411 NW 81 476-0366 ~~476-0177~~

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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. 953900453

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

DATE: 6-29-94

The undersigned hereby applies for a permit to ALTER [X], EXTEND [X], or REPAIR [X] 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 22 ;
Block ____ ; Lot 55 ; Addition ____
Street Address 325 W. W. 91ST ST. 476-0177

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. Bedrooms 3
Describe ____

Other Use [ ]
Describe ____

2797

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Install new leach led 40FT X 12FT at east side of house - See Back

5. Work to be done by: Owner [X] ; or Contractor [ ] , ____
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 850	00
b. Labor	$ 904	
c. Other	$	
TOTAL	$ 1754	00

Robert V Johnson
Signature of Applicant (owner or lessee)

325 W. W. 91ST ST.
Address

(Do not write below this line)

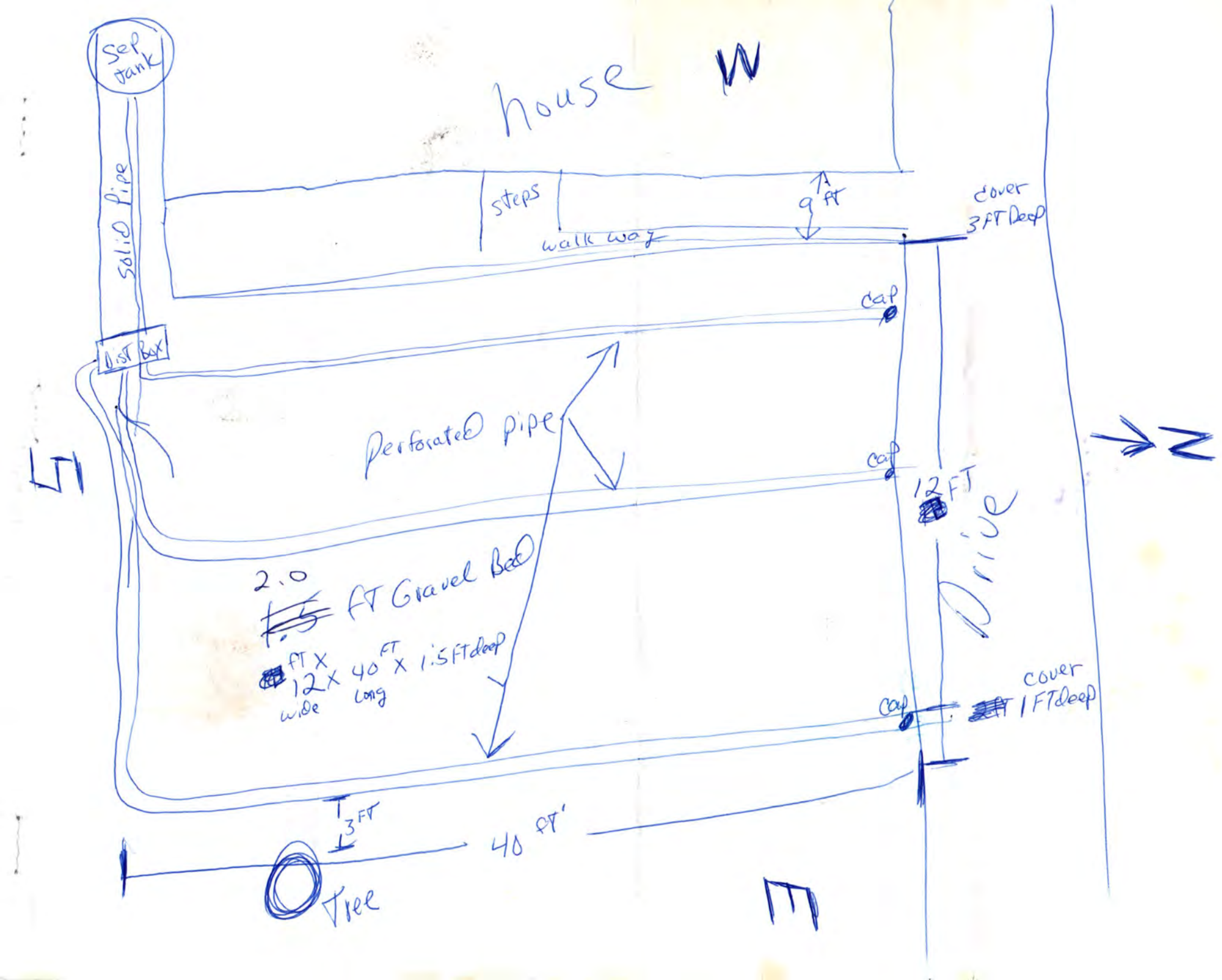
REVIEWING ACTION

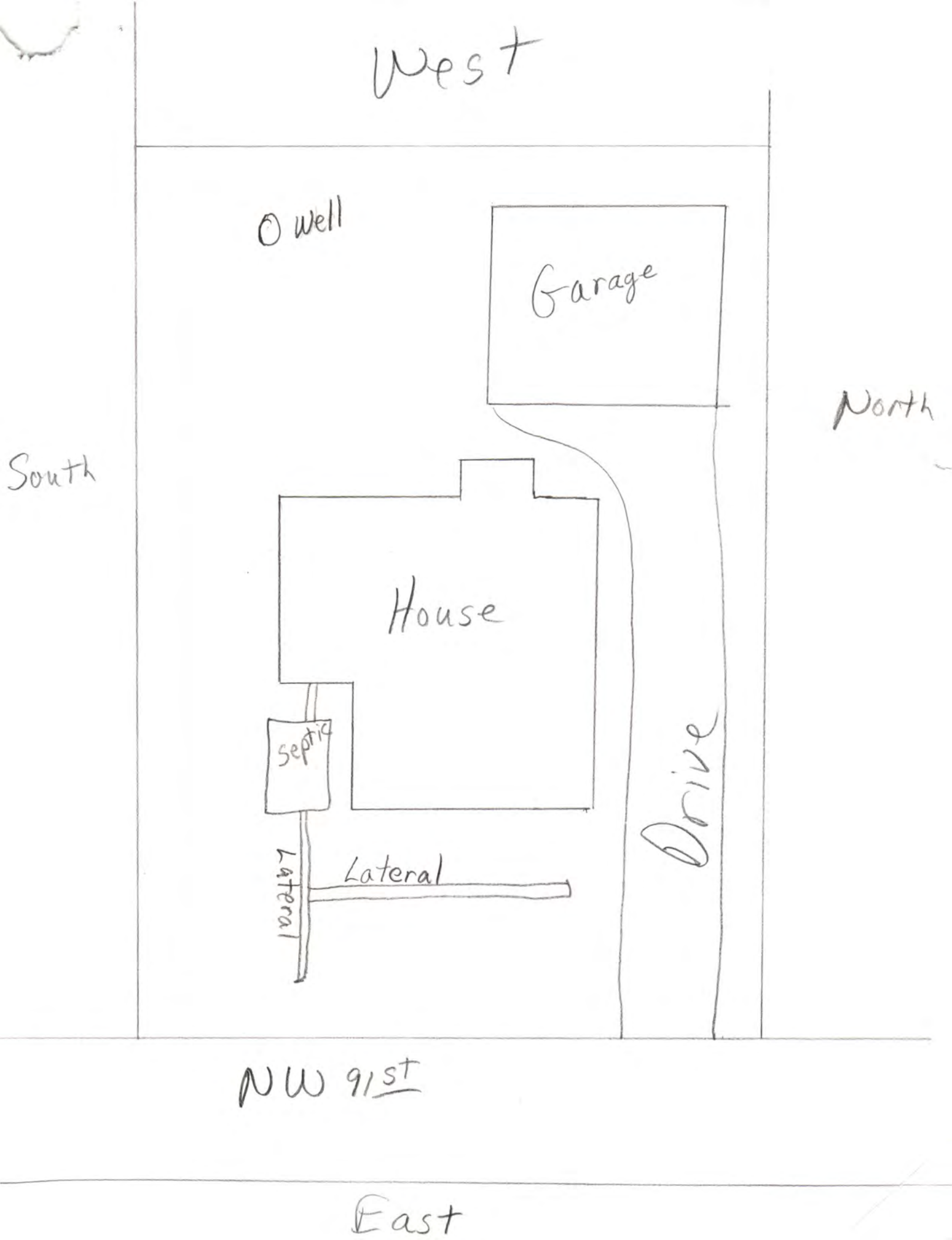
1. Date Rec'd: ____
Filing Fee: $ No fee because cannot approve on this small lot

2. Site Visits:
Date: 7-6-94 by: ____ owner would get statement from adjacent owners.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [ ]; Disapproved [ ]
by: ____

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


Sep tank
house
W
solid Pipe
steps
walk way
9 FT
cover
3FT Deep
cap
Dist Box
Perforated pipe
cap
12 FT
Drive
N
2.0
FT Gravel Bed
FT X
12 X 40 FT X 1.5FT deep
wide long
cap
cover
1FT deep
3FT
40 FT
Tree


West
O well
Garage
North
South
House
septic
Drive
Lateral
Lateral
NW 91st
East

003

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 325 NW 91st L-55-SW-22-10-5

Twp 10N Range 5E Section 22 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Go to NW 91st and West 'O' and Go North to 5th House

Location of Well South of Garage (New Well) Tap Location: Inside ☒ Outside ☐

Location of Sewage System South Side of House Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	Richard G. Johnson	325 NW 91st	435-3575 475-1139
Tenant/Buyer:	Robert V Johnson	325 NW 91st	432-0369 477-8290
Return to:	Richard G. Johnson	325 NW 91st	(WORK 474-1771)

Signature of Applicant Richard G Johnson Address 325 NW 91st Date 10/15/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/15/93 Received $150.00 Check ☒ #2185 Cash ☐

PRELIMINARY STATUS--By R Mangum **DATE:** 10/18/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒ old well abandoned	Approved ☐	Date __/__/__ by __
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/28/93 by DM
Nitrate	☒ 13 ppm	☐ ___ ppm	Disapproved ☒	Date __/__/__ by ___

Comments: Septic system is too close to neighbor's water well; thus disapproved. This property is in compliance and therefore is approved. neighboring properties are not in compliance. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Joyce Jensen 12/15/93

Provisional Approval: ☐

Approved by Ron Mangum, R.S Date 11/15/93

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 22-10-5 Location 325 W W 9 1st

Owner/Requestor Richard Johnson

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 In-Use well is within 100 ft of old, unused well. Old, unused well on this property is within 100 ft of subsurface disposal of septic system on this property. Also neighboring houses to the north and south of this property have their wells both within 100 ft of the laterals of this septic system.

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit 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
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ 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: R. Marquart Received by: _____

Date: 10-18-93

WA1002