FILE NO. 201

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 29, 1971

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

George Hansen — Route 1, Lincoln, Nebraska

LICENSEE OR PERMITTEE — ADDRESS

T9N; Range 6E; Section 10; Lot 21 I.T. (Extend)

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 201

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

DATE: 6-28-71

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 6E; Section 10;
Block ____; Lot 21 I.T.; Addition ____;
Street Address RT 7

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: Box to 80'
Install 10' sewer 3 FOOT TRENCH

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$413.42

George Hanson
Signature of Applicant (owner or lessee)

RT 1
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Date Site Clearance: ____

3. Site Visits:
Date: 6/28/71 by: J.C.H.
Date: 6/29/71 by: J.C.H.
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood R.S.

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/29/71 by: J.C.H.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

RECEIVED
AUG 17 2004

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address LOT 21 NW 10-9-6 LLCN, or 1025 W. Pioneers

Parcel ID 09 - 10 - 100 - 014 - 000 (i.e. ~~99-99-999-999-999~~)

Twp 9N Range 6E Section 10 1/4 NW 1/4 Block ___ Lot 21 Addition ___

Directions to Property WEST ON PIONEERS PAST S. FOLSOM

Location of Well FRONT OF HOUSE IN YARD Tap Location: Inside ☒ Outside ☐

Location of Sewage System REAR YARD Year Installed 1963 -

Site Hazards (dogs, etc.) NONE (CATTAILS REJUVINATED SUMMER 2003)

	NAME	ADDRESS	PHONE
Present Owner:	CARM AND BRIAN LUTZ	1025 W. PIONEERS 68522	440 0037
Tenant/Buyer:	Stephen L. Fiero	3630 Cable Ave Lincoln, NE 68502	430-2368
Return to:	Steve Stueck Home Real Estate	4501 So. 86th Lincoln, NE 68526	432-2171 436-3199 (Fax)

Signature of Applicant Steve Stueck Home Real Estate

Address 4501 So. 86th Lincoln, NE 68526 Date 08/17/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/17/04 Amount $200.00 Check No. 1226 Initials TW

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 8/19/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 3.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 9/23/04 by DI

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Well decommissioning needed.

- Well has been decommissioned 9/23/04 DI See Attached Letter ☒

FINAL STATUS

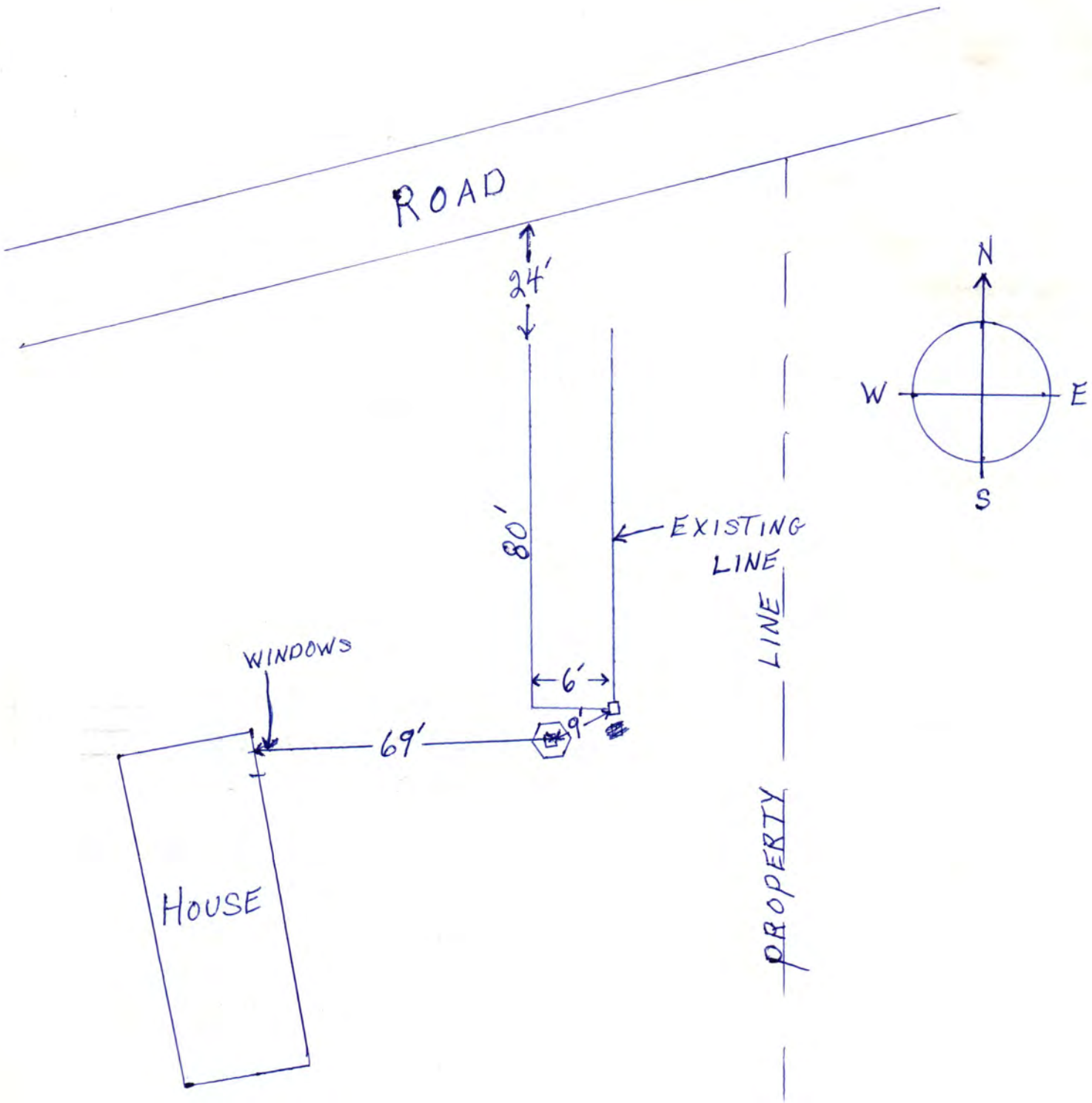
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 9/23/04

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: 9-00


ROAD
24'
80'
EXISTING LINE
PROPERTY LINE
N
W
E
S
WINDOWS
6'
9'
69'
HOUSE