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: 6-6-88

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 SE 1/4 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: EXTEND LATERAL

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

6. Estimated cost of project:

a. Materials	$	200 00
b. Labor	$	100 00
c. Other	$	
TOTAL	$	300 00

Dean DeBoer
Signature of Applicant (owner or lessee)

Rt 1 Box 62 Adams, Ne. 68301
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 6/6/88 by: D.S.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/6/88 by: D.S.

Official Survey Record

LANCASTER County, Nebraska

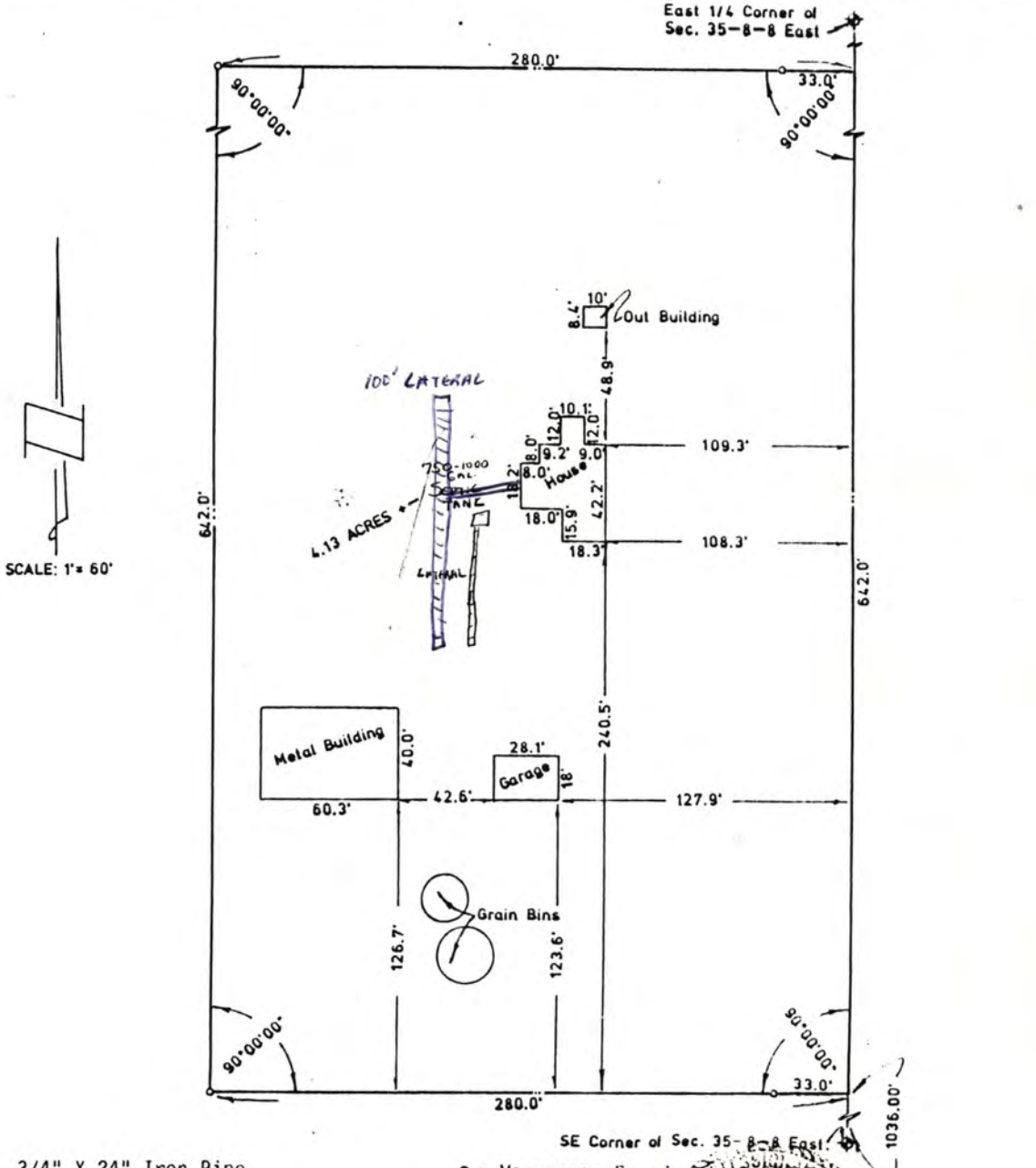
ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516

Telephone 483-5008

Sheet 1 of 2

Survey of a 4.13 Acre ± Tract of land located in the Southeast Quarter of Section 35 T 8 N, R 8 E of the 6th P.M.

Job No. 8981 F. B. No. N.A. Date March, 19 88



o = Set 3/4" X 24" Iron Pipe

● = Monuments Found

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron PIPE were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 25th day of March, 19 88

NAME DENNIS D. SIMONDS

Surveyor's License Nebraska L.S. 343

REGISTERED PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS
L.S. 343
STATE OF NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 96390051501

SEWAGE SYSTEM REPAIR

Issued 08/29/96
Expires 03/01/97
Revenue Code 18754

Establishment

BRAD FROM
T8N R8E SEC 35
20005 S 176 STREET

FEES: $50.00

TOTAL $50.00

Permittee

BRAD FROM
RR0001
BOX 00062
ADAMS NE 68301

Issued By M. Jane Ford
Health Director

2521

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 8-26-96

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 20005 So 176th

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: Added 100' of lateral

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

6. Estimated cost of project:

a. Materials	$ 350	00
b. Labor	$ 80	00
c. Other	$ 200	00
TOTAL	$ 630	00

Brad From 20005 S. 176th

Brad R. Fo
Signature of Applicant (owner or lessee)

20005 S. 176th
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 8-26-96
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-26-96 by: P.D
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-26-96 by: Paul Hofmann

021

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 20005 So 176TH ST

Twp 8N Range 8E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/2 mi NO OF 176TH + STAGECOACH ROAD

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lateral Run No. + So. Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	BRAD FROM	RT 1 ADAMS NE	471-3883 788-2781
Tenant/Buyer:	JAMES + MARILYNN RYAN	BOX 86 SPRAGUE NE	794-0244
Return to:	___	___	___

Signature of Applicant James L Ryan LL-HU Address Box 86 SPRAGUE, NE 68438 Date 7/23/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/23/96
Initials J.C.H.
Amount 150.00
Check No. 1694 1680

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

PRELIMINARY STATUS--By PAUL DROZDMANN **DATE:** 7/24/96

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

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 8/26/96 by PD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Pipe into drainage way
8-26-96 Pipe removed. 100' of lateral added on. Due to parts existing prior to regulations, there is no record of the type of system installed, how, where or with what materials, therefore only a provisional approval at this time. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drozdmann Date 8/27/96

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

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 20005 S. 176th (176th & Stagecoach)

Twp 8N Range 8E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property highway 43 south of Bennet 4mi, to Stagecoach Rd. East 1mi to 176th, North ¼ mi.

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

Location of Sewage System behind house Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Jim Ryan	20005 S. 176th	788-2545
Tenant/Buyer:	David Hinkley	2045 S 18th - Lincoln	476-2433
Return to:	R.D Hinkley & Assoc.	840 N 48th Lincoln 68504	466-1686

Signature of Applicant Scott Nelson Address 840 N. 48th Lincoln, NE 68504 Date 2/18/00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 2/18/00
Initials MK
Amount $150.00
Check No. 13831

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

PRELIMINARY STATUS--By JBare **DATE:** 2/18/00

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

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Septic System - unable to locate file/permit. System possibly installed prior to regulations. Recommend checking septic tank and pumping if needed. See Attached Letter ☐

FINAL STATUS Rural water

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

Approved by James E Barnes Date 2/22/00

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

House
Existing line
Remove Existing outlet
Septic tank
5'
New line
50'
New line
50'
Existing line