LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380134101

Issued 09/05/95
Expires 03/05/96
Revenue Code 18754

Establishment
CHRISTO CONSTRUCTION CO
T12N R6E SEC 32
WILLARD ESTATES 2ND BLK 1 LOT 4
3040 HOTTOVY LANE

FEES: $150.00

TOTAL $150.00

Permittee
CHRISTO CONSTRUCTION CO
641 S 21 ST
LINCOLN NE 68510

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
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO._____

DATE: 8-22-95

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 ; Section 32 ; Block 1 : Lot 4 : Addition Willard Estates 2nd Addition
   Street Address 3040 Hollow Lane, Raymond, NE
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms_____. Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Linda Marshall
By Vicki Christo, Christo Construction Co.
Signature of Applicant (Owner or Lessee) (Builder)

641 SOUTH 21st STREET
Address

(Do not write below this double line) 68510

1. Health Department: Date Rec'd. 8/31/95. Date Frwd. 8/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd._____. Date Frwd. 8/30/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Keough

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9-7-95 by: [signature]
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-11-95 By: Ron Maynard

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 ☐

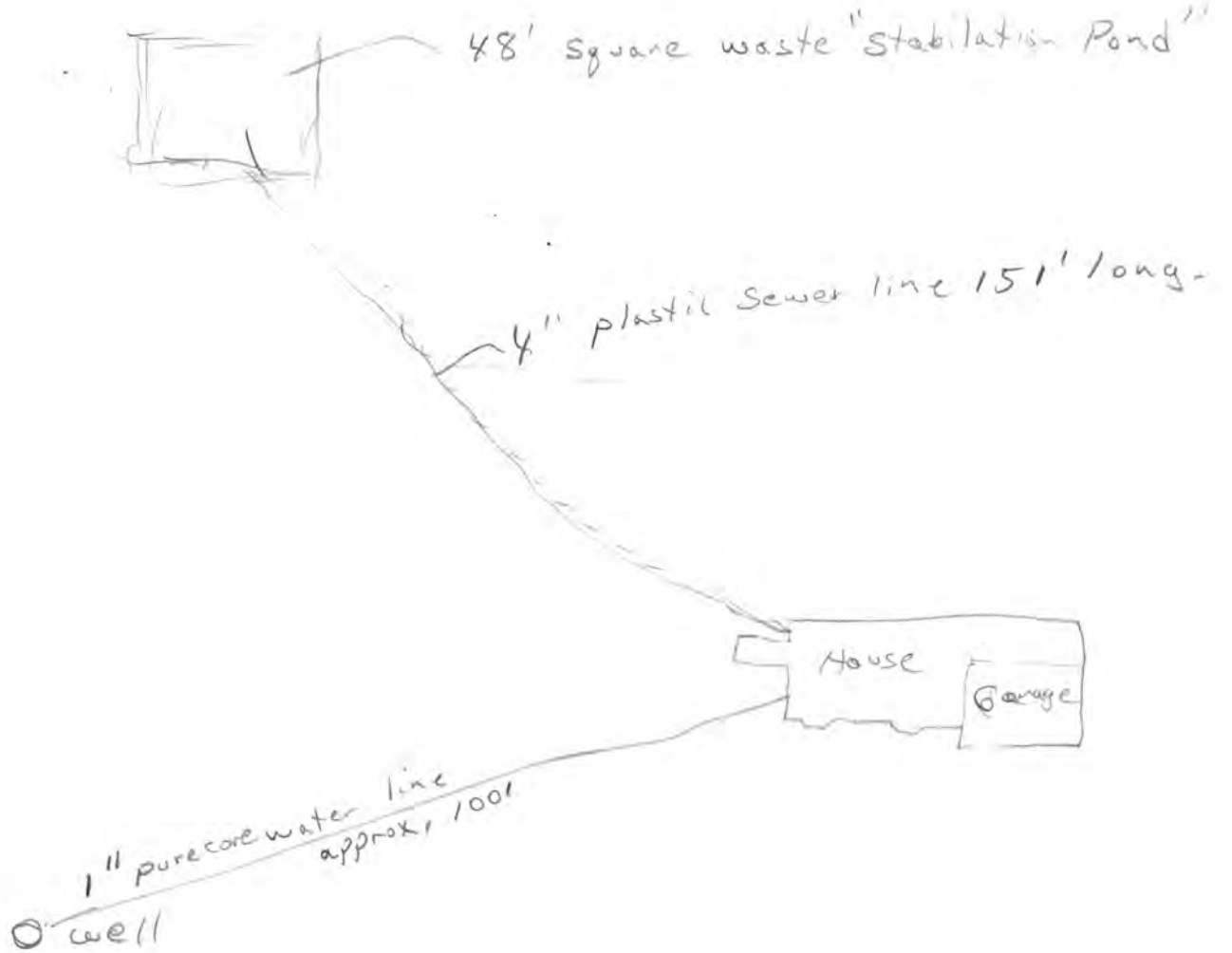
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

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



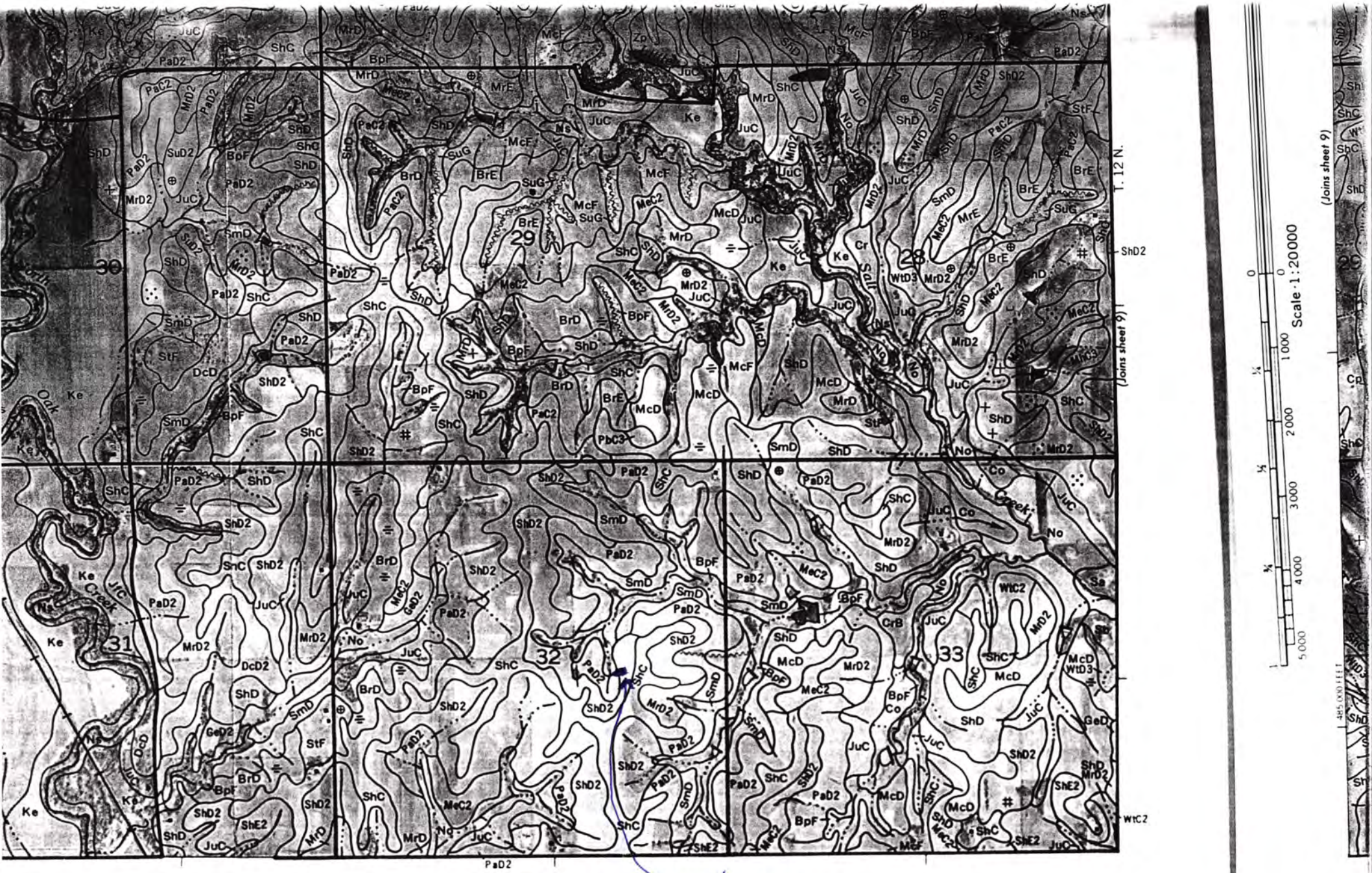
REVIEWING ACTION

Remarks: AS BUILT

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


T. 12 N.
(Joins sheet 9)
(Joins sheet 9)
Scale 1:20000
Lagoon
Sewer line trench
Soil appears to be pervious

PLEASE RUSH - CLOSING 8-30

017

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 3040 HOTTOVY LN. (NEW HOME)

Twp 12N Range 6E Section 32 1/4 SE 1/4 ___ Block 1 Lot 4 Addition WILLARD ESTATES 2ND

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	LINDA R. MARSHALL	3040 HOTTOVY LN RAYMOND, NE 68424	
Tenant/Buyer:			
Return to:	SECURITY FEDERAL INGRID TATE	PO BOX 80609 LINCOLN NE 68501	434-3333

Signature of Applicant Ingrid Tate Address SAME AS ABOVE Date 8/23/95

HEALTH DEPARTMENT USE ONLY

Date Received 08/24/95 LO Received $150.00 Check ☑ 10135 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/28/95

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.0 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐ Corrected

Disapproved ☒

Additional Site Visits

Date 9/7/95 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Need lock on gate & 2 signs

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Ron Marquart, R.S. Date 9/8/95

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.