CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1515

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

OCTOBER 18, 1979
THIS LICENSE OR PERMIT EXPIRES

Katherine Sader Route 6, Box 48A, Lincoln, NE 68502
LICENSEE OR PERMITTEE ADDRESS

T10N, R6E, Section 30 SE¼, Lot 34 I.T.,,
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE (Extend, Repair)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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. 1515

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

DATE: 4-18-79

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 SE¼;
Block ; Lot 34 I.T. ; Addition
Street Address SW 40th & W A Area

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe
Other Use ☐
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Install 1000 Gal tank
Add 100 ft Drain field

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

6. Estimated cost of project:

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

Signature of Applicant (owner or lessee)

Katherine Adler RR 6 - 48th Box
Address
68502

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-24-79 by: jw (need drawing)
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-16-98 by: Jan Mendenhall

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 1225 SW 40 St. Lincoln NE

Parcel ID 10 - 30 - 400 - 038 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 30 1/4 SE 1/4 Block ___ Lot 34 Addition ___

Directions to Property W "A" St to SW 40, North 1/4 mile west side

Location of Well [redacted] SE corner of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System N of back patio Year Installed unknown

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Ron Husbung, Inc	124 So. 32 Lincoln, 68510	
Tenant/Buyer:	Charles Treep Buhler	1323 Augusta Dr Seward ne 68434	610-1645 CALL FIRST
Return to:	Buyer		323-8777 (Fax)

Signature of Applicant [signature] Address 1323 Augusta Dr Seward NE 68434 Date 6/18/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 6/18/03 Amount 200.00 Check No. 1286 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 6/20/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction of septic system noted. House has been vacant. Health Dept. records do not contain sufficient information to determine size and location of current system. If usage exceeds the previous loading levels a system failure could result. It appears there is sufficient area for expansion if a failure occurred. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 6/26/03

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