LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE SYSTEM REPAIR

No. 93390031901

Issued 03/19/93
Expires 09/19/93
Revenue Code 18754

Establishment

ROBIN PRITZ
T9N R7E SEC 33
NEALRENE ACRES 1ST BLK 4 LOT 1
~~6235~~ 6241 AUBREE AVE

FEES: $50.00

TOTAL $50.00

Permittee

ROBIN PRITZ
6235 AUBREE AVE
LINCOLN NE 68516

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 ☒
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._____

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

DATE: 03-17-93

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 33 ;
Block 4 ; Lot 1 ; Addition Neal Heine Acres 1st Addition
Street Address 6235 Aubree Avenue, Lincoln

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: talked over with Jerry Hood; as-built drawing submitted when finished.

5. Work to be done by: Owner ☐ ; or Contractor ☑ , Wayne Heidtbrink
Contractor's Name

6. Estimated cost of project:

a. Materials	$	700.00
b. Labor	$	500.00
c. Other	$	200.00
TOTAL	$	

Robert Ortiz
Signature of Applicant (owner or lessee)

6235 Aubree Avenue, Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

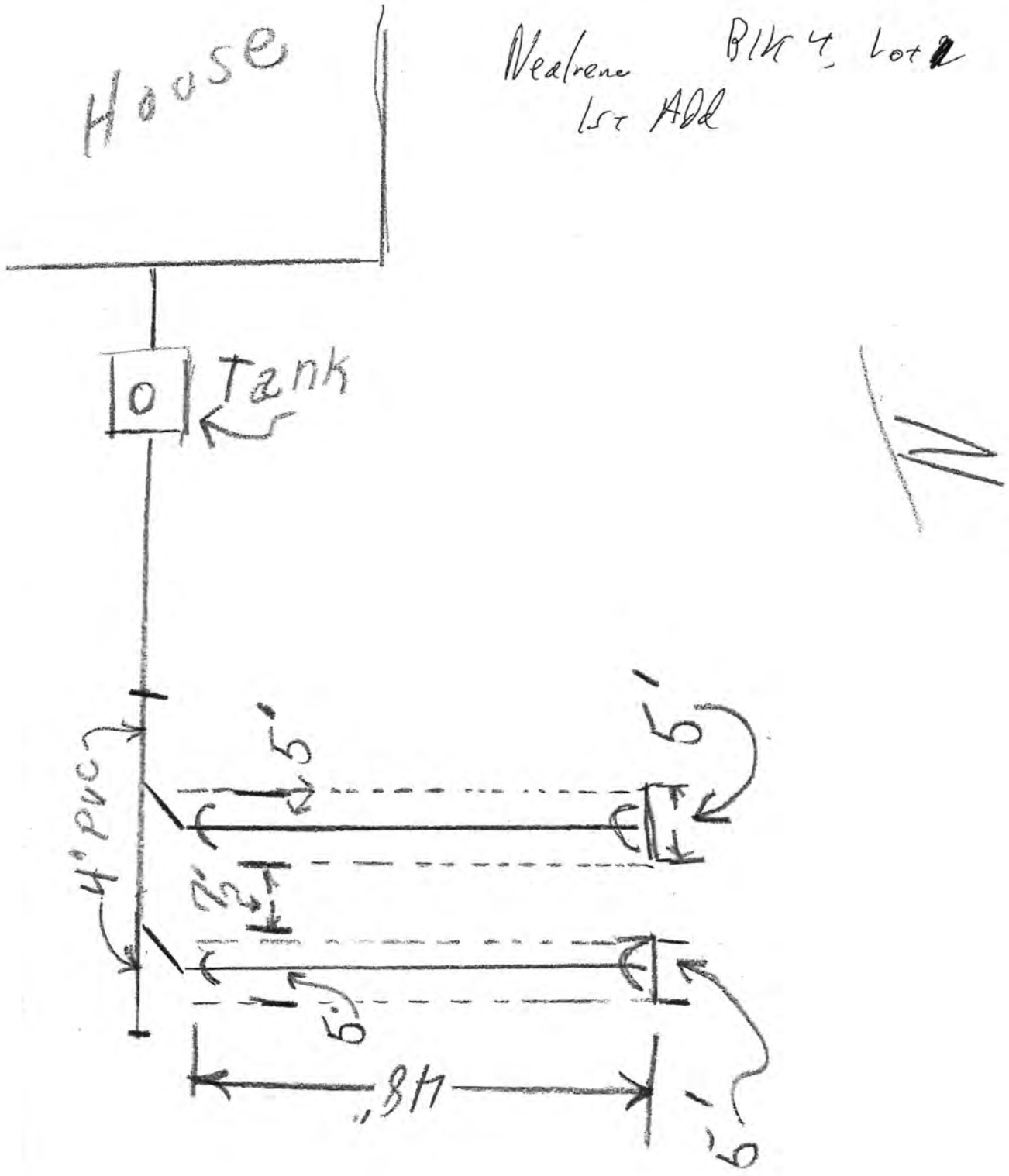
2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

6235 Aubrey

Vealrene Blk 4, Lot 2
1st Add



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 6235 Aubree

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 4 Lot 1 Addition Valparaiso

Directions to Property To 56th & Stat - north to Roseby Rd - to East appx

½ mile to Wade Line turn South Wade Line will lead you to Aubree

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Mr. Rene Mayo	1824 Gothenburg Dr Lincoln Ne 68516	484-7040
Tenant/Buyer:	Doug & Christine Culley	7120 Aylesworth Lincoln Ne 68507	465-4335
Return to:	Chuck Gerber Century	3855 So 70th St Lincoln Ne 68506	483-1511

Signature of Applicant Paul Kendall Address 3855 So 70th Lincoln Ne 68506 Date 10/31/94

HEALTH DEPARTMENT USE ONLY

Date Received 10/31/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 10/31/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 11/7/94 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ELECTRICAL CONDUIT ON WELL IS BROKEN.
Corrected 11/9/94 L.C.H. PROVISIONAL APPROVAL ON SEPTIC SYSTEM
BECAUSE ORIGINAL PREDATES REGULATIONS & INSPECTION See Attached Letter ☐
AND ADDITIONS ARE OF EXPERIMENTAL VARIETY

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/9/94

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.