LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 89390002501

Issued 11/08/89
Expires 05/08/90

ESTABLISHMENT

MARK SOUTHWICK
T9N R7E SEC 16

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

MARK SOUTHWICK
1020 N 52ND ST
LINCOLN NE 68504

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8939000025

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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. _____

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

DATE: Oct. 19, 1989

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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 7E ; Section 16 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 6501 Old Cheney

2. Property Use: Residential X [ ]; Commercial _____ [ ]
No. Bedrooms 2-3
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Add 100 FT x 6 FT Experimental Lateral

5. Work to be done by: Owner [ ] ; or Contractor [X], Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project:

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

Mary Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 City.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11-7-89
Filing Fee: $ 50.00

2. Site Visits:
Date: oct-89 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Gerald C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Nov-7-89 by: Ron Magnet

006

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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

Legal Description of Property: Street Address 6501 Old Cheney

Twp 9N Range 7E Section 16 1/4 NE 1/4 Block 1 Lot 1 Addition Sheldon Heights

Directions to Property The north 416 feet of Lot 1

Located between Frontier Road and 70th Street on Old Cheney

Location of Well front yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System playhouse at corner of Old Cheney & Frontier Year Installed unknown

septic located approx. 1/3 of way down field south of playhouse on west side of line of trees

	NAME	ADDRESS	PHONE
Present Owner:	David T. and Gayle A. Wiedman	6501 Old Cheney Road	4231180
~~Tenant~~/Buyer:	John and Pam Rallis	5640 Hickory Crest	423-0798
Return to:	Mary Ann Runnings	7141 "A" Street, 68510	483-4741

Please call and I will pick up.

Signature of Applicant John Rallis Address 5640 Hickory Crest Date 10/6/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/6/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood DATE: 10/7/93

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 10 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 10/8/93 by J.C.H.
Date __/__/__ by ____
Date __/__/__ by ____

Comments: SLIGHT DEPRESSION BY WELL. Corrected SEWERAGE SYSTEM WAS CONSTRUCTED PRIOR TO REGULATIONS SO APPROVAL IS PROVISIONAL. NO VISIBLE MALFUNCTION AT THIS TIME. See Attached Letter ☐

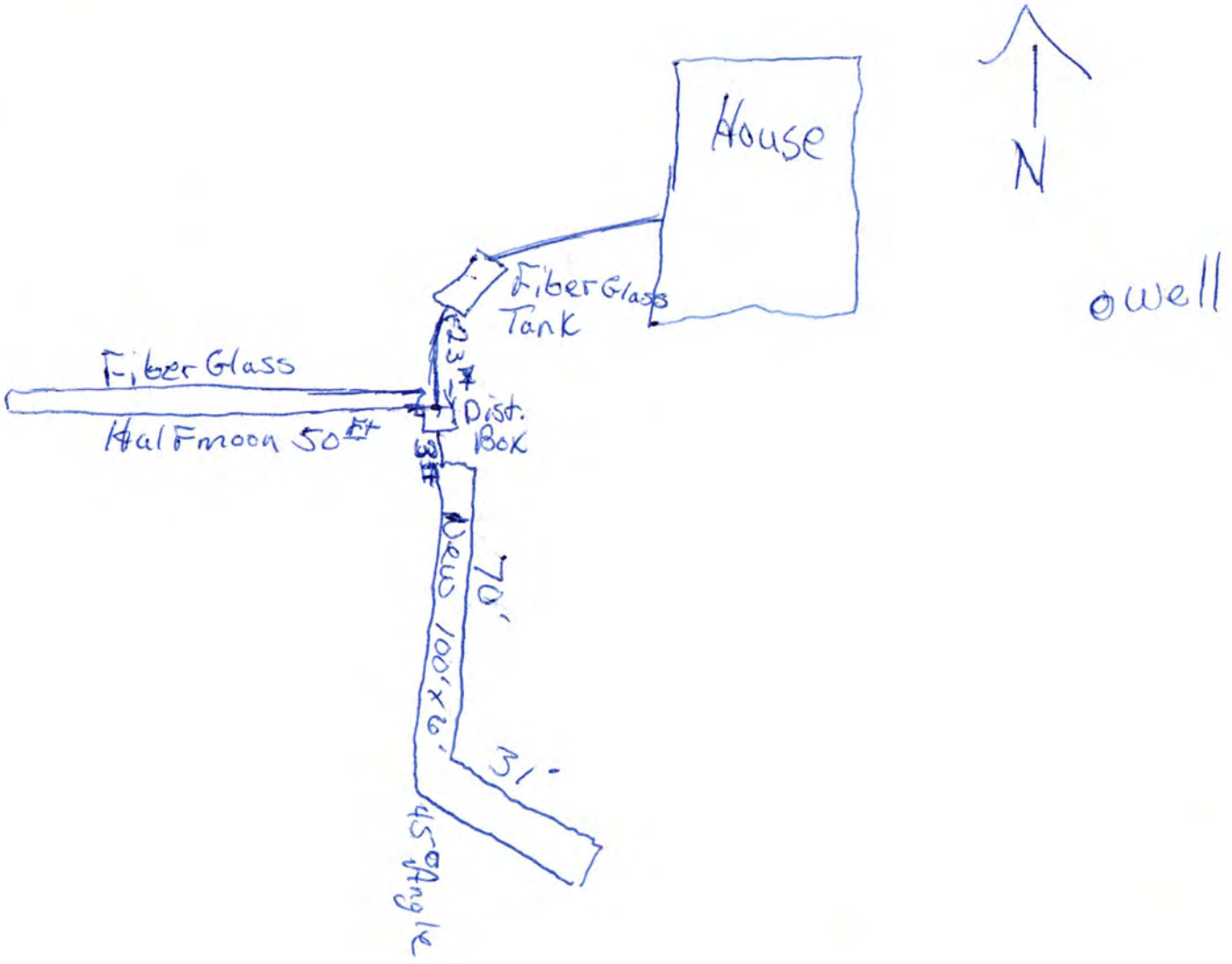
FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/12/93

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.

154


House
N
well
Fiber Glass Tank
23'
Fiber Glass
Half Moon 50'
Dist. Box
3'
New 100' x 36"
70'
31'
45° Angle