LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2487-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 27, 1987 — THIS PERMIT EXPIRES

CAPITAL CITY TRENCHING — ISSUED TO

ROUTE #1, BOX #79 HICKMAN, NE 68372 — ADDRESS

T8N; R7E; Sec S½ NW¼ 4 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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
MG	4-28-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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. 2487-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. 8N ; Range 7E ; Section 4 S½NW¼;
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: 100' Lateral + Dist Box

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1300 00

Capital City Trenching
Signature of Applicant (owner or lessee)

Rt #1 Box 79 Tecumseh, Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4-24-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-24-87 by: ____ Abandoned well within 100 ft.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-24-87 by: Lon Mayeux

Closing Sept 15

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAI

This form must be completed and returned 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.

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

Legal Description of Property: Street Address_____

Twp 8N Range 7E Section 4 1/4___ 1/4___ Block___ Lot 17 Addition_____

Directions to Property South 1/2 Mile from 84th & Jamaica

Location of Well_____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house Year Installed_____

	NAME	ADDRESS	PHONE
Present Owner:	Rebecca Arnold		
Tenant/Buyer:	Jeff York		
Return to:	MICHAEL L. THOMAS	ATA 3201 PIONEERS BLVD LINCOLN, NEBRASKA 68502	

Signature of Applicant [signature] Address 4811 Fir Hollow Ln. Date 8/12/95
LINCOLN, NE 68516

HEALTH DEPARTMENT USE ONLY

Date Received 8/16/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 8/16/95

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 10/12/95 by D.C.H.
Date ___/___/___ by ____
Date ___/___/___ by ____

Comments: ALL OLD WELLS AND CISTERNS MUST BE PROPERLY ABANDONED. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. MUCH OF THE SEWAGE SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. See Attached Letter ☐

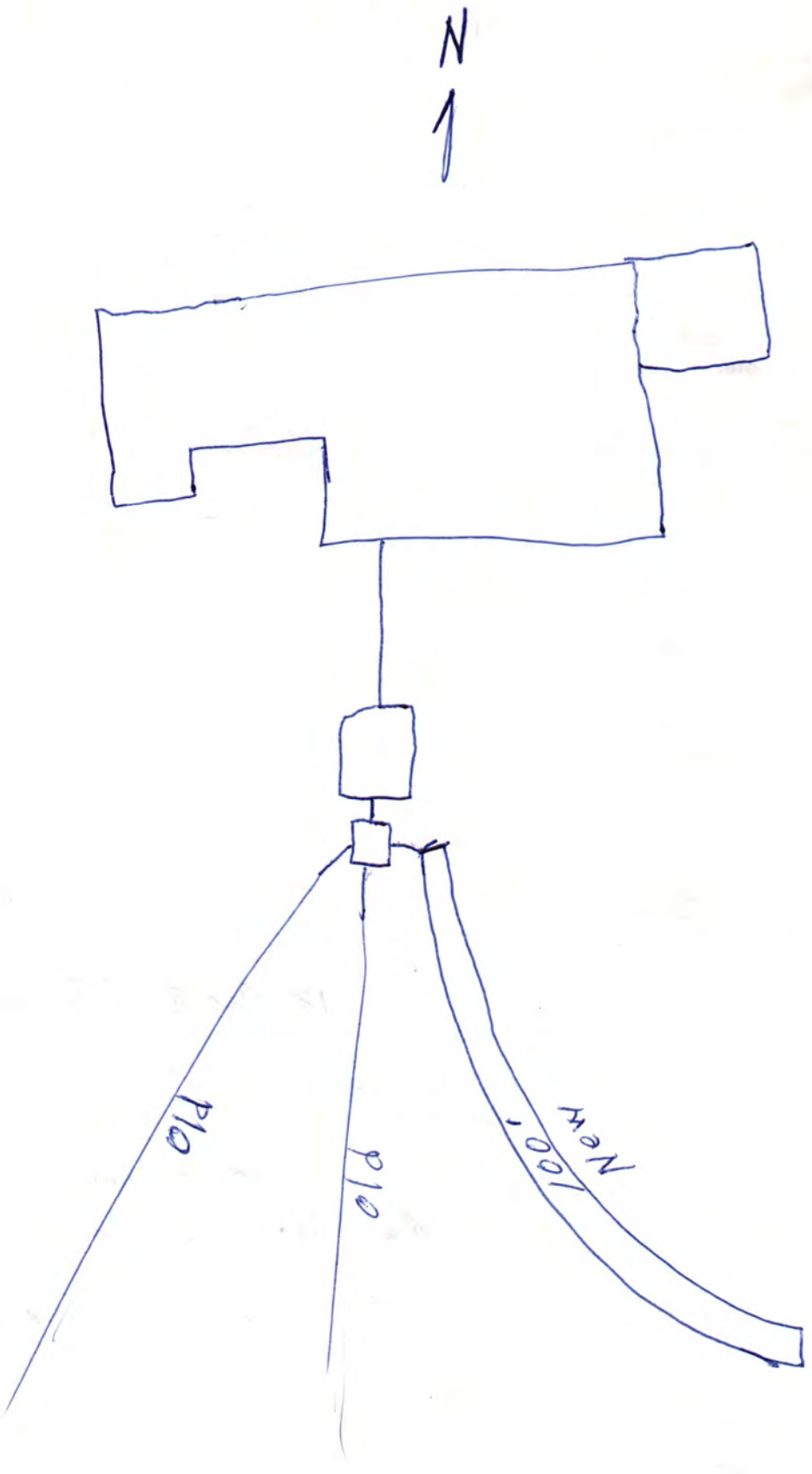
FINAL STATUS

WATER SYSTEM: Approved: ☐ Corrected 10/12/95 RURAL WATER DISTRICT

SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Nood R.E.H.S. Date 10/12/95

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.


N
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Pla
Pla
New Door

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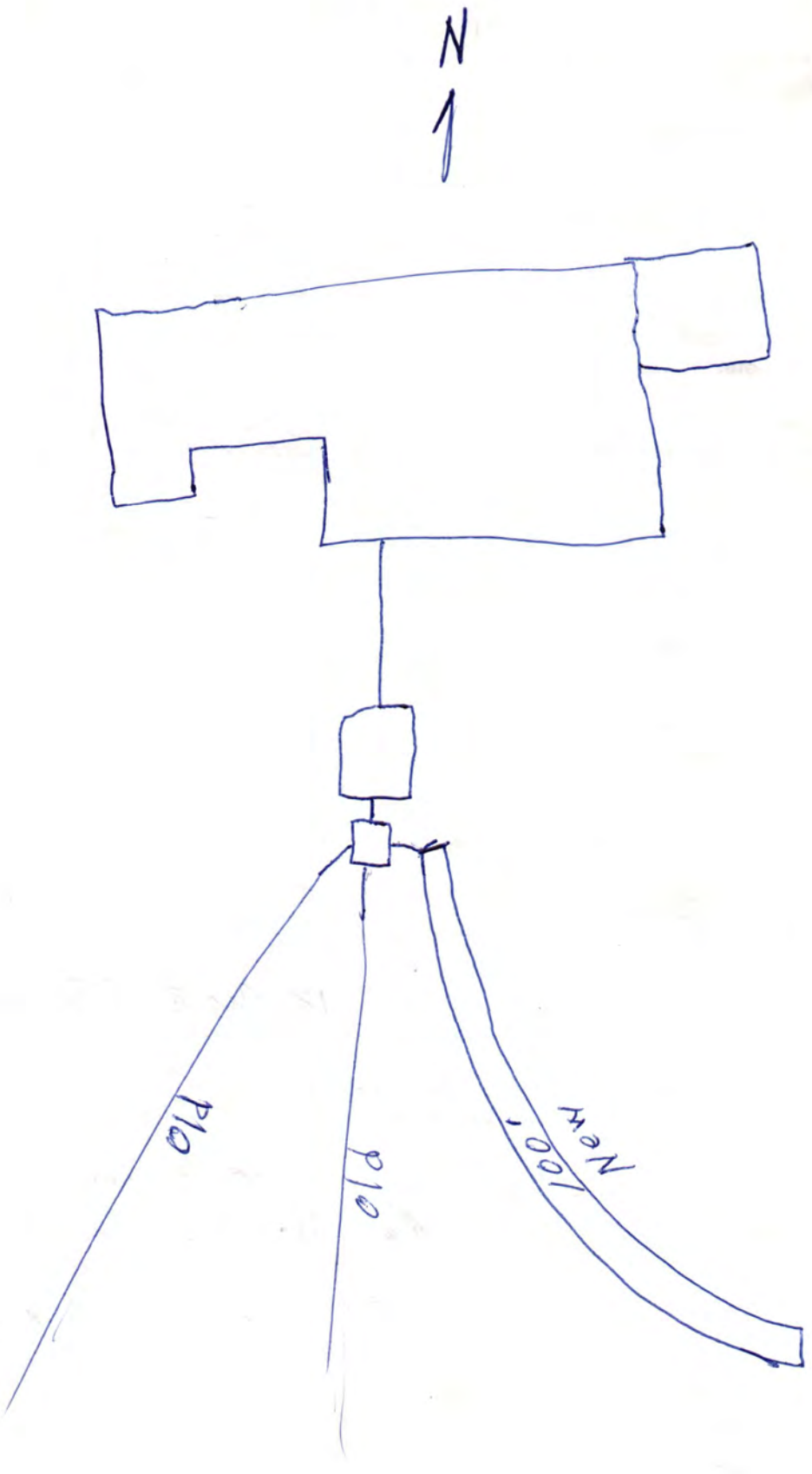
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