File No. 844

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

TYPE OF LICENSE OR PERMIT: Individual Sewage System Construction

THIS LICENSE OR PERMIT EXPIRES: December 4, 1976

LICENSEE OR PERMITTEE: Willis Rap

ADDRESS: Rt. #8, Lincoln, Nebraska 68506

NAME OF ESTABLISHMENT, IF ANY: T9N; R7E; Sec. 22; Bl. 4; Lot 3; Clarendon Hills 1st Addn.

ADDRESS: ; Lagoon

REMARKS: Non-transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
6241535				

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

HEALTH DEPARTMENT

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 844

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

DATE: 2-6-76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22
Block 4 ; Lot 3 ; Addition CLARENDON HILLS 1ST ADDN.
Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3 . Describe: _____
Other Use ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Willis Rap
Signature of Applicant (Owner or Lessee)

RT # 8 Lincoln Nebr. 68506
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/4/76 . Date Frwd. 6/4/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-4-76 . Date Frwd. 6-4-76 . ACTION: Approved ☒ Disapproved ☐ Signature: W Williamson

3. City ~~or County~~ Engineer : Date Rec'd. 6-4-76 . Date Frwd. 6-4-76 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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 Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 844

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22 ; Block 4 ; Lot 3 ; Addition CLARENDON HILLS 1ST .
Street Address _____.

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Willis Rapp
Signature of Applicant (owner or lessee)

Rt. #8, Lincoln, Nebraska 68506
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: later part of 6-76 by: Sam
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 6/4/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-31-77 by: Ron Mayhew

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

013

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 1-3-94

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 22; BLOCK 4

LOT 3; ADDITION Clarendon Hills; Street Address 7441 Travis Dr. Lincoln

Directions to Property Contact Borrower

Location of Well Contact Borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Robert Peterson	7441 Travis Dr. Lincoln	423-9221 H 474-0458 W
Tenant/Buyer:			
Return to:	First Commerce Mtg. Co. Attn: Rick Stwogl	Box 81231 Lincoln 68501	434-4570

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Rick Stwogl Address FCMC Box 81231

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HEALTH DEPARTMENT USE ONLY

Date Received 01/04/94 Received $150.00 Check ☑ Cash ☐ #22657

PRELIMINARY STATUS--DATE JANUARY 6, 1994

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria 0	☒	☐
Nitrate <10 ppm	☒	☐

SEWAGE SYSTEM:

Approved: ☒

Provisional: ☐

Disapproved: ☐

SITE VISIT:

Date 1/6/94 by J.C.H.

Date 1/12/94 by J.C.H.

Date _____ by _____

Comments: ELECTRICAL CONDUIT ON WELL HEAD IS BROKEN. Repairs made 1/24/94. LAGOON IS VERY FULL BUT IS NOT RUNNING OVER. GATE IS A LITTLE UNSTABLE.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JANUARY 18, 1994

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832