LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390024801

Issued 09/13/91
Expires 03/13/92

ESTABLISHMENT

KATHLEEN FREAUF
T9N R6E SEC 3
LOVES DIVISION LOT 7

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

KATHLEEN FREAUF
3901 S 1 ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
9/20/91	PAID

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 ☐

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._____

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

DATE:_____

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 SE¼ 3 ;
Block ____; Lot S½ 7 ; Addition Foos Sub Div
Street Address _____

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 2
Describe _____

Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Remove lateral that was to close to well and put in Dist. box and add the amount that was removed.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , B+R PUMP SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 320	67
b. Labor	$ 338	50
c. Other	$ 50	00
TOTAL	$ 709	17

Kathleen J. Freant
Signature of Applicant (owner or lessee)

3901 So. 1st Street, Lincoln, Ne. 68502
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 9/6/91 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/20/91 by: J.E. Hood

023

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 6 1991

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 #150.00

Legal Description of Property: TWP.___; RANGE ___; SECTION _____; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF HOUSE Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	KATHLEEN FREAUF	3901 S. 1ST W. H	423-5608
Tenant/Buyer:	KURT ROOCH	RT 1, BOX 132, CORTLAND NE	873-5770
Return to:	ROGER HARRE / HOME REAL ESTATE	225 N. CUTNER LINCOLN NE	467-4663

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

Signature of Applicant Roger A Harre Address 625 N CUTNER BLVD LINCOLN, NE 68505

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HEALTH DEPARTMENT USE ONLY #150.00 8/16/91 R.C.H.

Date Received AUGUST 7, 1991 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE AUGUST 9, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☒	Approved: ☐	Date 8/9/91 by L.C.H.
Bacteria	☒	☐	Provisional: ☐	Date 8/12/91 by L.C.H.
Nitrate	☒	☐	Disapproved: ☒	Date 8/27/91 by L.C.H.

Comments: WELL CONDUIT BROKEN. OTHER WELL NOT PROPERLY SEALED. SEPTIC SYSTEM TOO CLOSE. Oil contaminated 8/29/91 L.C.H. Septic Number. PROVISIONAL APPROVAL ON See Attached Letter ☐

SEPTIC SYSTEM SINCE PARTS OF IT WAS INSTALLED WITHOUT 9/17/91 L.C.H.

FINAL STATUS INSPECTION AND WAS NOT BASED ON A SOIL PERCOLATION TEST. NO EVIDENCE OF MALFUNCTION.

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

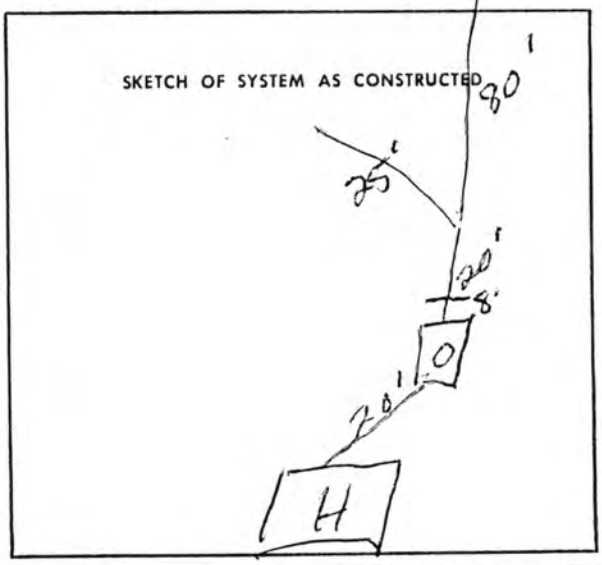
APPROVED BY Lorraine C. Hood M.S. DATE SEPTEMBER 19, 1991

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

Nothing in this pamphlet should be taken as an implication that either the Public Health Service or the U.S. Department of Health, Education and Welfare recommends or approves specific contractors or servicemen.

SKETCH OF SYSTEM AS CONSTRUCTED



TANK INSPECTION RECORD

Date	Cost	Contractor	Description of Work
Septic tank			8-30-72
Installation			

U.S. Department of
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
Bureau of Community Environmental Management
DHEW Publication No. (HSM) 73-10004

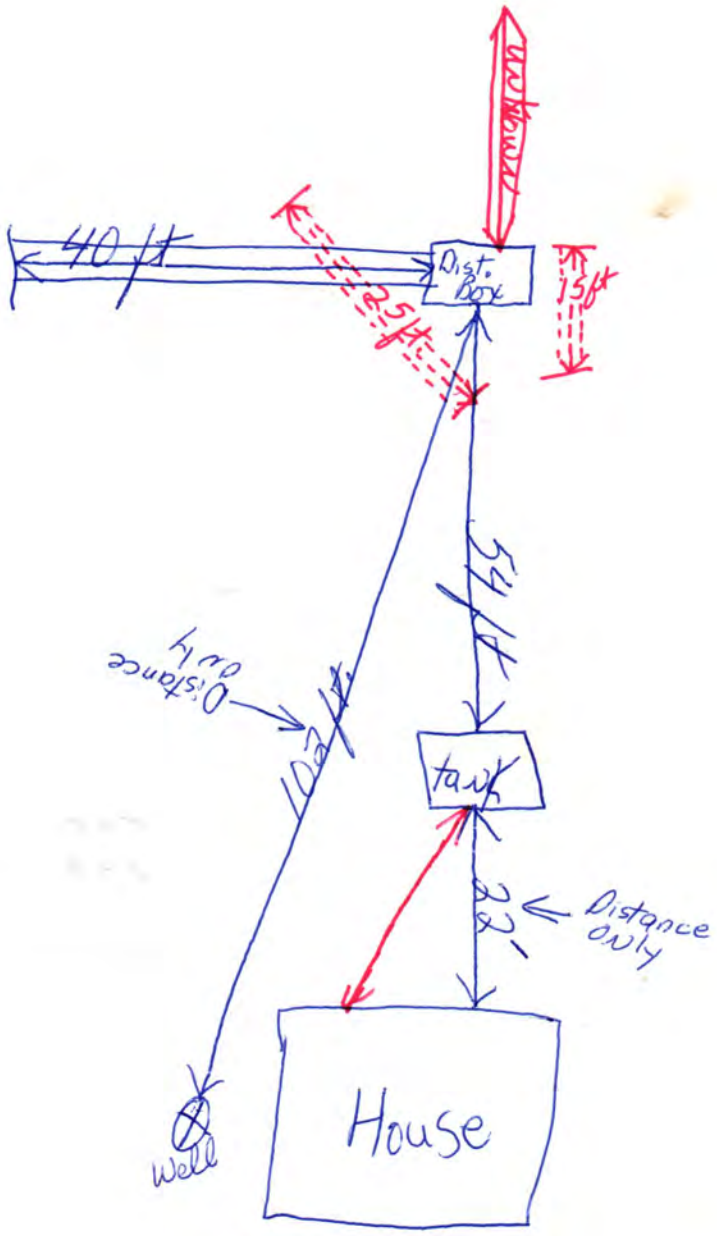
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3901 So. 1st

Betty Wacker
(437-9015)

3901 S 1st



Dash red - preexisting lines replaced
Solid red - preexisting lines unchanged