LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96390050501

SEWAGE SYSTEM REPAIR

Issued 07/10/96
Expires 01/10/97
Revenue Code 18754

Establishment

BRAD SOUTHWICK
T9N R6E SEC 33
LOT 26
10200 SW 27 STREET

FEES: $50.00

TOTAL $50.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

2343

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 ☐
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: 7-9-96

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. 9N ; Range 6E ; Section 33 ;
Block _____ ; Lot 26 I.T. ; Addition _____
Street Address 10200 SW 27 Lincoln 68523

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: Install Sewage Treatment Lagoon

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

6. Estimated cost of project:

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

Paul Brehm Brad Southwick
Signature of Applicant (owner or lessee)

17201 S. 72
Address
Hickman, Ne 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 7-9-96
Filing Fee: $ 50.00

2. Site Visits:
Date: 7-9-96 by: ~~Road Cross Section Tank~~
Date: 9/24/96 by: J.C.H. Need signs + lock.
Date: 11/17/98 by: J.C.H.

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/17/98 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 10200 SW 27th St

Twp 9N Range 6E Section 35 1/4 1/4 Block Lot 26 Addition LCN

Directions to Property West on Old Cheney Road to Warlick Blvd to W. Denton Road to S.W. 27th St. Go south approximately 2.3 miles (Look for the Stone Regt sign)

Location of Well In front of the house Tap Location: Inside ☑ Outside ☐

Location of Sewage System Behind the house Year Installed 1975

	NAME	ADDRESS	PHONE
Present Owner:	Paul & Sherry Brehm	10200 SW 27th St Lincoln NE 68502	423-0153
Tenant/Buyer:	Tanya Wilson	1046 Ivy #4 Crete, NE 68333	826-3283
Return to:	John Schmidt RE/MAX Professionals	6940 "O" Street #300 Lincoln, NE 68510	467-3000

Signature of Applicant Tanya B Wilson Address 1046 Ivy #4 Crete NE 68333 Date 04 / 29 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 05 / 01 / 96
Initials ss
Amount 150.00
Check No. 1104

DATA ENTRY

Date ___/___/___
Case No.
Initials

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5 / 2 / 96

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☒ 0.2 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 7 / 9 / 96 by jm
Date 9 / 24 / 96 by D.C.H
Date ___/___/___ by ___

Comments: CURRENTLY UNDER ORDER TO FIX SEWAGE SYSTEM. WELL IS IN A PIT. OLD CISTERN MUST BE PROPERLY ABANDONED. JUNK AND JUNK CARS MUST BE REMOVED. ← all done except cistern CONSTRUCTED See Attached Letter ☐
WORK ON WATER SYSTEM MUST BE DONE BEFORE BACTERIAL SAMPLE TAKEN.

FINAL STATUS

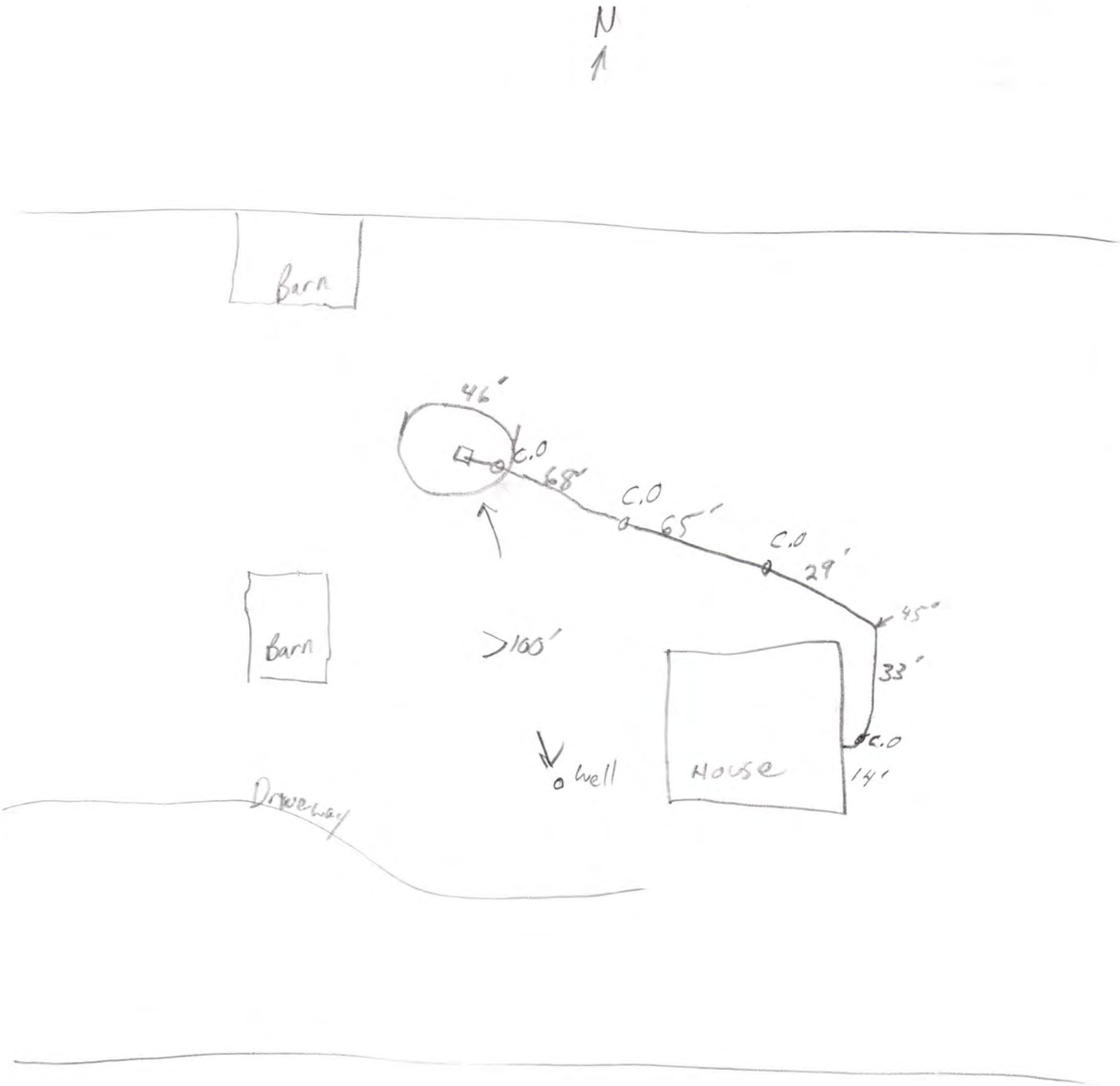
WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by ____ Date ___/___/___

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


N
Barn
46'
C.O
68'
C.O
65'
C.O
29'
45°
33'
C.O
14'
House
Barn
>100'
well
Driveway