LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380108901

Issued 11/09/93
Expires 05/09/94
Revenue Code 18754

Establishment
MICHELE HULETT
T9N R8E SEC 24
LOT 13
18900 MIDWAY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MICHELE HULETT
3743 S 48 ST
LINCOLN NE 68506

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 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: _____

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. 9N ; Range 8E ; Section 24;
   Block [redacted] : Lot 3IT : Addition _____
   Street Address 18900 Midway Rd.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms [redacted]2. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

3748 South 48th Street
Address Suite #100 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/93. Date Frwd. 11/9/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/9/93. Date Frwd. 11/9/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spurr
3. City or County Engineer: Date Rec'd. 11/09/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Reamon

REMARKS OR REASONS FOR DISAPPROVAL _____

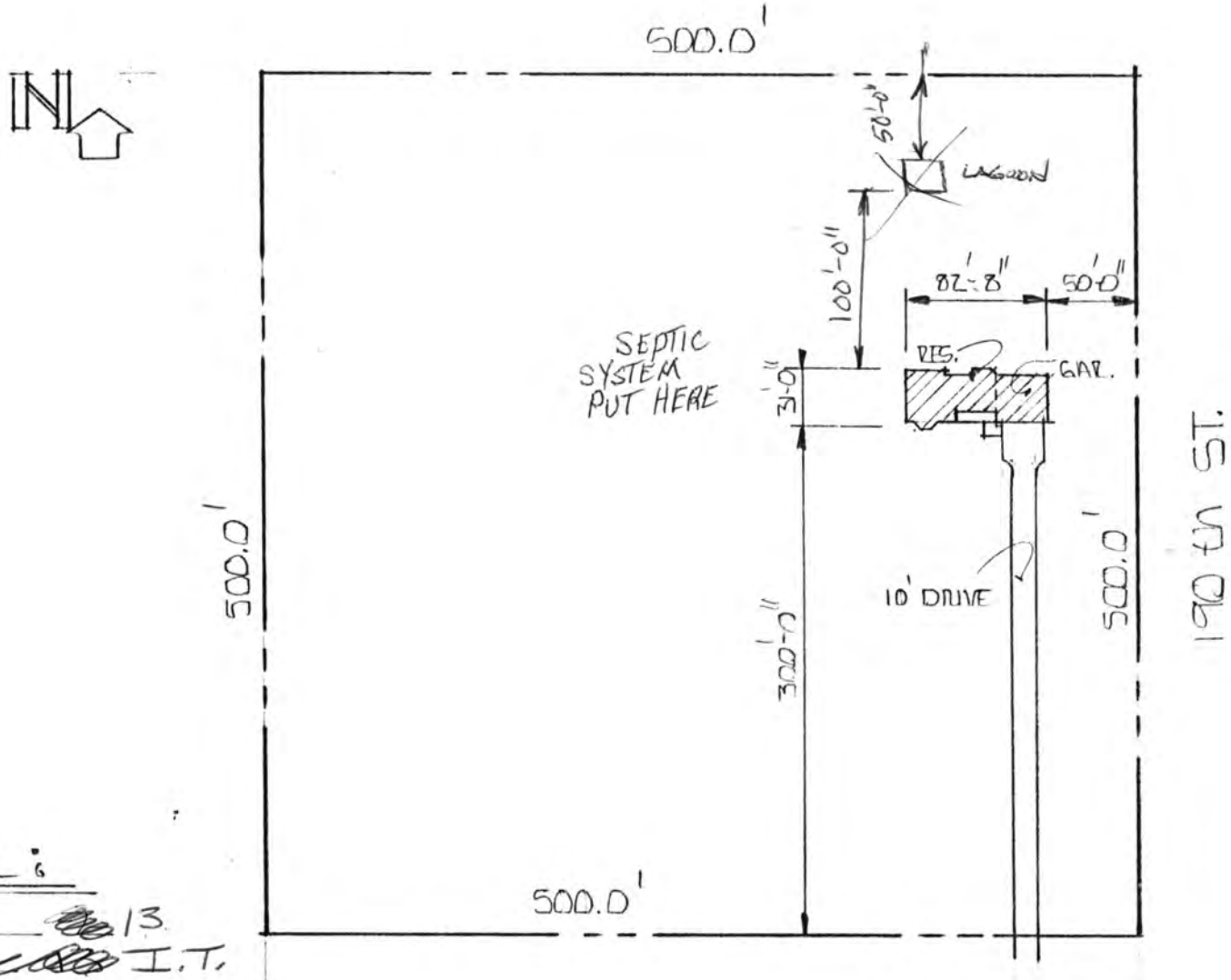
Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

* PROVISIONAL APPROVAL ORIGINAL FILE LOST

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 9/12/96 By: Jerrold C. Hood

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

FORM 23-43



LEGAL:

LOT ~~___~~ 13.
~~XXXXXXXXXX~~ I.T.
NE. 1/4 OF
24-9-8
18900 MIDWAY RD.
LLCM.

PLOT PLAN

1" = 100'-0"

REVISED
10 / 20 / 93

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 18967 Midway Road 18400

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

Twp 9N Range 8E Section 24 1/4 SE 1/4 Block ____ Lot ____ Addition ____

Directions to Property Take Hy 34 East to 190th - go South approx 6 miles to NW West corner of 190th and Midway Rd on North side of Road

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System North west of House Lagoon Year Installed 1996

Site Hazards (dogs, etc.) Gray ranch style home

	NAME	ADDRESS	PHONE
Present Owner:	Donna Casey	18900 Midway Rd	202.5381 cell 782-2882 home
Tenant/Buyer:	Troy Keller	1420 West 3rd P.O Box 77 Sprague, Ne 68438	499-2390 cell 794-2105 home
Return to:	Myself		____ (Fax)

Signature of Applicant Troy D. Kelb Address See Above Date 08/19/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/19/04 Amount 200.00 Check No. 1931 Initials TW

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/20/04

RURAL WATER DISTRICT #1

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/25/04 by LCH.

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: NEED VEGETATION CUT INSIDE LAGOON, NEED WARNING SIGNS ON FENCE. LAGOON NEEDS MORE WATER. Corrected 8/25/04

See Attached Letter ☐

FINAL STATUS Rural Water

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/25/04

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 - Business Office

Revised/Reprint: 9-00

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 18900 Midway Rd.

Twp 9N Range 9E Section 24 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___

Directions to Property East on O Street to 176th 176th South to Midway Rd - East on Midway Rd ½ mile House on End of Gravel Rd

Location of Well Has Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon North west of Home Year Installed 1994 (?)

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Todd Milton		472-6402
Return to:	Todd Milton	P.O. Box 30026 Lincoln, NE 68503-0026	472-6402

Signature of Applicant Todd Milton Address P.O. Box 30026 Date 11/5/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/05/96

Initials ___

Amount $150

Check No. # 129

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/6/96

RURAL WATER

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 11/7/96 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED WARNING SIGNS, LOCK ON GATE, VEGETATION CUT DOWN, MORE WATER IN LAGOON. Corrected, J.C.H. 11/7/96

See Attached Letter ☐

FINAL STATUS RURAL WATER

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/7/96

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