

DATE: 11-17-92

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 _____; Addition _____
Street Address _____

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: Abandon Septic System Install Sewage Lagoon

5. Work to be done by: Owner ☐; or Contractor ☐, Southwick Sewer & Dozer
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL >	$ 900 00

Leslie Ralston Brad Southwick
Signature of Applicant (owner or lessee)

RFD Mantell, Ne Hickman, Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390031101

Issued 11/20/92
Expires 05/20/93
Revenue Code 18754

Establishment
LESLEY RALSTON
T7N R6E SEC 24

FEES: $50.00

TOTAL $50.00

Permittee
LESLEY RALSTON

MARTELL NE 68404

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"

9905260004

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.

LCR 4042

Legal Description of Property: Street Address 25700 S 12th St.

Twp 7N Range 6E Section 24 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property Hwy 77 just South of Princeton. East on Princeton Rd / S. 12th

Location of Well by clothesline Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Lester Ralston	25700 S. 12th Martell NE 68404	(402)798-0206
Tenant/Buyer:	Lane/Loretta Corley	Rt. 1, Box 73 Ryan, OK 73565	(580)757-2566
Return to:	Lynne Schroeder c/o Woods Bros. Realty	3737 S. 27th Lincoln NE 68502	(402)499-2222

Signature of Applicant Lynne Schroeder for Lane and Loretta Corley Address 3737 S. 27th Lincoln NE 68502 Date 4 / 28 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 4 / 29 / 99
Initials es
Amount 150.00 ✓
Check No. 2135 ✓

DATA ENTRY

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

PRELIMINARY STATUS--By John C. **DATE:** 5 / 3 / 99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits

Date 5 / 21 / 99 by JC
Date 5 / 25 / 99 by JC
Date ___/___/___ by ___

Comments: Lagoon needs to be mowed, weeds + vegetation need cutting. Cattails in lagoon need to be sprayed. 5-21-99 Jeff was asking to mow 5/25/99 - Has been mowed. See Attached Letter ☐
Signs for cattail spraying

FINAL STATUS

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

Approved by John C. Date 5 / 25 / 99

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

1) Received in mail from Ralston 2) Raw water, 2.0 Treated 0.7

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 25700 So 12

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 6E Section 24 1/4 NW 1/4 Block ___ Lot 11 Addition Martell, NE

Directions to Property Princeton Road East to So 12; .6 mi South

Location of Well ____ Tap Location: Inside ☒ Outside ☒

Location of Sewage System lagoon - NE of house ~250' Year Installed ____

Site Hazards (dogs, etc.) none (hydrants)

	NAME	ADDRESS	PHONE
Present Owner:	Lane Corley	25700 So 12	798-7030
Tenant/Buyer:	Jim Apel		(405) 433-2186
Return to:	Bill Porn	Woods Bros 7141 A St, 68510	434-3800 434-3801 (Fax)

Signature of Applicant Bill Porn for Jim Apel Address 7141 A St Lincoln, 68510 Date 7/5/02 416-6906

HEALTH DEPARTMENT USE ONLY

Bill's cel

RECEIVED Date 7/8/02 Amount $200.00 Check No. 1014 Initials LO

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/9/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

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 Doug Smith Date ___/___/___

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: 9-00

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on May 04, 1999

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P8340-24**
Sampled By: **CHESS, JOHN**
Location: **25700 S 12**
Sample Point:

Date Collected: **03-May-1999 12:00 AM**
Date Received: **03-May-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	05/04/99	KC		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	05/04/99	KC		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.