FILE NO. 194

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 6, 1971 — THIS LICENSE OR PERMIT EXPIRES

Arthur B. Yonkey — LICENSEE OR PERMITTEE

Route 8, Lincoln, Nebraska — ADDRESS

T9N; Range 7E; Section 33; Block 3; Nealrene Acres Addition (Extension) — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT

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-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)
475-6221

FILE NO. 194

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

DATE: APR 25 1971

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 33;
TRACT 6 Block 3; Lot ____; Addition NEALE WOODS ACRES
Street Address 230 WEEKS DRIVE

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 LATERAL

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

6. Estimated cost of project:

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

Arthur B Jodrey
Signature of Applicant (owner or lessee)

Route 8, LINCOLN
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Date Site Clearance: ____

3. Site Visits:
Date: 4/21/71 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/6/71 by: L.C.H.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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

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

☒ Evaluation of the Individual Water System

☐ Evaluation of the Sewage Disposal System

Da... ☒ Eva... 30

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 33 ; ... 3

LOT 6 ; ADDITION NEHRENE ACRES Street Address 10300 WEEKS DR

Directions to Property 56TH So TO KEKEY Rd EAST 1/2 MI TO WEEKS DR - SO TO 10300

Location of Well WEST SIDE OF GAR. (FT yd) Tap Location: Inside ☒ Outside ☐

Location of Sewage System EAST OF GARDEN Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	CHARLES STAIN	10300 WEEKS DR	421-2353
Tenant/Buyer:			
Return to:	DICK SCHOTT	3737 So 27	423-2373

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

Signature of Applicant Charles Rose, Wanda Rose Address ____

==========

HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 1, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE AUGUST 2, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☒	Approved: ☐	Date 8/2/89 by Coll
Bacteria	☐	☐	Provisional: ☒	Date 8-10-89 by Physical separation made
Nitrate	☒	☐	Disapproved: ☐	Date ____ by ____

Comments: TWO BOLTS BROKEN OFF ON WELL CAP. PORTION OF THE SEPTIC SYSTEM PREDATE REGULATIONS. THEREFORE APPROVAL IS PROVISIONAL. NO EFFLUENT SHALL ENTER THE SEPTIC UNTIL BEEN PUMPED. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT #1 WATER

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

APPROVED BY (illegible) DATE AUGUST 9, 1989

THERE MUST BE A PHYSICAL SEPARATION BETWEEN THESE TWO WA...

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

151

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

002

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN

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 10300 Weeks Dr.
Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 3 Lot 6 Addition Nealcrene Acres
Directions to Property So. 70th to Rokeby Rd. Turn west go 2/3 mile to Weeks Drive turn left south to 10300 5th house on the left
Location of Well — Tap Location: Inside ☐ Outside ☐
Location of Sewage System East of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Randy Roage	10300 Weeks Dr. Lincoln, Ne 68516	423-2074 work-477-6745
Tenant/Buyer:			432-3325
Return to:	Randy Roage	10300 Weeks Dr. Lincoln Ne. 68516	

Will Pick Up

Signature of Applicant Randy Roage Address 10300 Weeks Dr. Date 10/27/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/27/93 Received $150.00 Check ☐ Cash ☒

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 10/27/93

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: Water is supplied by Rural Water District #1
Septic System pre dates regulations. No sign of malfunction at this time. See Attached Letter ☐

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

Approved by Paul Drotzmann Date 10/27/93

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.

150

WELL
HOUSE
100'+
39½'
4'
E. existing lines
66'
distribution box has slots to enable closing of openings
100'
34'
S
E
W
N
PROPERTY LINE