LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. B9390002101

Issued 10/24/89
Expires 04/24/90

ESTABLISHMENT

MID-CON WASTE TREATMENT & DISPOSAL
TYN R7E SEC 33
LOT 22

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

MID-CON WASTE TREATMENT & DISPO
6710 N 7 ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8939000021

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
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: 24 OCT 89

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 ~~33~~ ; Lot 22 ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: NEW TANK AND LATERAL

5. Work to be done by: Owner [ ] ; or Contractor [ ], SINTEK SERVICE
Contractor's Name

6. Estimated cost of project:

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

Mel J Gagner
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

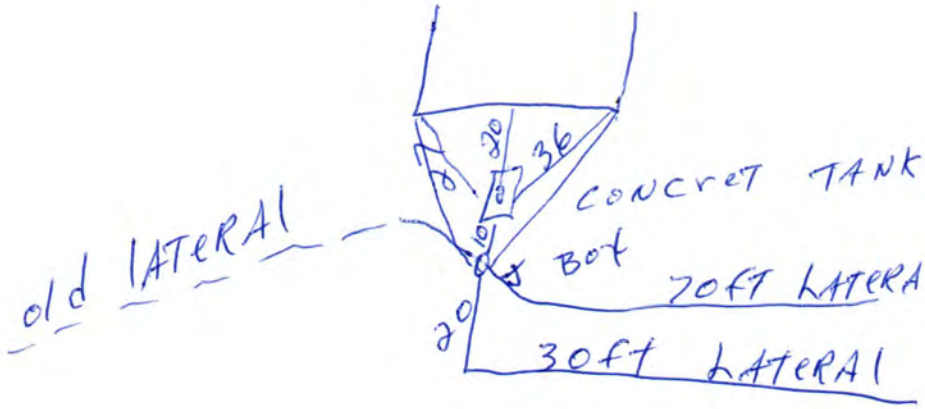
1. Date Rec'd: 10-24-89
Filing Fee: $ 50

2. Site Visits:
Date: 10-24-89 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-24-89 by: Ron Maynard

No well
RURAL WATER





002

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 10900 S. 56th Lincoln Ne 68516

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block ___ Lot 22 Addition ___

Directions to Property Lot 22 Ft & SW qtr of Sec 33 twp 9N. range 7E of 6 P.m. Lancaster Co. 3 1/2 miles So of 56th Hwy 2 east side

Location of Well N/A Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of house. Year Installed 1987 ADDED ON 1989 Sentac

	NAME	ADDRESS	PHONE
Present Owner:	Matthew Weaver	10900 S. 56th Lincoln Ne	423-6116
Tenant/Buyer:	Cherrine B. Tiedeman	Rt 2 Box 380A Hickman Ne 68372	421-7141
Return to:			560-0365 423-8206

Signature of Applicant Cherrine Tiedeman Address Rt 2 Box 380A Hickman Ne 68372 Date 7/7/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/8/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/11/94

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☐	Approved ☐	Date___/___/___by___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☒	Date___/___/___by___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date___/___/___by___

Comments: PROVISIONAL APPROVAL BECAUSE PORTIONS OF THE SYSTEM PREDATE REGULATIONS AND INSPECTIONS. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. ☐ See Attached Letter

FINAL STATUS

RURAL WATER DISTRICT

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/11/94

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.