LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2368-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 12, 1987 — THIS PERMIT EXPIRES

DUANE A. WISSINK — ISSUED TO

ROUTE #1, BOX 37 BENNET, NE 683ZZ — ADDRESS

T8N; R8E; Sec 35 — 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
PB	8/15/86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

REC'D AUG 1 1 1986

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. 2368-C

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

DATE: 7-24-86

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 35 ;
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: Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Oestrin Well & Plbg.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	800.00
b. Labor	$	
c. Other	$	
TOTAL	$	

Diane A. Wissink
Signature of Applicant (owner or lessee)

Bennet, Ne. 68317
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-24-86 by: jm (Need fence)
Date: 12/3/87 by: L.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-30-88 by: Ron Mayer

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.

Legal Description of Property: Street Address 19505 S. 176th

Twp 8 Range 8 Section 35 1/4 SE 1/4 NE Block ___ Lot ___ Addition Lancaster Co.

Directions to Property Hwy. 2 to Bennet (16th St.) exit, south to Nickman Rd take ① or go east 1 mile to 176th turn So. ½ mile on west side of road.

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

Location of Sewage System South of house Year Installed unknown

	NAME	ADDRESS	PHONE
Present Owner:	John & Yvonne Murphy	RR#1 Box 37 Bennet, Ne 68317	(402) 788-2798
Tenant/Buyer:	Julia Badberg	P.O. Box 1966 Nome AK 99762	(907) 443-2366
Return to:	Julia Badberg	P.O. Box 1966 Nome, AK 99762	(907) 443-2366

Signature of Applicant Julia Badberg Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/6/99
Initials CW
Amount 150.00
Check No. 2949

DATA ENTRY

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

PRELIMINARY STATUS--By Jim Baer **DATE:** 7/9/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 7/26/99 by SB
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Warning signs needed on fence (x4) (Keep Out). Lock for gate needed. Section of fence adjacent gate needs repaired. Weed growth in leach area needs removal. Corrected

See Attached Letter ☐

FINAL STATUS

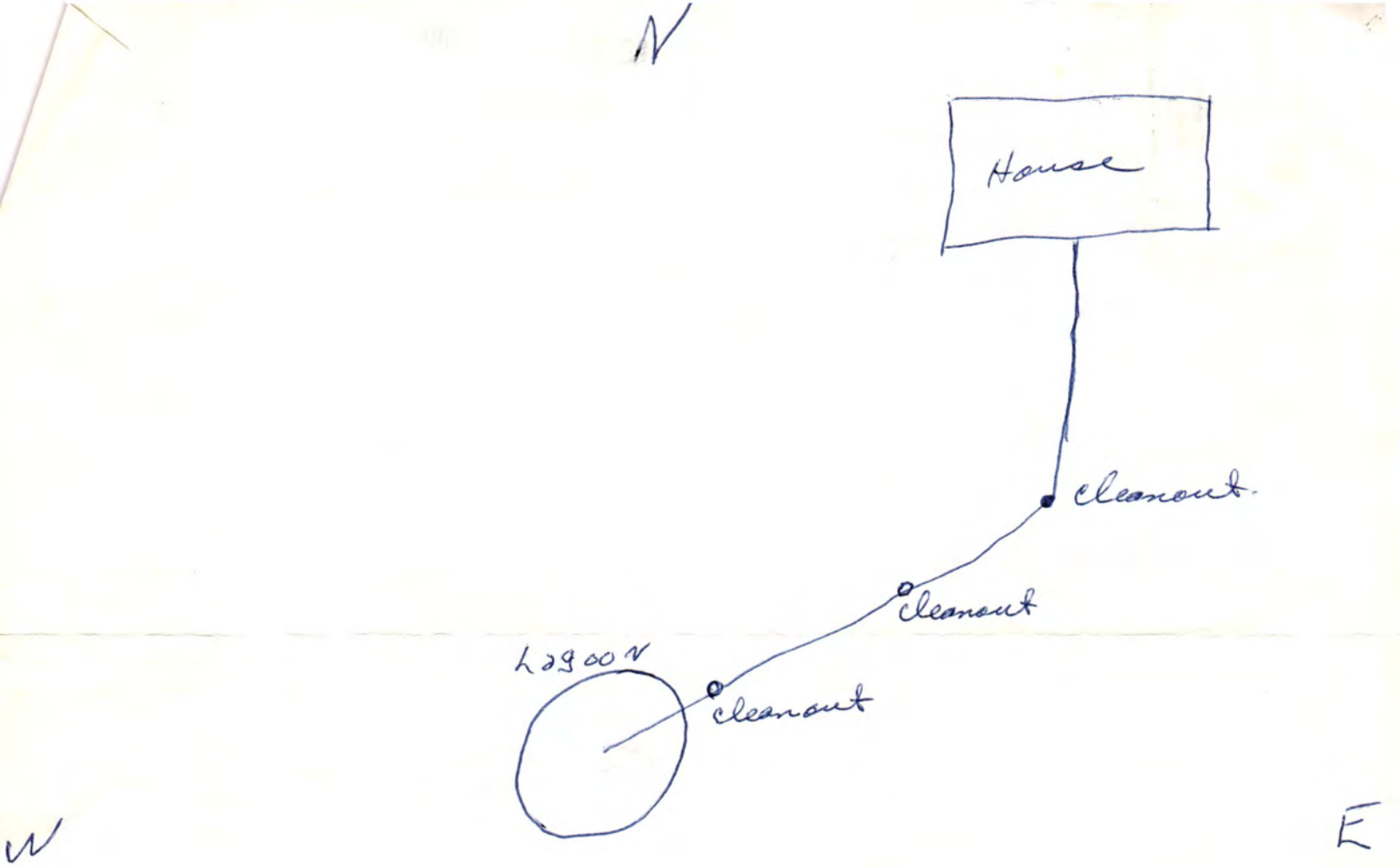
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jim Baer Date 7/26/99

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


N
House
cleanout
cleanout
cleanout
W
E