LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380111001

Issued 01/24/94
Expires 07/24/94
Revenue Code 18754

Establishment
WANDA ISAACSON
T12N R5E SEC 14
7025 W AGREW ROAD

FEES: $150.00

TOTAL $150.00

Permittee
WANDA ISAACSON
RR0001
BOX 00011
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 1-14-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 5E ; Section 14 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 7025 W. Agnew Rd
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: > 1 mile ft.

Wanda K. Isaacson
Signature of Applicant (Owner or Lessee)

Rt 1 Box 1g11
Address Raymond, NE 68428

(Do not write below this double line)

1. Health Department: Date Rec'd. 1-14-94 . Date Frwd. 1-14-94 . ACTION: Approved ☑ Disapproved ☐ Signature: Ron Mayent
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-27-94 . Date Frwd. 1-27-94 . ACTION: Approved ☑ Disapproved ☐ Signature: Gary Spin
3. City or County Engineer: Date Rec'd. 1-27-94 . Date Frwd. 1-27-94 . ACTION: Approved ☑ Disapproved ☐ Signature: Lloyd Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

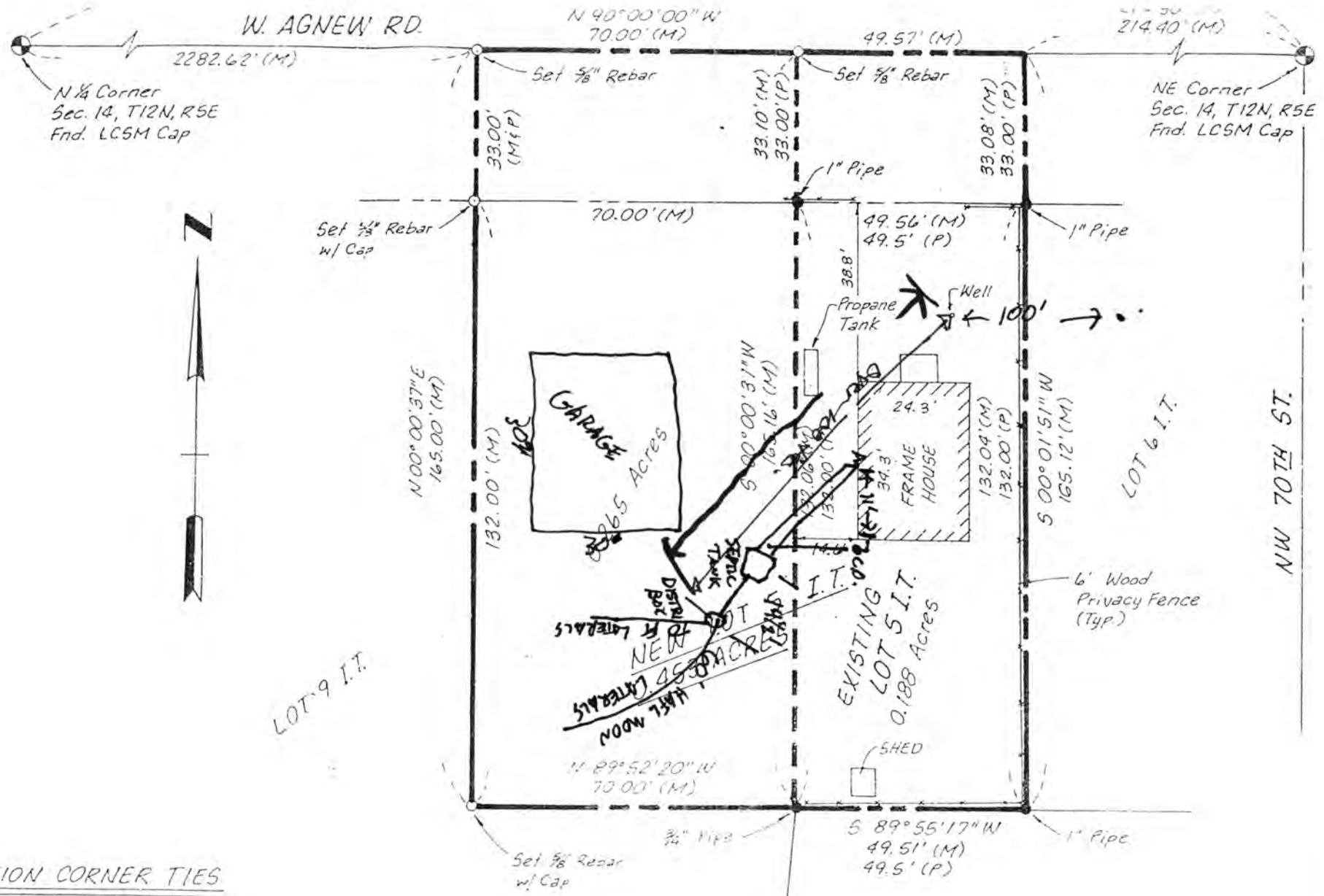
Site Visits:
Date: Jan-14-94 by: RM
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

Covered W/O Inspection by Health Dept.

INSTALLATION ~~FINAL~~ Provisional WRITTEN APPROVAL
Date: 1-28-94 By: Ron Mayent

FORM 23-43



SECTION CORNER TIES

NE CORNER SEC. 14, T12N, R5E
Found LCSM Cap 0.5' deep
SE 46.56' LCSM Reference Cap
SW 46.70' LCSM Reference Cap
SE 35.55' near corner conc. "AGNEW" sign
S-SW 101.73' "X" nails set in Power Pole

N ¼ Corner Sec. 14, T12N, R5E
Found LCSM Cap 0.5' deep
N 32.78' LCSM Reference Cap
S 32.80' LCSM Reference Cap

JIM BORISH
BORISH PLUMPING & ELEC.
VALPARAISO, NE

INSTALLED NEW
SEPTIC SYSTEM
JUNE 1993

005

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 7025 W AGNEW RD

Twp 12 N Range 5 E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	JAMES & WANDA ISAACSON	7025 W AGNEW RD	441-9184
Tenant/Buyer:	SCOTT A FERNYHOUGH	501 ADAMS LINCOLN 68521	474-4044
Return to:	SCOTT A FERNYHOUGH	SAME AS ABOVE	

Signature of Applicant Scott A Fernyhough Address SAME AS ABOVE Date 1/6/94

HEALTH DEPARTMENT USE ONLY

Date Received 1/7/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Margrave **DATE:** 1/11/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 1/14/94 by mm
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 10.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: A new septic system was installed for this home during the summer of 1993 and there are no visible signs of malfunction. The system was installed before Health Dept. inspection of components. Thus, a provisional approval. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margrave R.S Date 1/18/94

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. 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: 11/6/90

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 14; BLOCK ____

LOT ____; ADDITION _____; Street Address 7025 W Arbor Rd

Directions to Property Hwy 79 to W. Arbor Rd

Location of Well Front of home. Tap Location: Inside ☒ Outside ☒

Location of Sewage System middle Backyard. Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Elmer & Mary Dowd	7025 W. Arbor Rd	783-2169
Tenant/Buyer:	James & Wanda Isaacson	Rt 5 Box 14 Lincoln	470-2227
Return to:	Woods Bros Realty	7141 H 68510	483-4741

Bill Baird Huffman

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

Signature of Applicant Wanda K. Isaacson Address Rt 5 Bx 14 Lincoln, Ne
James L. Isaacson

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 6, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/7/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 11/7/90 by DCA
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: EXACT LOCATION OF SEPTIC SYSTEM UNKNOWN, SYSTEM PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. SEPTIC TANK SHOULD BE LOCATED AND CHECKED TO SEE IF IT NEEDS PUMPING. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE NOVEMBER 13, 1990

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