LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1900-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — MJANUARY 14, 1983
TYPE OF PERMIT — THIS PERMIT EXPIRES

ROBERT J & LOIS ALLEN — DENTON NE 68339
ISSUED TO — ADDRESS

T9N, R5E, SECTION 24, LOT 5 IRREGULAR TRACT
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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
2832

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

20109-0977

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: 475-6221)

FILE NO. 1900-C

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

DATE: 7-12-82

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. 7N; Range 5E; Section 24;
Block ____; Lot 5 I.T.; Addition ____
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: 100' of Lateral

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

6. Estimated cost of project:

a. Materials	$	800 00
b. Labor	$	360 00
c. Other	$	
TOTAL	$	1160 00

Robert J. & Lois J. Allan
Signature of Applicant (owner or lessee)

Denton, Ne 68339
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ ____

2. Site Visits:
Date: 7/9/82 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

FORM CONTROL NUMBER 09045

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	CR	CASH RECEIPT NUMBER	07359	DATE OF DEPOSIT (MMDDYY)	07/14/82	ACCOUNTING PERIOD (MMYY)	BUDGET FY (YY)	83

ACTION: ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

CODE 011 NAME FUND General

BANK ACCOUNT

OFFSET CASH ACCOUNT

COMMENTS L & L Co. Health

REFERENCE REVENUE ACCRUAL INVOICE OR VOUCHER CODE	REFERENCE REVENUE ACCRUAL INVOICE OR VOUCHER NUMBER	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	REPT CATEG	BAL SHEET ACCT.	IG FUND	IG AGENCY	PROVIDER CODE	ADV IND	DESCRIPTION	AMOUNT	INC/DEC IND
		999				2559								sewer permits	30 00	

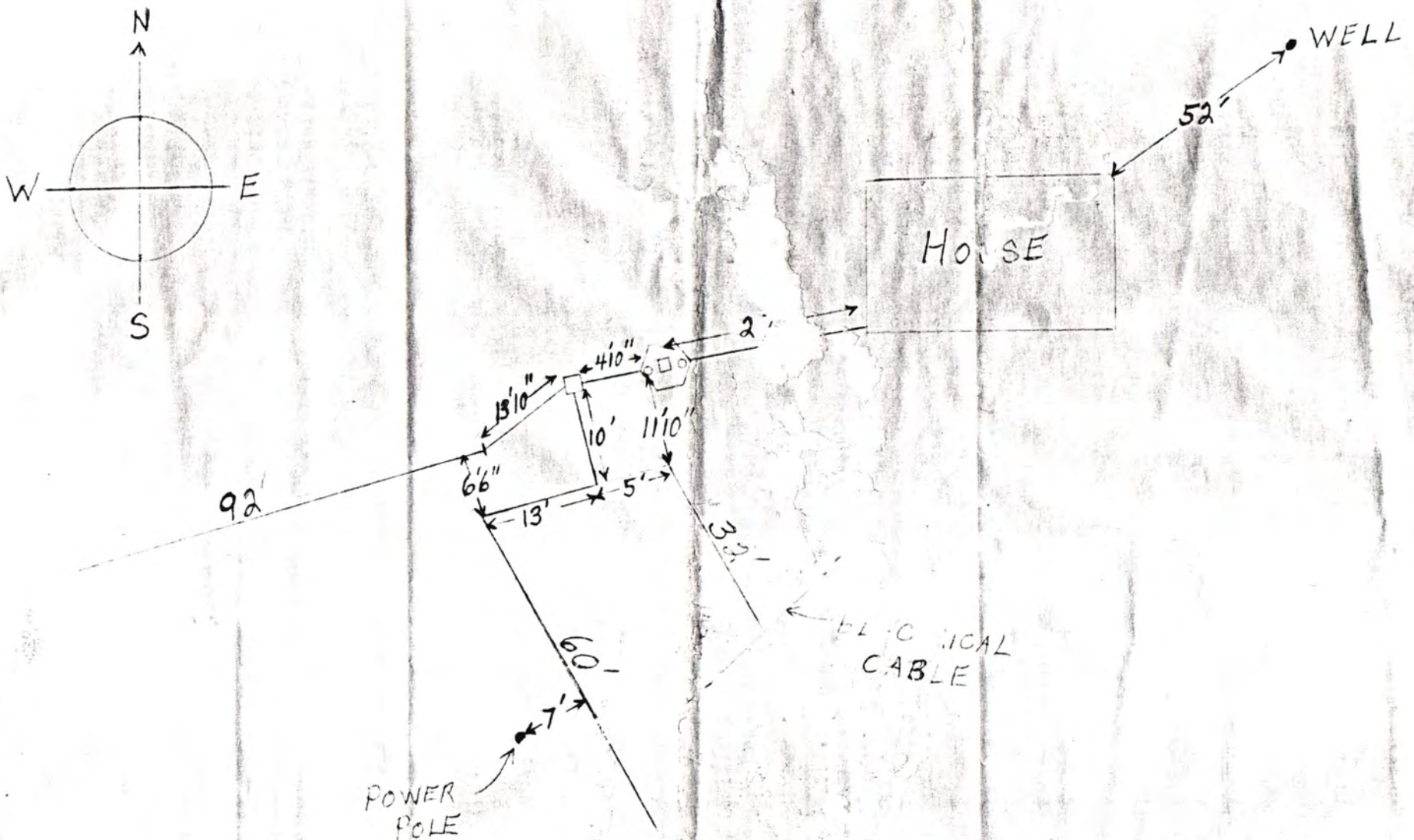
TOTAL 30 00

PREPARED BY: NAME _____ TITLE _____

APPROVED BY: NAME _____ TITLE _____

APPROVED BY: NAME E. Baptiste TITLE CSH DATE 7/14/82

ORIGINAL


N
W
E
S
WELL
52'
HOUSE
2'
4'10"
13'10"
10'
11'10"
6'6"
92'
13'
5'
33'
60'
7'
ELECTRICAL
CABLE
POWER
POLE

COL 9/24/99

990927001

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.

LCR 4179

Legal Description of Property: Street Address 7201 SW 56th St, Denton

Twp 9N Range 5E Section 34 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition ___

Directions to Property Just S. of SW 56 & Denton Rd. W. Side

Location of Well See attached Site Plan Tap Location: Inside ☒ Outside ☐

Location of Sewage System See attached Site Plan Year Installed 10-'71

	NAME	ADDRESS	PHONE
Present Owner:	Robert Allen	Mailed out of Town	
Tenant/Buyer:	Ben: Dani BRETZ	Contact Agent: Sandy Kalvelage 4239 S. 49th 68506	434-3516
Return to:	Cheryl Oldham - Quick Closing STATE TITLE 434-5040 FAX: Follows.	1023 Lincoln Mall 68508	434-5020

Signature of Applicant [signature] Address 4239 S. 49 Lincoln NE 68506 Date 9/17/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	9/17/99 9/20	Date	___/___/___
Initials	LO	Case No.	
Amount	$150.00	Initials	
Check No.	1637		

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 9/20/99

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☒	Approved	☒	Date 9/22/99 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: WELL CAP HAS THREE BOLTS MISSING. ELECTRICAL CONDUIT COVER ON WELL HEAD NOT PROPERLY SECURED. 9/22/99 Well repaired. J.C.H. Underdrain (NO ONE SEEMS TO KNOW HOW IT GOT THERE) under Septic Lateral has been capped according to Mrs. Allen 9/21/99 See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/27/99

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