LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380062001

Issued 07/20/90
Expires 01/20/91

ESTABLISHMENT
DALLAS HAYNES
T12N R6E SEC 32
WILLARD ESTSTES BLK 2 LOT 15

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE DALLAS HAYNES
RR0273
VALPARAISO NE 68065

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
7/20/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED JUL 19 1990

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: 6/11/90

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 2 : Lot 15 : Addition Willard Estates
Street Address R.R#1 NW 32nd, Raymond, Nebraska

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
Lagoon must be sealed

4. Distance to public sewer: _____ ft.

Dallas Haynes Jr
Signature of Applicant (Owner or Lessee)

Box 273, Valparaiso, NE 68065
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/11/90. Date Frwd. 7/19/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-1-90. Date Frwd. 7-17-90. ACTION: Approved ☐ Disapproved ☐ Signature: Sandy R. Jensen Asst Clerk

3. City or County Engineer : Date Rec'd. 7-19-90. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Doug Pillard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-6-90 by: pm needs 4 ft berm on South & Southwest Raise about one ft.
Date: 8/31/90 by: J.C.H. Berm + Sign
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/6/90 By: Jerrold C. Hood

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

FORM 23-43

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 R.R. 1 NW 32nd Street Raymond

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 2 Lot 15 Addition Willard Estates 2nd Addition

Directions to Property Turn North on 33rd Street off of Raymond Road. Turn 6o to Trudy Ann Drive. Turn East. Road will curve into N.W. 30th. Take N.W. 30th to Hottery Lane. *

Location of Well In front of house (East) under decorative wind mill Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest of house Year Installed 1990

* Turn west. Follow road until it curves back North. Reach house on west side.

	NAME	ADDRESS	PHONE
Present Owner:	Dallas C. Haynes, Jr. Janice K Haynes	R.R. 1, NW 32nd Street / Raymond, NE 68428	H- 783-2030 Work- 476-0013
Tenant/Buyer:			
Return to:	Dallas C. Haynes, Jr.	R.R. 1 NW. 32nd Street / Raymond, NE 68428	H-783-2030 W-476-0013

Signature of Applicant Dallas C Haynes Jr. Address R.R. 1, NW 32nd St. Raymond, NE 68428 Date 3 / 4 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03 / 06 / 96
Initials ___
Amount $150.00
Check No. #6330

DATA ENTRY

Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3 / 5 / 96

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: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 3 / 8 / 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

Dallas & Maureen
RR1 Box 32 Box 16001
Ramond Mt.

