FILE NO. 1592

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 29, 1980
THIS LICENSE OR PERMIT EXPIRES

Norm Burghuis 3300 North 53 Street, Lincoln, NE
LICENSEE OR PERMITTEE ADDRESS

T10N, R6E, Section 31 (Extend)
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

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. 1592

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

DATE: 8-27-79

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 31 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; 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:
DISCONNECT LATERAL GOING INTO NEIGHBORING PROPERTY AND ADD NEW LATERALS

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

6. Estimated cost of project:

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

Norman Berghuis
Signature of Applicant (owner or lessee)

3300 N 53
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 8-28-79
Filing Fee: $ 15.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

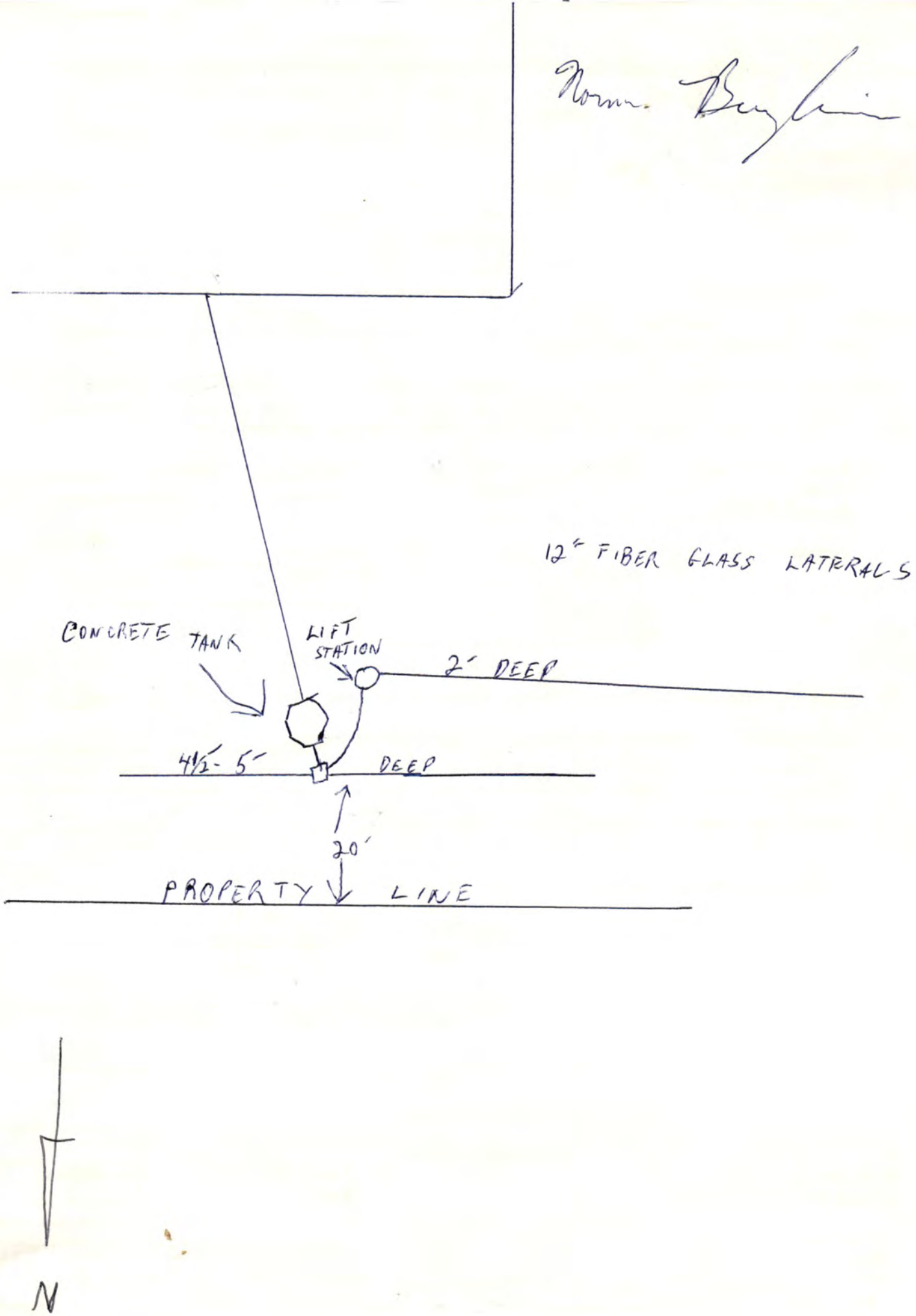
* Do not recall any details about system except that I was there at some past date

3. Date: Approved ☐ (provisional) *; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL **
Date: 8-29-79 by: J. Weverka

* final approval can be given when lift station is installed, and provided this system was not covered without inspection by the Health Dept.

Norma Bryant



FILE NO. 933

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

May 5, 1977
THIS LICENSE OR PERMIT EXPIRES

Norm Berghuis 5126 Benton Street, Lincoln, NE
LICENSEE OR PERMITTEE ADDRESS

T10N; R6E; Section 31, Lot 1 I.T. Alter and Extend
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

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

SERIAL NO.	DATE	AMOUNT
42646	5/6	15.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health APPLICATION

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

FORM HD-41(75) 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. 958

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

DATE: Oct 14-76

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 31 ;
Block _____ ; Lot I.T. ; Addition _____
Street Address _____

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: add lateral + lift station

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

6. Estimated cost of project:

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

OVER $200

NORM BERGHUIS
Signature of Applicant (owner or lessee)

5126 Benton Street
Address

(Do not write below this line)

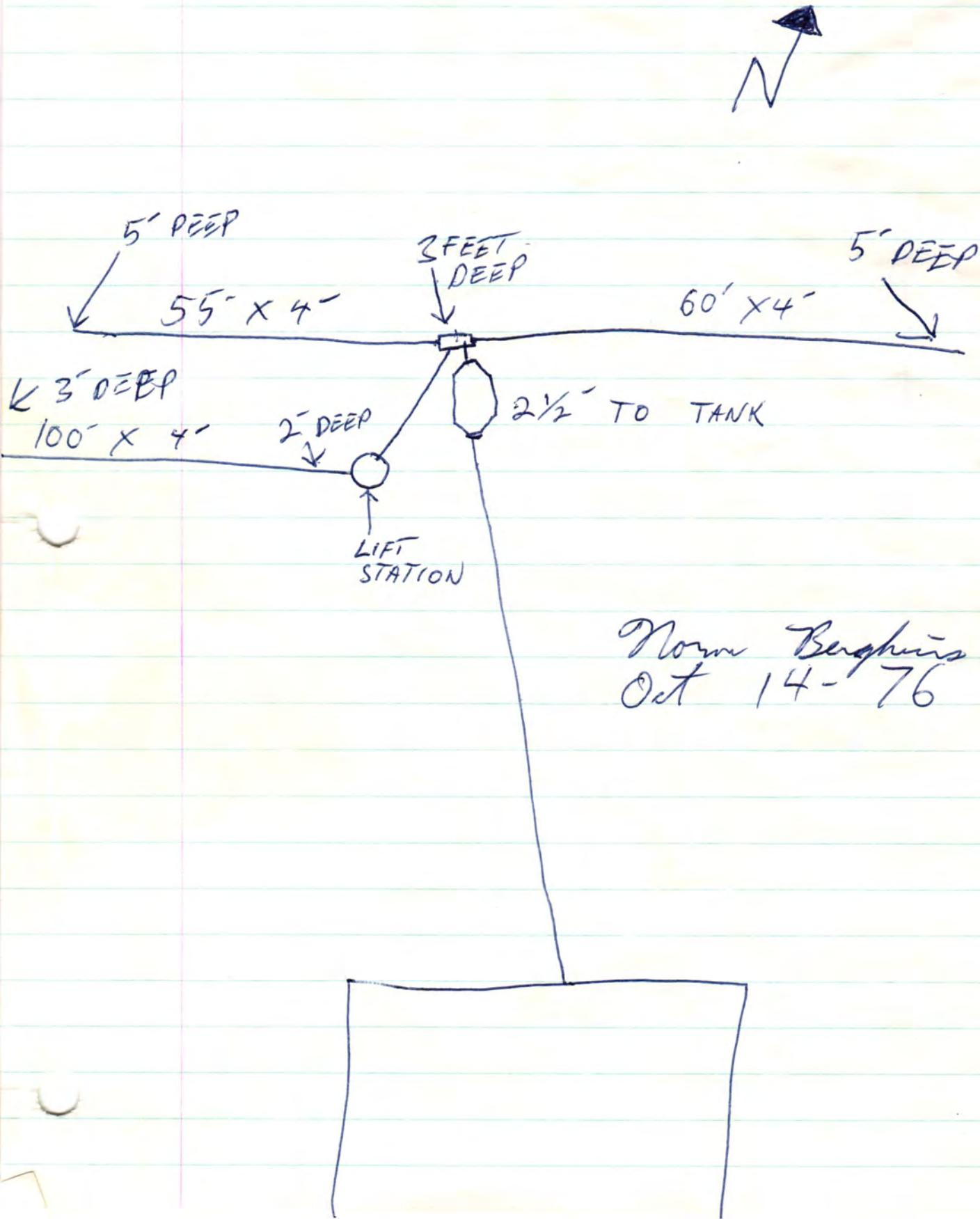
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: 10-14-76 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-14-76 by: James Woodka



Norm Berghuis
Oct 14-76

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 2501 S. W 40

Parcel ID 10-31-400-002-000 (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition SE 31-10-6 Lpcr

Directions to Property W on A to SW 40th S. to 2501 SW 40

Call owner. 477-7991

Location of Well SE. corner of garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System No. of house Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Emmett Keller	2501 SW 40th	477-7991
Tenant/Buyer:	Don + Kim Clerk		
Return to:	Dee Bundy (430-3111) Home Real Estate		436-3199 (Fax)

Signature of Applicant Donald G. Clerk Address 5921 Nagg Lincoln, Ne. 68 Date 6/14/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/17/04 Amount 200.00 Check No. 5623 Initials ___ "MAIL"

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 6/18/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Smith Date 6/24/04

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

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: AUG. 14, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: LOT 1 Twp. 10N ; Range 6 ; Section 31 ;

Block ; Lot ; Addition .

Street Address .

Directions on how to get to property PROPERTY IS ¼ MILE NORTH OF VAN DORN ON THE WEST SIDE OF S.W. 40th ST.

Location of well ± BESIDE S.E. CORNER OF 2 CAR GARAGE .

Where is tap: Inside ☐ Outside ☐ .

	NAME	ADDRESS	PHONE
Present Owner:	DOROTHY A. JACKSON	% FRANK JACKSON P.O. BOX 799 FREMONT, NE	727-9272
Tenant:	BOB	R.R. 1 LINCOLN	474-4509
Lending Agency:	NONE		

PLEASE CONTACT MCCULLOUGH AT 489-9361. I WILL ARRANGE TO MEET THE INSPECTOR AND LET HIM IN TO THE HOUSE.

(Do not write below double lines)

Health Department: Date Received 8-15-79

Received $45.00 Check ☒ Cash ☐

Site Visits: Date 8-22-79 by DAM

Date by

Date by

Rod McCullough (AUSTIN REALTY for Dorothy A. Jackson)
Signature of Applicant

3910 SOUTH ST
Address LINCOLN, NE 68506

PRELIMINARY STATUS -- DATE 8-22-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☒
Disapproved ☐

~~Corrections Required or~~ Reasons ~~for Disapproval~~ for provisional It appears that the lift station for the one lateral has not been installed yet.

☐ See Attached Letter.

FINAL APPROVAL -- DATE 8-27-79

Water System ☒ . Sewage Disposal System Provisional * ☒ .

BY Ron Mangum

* See note above.

Form Number 20215-0878