FILE NO. 2057

CITY OF LINCOLN NEBRASKA

NOVEMBER 15, 1983

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

MAY 15, 1984
THIS LICENSE OR PERMIT EXPIRES

EILEEN ANDERSON — 4000 SW 2nd — HICKMAN, NE 68372
LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E: Sec. 3; Lot 2; Loves Subdivision, 4000 SW 2nd, Hickman, NE 68372
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6.2

SERIAL NO.	DATE	AMOUNT
65759	11-3	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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. 2057

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

DATE: 11-14-83

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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 6E ; Section 3 ;
Block ; Lot 2 ; Addition Loves Subdivision
Street Address 4000 SW 2nd

2. Property Use: Residential [X]; Commercial [ ]
No. Bedrooms 2
Describe
Other Use [ ]
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: EXTEND 100' of Perforated Pipe Lateral

5. Work to be done by: Owner [ ] ; or Contractor [X], Southwick Seeder & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	600 00
b. Labor	$	300 00
c. Other	$	
TOTAL	$	900 00

Eileen Anderson by Brad Southwick
Signature of Applicant (owner or lessee)

4000 SW 2nd Hickman, Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11-14-83
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-14-83 by: rm
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-14-83 by: Ron Maynard

9208260002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: Aug 18, 92

☐ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 3; BLOCK ____

LOT 2; ADDITION Loves Subdivision; Street Address 4000 S.W 2nd Lincoln

Directions to Property 1 Mile West of Sutherland's (South) on Pioneer Blvd. To S.W. 2nd Turn North To A Red and Red House on Right

Location of Well North Side of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System Behind House 40 FT Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	Roger Carmichael	4000 S.W 2nd Lincoln	423-6409
Tenant/Buyer:	- SAME -	- For Refinancing Home -	
Return to:	Roger Carmichael	4000 S.W. 2nd Lincoln	423 6409

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Roger L Carmichael Address 4000 S.W. 2nd Lincoln 68522

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 19, 1992 Received $150.00 Check ☒ Cash ☐

Coliform 0 8/25/92 per phone

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8/21/92 by JC
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ 0.7	☐	Disapproved:	☐	Date _____ by ____

Comments: No visible evidence of malfunction noted, if tank has not been pumped in the last several years, it is recommended. Portions of this system were installed prior to Regulations, hence approval of This System is granted. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John J Chesen DATE 8/21/92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

1987 - Nitrate

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 3. BOTH (2 N) 4. TPC

DATE COLL. 8/21/92 MO./DAY/YR./HOUR (9-16) BY JC (17-28)

ADDRESS OR LOCATION House Faucet (Carmichael) (29-41)

NAME AND ADDRESS OF OWNER

John Chess (Carmichael)
2200 Stanley S
Env. Health
Lincoln NE 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 142-20049 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL

LAB. PROCEDURE MF (69-75)

ANALIZED BY RB (76-79)

IN '92 AUG 21 A11:29

OUT '92 AUG 22 P5

'92 AUG 24 P

REPORTED

'92 AUG 21 A

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 152-

DATE COLLECTED 8 (MO.) 21 (DAY) 92 (YEAR) 10:10 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Carmichael

PROPERTY LEGAL DESCRIPTION: COUNTY

QRTR SECT TWNSHP 7 (N) S RANGE 4 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess (Carmichael)
12200 S Marys
Ln NE 68502

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.7 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

OLOGICAL EXAMINATION OF DRINKING WATER

E TO BE COLLECTED AND MAILED ON:

D ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL (2) N 3. BOTH 4. TPC

DATE COLL. 9/21/92 MO./DAY/YR./HOUR (9-16) BY Chess (17-28)

ADDRESS OR LOCATION Borchers (29-41)

NAME AND ADDRESS OF OWNER

John Chess (Borchers)
EH
2200 St Marys
H NC

LN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 22681 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

92 IN SEP 21 P3:33

OUT '92 SEP 22 P1:51

WATER CHEMISTRY

STATE LAB NO. 15[illegible]002

COMPLETE INFORMATION BELOW

DATE COLLECTED 09 (MO.) 21 (DAY) 92 (YEAR) 3:15 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Borcher

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR _____ SECT 16 TWNSHP 9 N RANGE 6 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Chess, Borchers
ETF
2200 St Marys
LN NE 68522

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

REPORTED '92 SEP 22 P2:34

RECEIVED '92 SEP 21 P3:29

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.7 mg/l

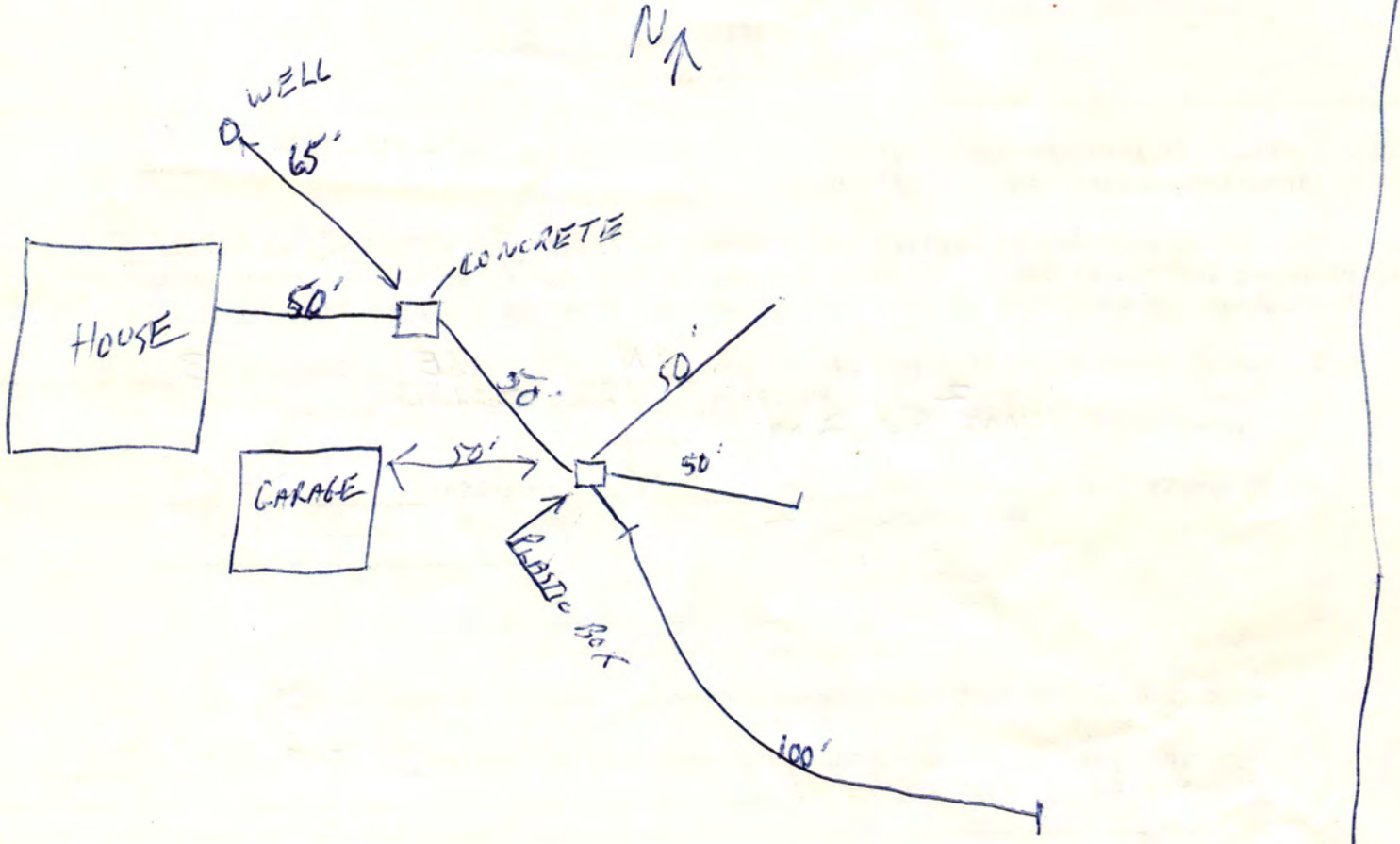
NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY [signature]

FOR ACCOUNTING USE ONLY

RECEIVED SEP 23 1992

LWN 88


N
WELL
65'
CONCRETE
HOUSE
50'
50'
50'
50'
GARAGE
50'
100'

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Establishment

ROGER CARMICHAEL
T9N R6E SEC 3
LOVES SUB LOT 2
4000 SW 2 ST

Permitee

ROGER CARMICHAEL
4000 SW 2 ST
LINCOLN NE 68522

Permit # 00390065701

Issued 03/09/00
Expires 09/09/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011925

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date:	File No.: 00300657

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **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:**
   Township 9N Range 6E Section 3 1/4 Section _____
   Block _____ Lot 2 I.T. Addition _____
   Street Address 4000 S.W. 2nd

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** Pipe Between House & Tank Replaced

5. **Work to be done by:** ❒ owner ☒ contractor's name Doug

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Roger Cannichel Address 4000 S.W. 2nd Phone 4236409
Applicant Signature (owner or lessee) [signature] Lincoln, NE 68522

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 3/8/00 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 9/15/00 By Jerrold Hood

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 3/08/00
6304 $50

White - EH Pink - Business Office Revised 1/98