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. 91390025501

Issued 10/24/91

Expires 10/24/92

ESTABLISHMENT

BRAD SOUTHWICK
T12N R7E SEC 24 QTR SW

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

BRAD SOUTHWICK
701 E 4TH ST
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/25/91	PAID

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

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. 913900255

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

DATE: 10-22

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. 12N; Range 7E; Section 24 SW/4 of SW/4;
Block ____; Lot ____; Addition ____
Street Address 98 & Davey Rd NE/Corner

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: Extend Laterals 200' from existing open end Septic System

5. Work to be done by: Owner ☐; or Contractor ☒, Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

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

Rick Mosiman by Brad Southwick
Signature of Applicant (owner or lessee)

Linda Ne 701 E. 4 Hickman
Address

(Do not write below this line)

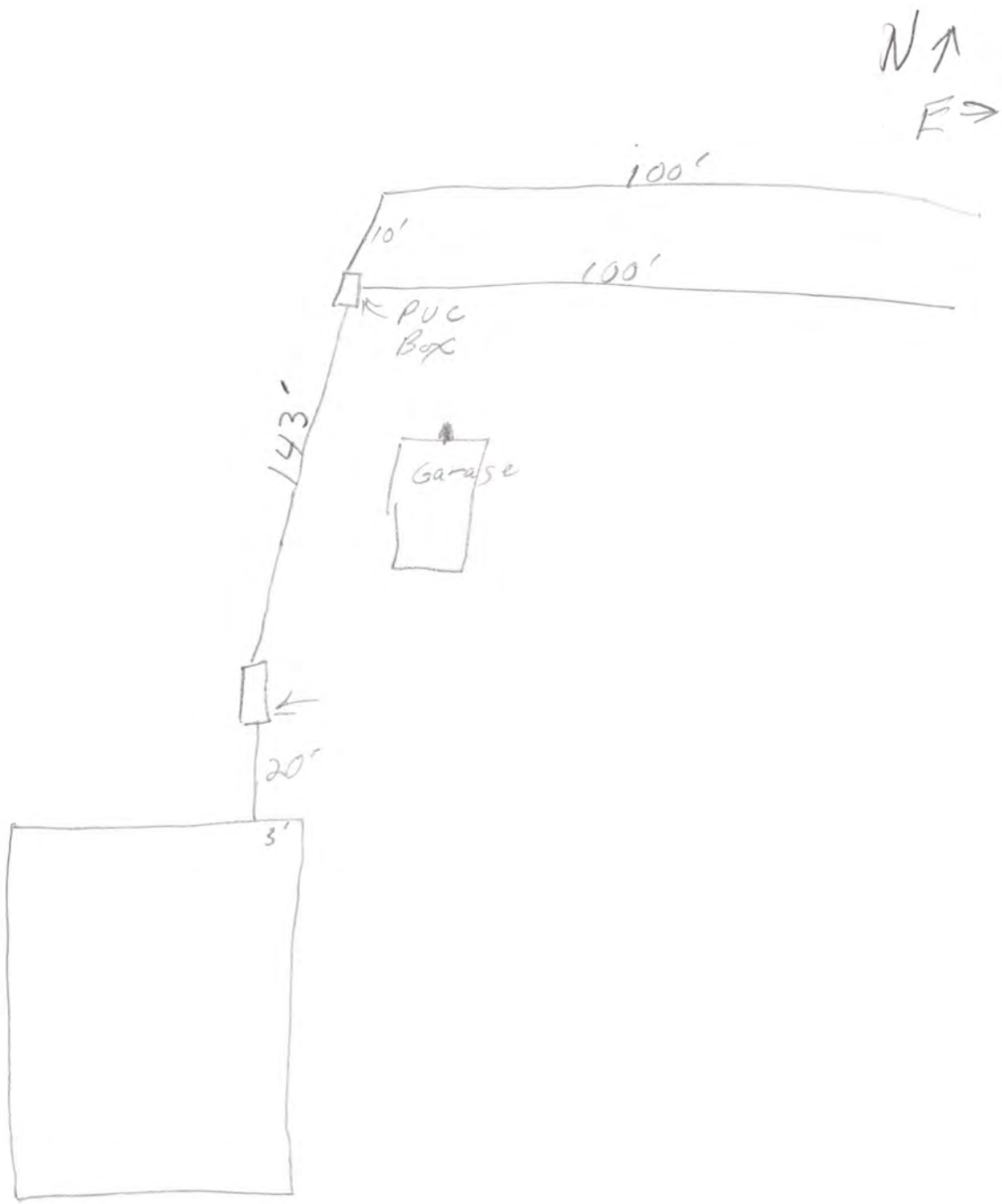
REVIEWING ACTION

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

2. Site Visits:
Date: 12-16-91 by: RMJ are going to call to inspect old septic tank
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-25-92 by: Ron Mayfield


N
E
100'
10'
100'
PUC
Box
143'
Garage
20'
3'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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.

☒ Evaluation of the Individual Water System Date: 9/3/91

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

Legal Description of Property: TWP. 12N; RANGE ~~7~~ 7E; SECTION NW SW and Lot 1+2; BLOCK ____

LOT ____; ADDITION _____; Street Address 1701 NO. 98th

Directions to Property 98th + Davey Rd

Location of Well NE of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System N of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Rick Mossman	7117 Platte Ave, 68507	
Return to:	Great Plains Realty-Auction Co	1020 Terminal 68508	474-7324

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

Signature of Applicant Randy Fleming for Eugene Weber Address 1020 Terminal Lincoln 68508

==========

HEALTH DEPARTMENT USE ONLY

Date Received Sept-3-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-3-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8-30-91 by rm
Bacteria	☒	☐	Provisional:	☒ Granted	Date 9-4-91 by rm
Nitrate	☒	☐	Disapproved:	☒	Date 12-16-91 by rm

Comments: Pipe discharging sewage to ground surface about 200 ft north of house is in violation of County regulations. this violation must be corrected regardless of sale of property. (corrected) See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangus R.S. DATE 2-25-92

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
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

NW SW Lot 142

Legal Description T12N, R7E, Sec 24 Location 98th & Davey Rd.
Owner/Requestor

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
✓ Loan approval
___ Consultation
___ Other (Specify)

REMARKS Sewer pipe discharging to ground surface about 200 Ft North of house 12-16-91. Two 100 ft, 3 ft-wide laterals were installed to correct violation. New owner will call about inspection of old Septic tank.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. (Visible Discharge or Seepage)
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Mayer
Date: 12-30-91

Received by: _____

WA1002