FILE # 2710

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

WYMAN D. DICHMAN — LICENSEE OR PERMITTEE

10701 "O" ST., LINCOLN, NE 68520 — ADDRESS

T10N; R7E; Sec 25; Lot 1 I.T. — 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 ☒
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. 2710

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

DATE: 8-9-88

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 7E ; Section 25 ;
Block ____ ; Lot I.T. ; Addition ____
Street Address 10701 "O" St

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: New tank & Repair of 100' lateral

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

6. Estimated cost of project: 2000.00
a. Materials $ ____
b. Labor $ ____
c. Other $ ____
TOTAL $ 2000.00

Send to:
Wyman Dieghman
10801 "O" Street
Lincoln, Nebraska
68520

Smiles Sani. Co.
Signature of Applicant (owner or lessee)

6710 N 07
Address

(Do not write below this line)

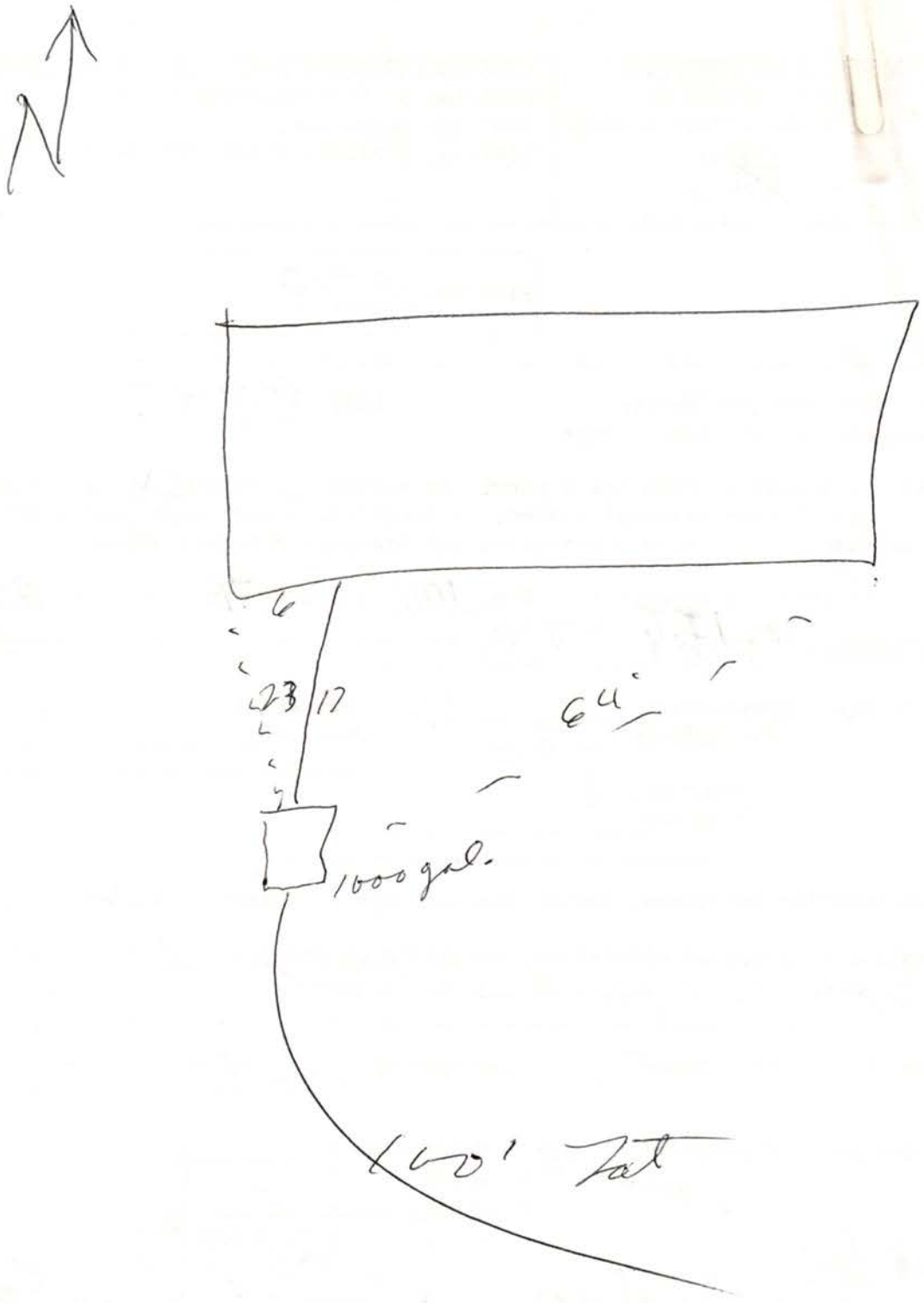
REVIEWING ACTION

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

2. Site Visits:
Date: ____ by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/11/88 by: J.C. Hood


N
23
17
64'
1000 gal.
100' Tall

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: 11/9/91

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

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 25; BLOCK ____

LOT 1; ADDITION _____; Street Address 10701 O Street

Directions to Property a mile and a half east of 84th & O; white limestone house with blue trim ~~on top of hill~~

Location of Well Just east of barn Tap Location: Inside ☐ Outside ☒

Location of Sewage System Tank just south of kitchen window Field just south of that in pasture Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Wyman Dughman	10701 O Street	489-3493
Tenant/Buyer:	Same		
Return to:	Same		

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

Signature of Applicant _____ **Address** 10701 O Street

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 18, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 19, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 11/19/91	by LCH
Bacteria	☒	☐	Provisional:	☒	Date _____	by ____
Nitrate 0.7 ppm	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: TWO SEWAGE SYSTEMS SERVE THIS HOUSE. ORIGINAL SYSTEMS WERE PUT IN PRIOR TO REGULATIONS OR INSPECTION. A NEW TANK AND LATERAL WAS PUT IN TO REPLACE THE SOUTH SYSTEM IN 1988 AND INSPECTED. SINCE NOT ALL PARTS OF THE SYSTEMS WERE INSPECTED ORIGINALLY APPROVAL IS PROVISIONAL. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Hood M.D. DATE NOVEMBER 22, 1991

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