LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2799-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

RONALD W. AUBIN — ISSUED TO

RT. 1, BOX 155 HICKMAN, NE 68372 — ADDRESS

T7N; R8E; Sec 4; Lot 4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 80.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: MG — DATE: 2 16 89 — AMOUNT:

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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)

FILE NO. 2799-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 8E ; Section 4 NW¼ ;
Block _____ ; Lot 47 ft. ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Build lagoon approximately 100 feet from house.

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

6. Estimated cost of project:

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

Ronald W. Rubin
Signature of Applicant (owner or lessee)

Rt. 1, Box 155, Hickman, Ne, 68372
Address

(Do not write below this line)

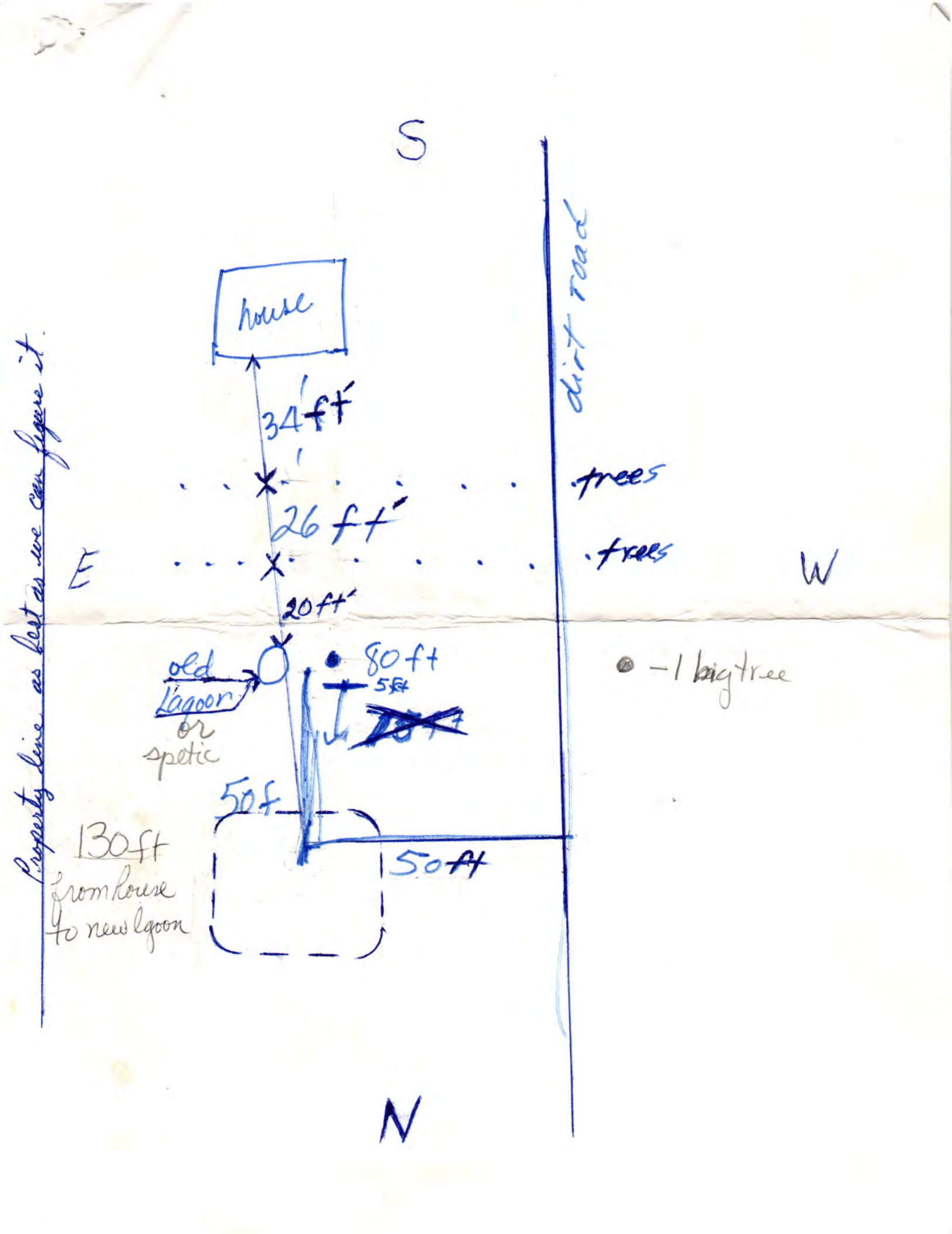
REVIEWING ACTION

1. Date Rec'd: 2-15-89
Filing Fee: $ 30.00

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

3. Date: Approved ☒ ; Disapproved ☐
by: Gerald E. Hoyt

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


S
house
dirt road
34 ft
trees
26 ft
trees
E
W
20 ft
old lagoon or spetic
80 ft
5 ft
50 ft
50 ft
130 ft from house to new lgoon
Property line as best as we can figure it.
- 1 big tree
N

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to requ

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.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address_____

Twp 7N Range 8E Section 4 1/4___ 1/4___ Block___ Lot 41 Addition_____

Directions to Property 134th ¼ N Blue house

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of house Year Installed_____

	NAME	ADDRESS	PHONE
Present Owner:	Joe Owens	Rt. 1 Hickman 68372	
Tenant/Buyer:	Mike Spadel	2825 S. 47th Lincoln, Ne. 68506	488-5216
Return to:	Mike Spadel		560-1320

Signature of Applicant Mike Spadel Address 2825 S. 47th Date 12/6/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/6/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Verrald C. Hood **DATE:** 12/6/93

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date 12/29/93 by P.D.
Bacteria	☐ ____/ml	☐ ____/ml	Provisional ☐	Date ___/___/___ by ____
Nitrate	☐ ____ppm	☐ ____ppm	Disapproved ☒	Date ___/___/___ by ____

Comments: LAGOON NOT ENTIRELY FENCED YET. OLD WELL MUST BE PROPERLY ABANDONED TOO NEAR LAGOON.

12-29-93 Fence up gate locked 2 signs in place See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ Rural water District

SEWAGE DISPOSAL SYSTEM Approved: ☒ 12-29-93 P.D.
Provisional Approval: ☐

Approved by Paul [illegible] Date 12/21/94

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.