CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

April 28, 1969
THIS LICENSE OR PERMIT EXPIRES

Donald Magee for Doug Weber
LICENSEE OR PERMITTEE

ADDRESS

T 9N; R 7E; Sec. 22; Blk. 4; Lot 5; Clarendon Hills 1st Addition
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Twansferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143 ~~110~~.1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
14561	OCT 28 68	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 83

DATE: 28 Oct 68

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 Lincoln City Ordinance No. 9150, 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 S; Addition ____;
Street Address Clover Hill Addl

2. Property Use: Residential ____ [✓]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Donald Magee for Doug Weber
Signature of Applicant (owner or lessee)

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 12/6/68 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 10/28/68
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/6/68 by: Jerrold C. Hood

FORM HD-30(67) REQUEST FOR SITE CLEARANCE I
INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 83

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 7E; Section 22;
Block 4; Lot 5; Addition _____;
Street Address Clarendon Hills Add.

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

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

4. Distance to public sewer: _____ ft.

Donald Magan for Doyle Webb
Signature of Applicant (owner or lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/28/68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/28/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. _____. Signature: Charles Seale R.S.

3. City Engineer: Date Rec'd. 10-28-68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10-28-68. Signature: R.A. ERIXSON by JLB

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 83

PROPERTY WHERE SOIL TESTED: Block 4 Lot 5 Owner: W Doug Weber
Location: Township _____
Section & ¼ Sect. _____ Clarendon Hills add Address _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☐

Dates of Tests: 24 Oct to 25. Weather: Precip. None Temp. 60 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	24/0	0800	25/10	0800	25/0	0800	30	0811	29	11	1	11/1
2	36	24/0	0800	25/10	0800	25/0	0800	30	0813	29	13	1	13/1

Donald Magee
Signature of Person Conducting Test

Address 6331 Burlington
Phone: 466-5484

Sum of Percolation Rates
Average of Rates: 12/1
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 12 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 28, 1968

Jerrold C. Wood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 83

SPECIFICATIONS

DATE: 12/6/68

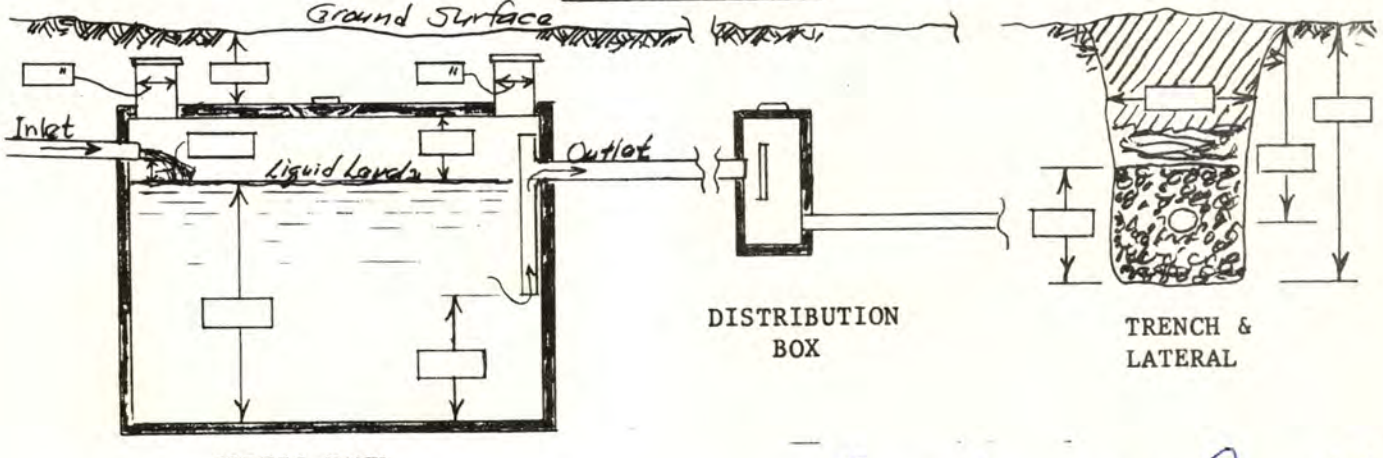
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 150 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Timber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☐ (Company ___)
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 20 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 150 ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☐, (Company ___)
No ☐
3. Dimension: Length 12 in.; Width 11 in.
Depth 8 in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade 20 in.
Number 2; Length of each line 100 ft
Total length of Laterals 198 ft.; 98+95
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape Half Moon
Material: concrete ☐; fiber ☐
asbestos ☐; clay ☐; other ___
Distance between lateral lines 20 ft.
3. Trench Dimensions: Depth 30 in.;
Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 38 ft.
6. Percolation Rate: 12/1 minutes/inch

TYPICAL SKETCHES



Donald Mayer for Doug Weber
Signature of Applicant

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

8000

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.

[X] Evaluation of the Individual Water System Date: December 10, 1991

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

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

LOT 5 ; ADDITION Clarendon 1st ; Street Address 7325 Travis Drive

Directions to Property South of 70th and Highway 2 - South of Pine Lake Road.

Two Story home on the south side of the road - white with charcoal gray trim and shutters.

Location of Well Front Year Tap Location: Inside [ ] Outside [X]

Location of Sewage System Back yard - East of home Year Installed 1990 (1960 REWORKED)

	NAME	ADDRESS	PHONE
Present Owner:	Harold and Lynne Oswald	7325 Travis Drive - Lincoln	423-7325
Tenant/Buyer:			
Return to:	Harold and Lynne Oswald	7325 Travis Drive - Lincoln	423-7325

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

Signature of Applicant Lynne Oswald Address 7325 Travis Dr. - Lincoln

==========

HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 12, 1991 Received $150.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 12/13/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date 12/13/91 by J.C.H
Bacteria	[X]	[ ]	Provisional:	[ ]	Date _____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date _____ by ____

Comments: WELL CAP SEEMS TIGHT BUT THE TWO BROKEN BOLTS IN THE CAP SHOULD BE REPLACED.

See Attached Letter [ ]

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Lorrell E. Hood R.S. DATE DECEMBER 17, 1991

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

RECEIVED JUN 14 1993

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 7325 Travis Drive

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 4 Lot 5 Addition 1st ADD

Directions to Property 1 mile So on So 70th past Hwy 2 Turn L before curve & RR Tracks 3rd house on R (white)

Location of Well N.E. corner by Pine trees Tap Location: Inside ☐ Outside ☐ ?

Location of Sewage System S of driveway Year Installed 1969 ?

	NAME	ADDRESS	PHONE
Present Owner:	Lynn & Harold Oswald	7325 Travis Dr Lincoln Ne 68576	423-7325
Tenant/Buyer:	Stan & Pat Sharp	4420 Kirkwood Dr Lincoln NE 68576	488-6196
Return to:	Stan & Pat Sharp	4420 Kirkwood Dr Lincoln Ne 68576	488-6196

Signature of Applicant Stan Sharp Address 4420 Kirkwood Dr Lincoln Ne 68576 Date 6/11/93

HEALTH DEPARTMENT USE ONLY

Date Received 06/14/93 Received $150.00 Check ☒ CW 2231 Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 6/15/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/10/93 by JCH
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ____
Nitrate	☒ 2.8 ppm	☐ ____ ppm	Disapproved ☒	Date ___/___/___ by ____

Comments: SEPTIC SYSTEM IS LEAKING & SHOULD REPLACE. BROKEN BOLTS IN WELL CAP. Septic System Repaired 8/10/93 However repairs are of an experimental nature & approved Provisional. ☐ See Attached Letter

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/13/93

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.

467-5302

135

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 7325 Travis Drive

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 4 Lot 5 Addition 1st - Clarendon Hills

Directions to Property South on 70th to Travis Drive, East on Travis Drive - 3rd house on right side (White two story house with T-shaped like barn)

Location of Well in front of house by blue spruce Tap Location: Inside ☐ Outside ☒

Location of Sewage System by attached garage Year Installed unknown

	NAME	ADDRESS	PHONE
Present Owner:	Pat & Stan Sharp	782 Glossip Ave Highlandville, MO 65669	417-587-2009
Tenant/Buyer:	Layne & Judy Gebers	401 S. 2nd Street Ceresco, NE 68017	665-2410 office 665-2400 home
Return to:	Layne & Judy Gebers	FAX 402-665-2411	

Signature of Applicant Judy Gebers Address 401 S. 2nd, Box 118
Ceresco, NE 68017 Date 5 / 8 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 05 / 12 / 97
Initials ___
Amount 150
Check No. 698

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

PRELIMINARY STATUS--By John Chesn **DATE:** 5/19/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒ 5-19-97
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 5/21/97 by J.C.H.
Date 5/28/97 by J.C.H.
Date ___/___/___ by ___

Comments: Well CAP seems TIGHT BUT TWO Broken Bolts, Electric conduit is TAPED in place. Weeds rate a permanent ATTACHMENT. Recommend the Filing of said Settlement to process. Approved Nitrate level 2 ppm. If Tank has been pumped, we Recommended that it be checked close if necessary. Septic System repaired 8/10/95. However remains of AN experimental nature so Approval is PROVISIONAL. Well corrected 5/28/97 J.C.H. 5-21-97 ☒ See Attached Letter

FINAL STATUS

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

Approved by Gerald E. Hood R.E.H.S. Date 5 / 30 / 97

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

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

collect to self for mail 00020100 4 pf

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.

LCR 959.

Legal Description of Property: Street Address 7325 Travis Drive, Lincoln, Ne. 68516

Twp____ Range____ Section____ 1/4____ 1/4____ Block 4 Lot 5 Addition Clover Dell Hills 1ST ADDN

Directions to Property [redacted] Hwy 2 and Pine Lake Road - Turn South First road to left - turn + follow road to property

Location of Well Front of House - (W) CORNER of Blue SPRUCE Tap Location: Inside ☒ Outside ☐

Location of Sewage System From house Garage Door - 9ft Just West of sidewalk that goes around pool, It's underground 6" Year Installed Checked 8 mo's AGO

	NAME	ADDRESS	PHONE
Present Owner:	Layne + July Gebers	755 No. Woodson RD Clarksville, TN 37043	931-358-0090
Tenant/Buyer:	Charles + Debra Jones	2512 Ammon Ave. Lincoln	402-464-2930
Return to:	Chuck Jones	2512 Ammon Ave Lincoln NE 68507	402-464-2930

Signature of Applicant Charles H Jones Address 2512 Ammon Ave Lincoln, NE 68507 Date 1/19/2000

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 01/19/00
Initials JD
Amount 150.00
Check No. CASH

DATA ENTRY

Date ____/____/____
Case No. ____
Initials ____

PRELIMINARY STATUS--By John Chesz **DATE:** 1/20/2000

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☒ 8 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits

Date 1/26/00 by JC
Date ____/____/____ by ____
Date ____/____/____ by ____

Comments: Sewage has settled around well. Contacted Linda Ross if the septic tank has been pumped recently it should be checked to see if is necessary. LLCHD was unable to locate any records on the system. Some of the system predators creatures, hence See Attached Letter ☐
permits a provisional approval given. No sewage disposal / discharge noted. However the house has been vacant.

FINAL STATUS

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

Approved by PJP, John Chesz Date 1/31/00

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

1/26/00 → P14485-22

Neg - Coliform
Neg - E-coli

COLI + NO_3
1/18/03

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 7325 Travis Dr.

Parcel ID 16 - 22 - 301 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property So. 70th South of Pine Lake, left on Travis Dr.

Location of Well Front yard under tall evergreen tree Tap Location: Inside ☒ Outside ☐

Location of Sewage System ___ Year Installed ___

Site Hazards (dogs, etc.) n/A

	NAME	ADDRESS	PHONE
Present Owner:	Deb Jones	5641 Eagle Ridge Rd.	W-437-7279 421-7325
Tenant/Buyer:	Patty + Larry Elwood	3440 S. 76th	486-4495
Return to:	Susie Luxford Howe Real Estate - North	5901 N. 27th Lincoln, Ne.	525-7367 ___ (Fax)

Signature of Applicant Susie Luxford Address 5901 N. 27th Lincoln, Ne. Date 1/13/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/13/03 Amount $200.00 Check No. 3383 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/13/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: RECORDS DO NOT EXIST FOR SOME COMPONENTS OF THIS SEWAGE SYSTEM HENCE APPROVAL IS PROVISIONAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. NOTE: HOUSE WAS VACANT AT TIME OF INSPECTION. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 1/15/03

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

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 7325 Travis Drive, Lincoln NE 68516

Parcel ID 18 - 24 - 301 - 005 - 00 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 4 Lot 5 Addition Clarendon Hills 1st Add.

Directions to Property _____

Location of Well NORTHEAST FRONT Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH OF HOUSE Year Installed 1978

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	Larry & Patty Elwood	7325 Travis Dr.	420-7772
Tenant/Buyer:			
Return to:	Tina Brenhoff - Union Bank & Trust	PO Box 82535 Lincoln, NE 68501-2535	402-323-1552 323-1302 (Fax)

Signature of Applicant T. Brenhoff Address Union Bank & Trust Co. Date 2 / 3 / 04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 02 / 05 / 04 Amount 200.00 Check No. 55919 Initials ns "MAIL"

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

PRELIMINARY STATUS--By Jerold C. Wood **DATE:** 2 / 9 / 04

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ____/ml	Provisional	☒	Date___/___/___by___
Nitrate	☒ 1.1 ppm	☐ ____ppm	Disapproved	☐	Date___/___/___by___

Comments: RECORDS DO NOT EXIST FOR SOME COMPONENTS OF THIS SEWAGE SYSTEM PLUS REPAIRS IN 1993 WERE OF AN EXPERIMENTAL NATURE HENCE PROVISONAL APPROVAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. NOTE: HEAVY COVERING OF SNOW ON DAY OF INSPECTION. ☐ See Attached Letter

FINAL STATUS

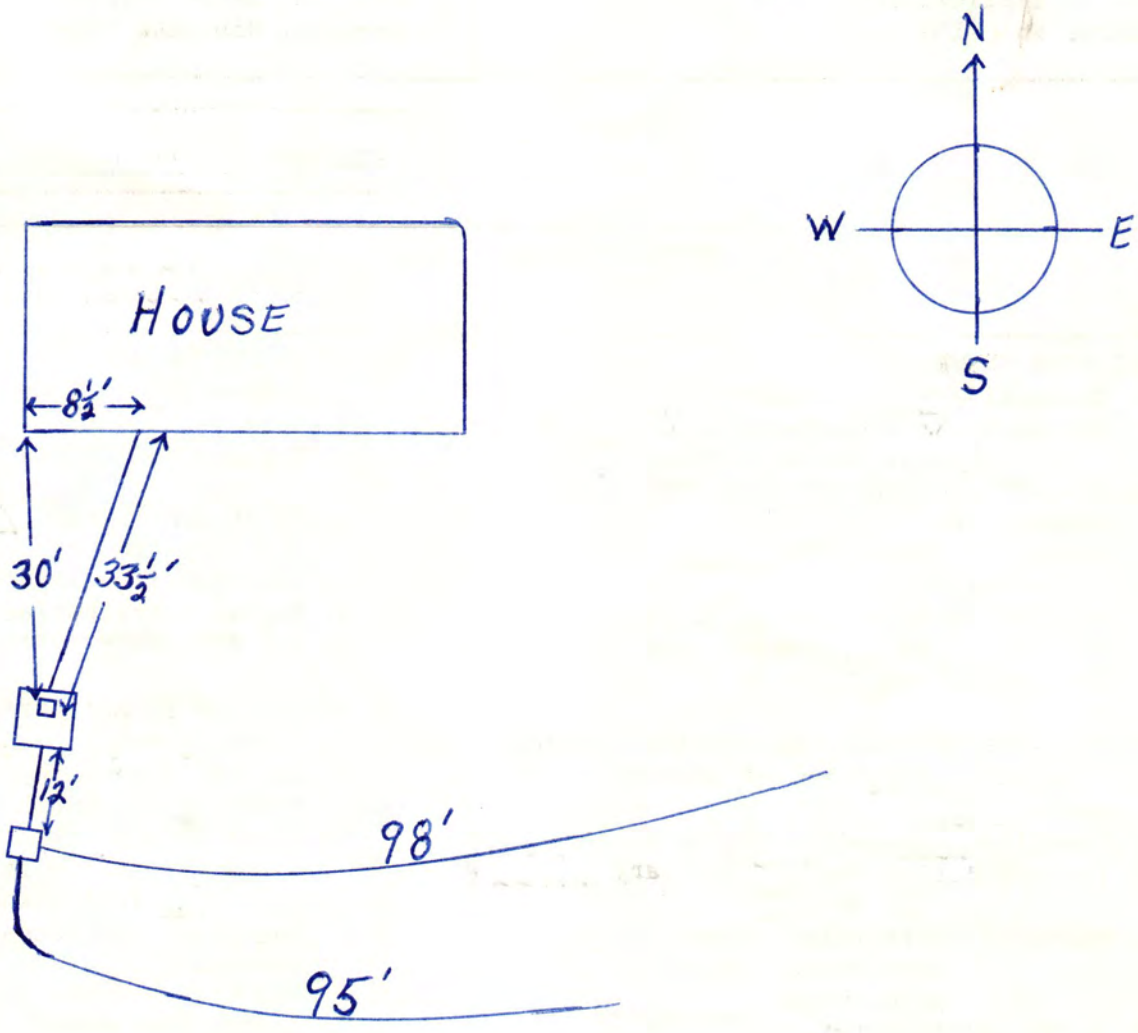
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerold C. Wood R.E.H.S. Date 2 / 11 / 04

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


N
W
E
S
HOUSE
8½'
30'
33½'
12'
98'
95'