FILE NO. 1082

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

NOVEMBER 20, 1977
THIS LICENSE OR PERMIT EXPIRES

ROBERT DAWSON RFD, Lincoln, NE 68502
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section NW¼ of 10, Lot 25
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE (Alter)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
45710	9-20-77	15.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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: 475-6221)

FILE NO. 1082

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

DATE: 6/17/77

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. T9N; Range R6E; Section NW¼ of 10;
Block ____; Lot 25; Addition ____
Street Address ____

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: Lagoon

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 200 over

Robert J Dawson
Signature of Applicant (owner or lessee)

Rt 1, Lincoln, Nebr 68502
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6-17-77
Filing Fee: $ 1500

2. Site Visits:
Date: 6-17-77 by: RM
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayhew

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-17-77 by: Ron Mayhew

NOTIFY MICKI ROE

9706111002

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

3334

Legal Description of Property: Street Address 1130 West Pioneer BLVD.
Twp 9N Range 6E Section 10 1/4 ___ 1/4 ___ Block ___ Lot 25 Addition ___
Directions to Property West on Pioneer BLVD from Hwy 77

Location of Well APPROX 30 FT TO EAST OF HOUSE Tap Location: Inside ☐ Outside ☒
Location of Sewage System LAGOON Year Installed JUNE, 1977

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT & MARY DAWSON	1130 West Pioneer BLVD	423-7804
Tenant/Buyer:	DAVID E. BRYAN BARBARA J. BRYAN		
Return to:	DAVID E. BRYAN	2700 N.W. 7TH ST. LINCOLN, NE 68521	474-7011

Signature of Applicant David E. Bryan Address 2700 N.W. 7TH ST. LINCOLN, NE 68521 Date 04/22/97

HEALTH DEPARTMENT USE ONLY

Date Received 04/23/97 Received $150.00 Check ☒ Cash ☐ #1824

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 4/28/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.8 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 6/9/97 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: NEED FENCE TO BE AT LEAST 4 FOOT HIGH. PUT SPADE FUL OF DIRT BY WELL. Corrected 6/9/97 J.C.H. Good job!

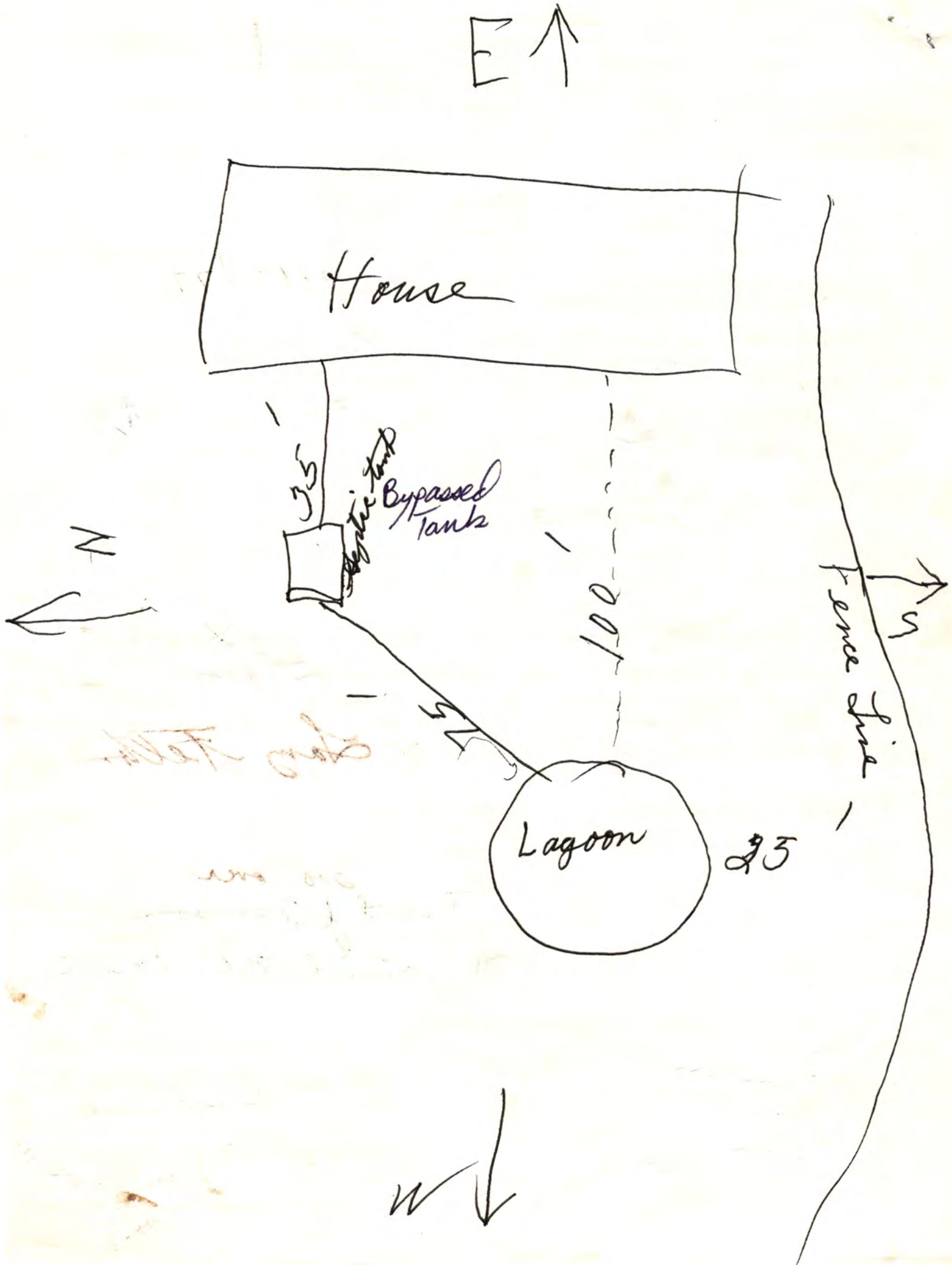
See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/9/97

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.


E
House
35'
Septic Tank
Bypassed Tanks
100'
25'
Lagoon
25
Fence Line
N
W

980918015

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: CR 3778 Street Address 1130 W. Pioneers, Lincoln

Twp 9N Range 6E Section 9 1/4 NE 1/4 Block ___ Lot 2 Addition Voss Subdivision

Directions to Property West Bypass to Pioneers; west about 1 mile (on curve)

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	David & Barbara Bryant	1130 W. Pioneers Lincoln, NE 68522-2171	420-7009
Tenant/Buyer:	Richard & Georgette Wolters	1425 Hawthorne Ceresco, NE 68333	826-4243
Return to:	Buyer		

Signature of Applicant Richard M. Wolters Georgette Wolters Address 1425 Hawthorne Ceresco, NE 68333 Date 9/5/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 9/8/98

Initials JS

Amount $150.00

Check No. 2504 ✓

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/9/98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ____ /ml
Nitrate	☑ 1.0 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/11/98

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