LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR

No. 96390052401

Issued 10/01/96
Expires 04/01/97
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T10N R5E SEC 13
6901 W ADAMS STREET

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

2676

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 9-17-96

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 13 ;
Block _____; Lot _____; Addition _____
Street Address 6901 W. Adams — Ed + Kelly Moles 470-3921

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

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

4. Description of proposed alteration, extension or repair: extend lateral with (2) 75' long 3" dia. perforated pipe laterals

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Southwest Sewer + Drain
Contractor's Name

6. Estimated cost of project:

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

~~Frank~~ Evelyn Moles
2005 Ranger circle
Lincoln, NE 68521
owner

Frank Moles by Bud Seth
Signature of Applicant (owner or lessee)

17201 S. 72
Hickman, Ne
Address

(Do not write below this line)

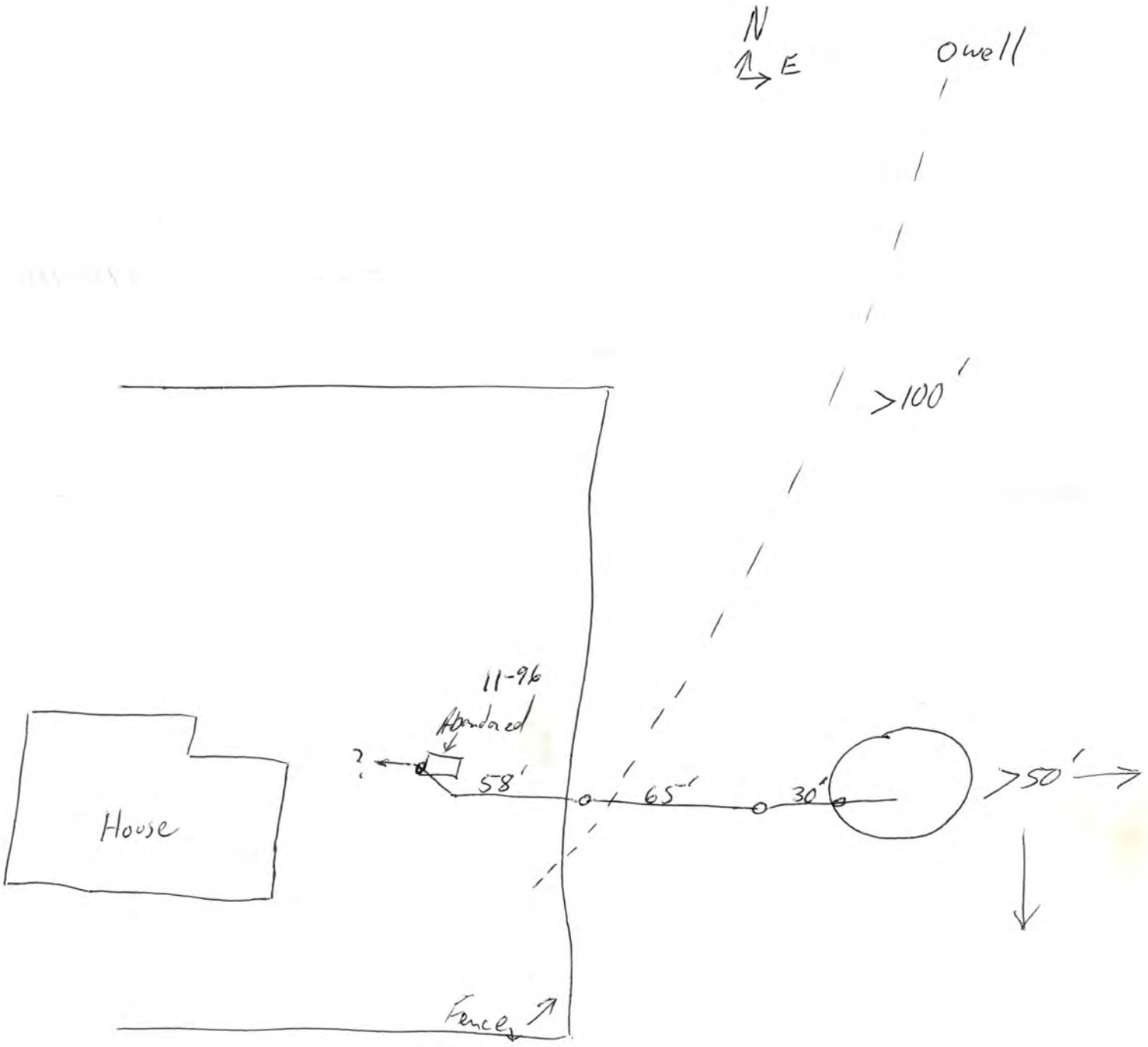
REVIEWING ACTION

1. Date Rec'd: 9-17-96
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-17-96 by: rmm site visited
Date: 11-5-96 by: rmm need fences, drawing + bentonite seal
Date: 11-26-96 by: rmm OK

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-26-96 by: Ron Magnuson


N
E
Owell
>100'
11-96
Abandoned
?
58'
65'
30'
>50'
House
Fence


2 740 000 FEET
450 000 FEET
R 5 E.
R 6 E.
T. 10 N.
(Joins sheet 22)
Huskerville
SmD
CrB
PaC2
PaD2
StF
BrE
BrD
BpF
ShC
ShD
ShD2
PbC3
SuD2
WtC2
MhC3
MrD2
McD
JuC
Ns
UdB
UpC
MeC2
WtD
Uk
Zo
Ke
No
Cp

003

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 6901 West Adams Lincoln Ne. 470-3991

Twp 10N Range 5E Section 13 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1½ mi west of NW 48 & Adams

Location of Well Northeast corner of lot Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon east 2nd house Year Installed 2 wks ago

	NAME	ADDRESS	PHONE
Present Owner:	Francis M. & Evelyn C. Moles	2005 Ranger Cr. Lincoln Ne.	438-5672
Tenant/Buyer:	David W. Bratcher	4100 Industrial Ave Lincoln Neb.	467-3627
Return to:	Evelyn C. Moles	2005 Ranger CR Lincoln, Ne.	438-5672

Signature of Applicant Evelyn C. Moles Address 2005 Ranger Cr. Date 11/22/96

HEALTH DEPARTMENT USE ONLY

Date Received 11/25/96 Received $150.00 Check ☒ Cash ☐ #2266 cw 11/26/96

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/26/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date 12/9/96 by rm
Bacteria	☒ 0 /ml	☒ 12 /ml corrected by shock treatment	Provisional ☐	Date 12/10/96 by rm
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart RS Date 12/12/96

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.