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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. _____

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

DATE: 15 APR '94

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. 12N ; Range 6E ; Section 28 ;
Block _____ ; Lot _____ ; Addition NW 1/4 of the SE 1/4 of Section 28
Street Address NW 19th & W. BRANCHED OAK Rd.

2. Property Use: Residential X ☐; 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: Built LAGOON
Raised well 15 inches - installed AIR tight Lid. NEW well Pump & tank installed.

5. Work to be done by: Owner ☒ ; ~~or~~ AND Contractor ☒ , Buresh Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 750	00
b. Labor	$ 935	00
c. Other	$	
TOTAL	$ 1885	00

Edward Urbanec
Signature of Applicant (owner or ~~lessee~~)

Rt 1 Box 200 Raymond NE 68428
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ no fee

2. Site Visits:
Date: 4-15-94 by: rm & JH
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

* AREA IS IN FLOOD PLAIN

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebra

REAL ESTATE TRANSFER/LOA

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to req[illegible] 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 17200 NW 19th

Twp 12N Range 6E Section 28 1/4 NW 1/4 SE Block ____ Lot ____ Addition ____

Directions to Property ____

Location of Well NE of Home Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Edward Urbanec	Rt 1 Box 200, Ymond NE	783-2522
Tenant/Buyer:	Wes Hornung	14550 N 3 Raymond NE 68428	783-0204
Return to:	" "		

Signature of Applicant ____ Address ____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 11/21/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/21/94

WATER SYSTEM: NEW WELL	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ 20.1 ppm	☐ ____ ppm	Disapproved ☐	Date___/___/___by___

Comments: the waste stabilization lagoon serving this home is located within the 100 year flood plain. Thus a provisional approval. New well appears to be above the 100 yr. flood plain. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 11/29/94

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.