LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380008601

Issued 01/18/90
Expires 07/18/90

ESTABLISHMENT

ROBERT OPP
T9N R7E SEC 28
BLK 5 LOT 5

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ROBERT OPP
2210 SANDSTONE RD
LINCOLN NE 68512

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

9038000086

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: Jan 18, 1990

The undersigned hereby requests SITE CLEARANCE and PERMIT 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 28 ;
   Block 5 : Lot 5 : Addition Yankee Ridge Estates
   Street Address 9200 South 64th St. Court.

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

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

4. Distance to public sewer: 1 mile ~~ft~~.

Robert P. Gp
Signature of Applicant (Owner or Lessee)

2210 Sandstone, Lincoln, NE, 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/18/90. Date Frwd. 2/8/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/8/90. Date Frwd. 2/8/90 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 4-4-90 by: ms
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-5-90 By: Ron Magnuson

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

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 50,64 sf Ct, Lot 5 Block 5

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-25 to 10-26-88. Weather: Precip. ___ Temp. 58°

OWNER: _____

Address: _____

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	10-25	11 AM	10-26	8:30	10-26	12:30	13 3/4	1:30	14 5/8	60	7/8	.8750
2	"							13 1/2		14 1/2		1	1.0
3	"							13 1/8		14 7/8		1 3/4	1.75
4	"							9 1/4		10 1/8		7/8	.875
5	"							15"		16 1/2		1 1/2	1.5
6	"							9 3/8		9 7/8		1/2	.5
													6.500
													1.08
													6√2.5
													60

Sum of Percolation Rates: 1.08
Average of Rates: _____
Mean of Rates: _____

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: appears to be Wymore silty clay loam
Soil Type (SCS): WtC2
Date: 1-9-90

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Marquardt
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

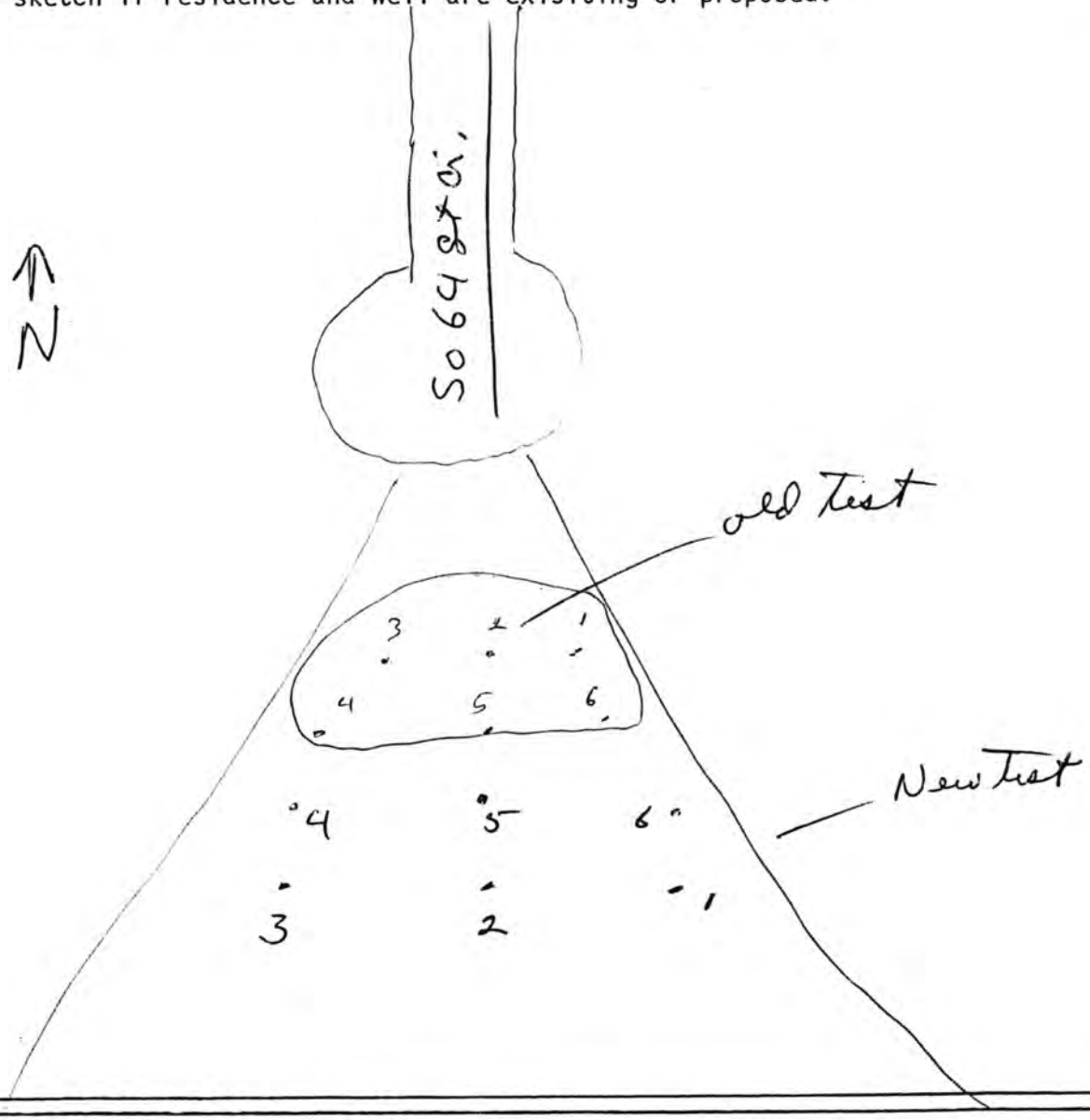
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

Date: January 18, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 990 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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: 471-7800

D

DATE: _____

FILE NO. _____

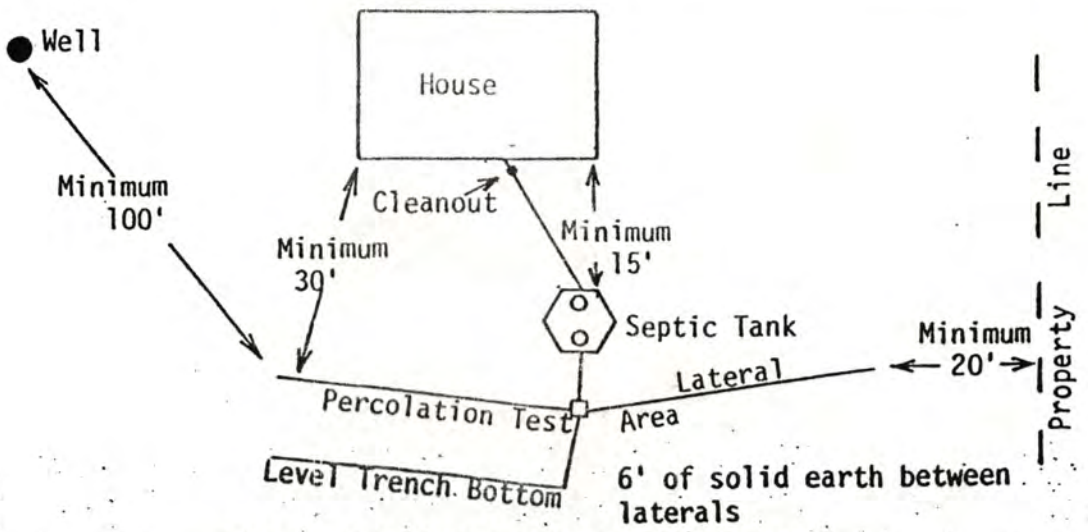
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs —.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 8" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or Perforated Pipe 4.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4; Length of each line 100, 100, 100, 8', _____ ft.;
Total length of laterals 308' ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 3 ft.;
Slope 6" in/100 ft.; Average Depth 3' in.
4. Filter Material: Road Gravel
Depth of Material 16" in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL - refinancing.

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: May 8, 1992

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

Legal Description of Property: TWP. 9N; RANGE R7E; SECTION 28; BLOCK 5

LOT 5; ADDITION Yankee Ridge; Street Address 9200 S. 64th, Lincoln, NE., 68516

Directions to Property approx 2.5 miles south on 56th Street from Hwy 2, Lt. on Rokel Dr. to 64th, in Yankee Ridge estates

Location of Well South east of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 3 laterals & tank - SW of House Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Robert D. Opp	9200 S. 64th, Lincoln,	423-6841
Tenant/Buyer:	"	"	"
Return to:	Robert D. Opp	9200 S. 64th, Lincoln,	423-6841

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

Signature of Applicant Robert D. Opp Address 9200 S. 64th, Lincoln, 68516

~~Jerry, we close on May 22nd, thx for your expediency~~

HEALTH DEPARTMENT USE ONLY

Date Received MAY 12, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 13, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 5/13/92 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate <10PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Wood R.E.H.S. DATE MAY 18, 1992

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

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.

U23-6841

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 9200 So. 64

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 5 Lot 5 Addition Yankee Ridge Addn.

Directions to Property So. on 56th

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Robert Opp	9200 So. 64	434-3865
Tenant/Buyer:			
Return to:	Nebr. Title		

Signature of Applicant Ben L Barrett Address 7500 Stevens Ridge Lincoln NE 68516 Date 4 / 7 / 99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 4 / 9 / 99

Initials CW

Amount $150.00

Check No. 1803

DATA ENTRY

Date ___ / ___ / ___

Case No. _____

Initials _____

PRELIMINARY STATUS--By John Olson **DATE:** 4 / 12 / 99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☐ 0 /ml (4-12)	☐ ___ /ml
Nitrate	☐ 9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Date ___ / ___ / ___ by ___

Comments: If the septic tank has not been pumped recently, it should be included to see if it is necessary. Water system NOT approved when house is connected to public system that is hooked to a hydrant in the house corral

See Attached Letter ☑

FINAL STATUS

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

Approved by John J Olson Jr. Date 5 / 5 / 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

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 9200 S. 64th.

Parcel ID 16-22-105-005-000 (i.e. 99-99-999-999-999)

Twp ____ Range ____ Section ____ 1/4 ____ 1/4 ____ Block 5 Lot 5 Addition Yankee Ridge LLCN,

Directions to Property 56th South to Rabel Drive then East to 64th Street then South to 9200 S. 64th.

Location of Well 40' N.E of House in Flower Bed Tap Location: Inside ☐ Outside ☐

Location of Sewage System 25 to 100' S.W. of House Year Installed 1990.

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Brad & Angie Beckett	9200 S. 64th. Lincoln Ne. 68516	423-5455
Tenant/Buyer:	Peggy Hunt	2870 Columbine Ct. Thousand Oaks Ca. 91360	805-241-8611
Return to:	Joe Bentler	7211 S. 27th St. Lincoln Ne. 68512	440-7529, 476-3296 (Fax)

Signature of Applicant PJ Hunt Address 2870 Columbine Ct. Thousand Oaks, CA 91360 Date 06/03/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date ____/____/____ Amount ____ Check No. ____ Initials ____

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

PRELIMINARY STATUS--By ____ **DATE:** ____/____/____

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

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: Septic last Pumped October of 1998.

See Attached Letter ☐

FINAL STATUS

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

Approved by ____ Date ____/____/____

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.

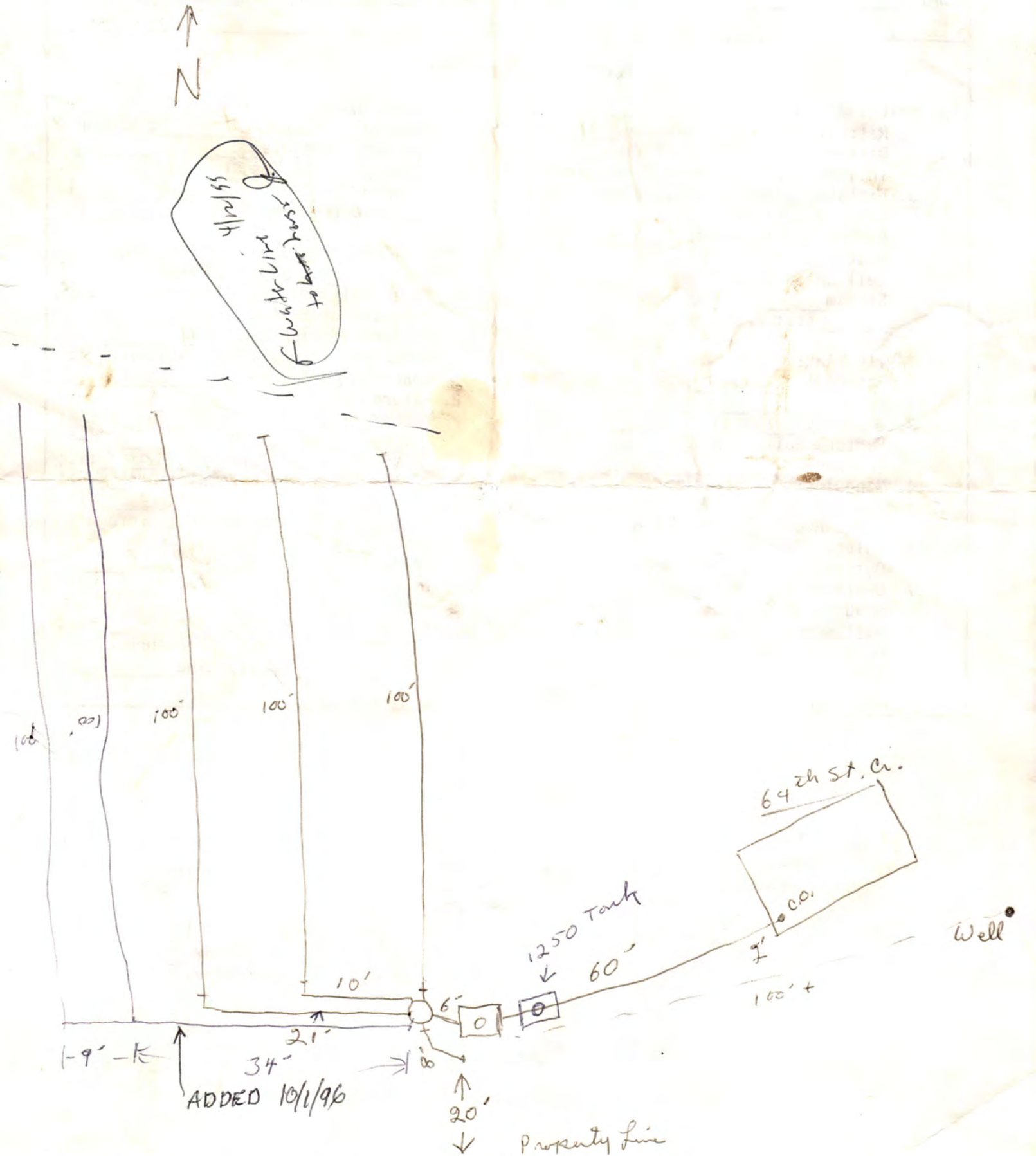
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

108, 228.5
105, 245.2

Larry Schwarck

4-4-90



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 90400014201

Issued 02/07/90
Expires 08/07/90

ESTABLISHMENT

ROBERT OPP
T9N R7E SEC 28
BLK 5 LOT 5

FEES: Permit 019851 $75.00

Total $75.0

PERMITTEE

ROBERT OPP
2210 SANDSTONE RD
LINCOLN NE 68512

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

9040000142

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: 1-18-90

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 28
   Block 5 : Lot 5 : Addition Yankee Ridge estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe for 3 Bed room residence, 2 1/4 Bath
3. Distance to Public Water Supply: 1 ~~Ft~~ mile
4. Intended use of well for private residence

Robert D. Opp
Signature of Applicant (owner or lessee)

2210 Sandstone, Lincoln, NE. 68512
Address

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/18/90. Date Frwd. 2/8/90.
   Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 2/9/90. Date Frwd. 2/9/90.
   Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 2/8/90. Date Frwd. 2/8/90.
   Action: Approved ☒ Disapproved ☐ Signature: John D. Mullinax

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/13/92 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/13/92 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

RECEIVED MAY 0 1 1990

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9 040 000142

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 5 Lot 5 Addition Yankee Ridge
Owner Robert Opp Address 2210 Sandstone
Lincoln, Nebr. 68512

LOG OF WELL	
	Description
Depth/Ft.	Top Soil
1 - 75	yellow clay
25 - 95	Gray Clay
95 - 115	White, red, yellow Clay
115 - 153	SS show Gray Clay
153 - 156	black clay
156 - 202	SS layers mostly gray
202 - 245	Very fine Sandstone 70% layers
245 - 248	red, white, gray.

WELL COMPLETION RECORD

Drilling Method: Rotary
Depth (from ground level), Ft. 245
Date Completed 4-16-90

Casing: Length, Ft. 240 Dia. In. 4
Wall Thickness, Inc. 160 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type PVC , slot Size .016

Drop Pipe: Length, Ft. 180 Dia. In. 1 1/4

Water Level, Surface to top of water, Ft.:
Static 150 , Pumping 165

Yield: 25 gpm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Keith Muenchau
(Signed)

REMARKS NITRATE NITROGEN < 0.1 p.p.m.
BACTERIOLOGICAL O.K.

Address 2331 Vine St

Date 4-20-90

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

JUL 1 2002

Laboratory Report Printed on: June 28, 2002

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P20608-19**
Sampled By: **JERROLD HOOD**
Location: **9200 S 64 ST**
Sample Point:

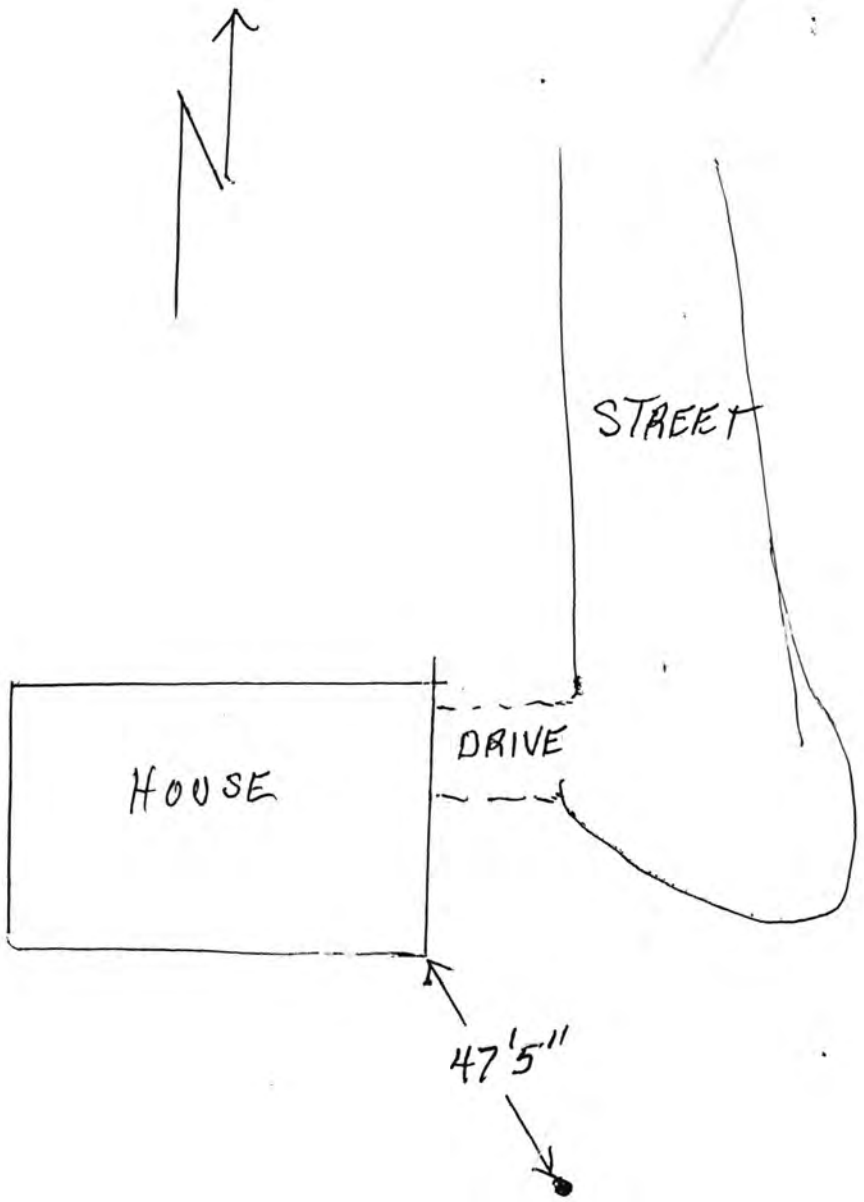
Date Collected: **27-Jun-2002 09:50 AM**
Date Received: **27-Jun-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	06/28/02	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	06/28/02	JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

AREA OF
SEPTIC SYSTEM



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEPTIC TANK

No. 96390052501

Issued 10/03/96
Expires 04/03/97
Revenue Code 18754

Establishment

ROBERT OPP
T9N R7E SEC 28
YANKEE RIDGE BLK 5 LOT 5
9200 S 64 STREET

FEES: $50.00

TOTAL $50.00

Permittee

ROBERT OPP
9200 S 64 ST CI
LINCOLN NE 68516

2669

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 [X]
County Resolution No. 2832 [ ]

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10-1-96

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

X 1. Legal description of property: Twp. 9N ; Range 7E ; Section 28 ;
Block 5 ; Lot 5 ; Addition YANKEE RIDGE ESTATES
Street Address 9200 SOUTH 64TH STREET CIRCLE

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

Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: add 200' perf. pipe lateral - Sewer - 1250 gal tank + 2 risers

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

6. Estimated cost of project:

a. Materials	$	1700
b. Labor	$	
c. Other	$	
TOTAL	$	

X Robert D. Opp
Signature of Applicant (owner or lessee)

X 9200 S. 64th Cir. Lincoln, NE. 68516
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10/02/96
Filing Fee: $ 50.00 #8829

2. Site Visits:
Date: 10/1/96 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/1/96 by: Jerrold C. Hood