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. 91380066901

Issued 01/14/91
Expires 07/14/91

ESTABLISHMENT

MICHAEL FITL
T12N R7E SEC 18 QTR NE
20601 N 40 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MICHAEL FITL
20601 N 40 ST
CERESCO NE 68017

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
1/17/91	PAID

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

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: 1-14-91

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. 12N ; Range 7E ; Section 18 ;
   Block _____ : Lot _____ : Addition PT S½ NE. ¼
   Street Address 20601 N/O 40

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: _____ ft. must be sealed Lagoon

FITL

Michael W Feld
Signature of Applicant (Owner or Lessee)

20601 N/O 40 Ceresco, NE.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/14/91. Date Frwd. 1/15/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-15-91. Date Frwd. 1-16-91. ACTION: Approved ☑ Disapproved ☐ Signature: Kent Baumann

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

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-15-91 by: nm need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-1-93 By: Ron Mangum

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

FORM 23-43

FAXED 6/30/04 2:57 PM

Fax Cover Sheet
Lincoln-Lancaster County Health Department
Environmental Health - Consumer Services

3140 N Street/Room 107
Lincoln, NE 68510-1514
Telephone: (402) 441-6237
Fax: (402) 441-6206

DATE: 6/30/04

# of Pages including this page: 3

TO: Danielle

FROM: Doug Smith - 402-441-8031

Subject: Case # 435849 Carey Fitl - 20601 N. 40th Ceresco, Ne.

Fax #: 954-446-1438

MESSAGE:

Danielle, I am faxing a copy of a loan approval form signed by Ron Marquart of this department. Ron has approved the well construction, well siting, water results for nitrate and bacteria. Ron has also approved the on-site wastewater treatment system. Ron is also stating that the map is accurate. If you need additional information please contact me.

Doug Smith
Environmental Health Specialist

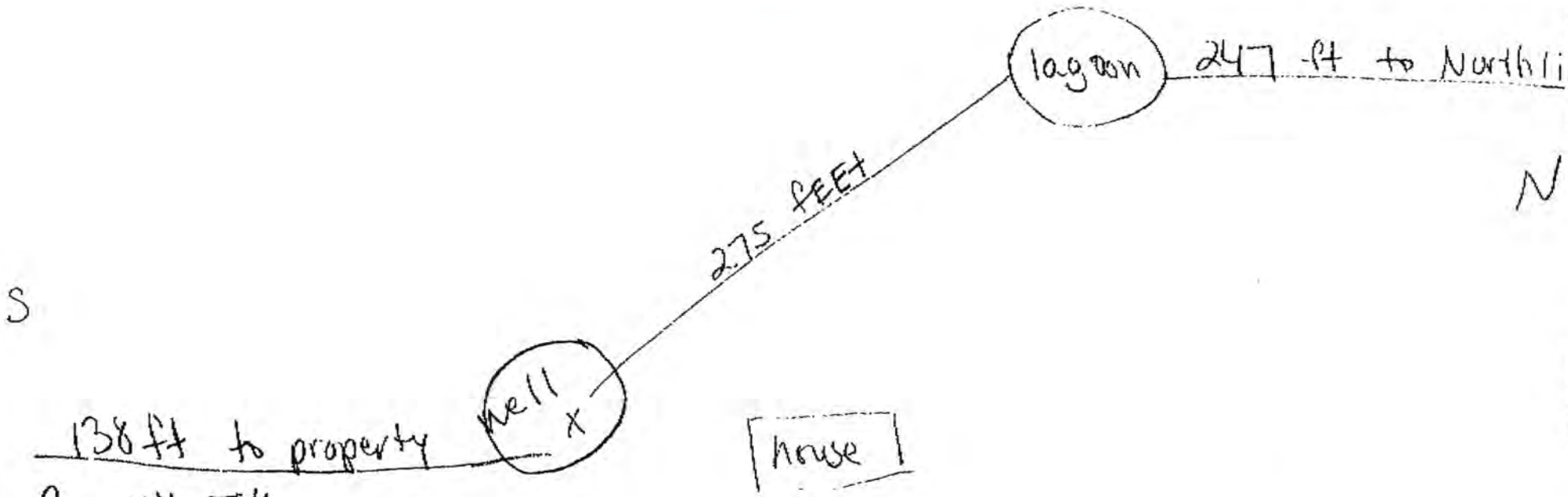
File # AB00435849

Allen Danielle

Allen Ron Co. Health Dept

FAXED 3:39pm 6/17/04

Jun-17-2004 02:09pm From-PEOPLES NATURAL GAS 18004480366 T-373 P.001/001 F-337



for MikeFitl
20601 N.40th St
Ceresco, NE 68017

Well is in good working order for FHA, HUD

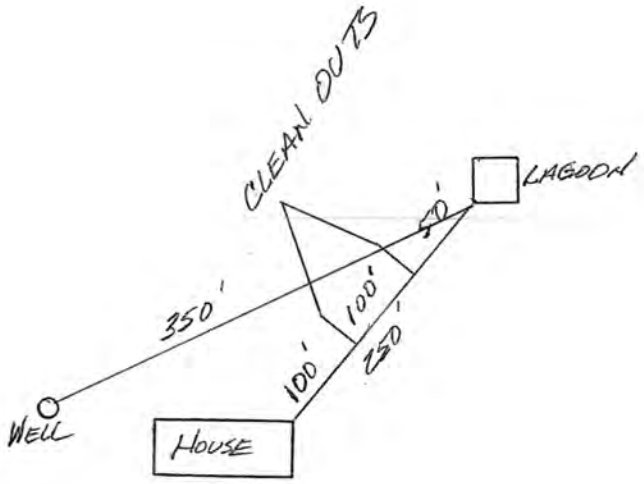
Ron Maynard R.S., 6-17-04
Lincoln-Lancaster Co. Health Dept

Sign: Ron

Date

F

Please fax copies to
954-446-1181 - Kath
954-446-1438 - Danie



MIKE FITL
RR-2 BX 55
CERESCO NE. 68017

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 20601 N. 40th St. Ceresco, Ne 68017

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 12-N Range 7E Section 18 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/4 M So of 40th and Agnew

Location of Well Southwest garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon Year Installed Nov. 90

Site Hazards (dogs, etc.) dogs in Kennel

	NAME	ADDRESS	PHONE
Present Owner:	Mike - Carrie Fitl	20601 N. 40th St. Ceresco Ne 68017	785-2058
Tenant/Buyer:			
Return to:	Same ↑		(Fax)

Signature of Applicant Carrie M Fitl Address 20601 N. 40th St. Ceresco, Ne 68017 Date 5/17/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/21/04 Amount 200.00 Check No. 4063/10481 (money order) Initials RW

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/25/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☐ 0.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 5/27/04

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 - P

Revised/Reprint: 9-00

P25423-18