LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380064201

Issued 10/03/90
Expires 04/03/91

ESTABLISHMENT
BEN JAMES II
T9N R6E SEC 5
PIONEER ESTATES LOT 9

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
BEN JAMES II
RR0001
DENTON NE 68339

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/13/90	PAID

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO. 90380064201

DATE: 10-2-90

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 6E ; Section 5 ; Block 2 : Lot ~~Hall~~ 9 : Addition Pioneer Estates
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

Address Rt #1 Denton - Neb 68339

(Do not write below this double line)

1. Health Department:	Date Rec'd. 10/2/90. Date Frwd. 10/3/90.	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 10/2/90. Date Frwd. 10/2/90.	ACTION: Approved ☒ Disapproved ☐	Signature: Mel Goddard
3. City or County Engineer :	Date Rec'd. 10-2-90. Date Frwd. 10-2-90.	ACTION: Approved ☒ Disapproved ☐	Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 2-8-91 by: Sam (1st ½ of sewer line need leaving
Date: 2-12-91 by: Sam + Paul
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43

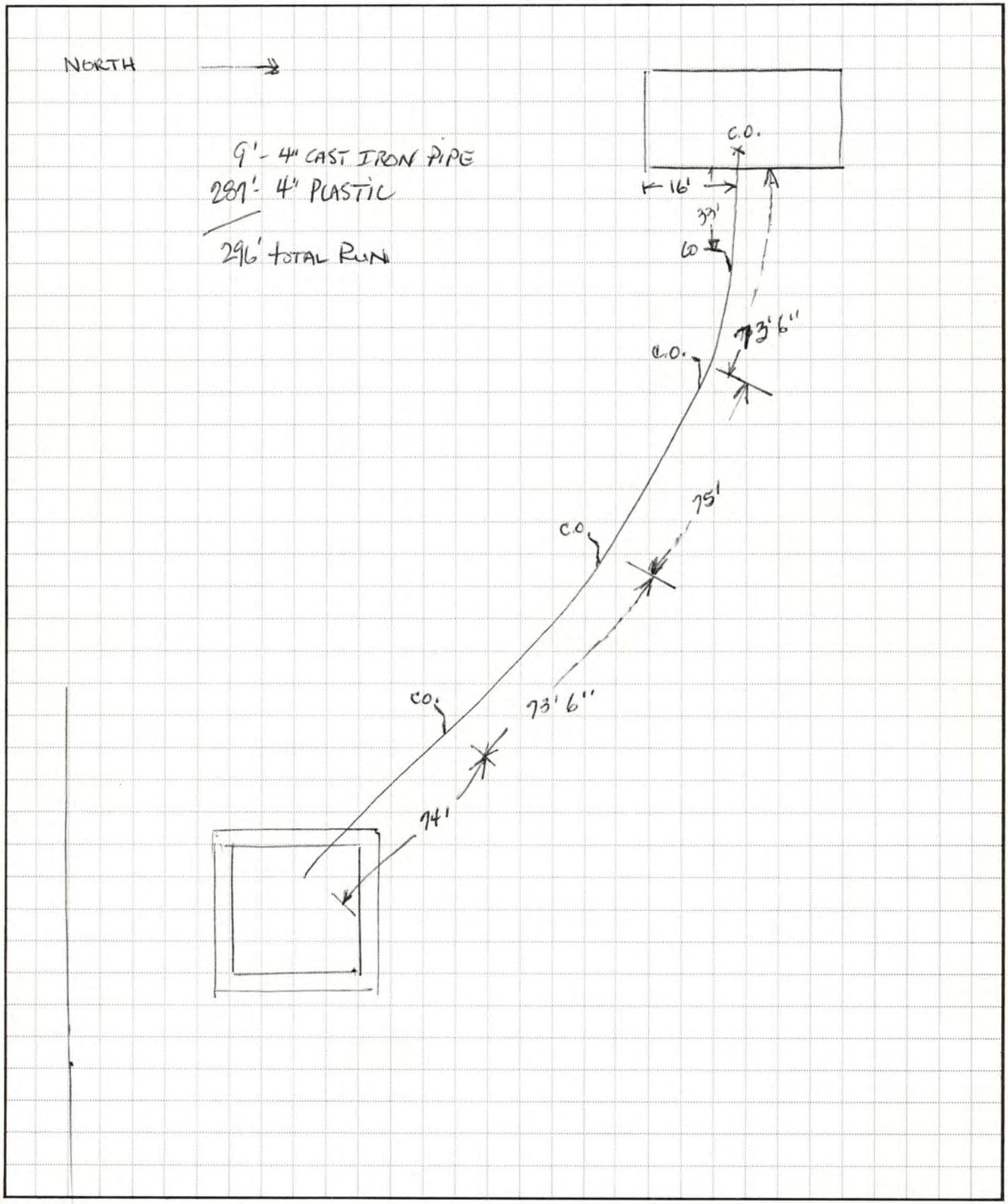
JOB BEN JAMES II

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



PRODUCT 205-1 NEBB Inc., Groton, Mass. 01471. To Order PHONE TOLL FREE 1-800-225-6380

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 441-8022 ~~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: 9-8-95

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 5; BLOCK ___

LOT 1; ADDITION ~~West~~ Pioneer Estates; Street Address 3000 West Brook Cr.

Directions to Property West Van Dorn - driveway between Pioneer Park & Pioneer Golf course - turn So., East House

Location of Well North of West House - 3001 West Brook Tap Location: Inside ☐ Outside ☐

Location of Sewage System S2 of East House Year Installed 1971

	NAME	ADDRESS	PHONE
Present Owner:	Levi J Timms	3001 West Brook Cr.	476-8705
Tenant/Buyer:	Greg Peterson	6240 Hubbell Ave.	483-4464
Return to:	Capitol Title	P.O. Box 6577 Lincoln	NE 68506

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

Signature of Applicant [signature] Address 6240 Hubbell Ave. (Lic)

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 12, 1995 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE ___

WATER SYSTEM:	Approved	Disapproved
Construction	9/20 ☑	☑ 9/14
Bacteria	☑	☐
Nitrate	☑ <.1	☐

SEWAGE SYSTEM:
Approved: ☑ 9/20/95
Provisional: ☐
Disapproved: ☑ 9/14/95

SITE VISIT:
Date 9-14 by JC
Date 9-20 by JZ
Date 9-29 by DD

Comments: 9/14 - Small Depression Noted, to be filled in with Dirt on North Side of well. Lagoon Designs present no leak. Dry cat tails Heavy growth of Vegetation, Advised Jodie Acklin to Lower Level 9-19 Talked to Dr Timms, reviewed 9/20 - Depression Around well filled in. Slight "Bump" placed on all sides. Lock on gate needs moved. Cat tails sprayed. - Suggest giving homeowners Booklet "Waste Stabilization Pond" - To restart 9-29-95 chlorinate - resampled 10-3-95 10-4-95 10-10-95 ok

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John (Chris) DATE 10-4-95

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

Approved 10-4-95