# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390030201

Issued 09/23/92
Expires 03/23/93
Revenue Code 18754

Establishment
LANCASTER RURAL WATER DISTRICT #1
T7N R7E SEC 20

FEES: $50.00

TOTAL $50.00

Permittee
LANCASTER RURAL WATER DISTRICT #1
BOX 00196
BENNET NE 68317

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"

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._____

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

DATE: 9/22/92

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 7E ; Section 20 S½ of S¼ ;
Block_____; Lot_____; Addition_____
Street Address: SW 56th

2. Property Use: Residential_____ ☑; Commercial_____ ☐
No. Bedrooms_____
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Relocation of one Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒, LANCASTER RURAL WATER / KUHL TRENCHING
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 225 00 |
| b. Labor | $ | 675 00 |
| c. Other | $ | |
| TOTAL | $ | 900 00 |

Lancaster Rural Water Dist #1 by Steve Sulek
Signature of Applicant (owner or lessee)

Box 196 Bennet, NE 68317
Address

Carroll Wilson (Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 12-2-92 by: P.D
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Carroll E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-2-92 by: Paul Bytnar

44237

# 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 8401 So. 56th Street

Twp 9N Range 7E Section 20 1/4 ___ 1/4 ___ Block ___ Lot 30 Addition Irregular Tracts in SE 1/4

Directions to Property 8401 So. 56th St. 2 miles South of Hwy 2 & 56th Right hand side of road

Location of Well ~~South of house~~ Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house Year Installed 1976 redone last year

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Michael & Wanda Hutchinson | 8401 So. 56th Lincoln NE 68516 | 474-9600 (W) 421-6741 (H) 327-9460 |
| Tenant/Buyer: | Steven & Laura Kielian | 7616 Ringneck Dr. Lincoln NE 68506 | 525-0181 (cell) 483-5887 |
| Return to: | Sheryl Oldham State Title | P.O. Box 85355 Lincoln NE 68501 | 431-5039 |

Signature of Applicant Sheryl Oldham Address P.O. Box 85355 Lincoln NE 68501 Date 8/5/99

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
Date 08/09/99
Initials CW
Amount 150.00
Check No. 1731

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

**PRELIMINARY STATUS--By** John Chess **DATE:** 8/12/99

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☐ |
| Bacteria | ☐ N/A /ml | ☐ ___ /ml |
| Nitrate | ☐ ___ ppm | ☐ ___ ppm |

| **SEWAGE SYSTEM** | | **Additional Site Visits** |
|---|---|---|
| Approved | ☐ JC | Date___/___/___ by___ |
| Provisional | ☐ | Date___/___/___ by___ |
| Disapproved | ☒ ← my mistake JC | Date___/___/___ by___ |

**Comments:** IF The septic tank has not been pumped recently it should be checked to see if pumping is necessary. Some of the system probably neglected, hence a Provisional Approval is given.

See Attached Letter ☐

**FINAL STATUS**

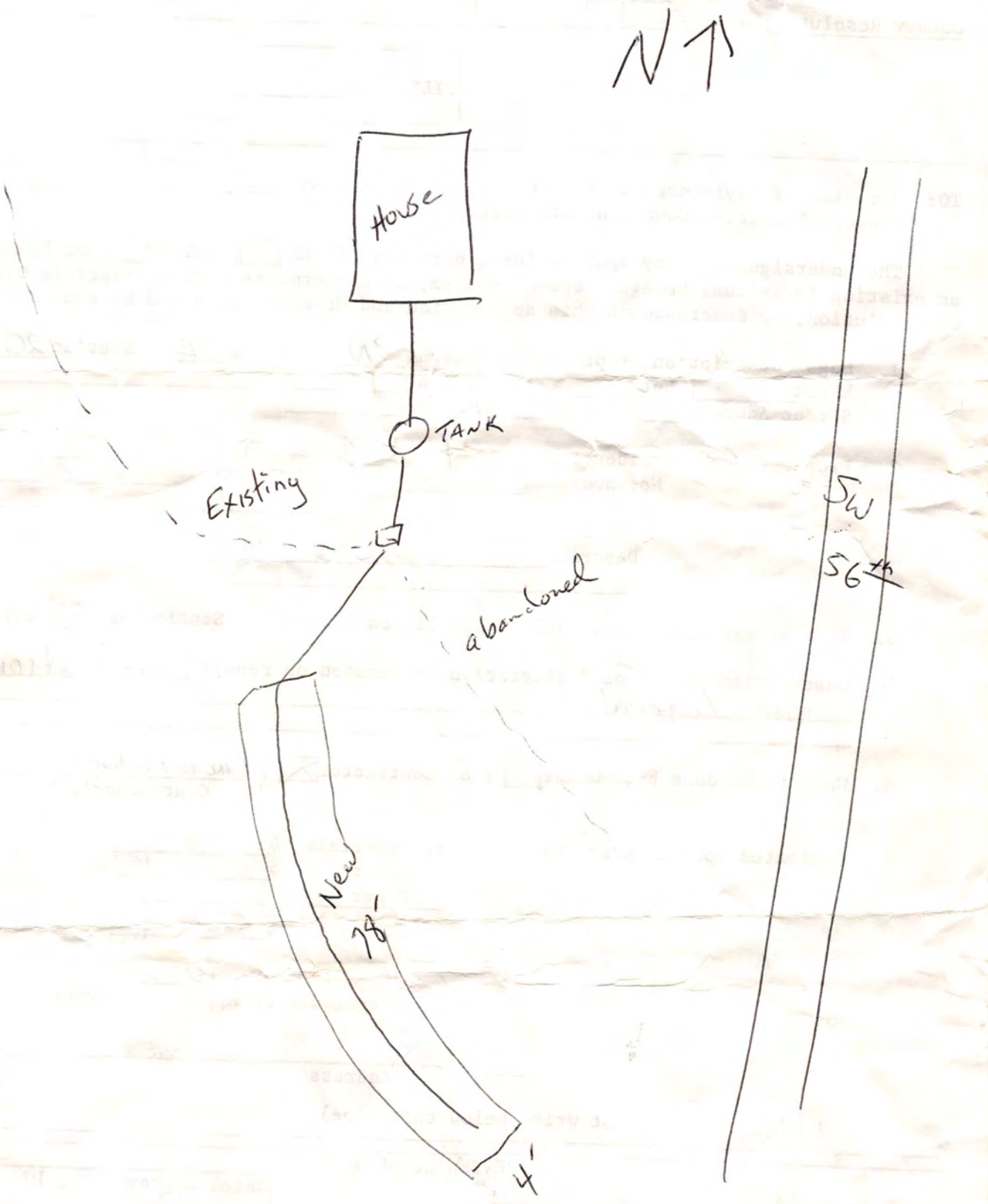
**WATER SYSTEM:** Rural water Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by John Chess 441-8027 Date 8/13/99

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


N
House
TANK
Existing
abandoned
New
78'
4'
SW
56'