LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2642-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 22, 1988 — THIS PERMIT EXPIRES

LEONARD NOHAVEC — ISSUED TO

ROUTE #6 — ADDRESS

LINCOLN, NE 68502

T10N; R5E; Sec NE¼ 28 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
M.	3-22-88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2642-C

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

DATE: _____

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 NE¼ 28 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential 1 ☒; 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: SWITCH TO LAGOON

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	OVER $400.00
TOTAL	$	

Leonard C Nohavec
Signature of Applicant (owner or lessee)

~~Leonard~~ ~~H~~ Rt 6 Lincoln
Address

(Do not write below this line)

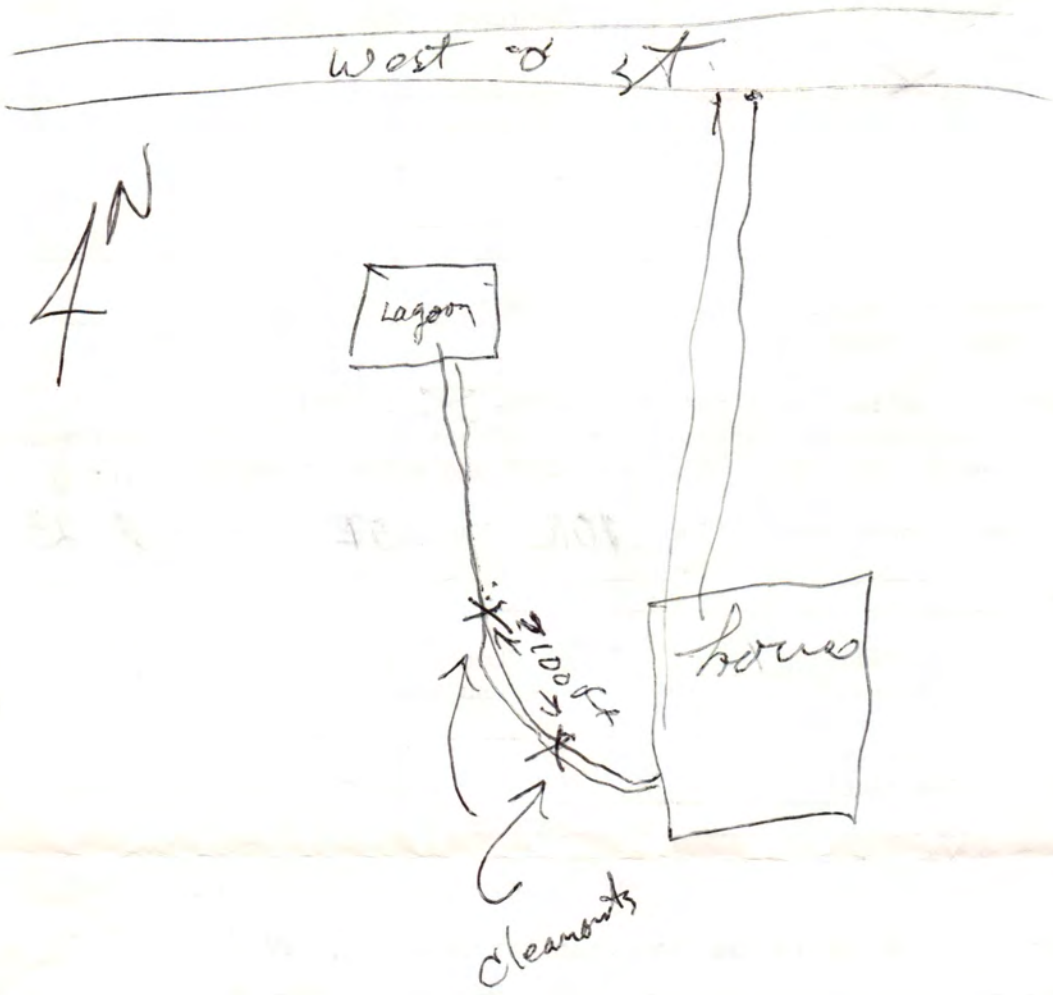
REVIEWING ACTION

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

2. Site Visits:
Date: 10-27-88 by: [illegible] did not see sewer line cleanouts >100 ft
Date: 10/28/88 by: L.C.H. extra cleanouts put in
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Noad
PROVISIONAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 11-3-88 by: Ken Magnuson

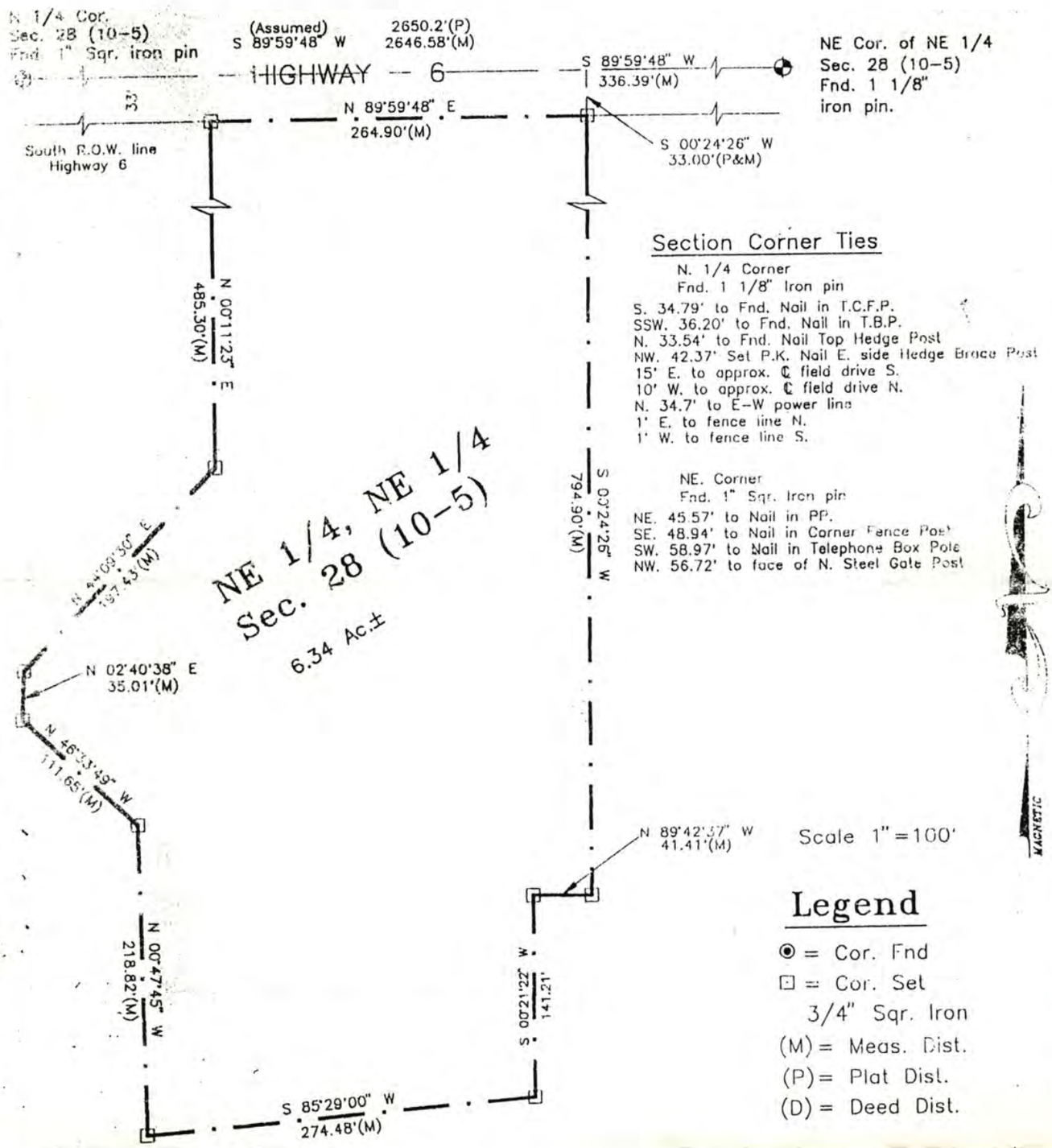

West St.
N
Lagoon
Valve
Homes
Cleanouts

Compass Land Surveying

OFFICIAL SURVEY RECORD

719 GLENARBOR CIR.
LINCOLN, NE 68512
(402) 423-1077
Jayme M. Malone, L.S.

Survey of A part of NE 1/4 of NE 1/4
Section 28 T. 10 N. R. 5 E. of the 6th P.M.
Lancaster County, Nebraska
Date of Survey 5-24-94 Job No. 1046-94L
Date of Revision 6-14-94



Section Corner Ties

N. 1/4 Corner
Fnd. 1 1/8" Iron pin
S. 34.79' to Fnd. Nail in T.C.F.P.
SSW. 36.20' to Fnd. Nail in T.B.P.
N. 33.54' to Fnd. Nail Top Hedge Post
NW. 42.37' Set P.K. Nail E. side Hedge Brace Post
15' E. to approx. ℄ field drive S.
10' W. to approx. ℄ field drive N.
N. 34.7' to E-W power line
1' E. to fence line N.
1' W. to fence line S.

NE. Corner
Fnd. 1" Sqr. Iron pin
NE. 45.57' to Nail in PP.
SE. 48.94' to Nail in Corner Fence Post
SW. 58.97' to Nail in Telephone Box Pole
NW. 56.72' to face of N. Steel Gate Post

Legend

⊙ = Cor. Fnd
⊡ = Cor. Set
3/4" Sqr. Iron
(M) = Meas. Dist.
(P) = Plat Dist.
(D) = Deed Dist.

Surveyor's Certificate

I Jayme M. Malone, a Professional Registered Land Surveyor under the laws of the State of Nebraska, certify the above survey was executed by me, on the date shown. Permanent monument corners as described in the survey drawing were placed at all missing or remonumented corners. Distances shown are measured in feet and decimals of a foot.

Signed This 14th day of June, 1994

NEBRASKA REGISTERED LAND SURVEYOR JAYME M. MALONE LS-440

Jayme M. Malone

Nebraska L.S. #440
Iowa L.S. #11807
Kansas L.S. #1113

Lincoln-Lancaster County Health Department

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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9801 W. "O" St., Lincoln, NE

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 5E Section 28 1/4 NE 1/4 Block ____ Lot 44 Addition ____

Directions to Property 1 mi. W. of Emerald, top of hill, So. side of road.

Location of Well S.W of home Tap Location: Inside ☐ Outside ☒

Location of Sewage System lagoon - No. of home, in pasture Year Installed unknown

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Gary + Kim Hall	9801 W. "O" St Lincoln, NE 68528	435-1171
Tenant/Buyer:	Donald Zavodny Janice Wagner	HCR 64 Box 262 Bonnots Mill, Mo 65016	
Return to:	Mike Poskochil Woods Bros Realty	7141 "A" St. Lincoln, NE 68510	432-3089 434-3801 (Fax)

Signature of Applicant Mike Poskochil for buyers Address 7141 "A" St Lincoln, NE 68510 Date 6/01/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/04/01 Amount 200.00 Check No. 9630 Initials ____ MAIL

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Doug Smith **DATE:** 6/5/01

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 6/25/01 by DS
Bacteria	☒ 0.0 /ml	☐ ____ /ml	Provisional	☐	Date ____/____/____ by ____
Nitrate	☒ 0.0 ppm	☐ ____ ppm	Disapproved	☐	Date ____/____/____ by ____

Comments: - Lagoon fence gate is not woven wire or solid - Cattle gate used.
- Sewer line clean-out located N. of house damaged.
- Several small trees on lagoon dike - No trespass sign needed See Attached Letter ☐
Copy of Letter faxed to Mike P. 6/7/01

FINAL STATUS Clean-out repaired, gate filled in, sign installed, trees removed - 6/25/01 D.S

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

Approved by Doug Smith Date 6/25/01

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: 9-00

006

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 9801 West 'O' St.

Twp 10N Range 5E Section 28 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property West 'O' to 98th go an additional 200 ft West of 98th, property is surrounded by Trees on the south side of O. St.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	DAVID HINKLEY	9801 W. O	484-8090 438-5771
Tenant/Buyer:	G. BRET & KIMBERLY HALL	100 WOODS DRIVE MADISONVILLE, LA 70447	
Return to:	840 N. 48th %	R.D. HINKLEY & ASSOC.	

Signature of Applicant [signature] Address 840 N. 48th Lincoln NE 68504 Date 8/14/95

HEALTH DEPARTMENT USE ONLY

Date Received 8/14/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/15/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 8/17/95 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: LAGOON NEED VEGETATION CUT AND CATAILS KILLED OUT. WARNING SIGNS ARE FADED OUT AND NEED REPAINTING. FEELS LIKE END OF ELECTRICAL CONDUIT ON WELL IS OPEN ON END. Corrected 8/16/95 L.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/21/95

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, 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_____

Twp 10N Range 5E Section 28 1/4 NE 1/4 NE Block___ Lot___ Addition_____

Directions to Property West O to 98th go an additional 200 ft west of 98th, property is on south side of O st

Location of Well South side of house (SW of house) Tap Location: Inside ☐ Outside ☐ 100 ft south of house by horse tank

Location of Sewage System North of house Year Installed Unknown

	NAME	ADDRESS	PHONE
Present Owner:	Leonard Mohavek	RR6 Lincoln	475-5122
Tenant/Buyer:	Dave Hinkley	PO Box 6892 Lincoln NE 68506	430-7493 or 484-8090
Return to:	Dave Hinkley	"	

Signature of Applicant Dave Hinkley Address PO Box 6892 Lincoln NE 68506 Date 6/29/94

HEALTH DEPARTMENT USE ONLY

Date Received 07/01/94 Received $150.00 Check ☒ #1332 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/6/94

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☒ <0.1 ppm	☐ ____ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 8/16/95 by L.C.H.
Date 8/17/95 by L.C.H.
Date ___/___/___ by ____

Comments: LAGOON MUST HAVE VEGETATION CUT, GATE MUST BE LOCKED, MUST HAVE BETTER WARNING SIGNS, CLEANOUT NEAR HOUSE MUST HAVE COMPLETE CAP, ELECTRICAL CONDUIT ON WELL MUST BE SEALED, ADDITS ON OUTHOUSE MUST BE REMOVED WITHIN 100 FEET FROM WELL. (Corrected 8/17/95) See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/17/95

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.