LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1669-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 30, 1980 — THIS PERMIT EXPIRES

Sylvia Spohnheimer — ISSUED TO

7410 Old Post Road, Lincoln, NE 68506 — ADDRESS

T8N; R8E; Section 34 NW¼ (148th and Hickman Road) — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE (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

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: 475-6221)

FILE NO. 1669-C

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

DATE: 6-19-80

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 8E; Section 34 NW¼;
Block _____; Lot _____; Addition _____
Street Address 14800 + HICKMAN RD.

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 52' ½ MSPV to lateral And Concrete blocks. also road gravel

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	600.00

X Sylvia L. Spohnheimer
Signature of Applicant (owner or lessee)

7410 OLD POST ROAD
LINCOLN, NEBR 68506
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

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

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

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 91390025201

Issued 10/04/91
Expires 04/04/92

ESTABLISHMENT
BRAD SOUTHWICK
T8N R8E SEC 34

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE BRAD SOUTHWICK
701 E 4TH ST
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/4/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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._____

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

DATE: 10-3-91

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 8E; Section 34 NW 4;
Block_____; Lot_____; 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: Replace Septic Tank & line to lateral

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

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$ 1150 00

Brad Southwick
Signature of Applicant (owner or lessee)

701 E 4
Hickman, Ne
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10/3/91 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/4/91 by: L.C. Hood

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St Marys Avenue - Phone (402) 471-78

REAL ESTATE TRANSFER / L

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 Buyer is interested in well for livestock Date: Sept 12, 1991

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

Legal Description of Property: TWP. 8N; RANGE 8E; SECTION 34; BLOCK ___

LOT ___; ADDITION _____; Street Address 148th & Hickman Rd.

Directions to Property Go South of Bennet on Hiway 43 to Hickman Rd then West to 148th. House on corner of 148th & Hickman Rd.

Location of Well Northeast corner of property Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Erin McGovern		474-2017
Tenant/Buyer:	Calvin & Nancy Schutt		
Return to:	Norma Ellington	111 Piazza Terrace	483-4663

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

Signature of Applicant Calvin Schutt Address _____

By Norma Ellington Home Real Estate East

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 16, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/17/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☒	Approved: ☐	Date 9/17/91 by L.C.H.
Bacteria	☐	☐	Provisional: ☐	Date 10/3/91 by L.C.H.
Nitrate	☐	☐	Disapproved: ☒	Date _____ by ___

Comments: WELLS ARE NOT FUNCTIONAL AND SHOULD BE PROPERLY ABANDONED ESPECIALLY ONE BY DRIVEWAY AS IT PRESENTS A DANGEROUS SITUATION. WHAT IS SUNKEN PLACE corrected 10/3/91 ABOUT WHERE SEPTIC TANK SHOULD BE? SEPTIC TANK SHOULD BE corrected 10/3/91 CHECKED TO SEE IF IT NEEDS PUMPING OWNER HAS NEVER HAD IT PUMPED. ALL JUNK AND JUNK CARS MUST BE REMOVED. to be completed by end of 10/31/91 See Attached Letter ☐

FINAL STATUS

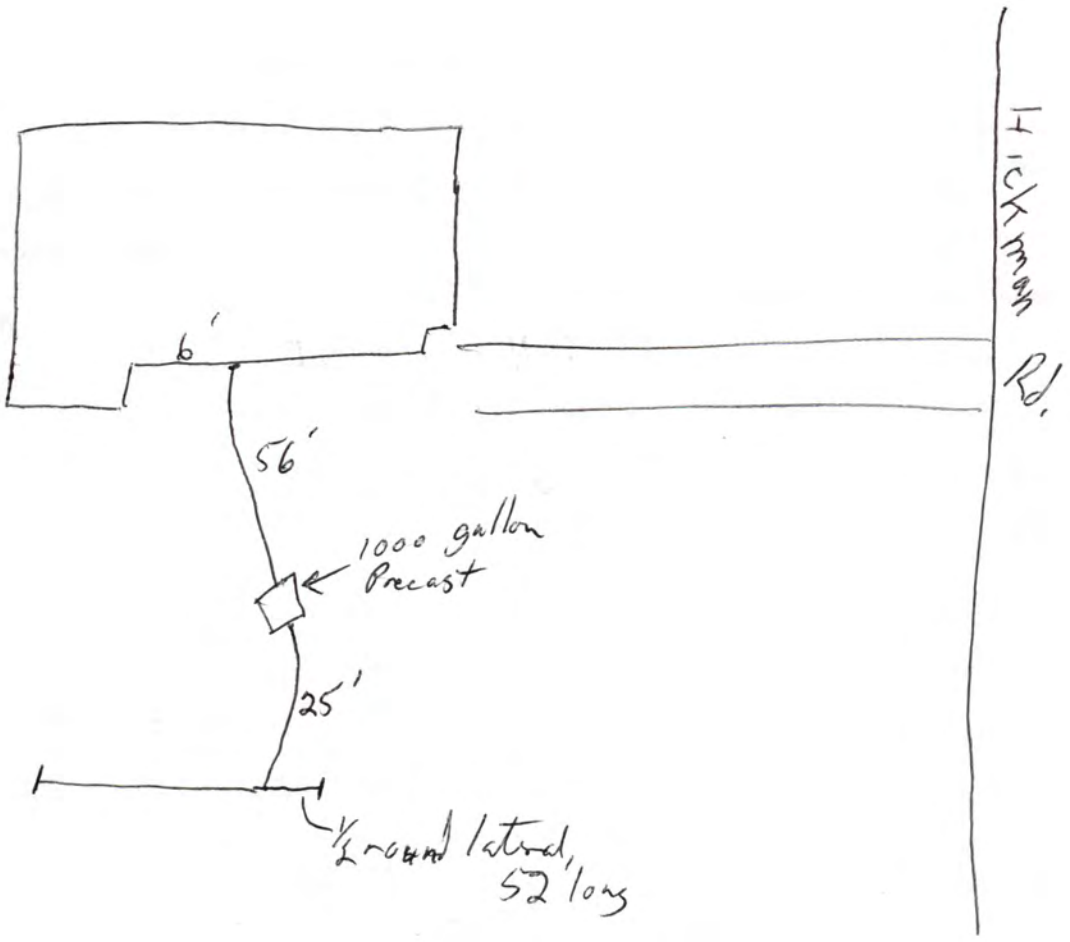
WATER SYSTEM: Approved: ☐

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☒ PROVISIONAL APPROVAL ON SEWAGE SYSTEM

APPROVED BY Jerrold C. Hood R.S. DATE OCTOBER 3, 1991

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 PORTIONS OF IT PREDATE REGULATIONS AND

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832 AMOUNT OF LATERAL IS NOT BASED OFF OF SOIL PERCOLATION TEST.


Hickman Rd.
6'
56'
1000 gallon
Precast
25'
½ round slotted,
52' long