LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION

No. 96380143101

Issued 05/08/96
Expires 10/08/96
Revenue Code 18754

Establishment

JOHN KRAMER
T9N R6E SEC 15
LARSEN FIRST ADD BLK 2 LOT 3
6900 SW 9 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JOHN KRAMER
4600 RENTFRO DR
LINCOLN NE 68526

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"

001788

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-8-96

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 15 ;
   Block ~~32~~ 2 : Lot 3 : Addition Larsen's First Add'n
   Street Address 6900 SW 9th St

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

4600 Rentwood Dr Lincoln 68526
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/96 . Date Frwd. 5/8/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 5-8-96 . Date Frwd. 5-8-96 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

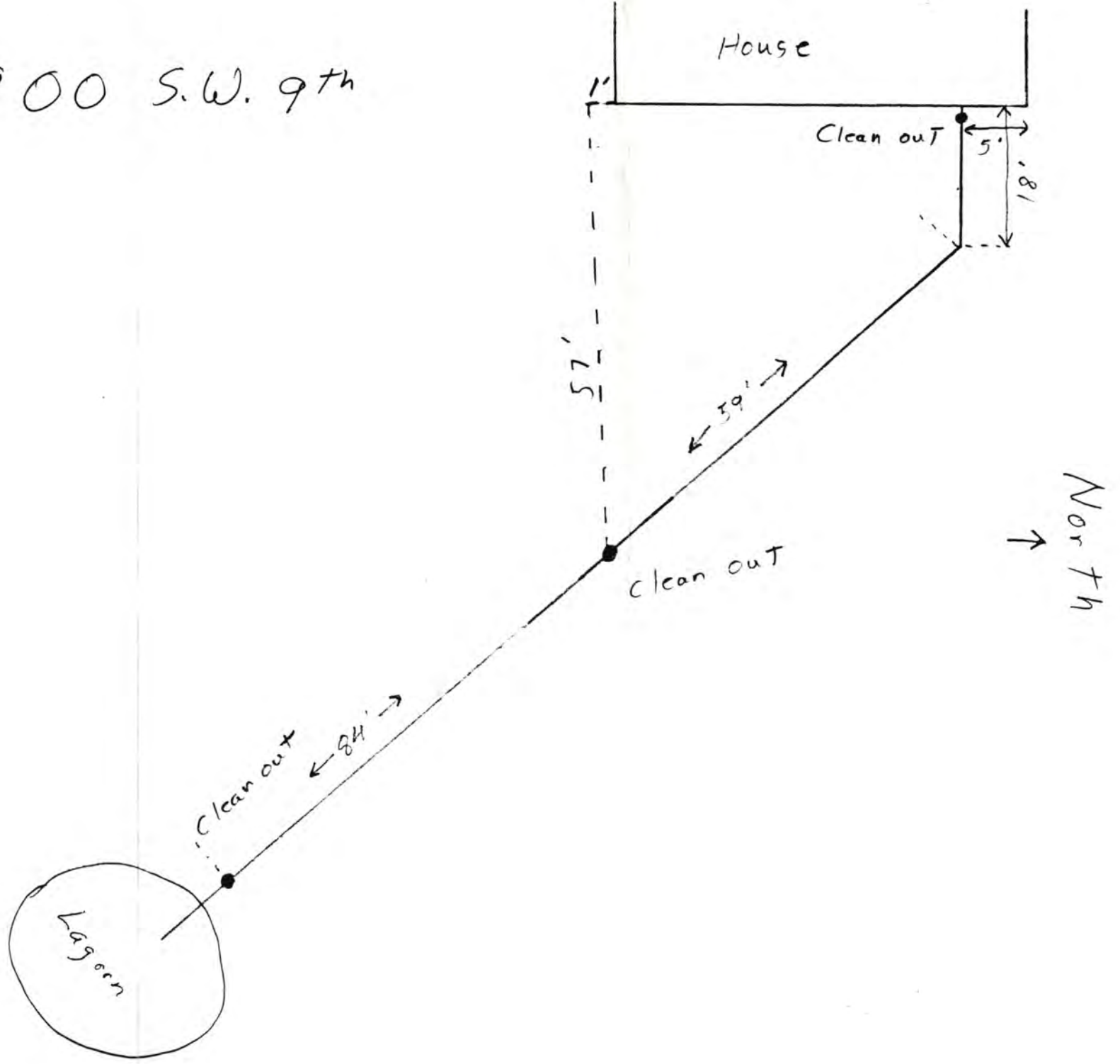
Site Visits:
Date: 8/13/96 by: J.C.H. Need fence, driveway & trees be planted in spring. Need signs + lot
Date: 11/18/96 by: J.C.H. Will remove trees
Date: 6/30/96 by: J.C.H. Trees died

INSTALLATION FINAL WRITTEN APPROVAL
Date: JUNE 30, 1997 By: Jerrold C. Hood

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

FORM 23-43

6900 S.W. 9th


House
1'
Clean out
5'
18'
57'
39'
clean out
North
Clean out
84'
Lagoon

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

Legal Description of Property: Street Address 6900 SW 9th St.

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 15 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition Larsen 1st Edition

Directions to Property _____

Location of Well 43'5" OFF OF NE CORNER OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTHEAST OF HOUSE Year Installed 1997

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	Amy + Kent Systma	6900 SW 9th St. Lincoln	420-5494
Tenant/Buyer:	Elizabeth Gunnar Radel	call to pickup → mail to 6900 SW 9th	402 202 5328 68523
Return to:			(Fax)

Signature of Applicant E Radel Address _____ Date 11/26/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/26/01 Amount 200.00 Check No. 1706 Initials TW

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 11/27/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 2.3 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 12/7/01 by DS

Date 12/9/01 by DS

Date ___/___/___ by ___

Comments: -Needs lock, No trespassing sign on lagoon fence. A small amount of reeds exist that should be removed. The well has a chlorinator installed. Water sample was chlorinated See Attached Letter ☐

12/9/01 Sign has been installed, lock installed, reed removed. Approval granted

FINAL STATUS

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

Approved by Doug Smith Date 12/10/01

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

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

Legal Description of Property: Street Address 6900 SW 9

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 15 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 77 Hwy To West Arnton Road

No-Th

Location of Well South side of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System SE side of House Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Gunnar + Elizabeth Radel	6900 SW 9	
Tenant/Buyer:	James + Tamara Urbauer	3801 No-Th 22nd ST Lincoln, NE 68521	402.435.6223
Return to:	James Urbauer		(Fax)

Signature of Applicant James Urbauer Address 3801 No-Th 22nd Date 4 / Sept / 03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9 / 4 / 03 Amount $200.00 Check No. 7348 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 9/5/03

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ___/ml	☐ ___/ml
Nitrate	☑ .07 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Very well maintained lagoon — No needs — Adequate water level — Well is functional, chlorinated —

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 9/9/03

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