LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2093-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

Dec. 1, 1984 — THIS PERMIT EXPIRES

R.F.D. Der Fenstergarten , No. 124, Raymond, NE 68428 — ISSUED TO / ADDRESS

T.12, R.6, Sec.34,Lot 18, Addt: East 1/2 of 34-12-6, 15701 No. 1st — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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

R. J. NUERNBERGER Lancaster County Treasurer
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 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: 475-6221)

FILE NO. 2093-C

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

DATE: June 1, 1984

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. ~~34~~ 12N ; Range ~~12~~ 6E ; Section ~~6~~ 34 ;
Block ____ ; Lot 18 I.T. ; Addition East ½ of 34-12-6
Street Address 15701 No. 1st Raymond, Ne.

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3 Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: Repair cracked laterals by replacing

5. Work to be done by: Owner ☐ ; or Contractor ☑, Burest Plumbing Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2,500.00 (approx.)

Roland Burster by Janet L. Hemsmeyer
Signature of Applicant (owner or lessee)

15701 No. 1st Raymond
Address

(Do not write below this line)

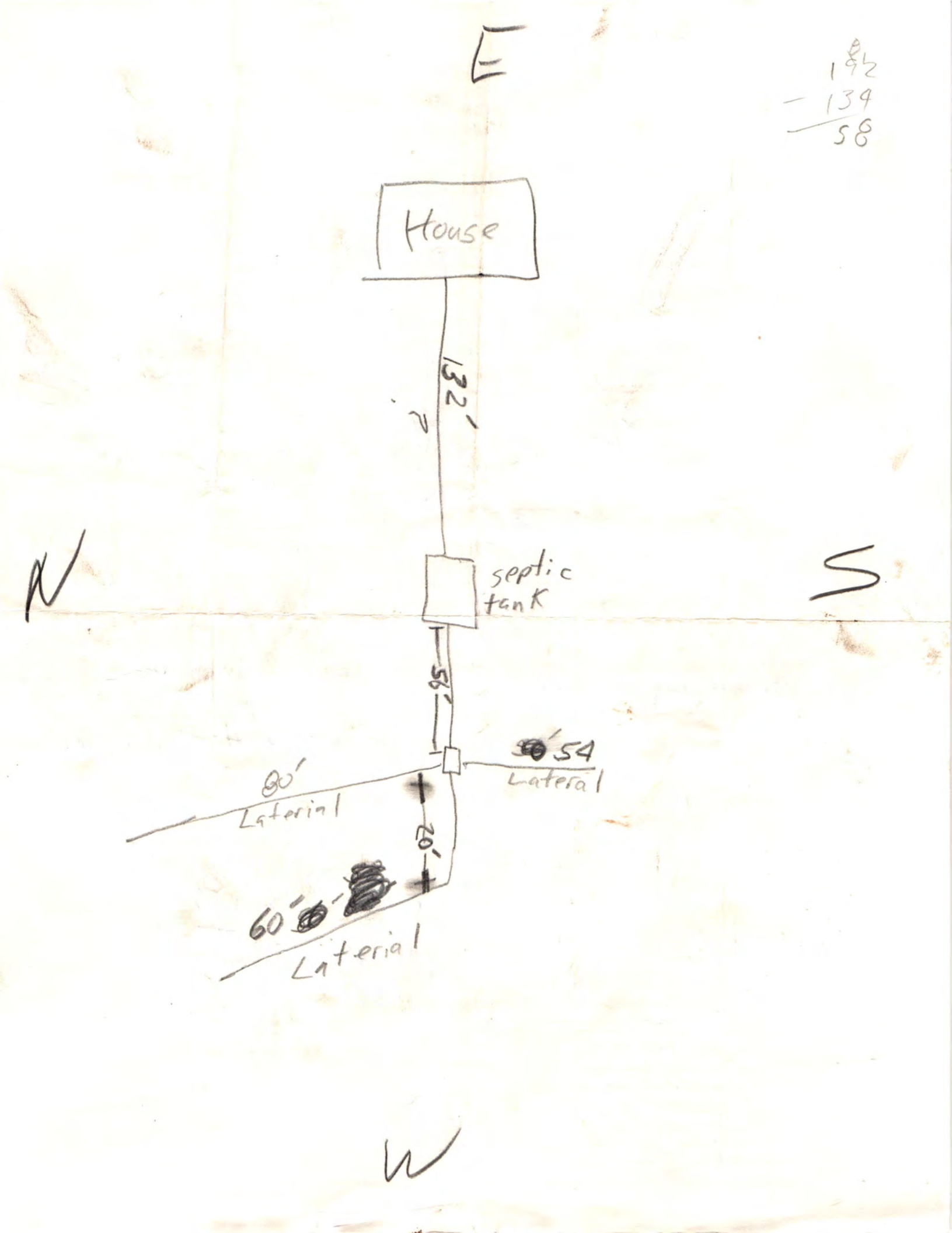
REVIEWING ACTION

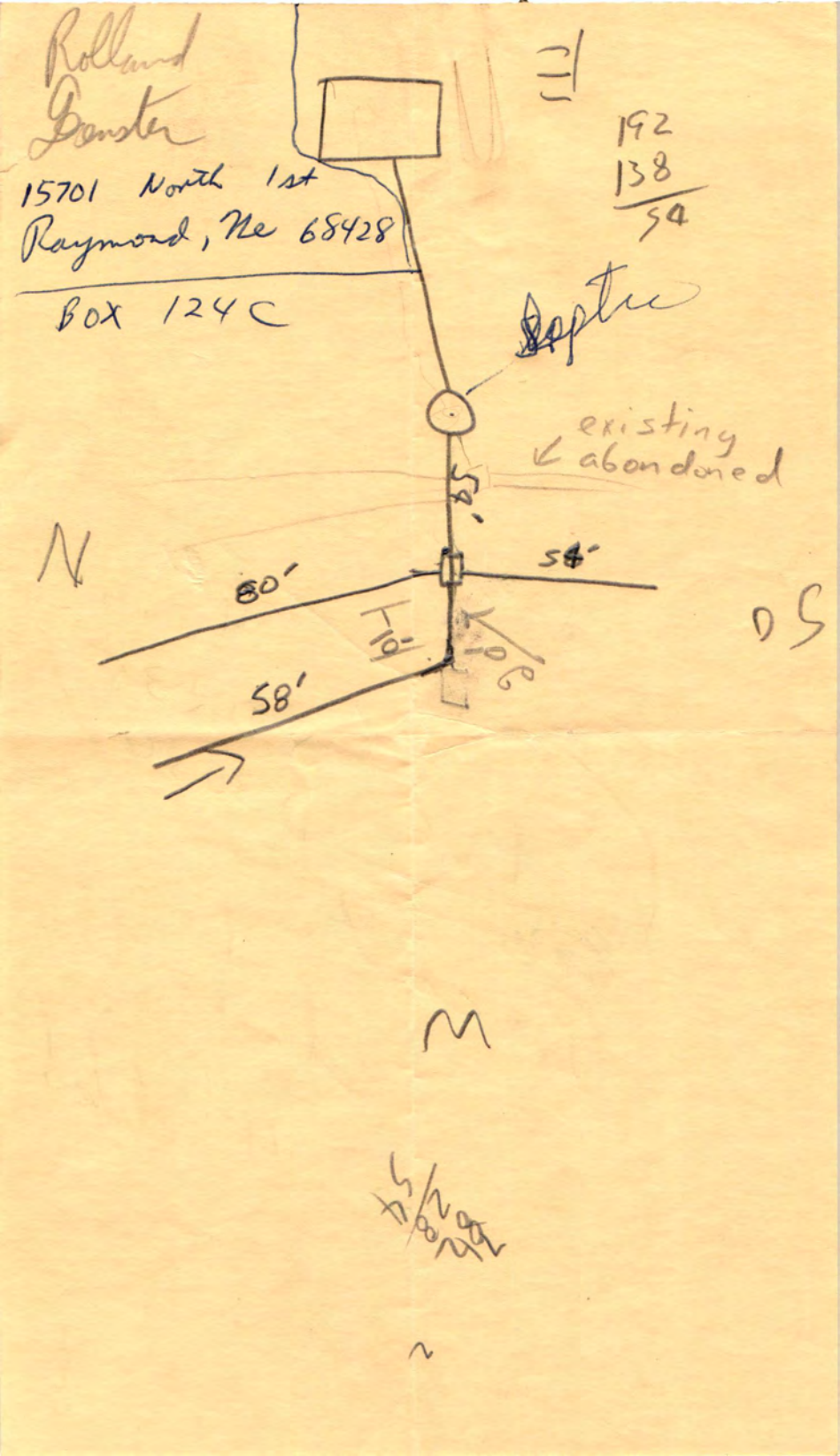
1. Date Rec'd: 6/4/84
Filing Fee: $ 30.00

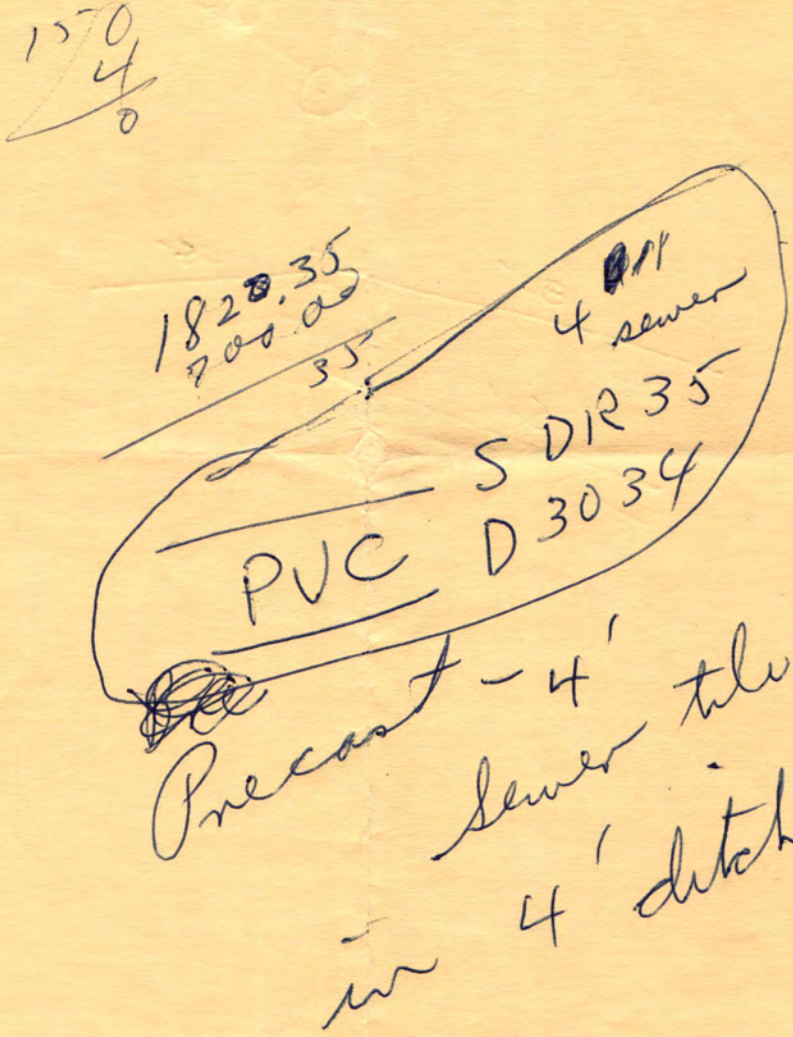
2. Site Visits:
Date: 5/24/84 by: JMN
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/4/84 by: [signature]


E
House
132'
septic tank
N
S
5'
54'
Lateral
80'
Lateral
20'
60'
Lateral
W


Rolland
Gaster
15701 North 1st
Raymond, Ne 68428
BOX 124C
192
138
54
Septic
existing
abandoned
N
80'
54'
58'
10'
S


1820.35
700.00
35
4 sewer
SDR35
PVC D3034
Precast - 4'
sewer tile
in 4' ditch

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: _____

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

Legal description of property: TWP. _____; RANGE _____; SECTION _____

BLOCK _____; LOT _____; ADDITION _____

Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	_____	_____	_____
Tenant/Buyer:	_____	_____	_____
Return To:	_____	_____	_____

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

Signature of Applicant _____ Address _____

HEALTH DEPARTMENT USE ONLY

Date Received _____ Received $45.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date _____ by _____
Bacteria	☐	☐	Provisional:	☐	Date _____ by _____
Nitrate	☐ 0.9	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☐

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☐

APPROVED BY _____ DATE _____

FN 20215-1079R
FORM 23-9