LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390043601

Issued 04/19/95
Expires 10/19/95
Revenue Code 18754

Establishment
PETE WEGMAN
T1ON R6E SEC 32
LOT 36

FEES: $50.00

TOTAL $50.00

Permittee
PETE WEGMAN
1201 LINCOLN MA
SUITE 102
LINCOLN NE 68508

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 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.~~ 3140 "N" STREET
Lincoln, Nebraska 685~~10~~ (Phone: ~~471-7800~~ 441-8029)

FILE NO. _____

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

DATE: _____

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 32 ;
Block _____ ; Lot 36 of; ~~Addition~~ the SW Quarter of 32-10-6.
Street Address 3900 W. Van Dorn

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: ~~Dig up system and~~ Dig up system and repair by possibly extending a lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Ken Linewcber, Beatrice
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 350	00
b. Labor	$ 300	00
c. Other	$ 0	00
TOTAL	$ 650	00

~~Paul~~ Wegner attorney for Kaver Hatcher
Signature of Applicant (owner or lessee)

Suite 102, 1201 Lincoln Mall
Address
Lincoln, NE 68508

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/16/95 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/20/95 by: J.C. Hood

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: 6-15-95

The undersigned hereby applies for a permit to ALTER [X], 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._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address 3800 West Van Dorn

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. Bedrooms 3 Describe_____
Other Use [ ]
Describe_____

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

4. Description of proposed alteration, extension or repair: abandon lateral field & install 100' of perforated pipe lateral

5. Work to be done by: Owner [ ]; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2400 00

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

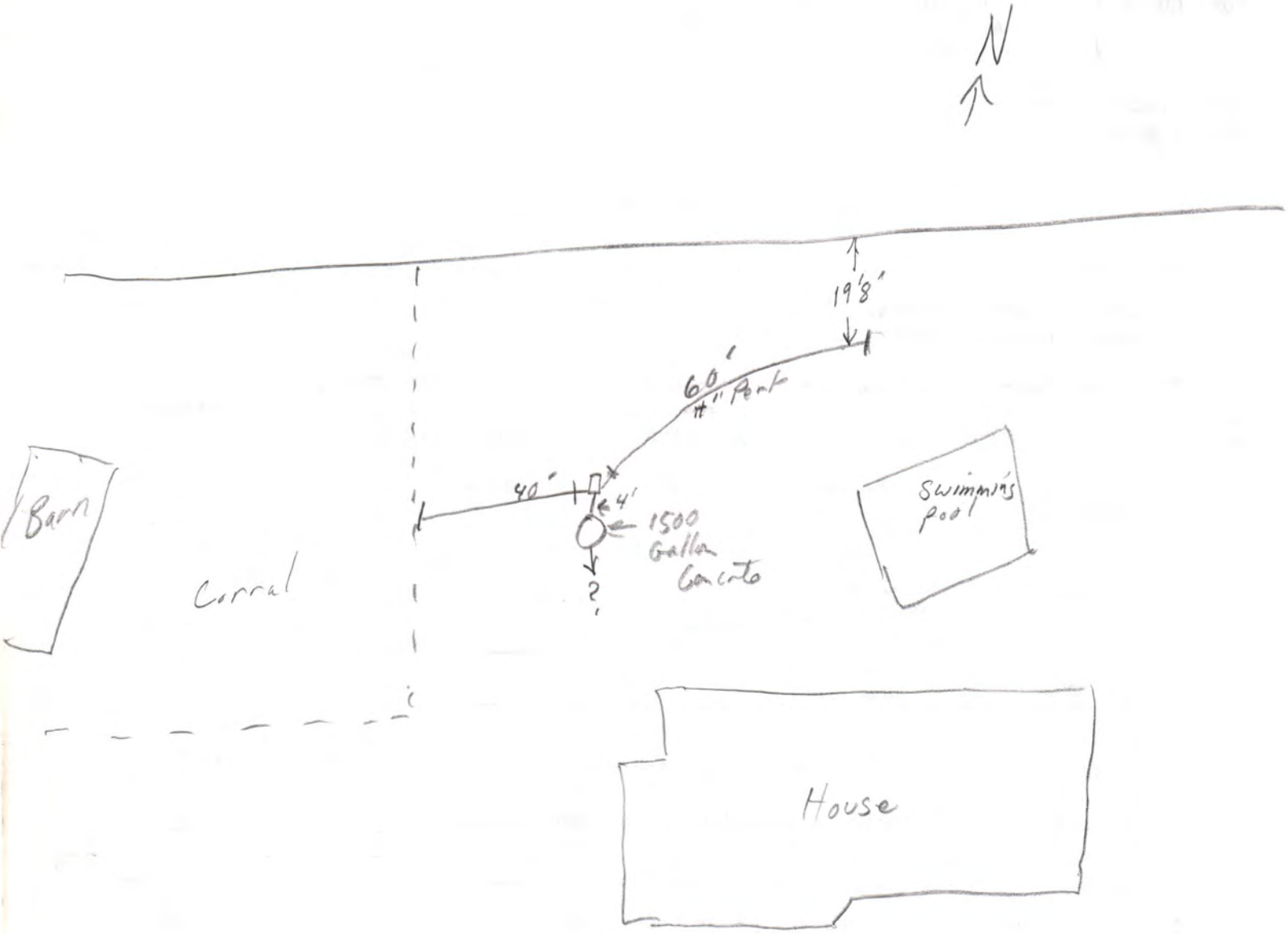
REVIEWING ACTION

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

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

3. Date: Approved [ ]; Disapproved [ ]
by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____


N
19'8"
60'
#1 Perk
40'
4'
1500
Gallon
Concrete
?
Barn
Corral
Swimming
pool
House

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. 92390027201

Issued 04/09/92
Expires 10/09/92

ESTABLISHMENT

KAREN HATCHER
T10N R6E SEC 32
LOT 36

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

KAREN HATCHER
3900 W VAN DORN ST
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
4/10/92	PAID

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: 471-7800)

FILE NO._____

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

DATE: 4-8-92

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 32 ;
Block _____ ; Lot 36 F.T. ; Addition _____
Street Address _____

2. Property Use: Residential Yes ☒; Commercial _____ ☐
No. Bedrooms 3 Three Describe _____

Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: New Laterals for 3 bed Home.

5. Work to be done by: Owner ☐ ; or Contractor ☒, Linton & Co
Contractor's Name

6. Estimated cost of project:

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

Karen Hatcher
Signature of Applicant (owner or lessee)

3900 W Van Dorn
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

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

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

99 0316003 ldf

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

P5612-20

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

old LCR 1623 new LCR 3965

Legal Description of Property: Street Address 3900 W. VAN DORN

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

Directions to Property _____

Location of Well SW Corner of Property Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of Driveway Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Karen Hatcher	3900 W. Van Dorn	476-6079
Tenant/Buyer:			
Return to:	Paul Hart Refillex	Professionals 6940 "O" St #300 Lincoln, NE 68510	432-1970

Signature of Applicant _____ Address 441 S. 54th Date 11/13/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/18/98
Initials _____
Amount $150.00
Check No. 6398

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

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 11/30/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date 12/11/98 by J.C.H.
Date 3/2/99 by J.C.H.
Date ___/___/___ by ___

Comments: 11/23/98 NO ANSWER TO PHONE. J.C.H. 11/30/98 SLIGHT DEPRESSION SOUTH OF WELL. J.C.H. KNOWING THE HISTORY OF THE SEPTIC SYSTEM IT IS DOUBTFUL THAT THERE IS AN ADEQUATE AMOUNT OF LATERAL TO HANDLE A FULL FLEGED FAMILY. IT WAS NOT MALFUNCTIONING AT THE TIME OF THIS INSPECTION. GARBAGE, TRASH + LITTER MUST BE PICKED UP AND PROPERLY DISPOSED OFF. See Attached Letter ☐

FINAL STATUS

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

Approved by Jim Bare Date 3/12/99

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: 10-95