LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE SYSTEM REPAIR

No. 95390046001

Issued 07/28/95
Expires 01/28/96
Revenue Code 18754

Establishment

BRAD SOUTHWICK
T9N R5E SEC 5
LOT 10

FEES: $50.00

TOTAL $50.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

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: 7-26-95

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. 9N; Range 5E; Section 5
Block _____; Lot 10 I.T.; Addition except east 33' for Road
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: addition of 100' of Perforated pipe 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	$ 400 00

Brad Southwick
Signature of Applicant (owner or lessee)

17201 S. 72
Address
Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7-27-95
Filing Fee: $ 50 00

2. Site Visits:
Date: 7-26 by: P.D
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: P.D.

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-28-95 by: Paul Williams

012

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 6

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN A

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 Between Van Dorn and Pioneers Blvd on SW 112th

Twp 9N Range 5E Section 5 1/4 SE 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property 3 miles south of Emerald Ne - 2 miles west and 1/3 mile north on west side of the road -

Location of Well Directly North of residence Tap Location: Inside ☑ Outside ☐ N side of residence

Location of Sewage System Northeast of large Metal storage bldg Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	Landis Borchers	DT #1 Box 22A Nobr - 68939	475-1122
Tenant/Buyer:			
Return to:	Landis Borchers WILL PICK UP	Same as above	

Signature of Applicant Landis Borchers Address Same as above Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 10/21/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 10/22/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☐	Date___/___/___by___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☑	Date___/___/___by___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: SEWAGE SYSTEM PREDATES REGULATIONS. OWNER STATES SEWER LINE IS PLASTIC. DOWN PAST WELL. OWNER HAD DUG IN AREA OF LATERALS TO CHECK THEM OUT". NO VISIBLE MALFUNCTION. AREA AVAILABLE TO ADD LATERAL IF NEEDED IN FUTURE. PROVISIONAL APPROVAL SINCE. ☐ See Attached Letter

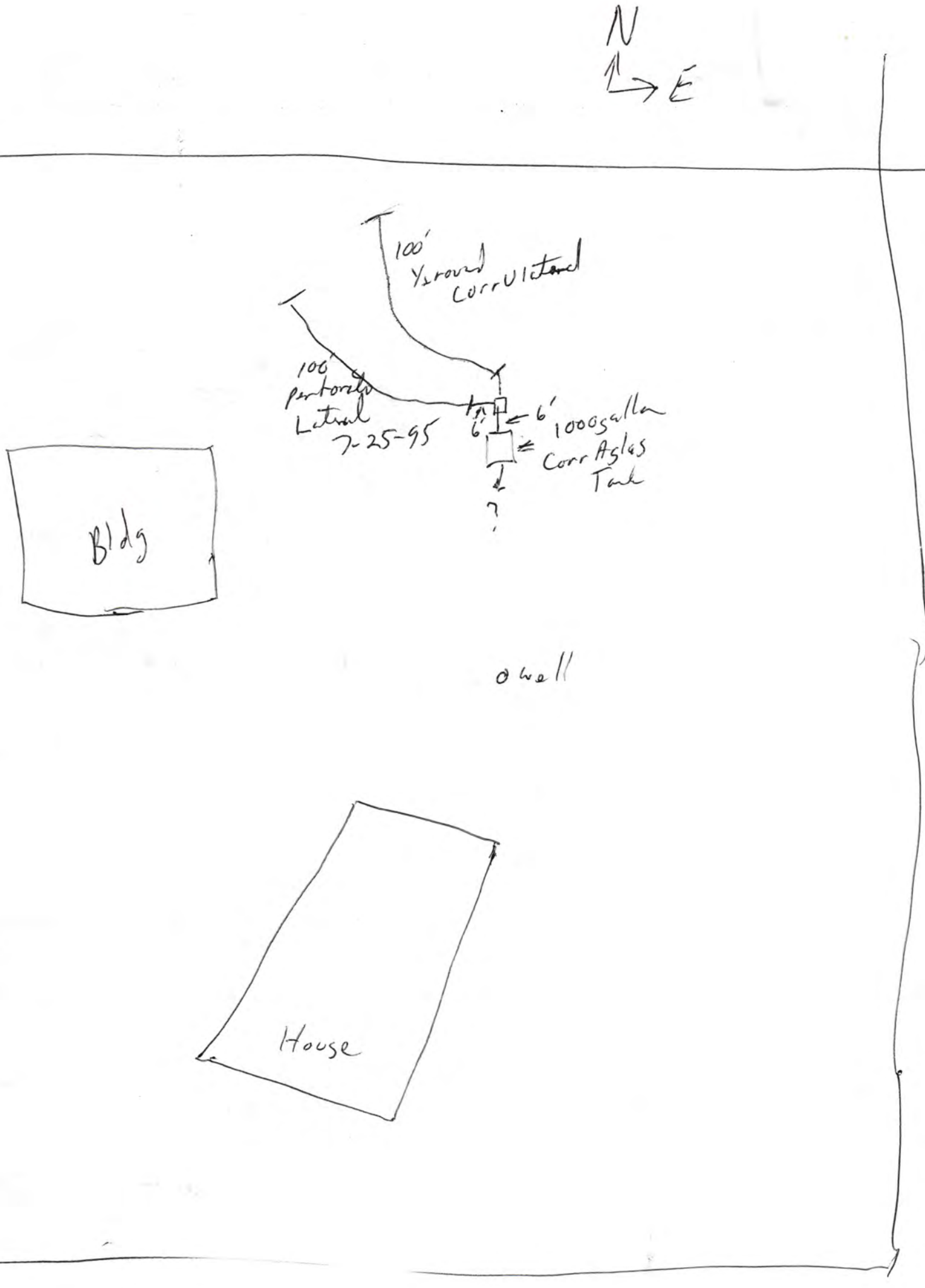
FINAL STATUS SEWAGE SYSTEM PREDATES REGULATIONS.

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

Approved by Gerald C. Hood R.E.H.S. Date 10/26/93

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.

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7-25-95
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Corr Aglas
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