LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

9039002020I

PERMIT SEWAGE SYSTEM REPAIR

No. 08/31/90
Issued 03/01/91
Expires

ESTABLISHMENT PETER SAMUSEVICH
TION RGE SEC 14 QTR S1
9400 HOLDREDGE

754 $50.00

FEES: Permit $50.00

Total COUNTY HEALTH

PERMITTEE PETER SAMUSEVICH
9400 HOLDREDGE ST
LINCOLN NE 68505

Issued By

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
9/7/90	PAID

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

9039000202

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: Aug 2, 1990

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. 10N ; Range 7E ; Section 14 S½
Block _____ ; Lot _____ ; Addition _____
Street Address 9400 Holdredge

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: Add Distribution Box and 100 Ft of 3" wide Perforated Pipe Lateral

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	$

Peter Samusevich
Signature of Applicant (owner or lessee)

9400 Holdredge 68505
Address

(Do not write below this line)

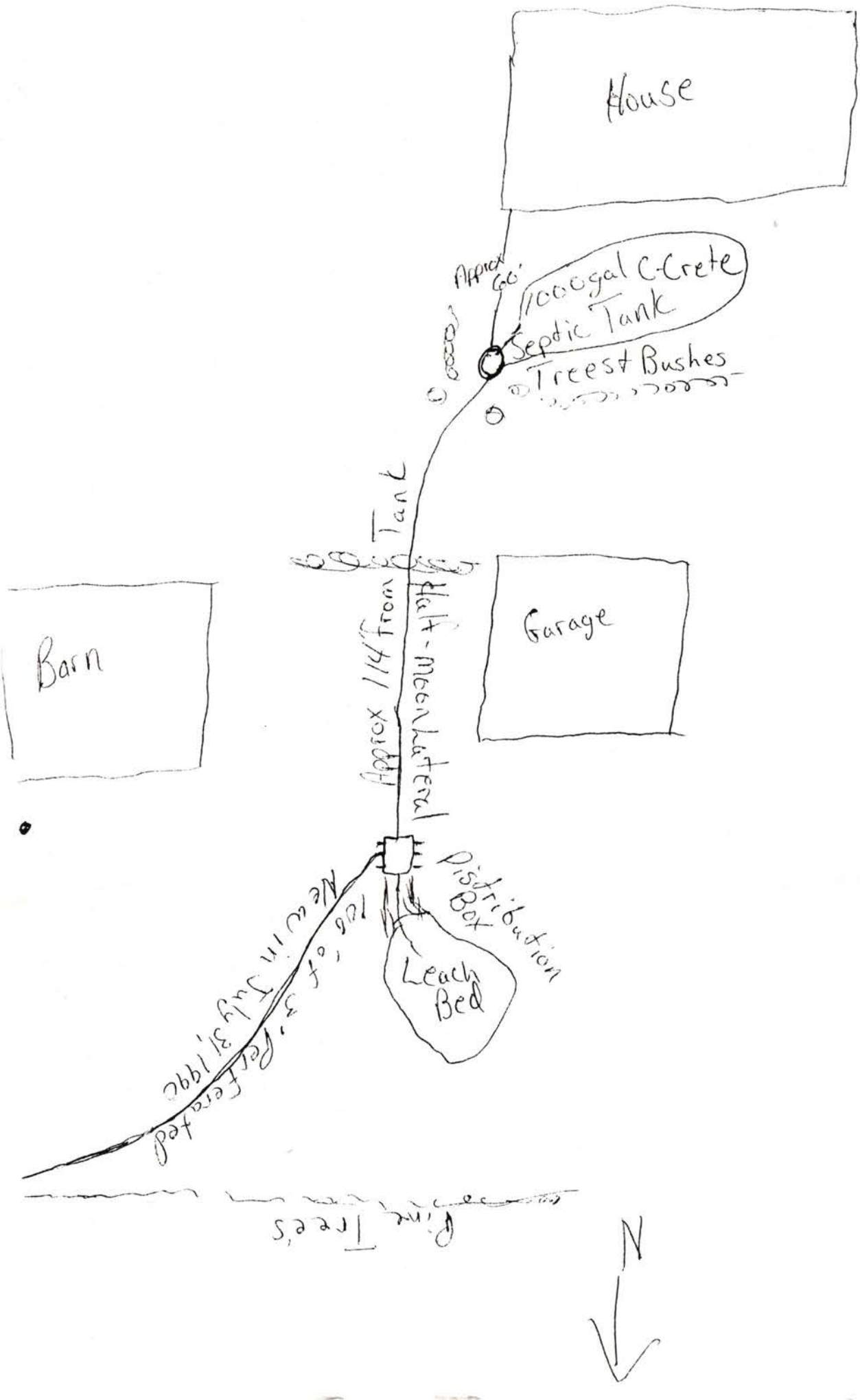
REVIEWING ACTION

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

2. Site Visits:
Date: Aug-90 by: rjm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Gerald E. Moore

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-29-90 by: Ron Mazanec


House
Approx 60'
1000gal C-Crete
Septic Tank
Trees + Bushes
Tank
Approx 114' from Tank
Half-Mowlutted
Barn
Garage
Distribution Box
Leach Bed
Trees
N

020

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

Referred Closing 1-5-94

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 9500 Holdrege

Twp 10N Range 7E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 7th of a mile East of 84th - Holdrege. North side of Holdrege - first private house

Location of Well NW house by propane tank Tap Location: Inside ☐ Outside ☐

Location of Sewage System N. of house NE corner Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cheryl A Schlueter	9500 Holdrege	483-4407
Tenant/Buyer:			
Return to:	Columbus Federal (Kay Hart)	720 N Cotner	

Signature of Applicant [signature] Address 9500 Holdrege Date 12/22/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/22/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Marquardt **DATE:** 12/23/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ 5.3 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: Original installation of this septic system is an experimental wide seepage bed - thus, a provisional approval. Recommend checking to see if septic tank need's pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by R. Marquardt, RS Date 1/3/94

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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FILE #2303

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — OCTOBER 7, 1986

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

PETER SAMUSEVITCH — 9400 HOLDREGE — LINCOLN, NE 68505

LICENSEE OR PERMITTEE — ADDRESS

T10N; R7E; Sec 14 S/2; 9400 Holdrege

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No.	Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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 [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. 2303

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

DATE: 3-31-86

The undersigned hereby applies for a permit to ALTER [X], 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. 10 N ; Range 7E ; Section 17 S/2
Block _____; Lot _____; Addition _____
Street Address 9400 Holdrege st.

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: Install lateral Seepage bed at end of current 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	$	750 00

Peter Samusevitch
Signature of Applicant (owner or lessee)

9400 Holdrege Lincoln, Ne 68505
Address

(Do not write below this line)

REVIEWING ACTION

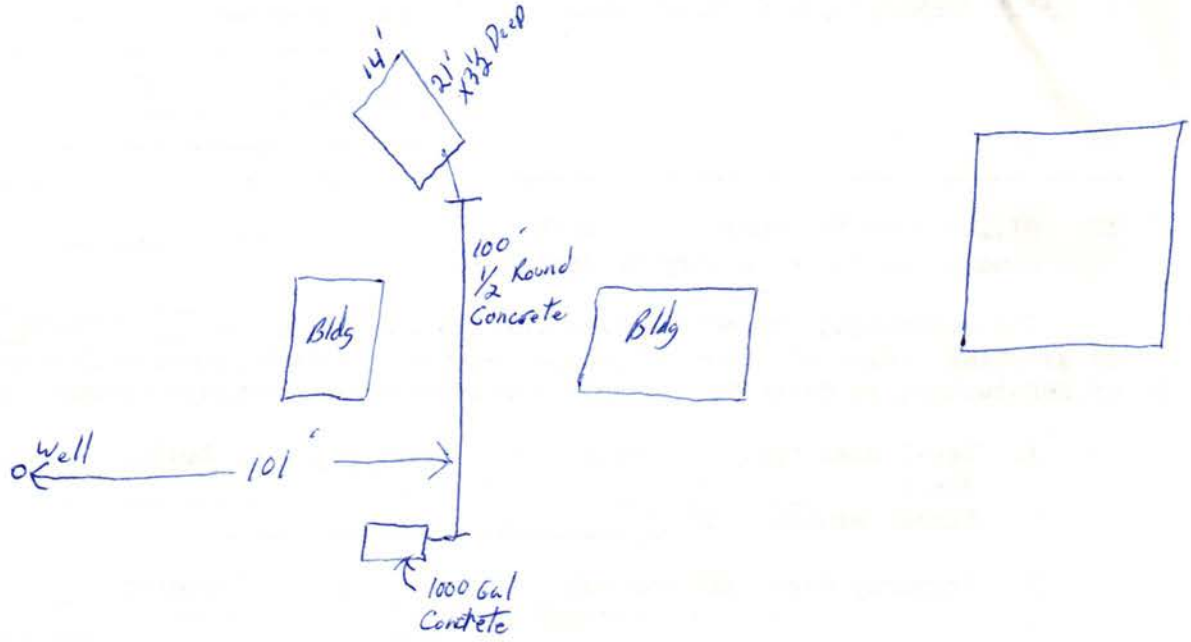
1. Date Rec'd: 4-1-86
Filing Fee: $ 30.00

2. Site Visits:
Date: 3/28/86 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Gerald E. Hoel

4. INSTALLATION FINAL WRITTEN APPROVAL X
Date: 4/7/86 by: _____

X EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL



Holdredge ST