LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 96390049101

Issued 03/14/96
Expires 09/14/96
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T9N R6E SEC 5
BLK 1 LOT 2

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

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 [X]
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: 3-12-96

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 5 ;
Block 1 ; Lot 2 ; Addition PIONEER ESTATES
Street Address #2 Forestview Circle

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3
Describe _____

Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: Install distribution box and 95' of perforated pipe lateral

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL >	$	400 00

Brad Southwick
Signature of Applicant (owner or lessee)

17201 S. 72
Address
Hickman, Ne

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 3/12/96 by: J.C. Hood
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/22/96 by: J.C. Hood

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.

Legal Description of Property: Street Address #2 Forestview Circle

Twp 9N Range 6E Section 5 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition PIONEER ESTATES

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1967

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Harold Schuster		
Return to:	John Bhle Woods Bros		430-6603

Signature of Applicant Rosemary Hoover — 12/8/95 Address ROSEMARY HOOVER 430-6117 Date 12/8/95

Rosemary Hoover

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 12/8/95
Initials J.C.H.
Amount $150.00
Check No. 7133

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 12/11/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	
Construction	☐	☒	Approved	☐
Bacteria	☐ ___/ml	☐ >5 /ml	Provisional	☐
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☒

Additional Site Visits
Date 12/18/95 by J.C.H.
Date 12/20/95 by J.C.H.
Date 12/21/95 by J.C.H.

Comments: WELL CAP HAS TWO BOLTS MISSING. ONE OF THE SEPTIC LATERALS HAS BEEN EXCAVETED AND EXPOSED AND DAMAGED. 12/22/95 J.C.H.

See Attached Letter ☐

WELL IN PIT MUST BE PROPERLY ABANDONED IF IT IS NOT GOING TO BE USED. Owner wants to keep. See attached letter J.C.H.

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒ 12/22/95 BACTERIA OK NOW.

Approved by Jerrold C. Hood, R.E.H.S. Date 3/12/96

Lateral added 3/12/96. Some of the existing system was added to without a permit hence provisional approval

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

2950 Foresthview Cir

