LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1420-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 26, 1979 — THIS PERMIT EXPIRES

Mrs. Bob Gilliam — ISSUED TO

Route 1, Pleasant Dale, NE 68423 — ADDRESS

T9N, R5E, Section 3, Lot 20 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1420-C

DATE: Sept 26, 1978

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Lot 20 SEE ATTACHED Twp. 9N; Range 5E; Section 3;
   Block _____: Lot _____: Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1. Describe _____

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

4. Distance to public sewer: _____ ft. TO BE DETERMINED BY PERC TEST

Mrs. Bob Gilleam
Signature of Applicant (Owner or Lessee)

Rt #1, Pleasant Dale. 68423
Address

68423

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/26/78. Date Frwd. 9/26/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-27-78. Date Frwd. 9-27-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-10-79 by: mm
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-10-79 By: Ron Wagaman

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: 1-9-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9 ; Range 5 ; Section 3 ;

Block _____ ; Lot _____ ; Addition _____.

Street Address 3301 Schroeder.

Directions on how to get to property 2½ miles South of Emerald on blacktop

Location of well _____.

Where is tap: Inside ☐ Outside ☒

	NAME	ADDRESS	PHONE
Present Owner:	Bob Gilliam	Rt. #1 Pleasant Dale	796-3425
Tenant:			
Lending Agency:	First Federal	Cheshire 70th & A	

Will pick up

(Do not write below double lines)

Health Department: Date Received 1/9/79

Received $45.00 Check ☒ Cash ☐

Site Visits: Date 1-16-79 by mm

Date _____ by _____

Date _____ by _____

Mrs. Bob Gilliam
Signature of Applicant

Rt. #1 Pleasant Dale
Address

PRELIMINARY STATUS -- DATE 1-10-79

Water System:

Approved ☒ Disapproved ☐

Sewage Disposal System:

Approved ☒ Provisional Approval ☐

Disapproved ☐

Corrections Required or Reasons for Disapproval _____.

☐ See Attached Letter.

FINAL APPROVAL -- DATE 1-12-79

Water System ☒ . Sewage Disposal System ☒ .

BY Ronald Mayfield

Form Number 20215-0878

NOTE: SILL COCK ON FRONT OF HOUSE IS CONNECTED TO WATER SOFTENER. SILL COCK ON BACK OF HOUSE IS NOT.

Lincoln-Lancaster County Health Department

010

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 3301 SCHOONER CR.

Twp 9N Range 5E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 52 Addition ___

2847 Directions to Property 2 1/4 MILES SOUTH OF EMERALD ON SW 84TH 1/8 MILE WEST TO SCHOONER CR. TURN SOUTH. FIRST HOUSE ON WEST

Location of Well BACK YARD WEST OF SOUTH END Tap Location: Inside ☐ Outside ☒ BACK SIDE OF HOUSE.

Location of Sewage System EAST OF SOUTH END OF HOUSE Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	ROLAND & LOIS NOEL	3301 SCHOONER CR LINCOLN, NE 68532	438-3301
~~Tenant~~/Buyer:	GEORGE T. & JUDITH K. LUTZI	8600 BUCKBOARD LINCOLN, NE 68532	438-5839
Return to:	DAKOTA TITLE & ESCROW	1115 "K" STR SUITE 200 LINCOLN, NE 68508	475-8400

Signature of Applicant George B. Lutzi Address 8600 BUCKBOARD LINCOLN, NE 68532 Date 8/23/95

HEALTH DEPARTMENT USE ONLY

Date Received 08/24/95 Received $150.00 Check ☒ #2282 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 8/28/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 9/1/95 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 201 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON FENCE OF LAGOON AND LOCK ON GATE. MAINTENCE WISE ONE OF THE BETTER LAGOONS I'VE SEEN. Corrections Made 9/1/95 L.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood R.E.H.S. Date 9/1/95

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.

NOTE: SILL COCK ON FRONT OF HOUSE IS CONNECTED TO WATER SOFTNER. SILL COCK ON BACK OF HOUSE IS NOT.

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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 3301 SCHOONER CIRCLE

Twp 9N Range 5E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 52 Addition ___

Directions to Property 2 ¼ MILES SOUTH OF EMERALD ON S.W. 84TH. ½ MILE WEST TO SCHOONER CR. TURN SOUTH. FIRST HOUSE ON WEST SIDE.

Location of Well BACK YARD EAST OF SOUTH END Tap Location: Inside ☐ Outside ☒ BACK OF HOUSE.

Location of Sewage System EAST OF SOUTH END OF HOUSE Year Installed 1999

	NAME	ADDRESS	PHONE
Present Owner:	GEORGE & JUDITH K. LUTZ	8600 BUCKBOARD LINCOLN NE 68532	438-5839
~~Tenant~~/Buyer:	JEFFREY L. KIRBY JERRI L. CHAPMAN	3920 BALDWIN LINCOLN NE. 68504	466-3637
Return to:	DAKOTA TITLE & ESCROW	1115 K ST SUITE 200 LINCOLN NE. 68508	475-8400

Signature of Applicant Jerri L. Kirby Address 3920 BALDWIN LINCOLN NE 68504 Date 10 / 29 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 10 / 30 / 96
Initials ___
Amount 150.00
Check No. 7487

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11 / 1 / 96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11 / 5 / 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

3201 Schoones

Lot 20 E 1/2 of NE 1/4

3-9-5

