LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2712-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

CAPITAL CITY TRENCHING, INC. RT. 1, BOX 79; HICKMAN, NE 68372

ISSUED TO — ADDRESS

T10N; R5E; Sec 5 NW ¼

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
MG	8 12 58	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: 471-7800)

FILE NO. 2712-C

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

DATE: _____

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. 10N ; Range 5E ; Section 5 NW1/4 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: add 100' lateral + Dist Box + piping

5. Work to be done by: Owner ☐ ; or Contractor ☒, CADITAL CITY TRENCHING
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 400 00

Capital City Trenching
Signature of Applicant (owner or lessee)

RT 41 Hickman, 68372
Address

(Do not write below this line)

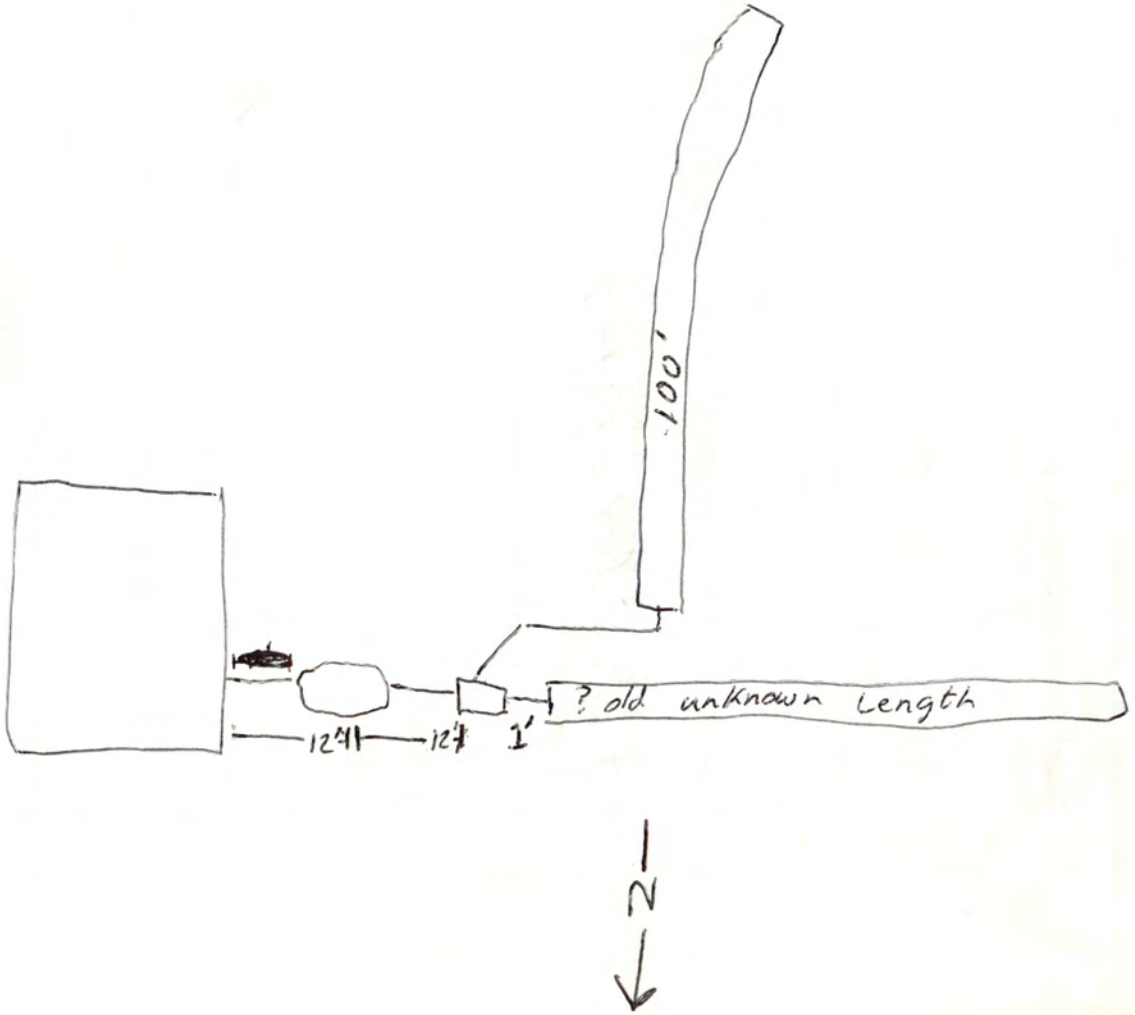
REVIEWING ACTION

1. Date Rec'd: 7-27-88
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-27-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-88 by: Ron Maynard


100'
? old unknown Length
12'
12'
1'
N

Lincoln-Lancaster County Health Department

FEB 17 1998

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 5900 N.W. 126th St. Lincoln, 68524

Twp 10N Range 5E Section 5 1/4 N 1/4 W Block ___ Lot 15 Addition (Lancaster Co.)

Directions to Property from Lincoln, West on Hwy. 34 to 126th St., turn South and drive 1 1/8 mile on a gravel road. Acreage is on the East side.

Location of Well east side of house, pump 180' feet ↓ Tap Location: Inside ☐ ? Outside ☐ ?

Location of Sewage System Septic North of the house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Priscilla Ann Blakely	20223 Studbener Airline Spring, TX 77379	281-895-9926
~~Tenant~~/Buyer:	Scott Willet	3710 Spyglass Lane Lincoln NE 68507	402-~~464-1944~~ 796-2636
Return to:	same.	same	same

Signature of Applicant Dawis R Willet Address 3710 Spyglass Date 2/11/98
Lincoln NE 68507-2072

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/17/98
Initials CM
Amount #150.00
Check No. 7568

DATA ENTRY

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

PRELIMINARY STATUS–By Jim Baer **DATE:** 2/18/98

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: No evidence of a ~~current~~ septic system permit on file. Vent screen on well head appears to be removed. A repair permit was taken out in 1988 to add 100 ft of drainfield lateral. See Attached Letter ☐ The original septic system predates regulations. This a provisional approval recommend checking to see if septic tank needs pumping.

FINAL STATUS

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

Approved by Ron Maynard RS Date 5/12/98

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T10N R5E Sec 5 Lot 15 Location 5900 NW 126th St Lincoln 68524

Owner/Requestor SCOTT Willet

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS No permit on file for Septic system - Location is difficult to determine. Well located 10' west from South PORCH. Vent screen on well head is not inplace, foreign object may be lodged in vent. NO3 + Bacti taken.

Water System

NA 1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
(3) Screened Vent/Condult Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
A. Leech Field ?
B. Septic Tank ?
C. Sewer Line
D. Frost-Proof Hydrant 78' - NE
NA E. Lagoon
F. Accumulated Manure
G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

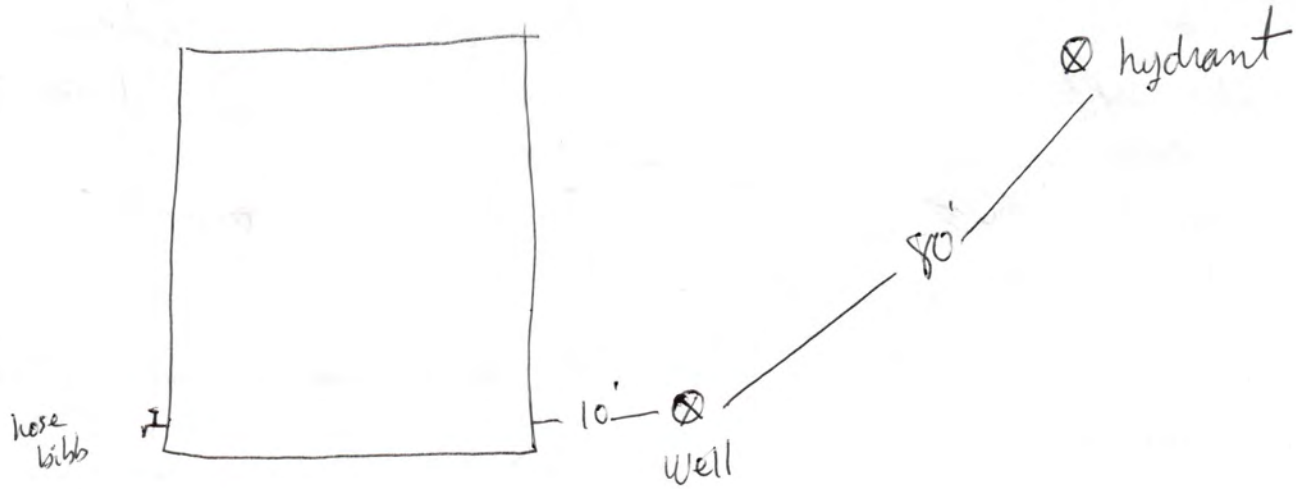
(1.) Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: _____ Received by: _____

Date: 2-18-98

WA1002

MAP on back


N
hydrant
80'
10'
well
hose bibb