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. 90390004501

Issued 05/04/90
Expires 11/04/90

ESTABLISHMENT

BONNIE LAMB
T12N R6E SEC 32 QTR NE
NE 1/4 OF NE 1/4

FEES: Permit 018754 $50.00

Total $50.00

Issued By COUNTY HEALTH

PERMITTEE

BONNIE LAMB
BOX 00199
RAYMOND NE 68428

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9039000 45

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: 5-1-90

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 32, NE 1/4 NE 1/4
Block _____; Lot 5 1/2 E.T.; 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 LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒, Capital City Trenching
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1500 00

BONNIE LAMB
Signature of Applicant (owner or lessee)

BOX 197, RAYMOND, NEBRASKA
Address

(Do not write below this line)

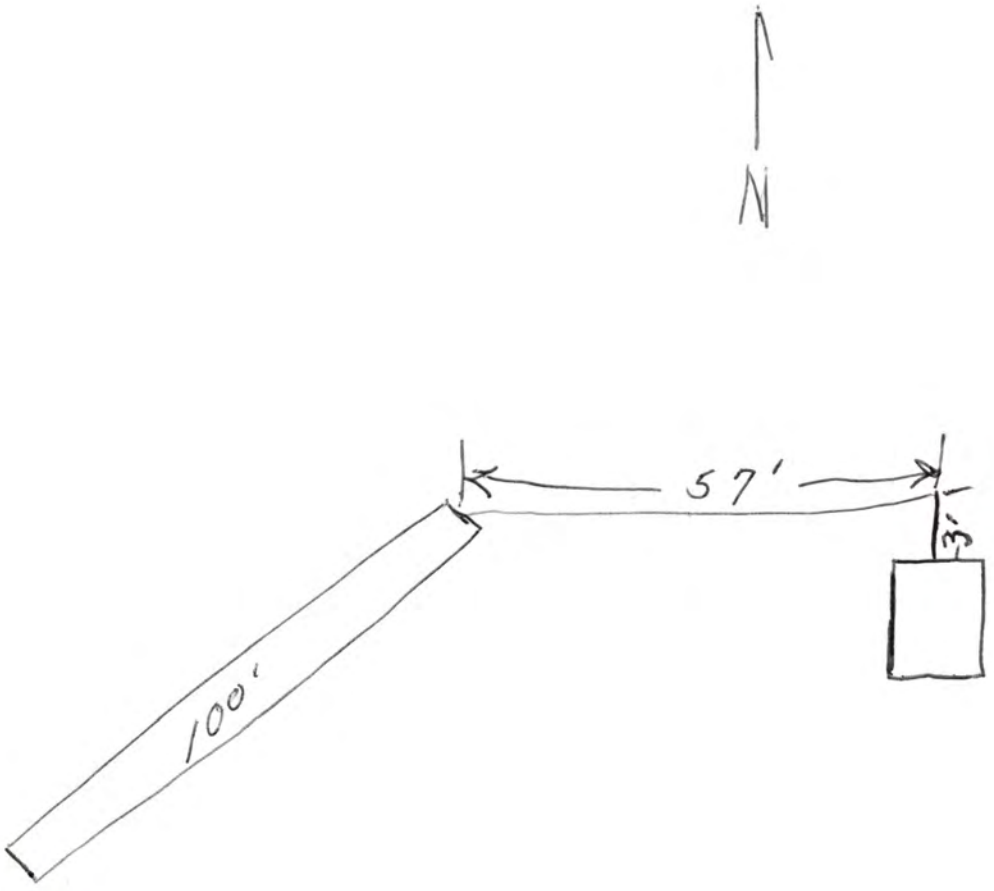
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 5-1-90 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-3-90 by: _____


N
57'
3'
100'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2-20-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 ~~$150.00~~

Legal Description of Property: TWP. 12; RANGE 6E; SECTION 32; BLOCK ___

LOT 92; ADDITION NE'ly; Street Address NW 27th & Branched Oak Rd.

Directions to Property 7 miles North of Superior on 14th

3 miles West to NW 27th (gravel) North on corner.

Location of Well SW of house - next to power pole Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of house - straight west 2 tanks site Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Bauman Land	Box 197 Raymond	783-3241
Tenant/Buyer:			
Return to:	Bauman Realty	1320 N Lincoln	477-5324

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant [signature] Address 1320 N Lincoln

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HEALTH DEPARTMENT USE ONLY ~~$150.00~~

Date Received FEBRUARY 20 1990 Received ~~$75.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/21/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☒	Approved:	☐	Date 2/21/90	by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 5-2-90	by [illegible]
Nitrate	☒	☐	Disapproved:	☒	Date 5-16-90	by [illegible]

Comments: WELL IN DRIFT. PUMPS SAND. OLD WELL NEEDS ABANDONING. SEWAGE LEAKS OUT. (Old well abandoned.) 2nd old well abandoned. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquardt DATE 2-22-90

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

REC'D JUL 9 1985

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue | Phone (402) 474-1541 | Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

This form must be completed and returned to request a real estate transfer inspection.
MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System
☑ Evaluation of the Sewage Disposal System

Date: July 8, 1985
☒ Enclosed is $45.00

Legal description of property: TWP. 12 North ; RANGE 6E ; SECTION ~~6 T. of 6th P.M.~~ 32
BLOCK ; LOT S 1 & 2 I.T. ; ~~ADDITION~~ Lots 1+2 in NE 1/4 of Section 32
Street Address
Directions to Property 7 mi. No. of Superior St. on 14th, 3 mi. West (to NW 27th) 1 Mi. North on N.W. 27th, West side of road
Location of Well S.W. of trailor, Next to Power Pole Tap Location: Inside ☐ Outside ☒ can get water at well site
Location of Sewage System Septic System directly North of trailor House Year Installed 1971

	NAME	ADDRESS	PHONE
Present Owner:	Bonnie L. Lamb	Rt. 1 Box 197 Raymond	783-3241
Tenant/Buyer:	Bonnie L. Lamb	Rt. 1 Box 197 Raymond	783-3241
Return To:	"	"	"

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Bonnie L. Lamb Address Rt. 1 Box 197 Raymond Ne.

HEALTH DEPARTMENT USE ONLY

Date Received JULY 9, 1985 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7/10/85

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐	☐
Nitrate	☒	☐

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☒
Disapproved: ☐

SITE VISIT:
Date 7/10/85 by J.C.H
Date ____ by ____
Date ____ by ____

Comments: WELL IS IN PIT. OTHER UNUSED WELL ON PROPERTY SHOULD BE PROPERLY ABANDONED. NO RECORD OF EXISTING SEPTIC SYSTEM ON THIS PROPERTY BUT NO EVIDENCE OF MALFUNCTION, HENCE PROVISIONAL APPROVAL ON SEWAGE SYSTEM. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:
Approved: ☐

SEWAGE DISPOSAL SYSTEM:
Approved: ☐ Provisionsal Approval: ☒

APPROVED BY _____ DATE _____

FN 20215-1079R