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. 89390002801

Issued 12/05/89
Expires 06/05/90

ESTABLISHMENT

MARK SOUTHWICK
T11N R7E SEC 24 QTR NW
NW 1/4

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

MARK SOUTHWICK
1020 N 52ND ST
LINCOLN NE 68504

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

893900028

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. _____

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

DATE: Dec. 2, 1989

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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. 11N ; Range 7E ; Section 24, NW 1/4 ;
Block _____; Lot _____; Addition _____
Street Address 10100 N. 98th

2. Property Use: Residential X [ ]; Commercial _____ [ ]
No. Bedrooms 2
Describe _____
Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: Add 100' of Large C-Crete Lateral in 4' wide Trench, Distribution box, New Pipe From Tank to Box and Laterals

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL over	$ 400 00

Mark Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln
Address

(Do not write below this line)

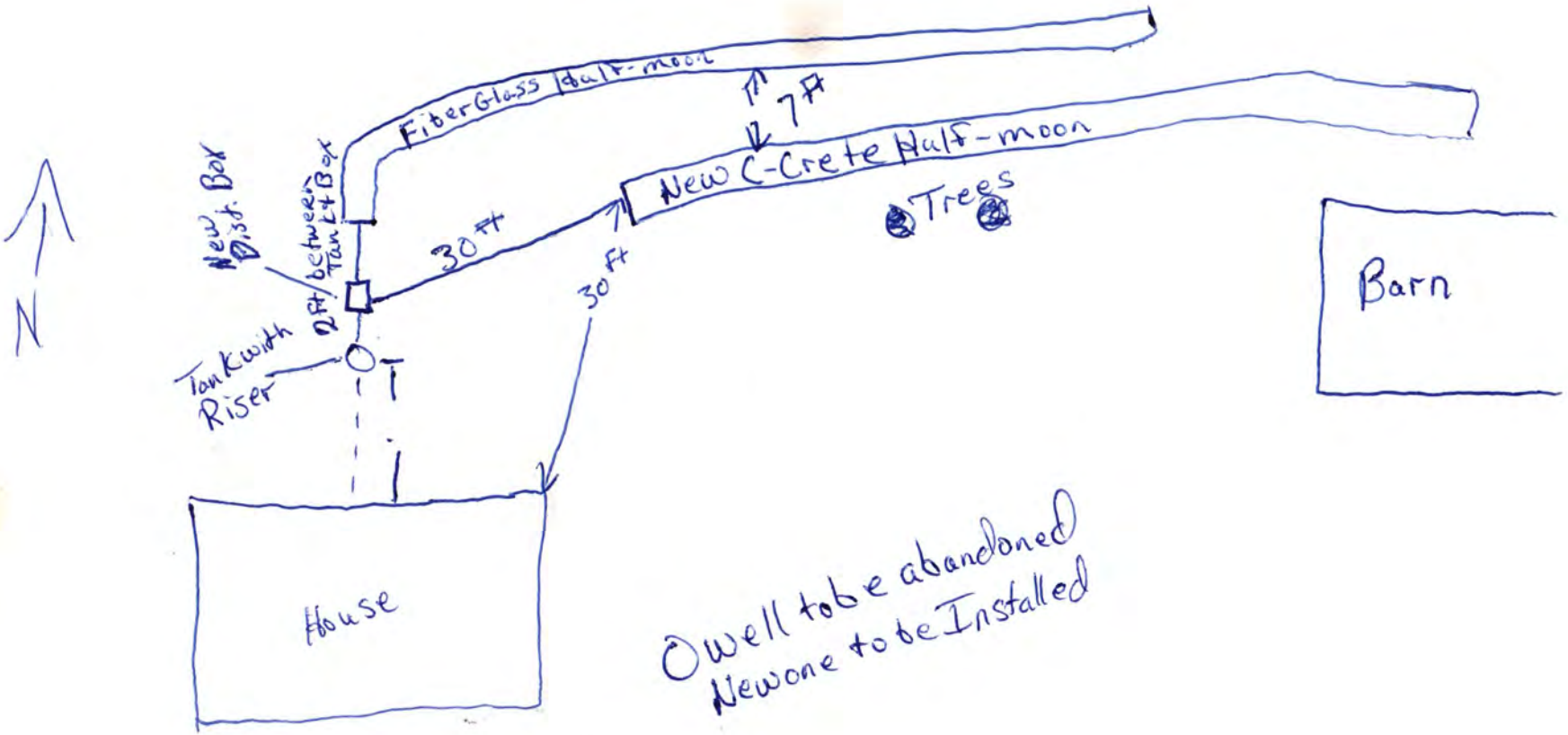
REVIEWING ACTION

1. Date Rec'd: 12-4-89
Filing Fee: $ 50.00

2. Site Visits:
Date: 12-4-89 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard
PROVISIONAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 12-4-89 by: Ron Maynard


N
New Dist. Box
2 Ft between Tank & Box
Tank with Riser
30 Ft
30 Ft
Fiber Glass half-moon
7 Ft
New C-Crete Half-moon
Trees
Barn
House
Owell to be abandoned
Newone to be Installed

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: 10/30/91

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

Legal Description of Property: TWP. 11N (TOWNSHIP 11 NORTH); RANGE 7E; SECTION 24; BLOCK ____

LOT 18; ADDITION _____; Street Address 10100 NORTH 98 LINCOLN

Directions to Property EAST SIDE OF 98th, FIRST HOUSE SOUTH OF BLUFF ROAD (1.8 MILES NORTH OF HWY 6 ON 98th)

Location of Well SOUTH OF HOUSE/DRIVEWAY Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK OF HOUSE Year Installed UNKNOWN

	NAME	ADDRESS	PHONE
Present Owner:	KIRT/CINDY RUTLEDGE	10100 N 98 LINCOLN 68517	4649585
Tenant/Buyer:	& N/A - REFINANCING CURRENT LOAN		
Return to:	1ST FEDERAL LINCOLN ATTN NANCY BRIDGMON	3901 NORMAL 68506	473-6104

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

Signature of Applicant Cindy Rutledge Address 10100 N 98 Lincoln NE 68517

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HEALTH DEPARTMENT USE ONLY

Date Received NOV-1-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-4-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-4-91 by JM
Bacteria	☒ 0	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ <0.1 (check 180)	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Moyer, R.S. DATE 11-7-91

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