FILE NO. 1699

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 23, 1981
THIS LICENSE OR PERMIT EXPIRES

Bruce Wright
LICENSEE OR PERMITTEE

1611 Southwest 40th, Lincoln, NE
ADDRESS

T10N, R6E, Section 30, Lot 36 I.T.
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE (EXTEND)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
53879		30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEAKTH's APPLICATION

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

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: 475-6221)

FILE NO. 1699

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

DATE: 9-22-80

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 6E; Section 30-[illegible]
Block ____; Lot 36 I.L; Addition 1611 S.W 40
Street Address 1611 S.W. 40

2. Property Use: Residential ____ ☒3; 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: put in distribution box & 200 ft of new lateral 3" wide perforated pipe.

5. Work to be done by: Owner ☐; or Contractor ☒, Bruce Wright (owner) RFD #6
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1611 ??

Bruce Wright
1611 So West 40

Signature of Applicant (owner or lessee)

67101107
Address

(Do not write below this line)

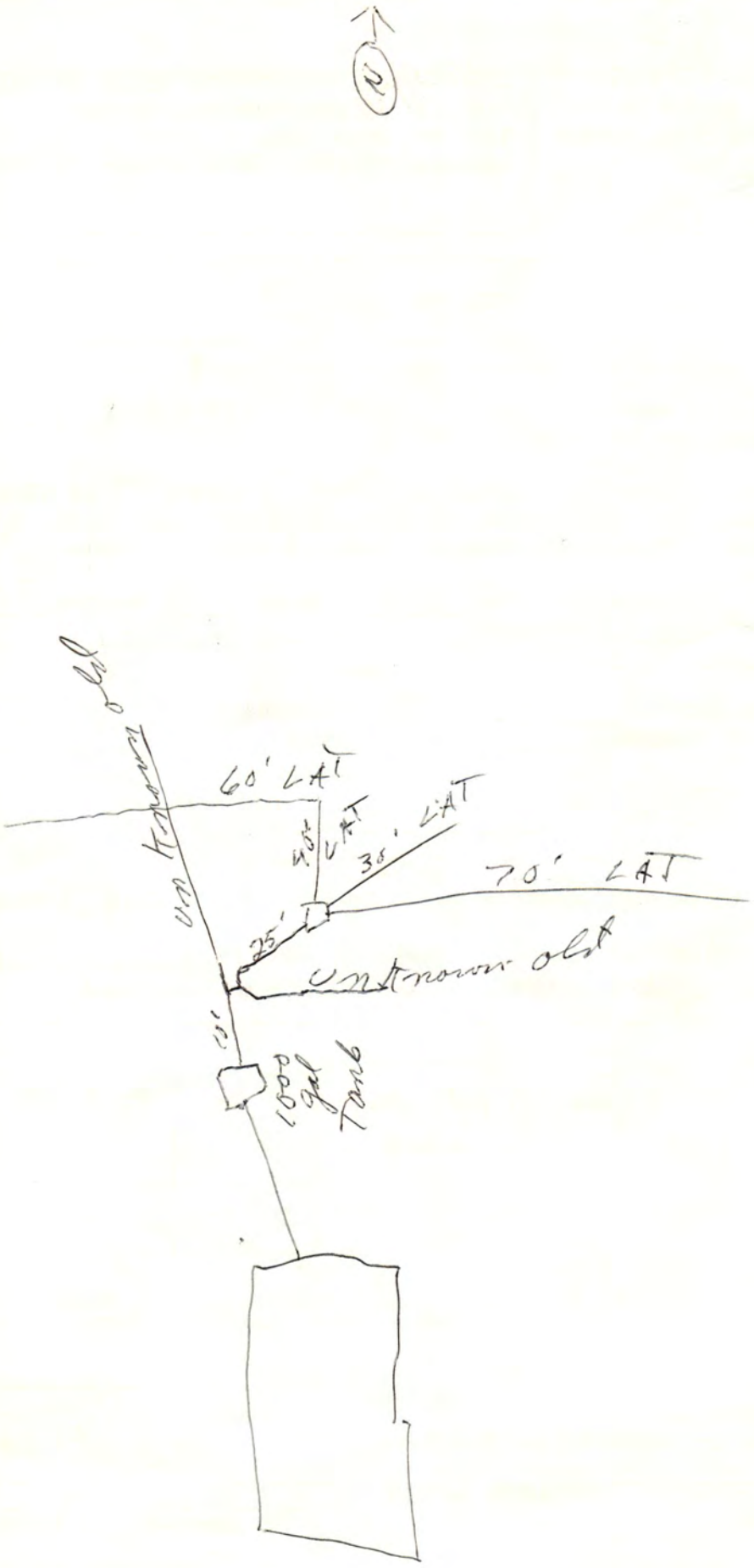
REVIEWING ACTION

1. Date Rec'd: 9-22-80
Filing Fee: $ 30

2. Site Visits:
Date: 9-22-80 by: rm Note: Repair & Extend work was covered without Inspection
Date: ____ by: ____
Date: ____ by: ____

3. PROVISIONAL
Date: ~~Approved~~ ☐; Disapproved ☐
by: rm

4. PROVISIONAL
INSTALLATION ~~FINAL WRITTEN~~ APPROVAL
Date: 9-22-80 by: Ron Maynard


N
old
60' LAT
45' LAT
35' LAT
70' LAT
25'
unknown old
15'
pool
1500 gal
Tank

016

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 1301 S.W. 40th St.

Twp 10N Range 6E Section 30 1/4 ___ 1/4 ___ Block ___ Lot 36 Addition ___

Directions to Property Go Out West A St To SW. 40th Turn North On To SW. 40th And It's The First Brick House West Side

Location of Well Back of House About 20' to 25' out Tap Location: Inside ☐ Outside ☒

Location of Sewage System N.W. From Corner of House Year Installed ? Does About 1948

	NAME	ADDRESS	PHONE
Present Owner:	Bruce & Sharon Wright	1301 S.W. 40th St. Wife - Work 474-2223	4382451
Tenant/Buyer:			
Return to:	Metropolitan	40 & South St.	

Signature of Applicant Bruce A Wright Address 1301 SW. 40th St. Lincoln, Ne 68522 Date 10/21/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/21/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 10/22/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: MR. WRIGHT MAY USE OLD WELL. HE INDICATES, IF IT IS NOT TO BE USED IT MUST BE PROPERLY ABANDONED. ORIGINAL SEWAGE SYSTEM PREDATES REGULATIONS SO APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/26/93

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.

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