FILE #2184

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 5, 1985 — THIS LICENSE OR PERMIT EXPIRES

JACK COOPER & PAUL VON GILLERN, P.O. BOX 67 — LICENSEE OR PERMITTEE

LINCOLN NE 68502 — ADDRESS

TON: PGE: SEC 36 SW¼ — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

CLOSED

REMARKS: NON TRANSFERABLE

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 15.00 30.00	018754	$ 45.00 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800)

FILE NO. 2184

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

DATE: 4-5-85

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. 7 4N ; Range 6E ; Section 36 SW¼;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: New 1000 Gallon Tank & 120'LF Large Laterals

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 3000 00

Jack Cooper c/o Dawson Gillespie
Signature of Applicant (owner or lessee)

South ¾ North of Saltillo
Address Rt. #1, Box 67
Lincoln, Nebraska

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-4-85 by: pm
Date: 4/5/85 by: L.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/5/85 by: L.C. Hood

017

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

2844

Legal Description of Property: 6th P.M. Street Address 10600 S. 14TH Rt. 1

Twp 9N Range 6E Section 36 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property 3.5 South of Old Cheney on 14TH St.

Location of Well East of House Tap Location: Inside ☑ Outside ☑

Location of Sewage System North of House Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Jack and Minnie Cooper	10600 S. 14TH Lincoln Ne 68512	423-6951
Tenant/Buyer:	David and Nicole Hollamon	1401 Sioux St. Lincoln, Ne 68502	423-0664
Return to:	David Hollamon	1401 Sioux St Lincoln Ne 68502	476-3378(w)

Signature of Applicant David Hollamon Address 1401 Sioux St. Lincoln Ne 68502 Date 7/24/95

HEALTH DEPARTMENT USE ONLY

Date Received 7/24/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 7/25/95

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date 8/28/95 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: FROST PROOF HYDRANT NEXT TO WELL. AREA IS IN FLOOD PLAIN. Hydrant allowed 8/28/95 L.C.H. SINCE FACILITIES ARE IN FLOOD PLAIN APPROVAL IS GOOD ONLY AS LONG AS THEY ARE NOT FLOODED. PROVISIONAL APPROVAL ON SEPTIC SYSTEM BECAUSE INSTALLATION WAS NOT BASED ON SOIL PERCOLATION TEST. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/30/95

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.

COLL 6/29/99

9907060001

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

COLL 6/29/99

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.

old LCR 284

Legal Description of Property: Street Address 10600 South 14 Lot 58 NW 36-9-6

Twp 9N Range 6E Section 36 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property 3.5 South of old Cheney on 14th

new LCR 4094

Location of Well East of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System North of House Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Dave + Nicole Hollumon	10600 S 14th	423-0664
~~Tenant~~/Buyer:	Doug + Sharon Lee	709 Lakeside, P.O.Bx 397 Victor, ID	208-787-2112
Return to:	Doug + Sharon Lee	709 Lake Side, P.O.Bx 397 Victor, ID 83455	208-787-2112

Signature of Applicant Daughtlee Address 709 Lake Side P.O.Bx 397, Victor, ID 83455 Date 6/16/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/17/99

Initials ___

Amount 150.00

Check No. 328

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Gerrold C. Hood **DATE:** 6/21/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/22/99 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SLIGHT DEPRESSIONS AROUND WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. PROPERTY IS WITHIN 100 YEAR FLOOD PLAIN. APPROVAL APPLIES ONLY IF WATER OR SEWAGE SYSTEM IS NOT FLOODED. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerrold C. Hood R.E.H.S. Date 7/1/99

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