LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040801

Issued 08/05/94
Expires 02/05/95
Revenue Code 18754

Establishment
SCOTT SUBBERT
T11N R6E SEC 4

FEES: $50.00

TOTAL $50.00

Permittee
SCOTT SUBBERT
BOX 00246
MEAD NE 68041

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"

9439004408

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: 8-4-94

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. 11 ; Range 6 ; Section 4 ;
Block _____ ; Lot _____ ; Addition SW 1/4
Street Address NW 27th

2. Property Use: Residential 3 ☑ ; 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:
add 1500 gal + 100' of Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑ , AWS Well Co.
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2000 00

Owner: Steve Walling

Installer

Scott Subbert
Signature of Applicant (owner or lessee)

P.O. Box 246
Address Mead NE 68041

(Do not write below this line)

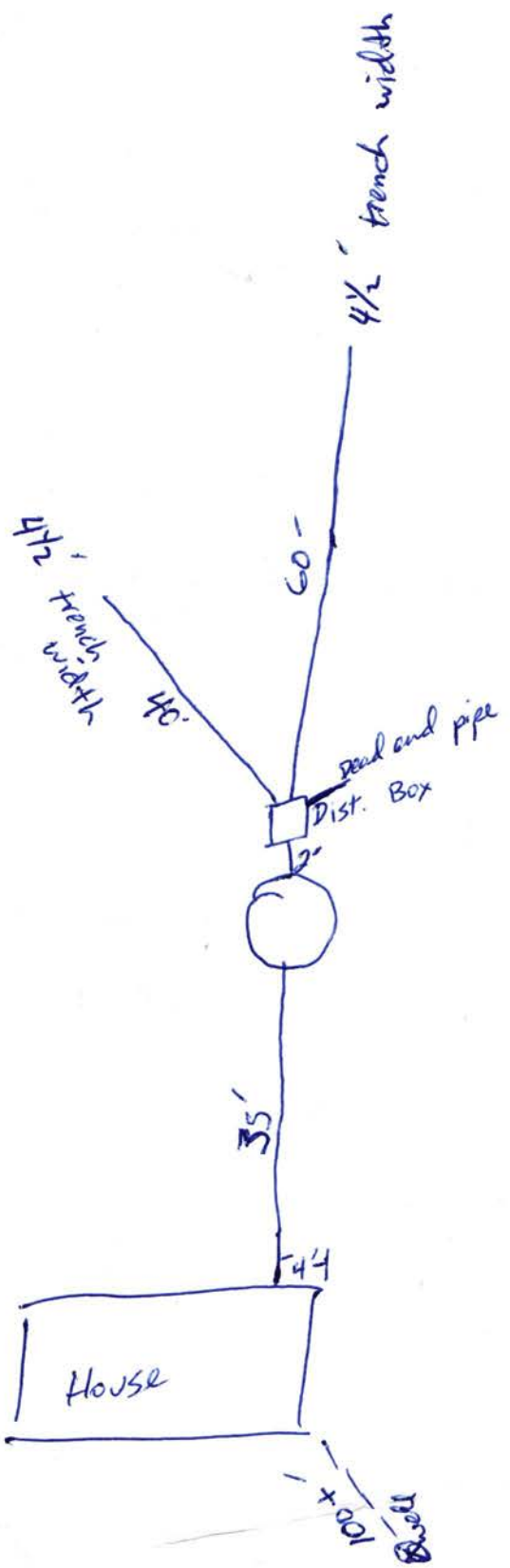
REVIEWING ACTION

1. Date Rec'd: 8-4-94
Filing Fee: $ 50 00

2. Site Visits:
Date: 8-4-94 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Paul Dyken

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-10-94 by: Paul Dyken


N
4½' trench width
60'
4½' trench width
40'
Dist. Box
2'
35'
4'4"
House
100'
Well

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 14000 NW 27th

Twp 11 Range 6 Section 4 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property HWS upevior to Raymond Road, West three miles to NW 27th South ½ mile on East side

Location of Well East of house 1 BIK under Wind mill | Tap Location: Inside ☐ Outside ☑

Location of Sewage System north East corner house Year Installed Unknown

	NAME	ADDRESS	PHONE
Present Owner:	Jerome Warner		7865855
Tenant/Buyer:	Steve + Mary Walling	Waverly Nebr RR1 Box 128 Raymond Nebr 68428	783-2550
Return to:	Steve Mary Walley	RR Box 128 Raymond Nebr 68428	783 2350 work 785-2700 Pager: 790-9259

Signature of Applicant Steve Walling Address 14000 NW 27th Raymond Nebr 68428 Date 2/22/94

HEALTH DEPARTMENT USE ONLY

Date Received 02/25/94 MP Received $150.00 ✓ Check ☑ #9811 Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 2/28/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒ new well	☒ old well	Approved	☐	Date 8/4/94 by P.D
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional	☒	Date 11/4/94 by mm
Nitrate	☒ 5.9 ppm	☒ 15.3 ppm old well	Disapproved	☒ corrected	Date 12/9/94 by mm

Comments: Tank and laterals added 8-4-94 P.D. Permit to repair completed. Original sewer line installed prior to regulations and inspection. Thus, a provisional approval

See Attached Letter ☒ 12-16-94 mm 93-95

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.