LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 94390039801

Issued 06/22/94
Expires 12/22/94
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T9N R5E SEC 9
4900 SW 112 STREET

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

Eric Wicklund

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

DATE: 6-16-94

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 9 NW¼ ;
Block _____; Lot _____; Addition _____
Street Address 4900 SW 112

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: addition of 100' of Perforated lateral to Existing System

5. Work to be done by: Owner ☐ ; or Contractor ☒, Southwick Sewer & Drai
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: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/17/94 by: L.C.H. End of lateral going upgrade
Date: 6/27/94 by: L.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/27/94 by: L.C. Hood

012

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 4900 SW 112th Denton NE.

Twp 9N Range 5E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 16 Addition ___

Directions to Property West on "O" (Us 34) to W 112th S. 3.5 mi to 4900 Between Pioneers & W. Denton Rd Long Drive on East side

Location of Well S.W. of House Visable from Drive Tap Location: Inside ☒ Outside ☒

Location of Sewage System No. of House - New Laterals Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Eric Wicklund	4900 SW 112th Denton NE.	797-2202
~~Tenant~~/Buyer:	Robert Michaud	1908 Groveland Lincoln NE	477-2013
Return to:			

Signature of Applicant X Robert E Michaud Address 1908 Groveland NE. 68521 Date 6/24/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/27/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/27/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☐	Date 6/28/94 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: DEPRESSIONS AROUND WELL. IF OLD WELL IS NOT TO BE USED IT MUST BE PROPERLY ABANDONED. PIT UNDER UNUSED OUTHOUSE SHOULD BE FILLED IN. WORK DONE ON SEPTIC SYSTEM APPROVAL IS PROVISIONAL BECAUSE THE MAJORITY OF THE SEWAGE SYSTEM WAS PUT IN PRIOR TO REGULATIONS AND INSPECTIONS ALSO THE AMOUNT OF LATERAL ENTITLED WAS NOT BASED OFF OF A SOIL PERCOLATION TEST. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/30/94

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.

WATER CHEMISTRY

STATE LAB NO. 15 12736

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO.) 27 (DAY) 94 (YEAR) 11:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC WICKLUND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 9 TWNSHP 9 N RANGE 5 E W

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENT HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWN 88

REPORTED JUN 28 '94 PM 2:00

RECEIVED JUN 27 '94 AM 11:59

WATER MICROBIOLOGY

STATE LAB NO. 144-13810

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 28 (DAY) 94 (YEAR) 2:10 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC WICKLUND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 9 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

JUN 28 P2:38 94

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

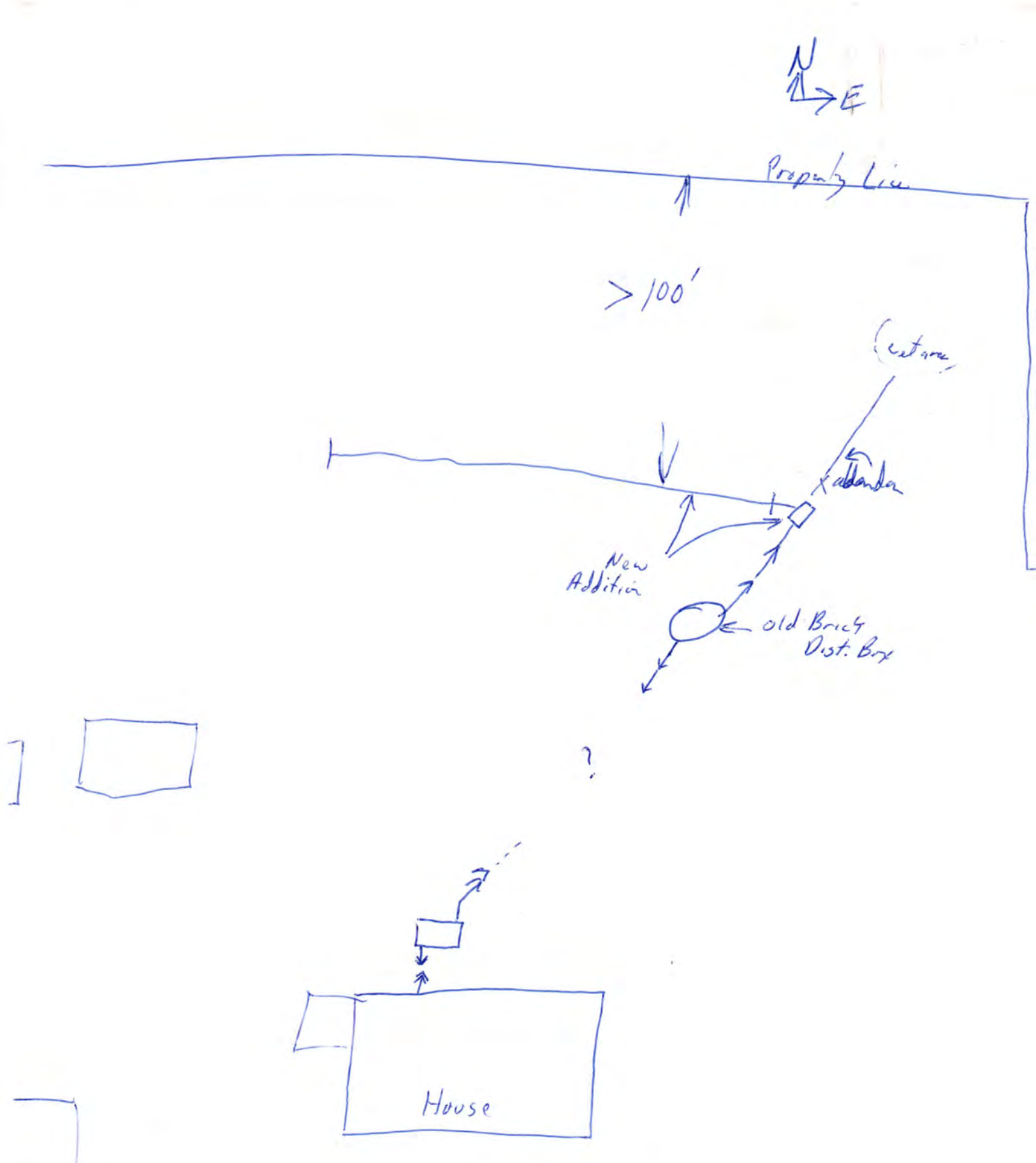
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY cc

FOR ACCOUNTING USE ONLY

LWB 91


N
E
Property Line
> 100'
(setback)
Addition
New
old Brick
Dist. Box
?
House