FILE # 2732

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

RICHARD SCOTT — LICENSEE OR PERMITTEE

7300 CARSON RD. — ADDRESS

LINCOLN, NE 68516

T9N, R7E, Sec. 32; Blk 2; Lot 8; Clarendon Hills Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 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 [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. 2732

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

DATE: September 9, 1988

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 2 ; Lot 8 ; Addition Clarendon Hills
Street Address 7300 Carson Rd, LINCOLN, NE 68516

2. Property Use: Residential [X]; Commercial [ ]
No. Bedrooms 4 Describe
Other Use [ ]
Describe

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

4. Description of proposed alteration, extension or repair: ALTER LAGOON SYSTEM

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

6. Estimated cost of project:

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

Richard Scott
Signature of Applicant (owner or lessee)

7300 Carson Rd
Address
LINCOLN, NE 68516

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: Sept 2-88 by: rm did not see sch #40 sewer pipe before covered
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

No drawing

005

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 7300 Carson Rd

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 2 Lot 3 Addition [illegible]

Directions to Property [illegible]

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System [illegible] Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	7300 Carson Rd	423-1147
Tenant/Buyer:			
Return to:	[illegible]	[illegible]	

Signature of Applicant [signature] Address 7300 Carson Rd Date 11/22/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/22/93 Received $150.00 Check ☐ Cash ☐

PRELIMINARY STATUS--By PAUL DBOTZMANN **DATE:** 11/23/93

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 11/29/93 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Fence needs to be repaired

11-29-93 Fence repaired PD

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dryfuss Date 12/1/93

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. Provisional approval of septic system is based upon the sewer line was backfilled prior to inspection and no measured drawing was received by the installer as stated in file dated Sept 1988.

103

Jerry Hood

4234 | 97

9808110002

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 CR 2370 7300 CARSON ROAD

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 2 Lot 8 Addition CLARENDON HILLS 1ST ADD.

Directions to Property South on 70th Street past Highway 2, to CARSON RD, turn EAST 3 Blocks, the House is on North Side of CARSON RD.

Location of Well North of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest of House in pasture Year Installed 1974?

	NAME	ADDRESS	PHONE
Present Owner:	Elizabeth Scott	7300 Carson Rd Lincoln, Ne 68516-2616	423-9455
Tenant/Buyer:	Bob & Mary Norton	5430 Stephanie ct. Lincoln, Ne 68516	421-7232
Return to:	Bob & Mary Norton	5430 Stephanie Ct Lincoln, Ne 68516	421-7232

Signature of Applicant Robert R. Norton Address 5430 Stephanie Ct Lincoln, Ne 68516 Date 7/17/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 7/20/98

Initials JS

Amount $150.00

Check No. 4277 ✓

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By JShen **DATE:** 7/21/98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria 7-30-98	☐ ___/ml	☑ present/ml
Nitrate " 0 " 8-30 " 0	☑ 2.1 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☑

Additional Site Visits

Date 7/30/98 by JK

Date 8/13/98 by JS

Date ___/___/___ by ___

Comments: ① Fence needs to be 4 ft high ② Additional posts on top rail need to be installed to prevent fence from being pushed over ③ Vegetation needs to be cut, trimmed in and around Cesspool ④ NEED SIGNS ⑤ Gate needs to fixed so it is secure. Mrs Scott said that money has been escrowed See Attached Letter ☑

FINAL STATUS

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

Approved by John Shen / PRO Date 8/10/98

DIS Approved 8/11/98 ONCE ITEMS CORRECTED THEN IT WILL BE PROVISIONAL & Approval

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 Sewer line was backfilled prior to inspection and no measured drawings was received by the installer as stated in the P.I.I. dated Sept 88

COLI + NO_3
12/14/01

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7300 CARSON RD.

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 2 Lot 8 Addition CLARENDON HILLS 1ST ADD B2 L8

Directions to Property _____

Location of Well 50' BEHIND HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System 200' BEHIND HOUSE Year Installed _____

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	BOB & MARY NORTON	7300 CARSON	
Tenant/Buyer:			
Return to:	JIM ADAMS	WOODS BROS. REALTY 7100 S 29TH LINCOLN 68516	430-9002 434 3605 (Fax)

Signature of Applicant Jim Adams Address 8410 PINEDALE LINCOLN Date 12/13/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/13/01 Amount 200.00 Check No. 2465 Initials LS

DATA ENTRY Date ____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 12/14/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.5 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 12/21/01 by L.C.H.

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: LAGOON NEEDS VEGETATION REMOVED & WARNING SIGNS INSTALLED. Corrected, Provisional Approval because sewer was covered at time of installation without inspection. See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 12/21/01

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: 9-00