LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 89390000701

Issued 08/21/89
Expires 02/21/90

ESTABLISHMENT

MARK SOUTHWICK
T10N R5E SEC 18
SW 1/4

FEES: Permit 018754 $30.00

Total $30.00

Issued By COUNTY HEALTH

PERMITTEE MARK SOUTHWICK
1020 N 52ND ST
LINCOLN NE 68504

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

893900007

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. 893900007

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

DATE: 8-15-89

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 18 SW¼;
Block _____; Lot _____; Addition _____
Street Address _____

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: Add-100'x6'wide Lateral onto Existing Lateral, Cut off Part of Old.

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Big Clyde
Contractor's Name

6. Estimated cost of project:

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

Mark Swarthout
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln.
Address

(Do not write below this line)

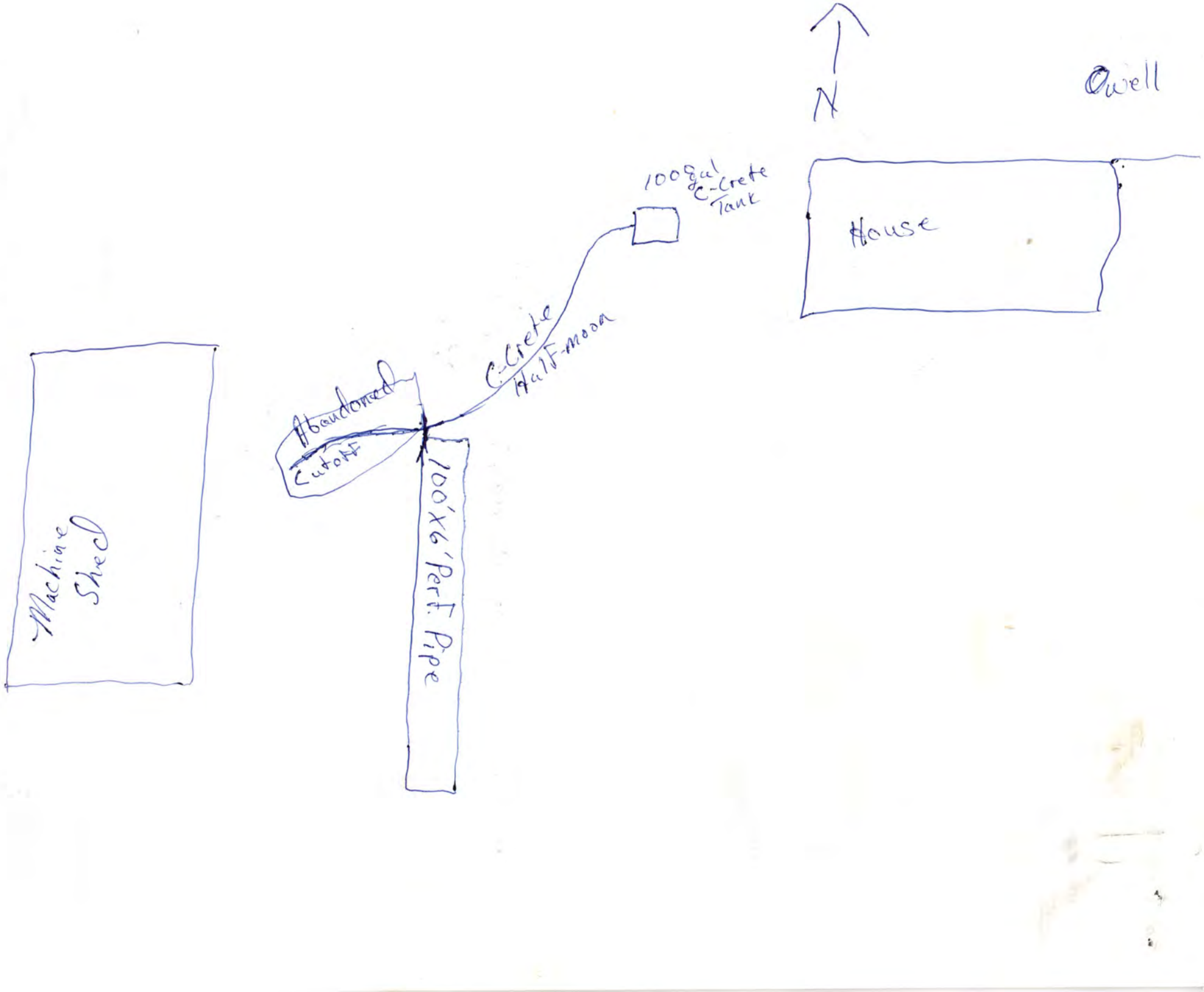
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 8/16/89 by: J. C. Hood
Date: 8/16/89 by: J. C. Hood
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/28/89 by: Jerrold Hood


N
Owell
100 gal C-Crete Tank
House
C-Crete Half-moon
Abandoned
Cutoff
100'x6' Perf. Pipe
Machine Shed

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

00030600 1 of

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.

LCR 4272

Legal Description of Property: Street Address 13310 West Holdrege, Lincoln NE 68528

Twp 10 Range 5E Section 18 1/4 SW 1/4 Block ___ Lot 19 Addition ___

Directions to Property Take "O" Street west to 126th, turn right (North) to West Holdrege, turn left (west) to the 3rd homstead on North side of West Holdrege.

Location of Well on North side of house. Tap Location: Inside ☑ Outside ☐ (Green House)

Location of Sewage System West end of house Year Installed 1969

	NAME	ADDRESS	PHONE
Present Owner:	Edna M. Whitney	13310 West Holdrege Lincoln NE 68528	474-5283
Tenant/Buyer:	John & Deborah Bandiola	13310 West Holdrege Lincoln NE 68528	435-7765
Return to:	John & Deborah Bandiola	13310 West Holdrege Lincoln NE 68528	435-7765 Hm 471-0583 wk

Signature of Applicant Deborah Bandiola Address 13310 West Holdrege Lincoln NE 68512 Date 2/9/2000

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 02/17/00
Initials ___
Amount 150.00
Check No. 9705

DATA ENTRY

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 2/17/00

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 5.49 ppm	☒ 10.7 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 2/23/00 by PD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Septic tank most recently pumped on Oct, 1998. Portions of the onsite sewage disposal system pre-dates regulations. Repair/additional lateral was completed in August of '89. This system has only been servicing one individual for an unknown amount of time. LLCHD has no opinion if system will be sufficient for a larger family. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 3/3/00

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