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. 90390004601

Issued 05/11/90
Expires 11/11/90

ESTABLISHMENT

MARK SOUTHWICK
T9N R7E SEC 22
CLARENDON HILLS 1ST BLK 3 LOT 6

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE MARK SOUTHWICK
1020 N 52 ST
LINCOLN NE 68504

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9039000046

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: 5-2-90

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 22 ;
Block 3 ; Lot 6 ; Addition CLARENDON HILLS 1ST ADDITION
Street Address 7200 Travis Dr.

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: Add 100' of C-Crete Half-moon, Find existing System, Flush North Laterals

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

6. Estimated cost of project:

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

Mark J. Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 City 68504
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/3/96 by: J. C. Hood

004

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 7200 TRAVIS Dr. Rt. 9 2950

Twp 9N Range 7E Section 22 1/4 1/4 Block 3 Lot 6 Addition 1st ADDITION

Directions to Property 1 mile south of 70th + Hwy 2. Turn east on Travis Drive. Second house on north side of road.

Location of Well Front of house next to driveway Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of House Year Installed 1971 - added 100ft of lateral in 97

	NAME	ADDRESS	PHONE
Present Owner:	Robert ESSMAN	7200 TRAVIS Dr. Lincoln, Nebr. 68516	423-2727
Tenant/Buyer:			
Return to:	Robert ESSMAN	7200 TRAVIS Dr. Rt. 9 Lincoln, Nebr. 68516	423-2727

Signature of Applicant Robert L. Essman Address 7200 TRAVIS Dr. Lincoln, Nebr. 68516 Date 12 / 15 / 95

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12 / 15 / 95

Initials L.E.H.

Amount #150.00

Check No. 108

DATA ENTRY

Date ____/____/____

Case No. ____

Initials ____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 12 / 15 / 95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ <0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: A PORTION OF THIS ORIGINAL SYSTEM WAS COVERED BY THE INSTALLER PRIOR TO INSPECTION. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC SYSTEM HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

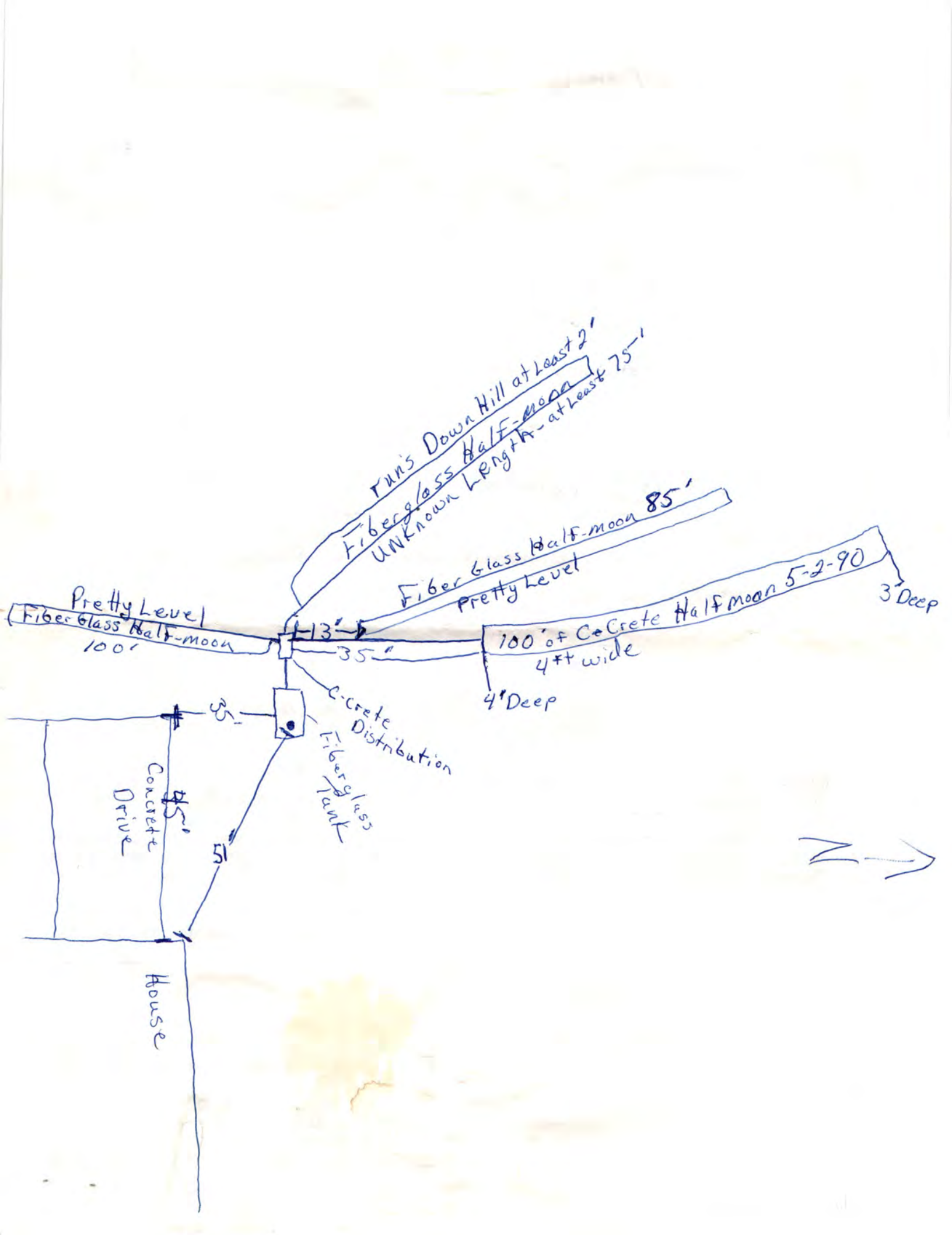
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 1 / 3 / 96

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


Runs Down Hill at Least 2'
Fiberglass Half-moon
UNKnown Length - at Least 75'
Fiber Glass Half-moon 85'
Pretty Level
Pretty Level
Fiber Glass Half-moon
100'
13'
35'
100' of Ce Crete Half moon 5-2-90
4ft wide
4" Deep
3' Deep
35'
C-crete Distribution
Fiberglass Tank
45'
Concrete Drive
51
House
N