LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2632-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 9, 1988 — THIS PERMIT EXPIRES

JOHN O'HARE — ISSUED TO

3730 NO. 44 STREET LINCOLN, NE 68504 — ADDRESS

T12N; R6E;of 6 PM; Sec 35; Add NE¼ of NW¼ 35 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	3-9-89	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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: $ 60.00

FILE NO. 2631-C

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. 12N ; Range 6E east of the 6 PM ; Section 35 ;
   Block _____ : Lot _____ : Addition NE Quarter NE¼ of
   Street Address ~~Northeast Quarter~~ NW¼ of section 35

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

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

4. Distance to public sewer: _____ ft.

John O'Hare
Signature of Applicant (Owner or Lessee)

405 Branched oak
Address

68336
785-7840

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/9/88. Date Frwd. 3/9/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/9/88. Date Frwd. 3/9/88. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 3/9/88. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-14-88 by: JM - need fence & drains w/o inspection - sewer line covered
Date: _____ by: _____
Date: _____ by: _____

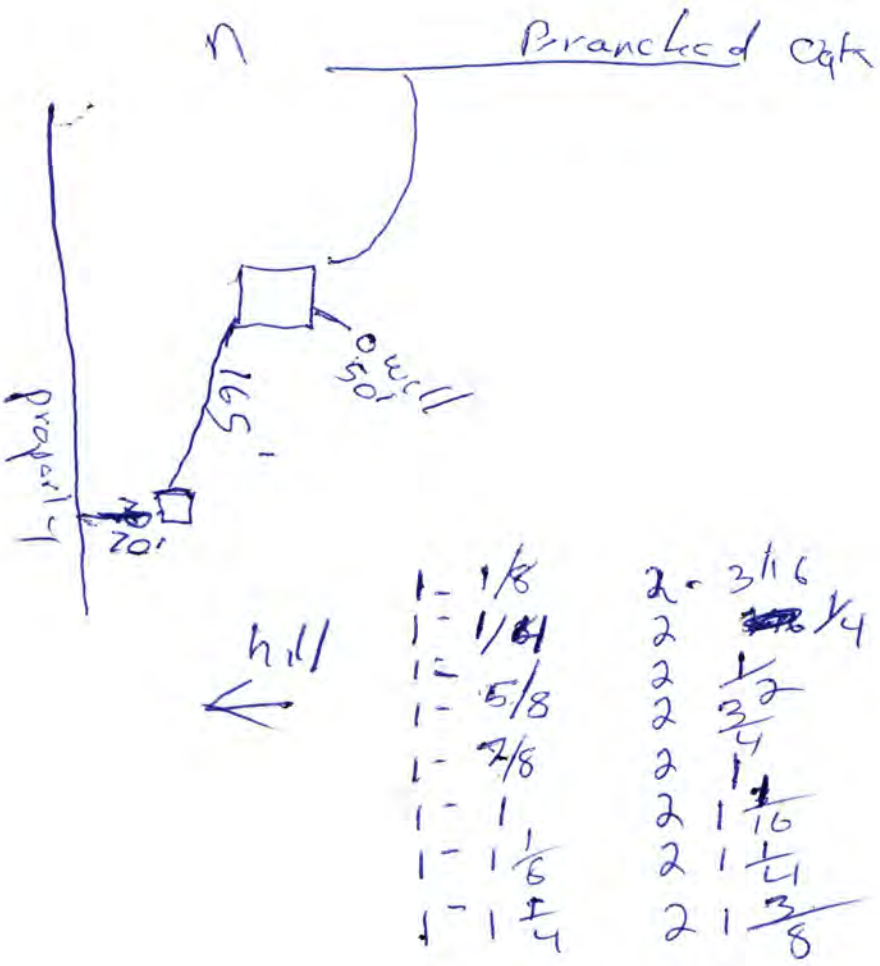
INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) 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 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 2632-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____

Signature of Reviewing Official

RECEIVED SEP 12 1990

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: 9-11-90 $150.00

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $~~150~~0

Legal Description of Property: TWP. 10N; RANGE 6E; NE¼ of NW¼ SECTION 35; BLOCK ___

LOT ___; ADDITION _____; Street Address 405 Branched Oak Road

Directions to Property Davey, NE 68366

contact Nick at work 466-7255 or at home 785-7001

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Nick & Linda L. Crauwels	405 Branched Oak Road	785-7001
Tenant/Buyer:			
Return to:	Security Federal Savings	PO Box 80609, Lincoln NE 68501	474-4444

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

Signature of Applicant Rhonda J. Dowd Loan Assistant Address _____

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received SEPTEMBER 12, 1990 Received $~~150~~0 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/13/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 9/13/90	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/14/90	by J.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date _____	by _____

Comments: LAGOON DIKES NEED MOWING. Done 9/14/90 J.C.H.

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE SEPTEMBER 18, 1990

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. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: Aug 21, 1989

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $45.00

Legal description of property: TWP. 12N ; RANGE 6E ; SECTION 35

BLOCK _____ ; LOT _____ ; ADDITION _____

Street Address 405 Brandt Dell Rd.

Directions to Property 21 Across from Norris on 112 to Cole Rd. then 1/2 mile West South side of road.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW of House Year Installed 1958

	NAME	ADDRESS	PHONE
Present Owner:	John O'Hara	405 Brandt Dell Rd	783-3
Tenant/Buyer:	Mick & Linda Daniels	2600 So. 70th	483-7
Return To:	Woods Bros. Lincoln Attn: Jim Bond	7141 A St	483-7

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

Signature of Applicant Mick Daniels Address 2600 South 70th Lincoln

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 22, 1989 Received $45.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 8/22/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☐	Approved:	☐	Date 8/22/89	by L.C.H.
Bacteria	☐	☐	Provisional:	☐	Date 8/23/89	by L.C.H.
Nitrate	☐ 0.7	☐	Disapproved:	☐	Date 9-1-89	by _____

Comments: LAGOON NEEDS WARNING SIGNS AND CATAILS KILLED OUT IN LAGOON Corrected

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:

Approved: ☐

SEWAGE DISPOSAL SYSTEM:

Approved: ☐ Provisionsal Approval: ☐

APPROVED BY Ron Mayfield DATE 9-1-89

FN 20215-1079R
FORM 23-9