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. 96390048801

Issued 01/16/96
Expires 07/16/96
Revenue Code 18754

Establishment
FRIESEN EXCAVATING
T9N R6E SEC 3
4201 SW 2 STREET

FEES: $50.00

TOTAL $50.00

Permittee
FRIESEN EXCAVATING
RRT 001
LINCOLN NE 68502

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: 12/18/95

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 6E ; Section 3 ;
Block _____; Lot _____; Addition _____
Street Address 4201 SW 2nd ST

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: Set distribution box and add (2) 80'x 3' wide perforated laterals

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

FRIESEN EXCAVATING
Signature of Applicant (owner or lessee)

1901 PLEASANT HILL ROAD, LINCOLN, NEBRASKA 68523
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: RECEIVED JAN 0 8 1996
Filing Fee: $50.00 ck. #10273

2. Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/18/96 by: J. Hood

99031100 7

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.

old LCR 2951
new LCR 396

Legal Description of Property: Street Address 4201 SW 2nd ST.

Twp 9N Range 6E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition LOVES SUBDIVISION

Directions to Property ½ BLOCK NORTH OF SW 2nd + PIONEER BLVD.

Location of Well WEST SIDE OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System NORTH OF HOUSE Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	ADOLF + RITA OHLE	729 FOLSOM LANE LINCOLN, NE 68522	438-0974
Tenant/Buyer:	ANDREW DUFFE	549 LAKESHORE DR. LINCOLN NE 68528	435-8211 DAY 438-5290 TIME
Return to:	ANDREW DUFF	549 LAKESHORE DR. LINCOLN, NE 68528	435-8211

Signature of Applicant Andrew Duff Address SAME Date 2 / 12 / 99

P7617-62

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 2 / 17 / 99
Initials ___
Amount 150.00
Check No. 4897

DATA ENTRY
Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 2 / 18 / 99

WATER SYSTEM:	Approved	Disapproved
Construction	☒ 3-9-99	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.5 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 3 / 9 / 99 by JC
Date 4 / 26 / ___ by ___
Date ___ / ___ / ___ by ___

Sample taken

Comments: WATER WAS NOT TURNED ON. ELECTRICAL CONDUIT TO WELLHEAD IS BROKEN. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. THE HEALTH DEPARTMENT HAS INSPECTED A RENOVATION OF THE SEPTIC SYSTEM BUT A PORTION WAS INSTALLED PRIOR TO THE RENOVATION AND PRIOR TO REGULATIONS SO APPROVAL IS PROVISIONAL ☐ See Attached Letter

FINAL STATUS

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

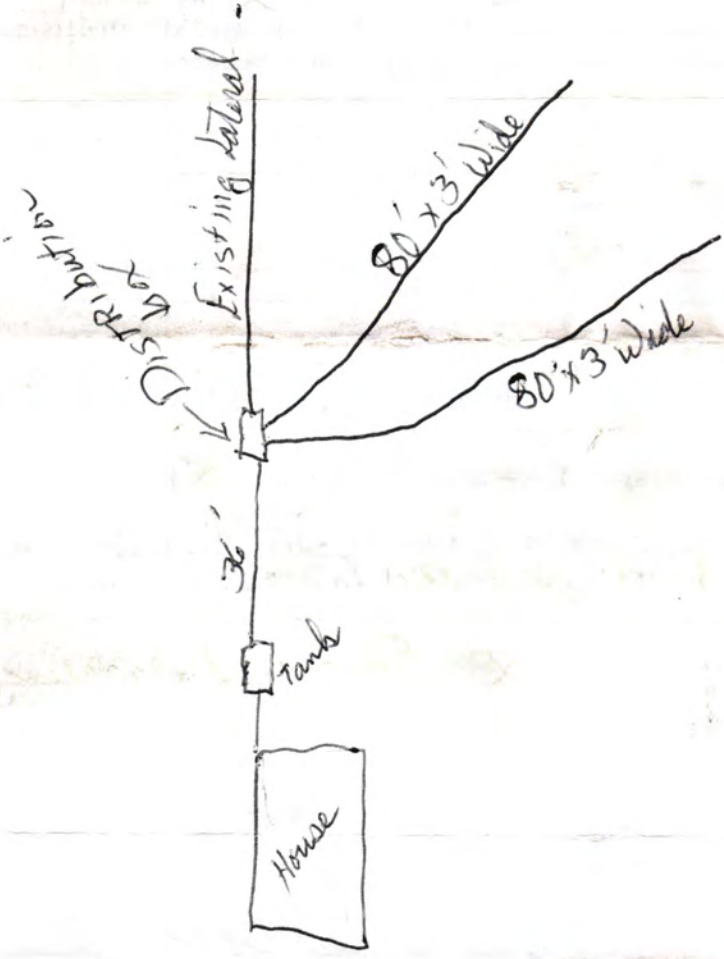
Approved by John Hood Date 3 / 10 / 99

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

4201 SW 2nd


Distribution box
Existing lateral
80' x 3' Wide
80' x 3' Wide
36'
Tank
House