LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2447-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JULY 26, 1987 — THIS PERMIT EXPIRES

AL BYE, C/O SOUTHWICK SERVICES, 701 E. 4TH STREET, HICKMAN, NE 68372
ISSUED TO — ADDRESS

T12N; R7E; Sec 21: 70th & Davey Rd.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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

RECEIPTED BY	DATE	AMOUNT
MG	1-26-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

JAN 2 6 1987

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. 2449-C

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

DATE: 1-14-87

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 21;
Block _____; Lot _____; Addition _____
Street Address 70th & Davey Rd

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Close open end Lateral and extend Lateral with 6-3' wide X 100' seepage bed

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	$	1385 00

AL BYE Brad Southwick
Signature of Applicant (owner or lessee)

Davey Ne Hickman, Ne 68372
Address

(Do not write below this line)

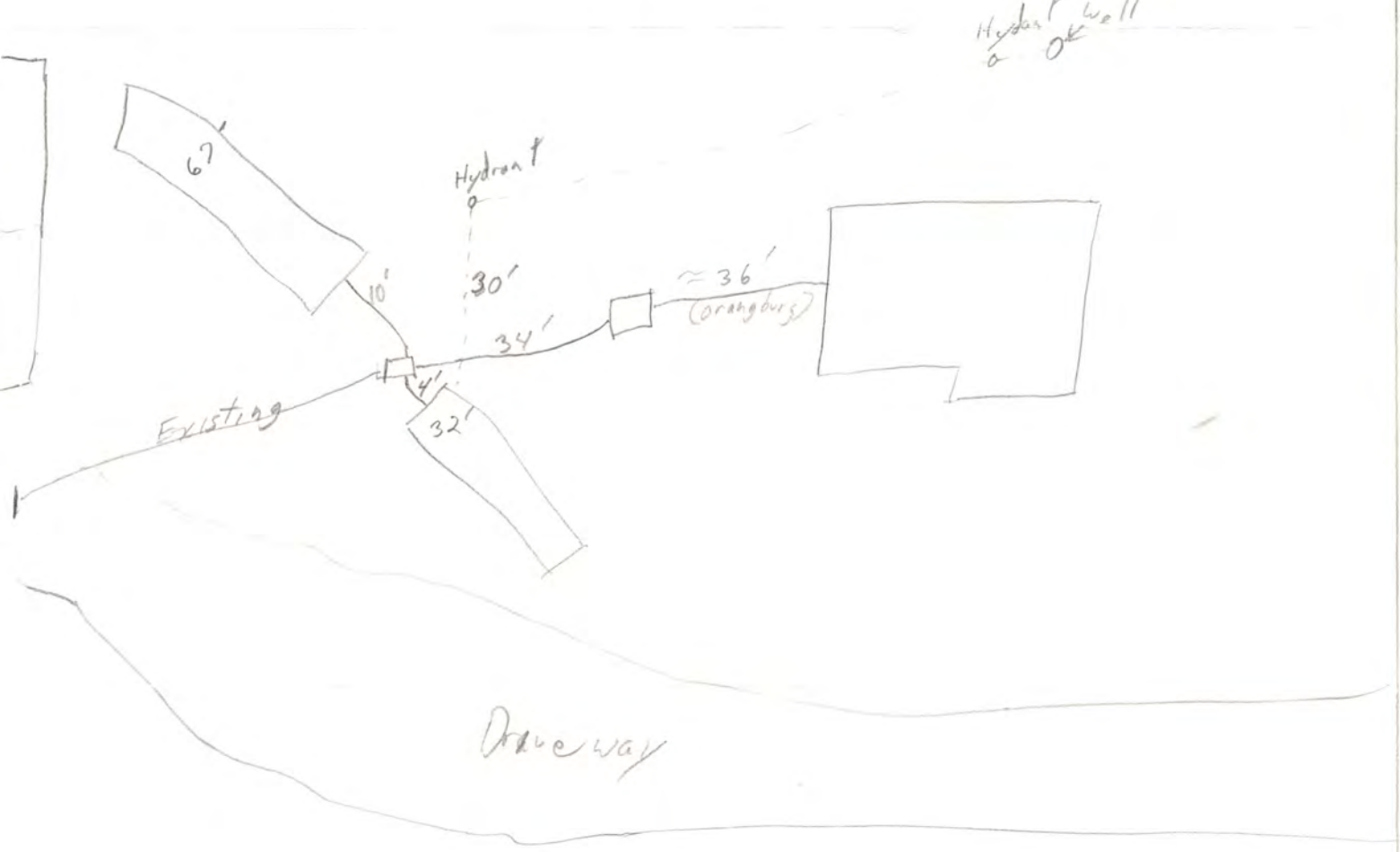
REVIEWING ACTION

1. Date Rec'd: 1-26-87
Filing Fee: $ 30.00

2. Site Visits:
Date: 1-14-87 by: rmm
Date: _____ by: _____
Date: _____ by: _____

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

4. EXPERIMENTAL
INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 1-26-87 by: Ron Maynard


Hydrant
Well
70th St.
67'
Hydrant
10'
30'
≈ 36'
(orange hose)
34'
4'
32'
Existing
Driveway

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 18707 N 70th SAC NE & SE ¼ SEC 21-12-7
Twp 12N Range 7E Section 21 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property N 77 HWY to Davey Rd right turn to 70th turn back left ¼ of a mile west side of Rd
Location of Well west of House Tap Location: Inside ☐ Outside ☒
Location of Sewage System west and a little South of house Year Installed 1966 ?
out further then well

	NAME	ADDRESS	PHONE
Present Owner:	Al & Ruth Bye	7650 Fairfax Lincoln NE 68505	466-0101
Tenant/Buyer:	Tim Kubicek & Sherry Mellen	17800 N 84th Lincoln NE 68517	(402) 785-2087
Return to:	Sherry Mellen	17800 N 84th Lincoln NE 68517	(402) 785-2087

Signature of Applicant Sherry K Mellen Address 17800 N 84th Lincoln NE 68517 Date 08/16/00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 08/16/00
Initials ___
Amount 150.00
Check No. 2309

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

PRELIMINARY STATUS--By Ron Maryanek **DATE:** 8/17/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.7 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Approval repair permit and inspection was made of additional 100 ft of trench sewage bed in 1987. There is no record of inspection of the original septic system. Thus, a provisional approval. There was no malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Maryanek, RS Date 8/21/00

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 - Business Office

Revised/Reprint: 10-95