FILE #2214

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 25, 1985 — THIS LICENSE OR PERMIT EXPIRES

DOUGLAS W. EVERMAN — LICENSEE OR PERMITTEE

5120 PAWNEE — ADDRESS

LINCOLN, NE 68506

T10N; R7E; Sec 5; 26; Bk 8; Lot 1; Hillcrest Heights; — NAME OF ESTABLISHMENT, IF ANY

609 Anthony Lane — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60 00

FILE NO. 2214

DATE: 6-25-85

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10 NORTH Range 7 EAST; Section E½ 26; Block 8 : Lot 1 : Addition HILLCREST HEIGHTS
   Street Address 609 ANTHONY LANE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe

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

4. Distance to public sewer: — ft.

Douglas W. Everman
Signature of Applicant (Owner or Lessee)

5120 PAWNEE, LINCOLN, NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/25/85. Date Frwd. 6/25/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/25/85. Date Frwd. 6/25/85. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 6-25-85. Date Frwd. 6-25-85. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT RECIEVED

Site Visits:
Date: 10/16/85 by: J.C.H.
Date: 10-16-85 by:
Date: by:

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10/16/85 By: Jerrold C. Hood

* EXPERIMENTAL, SOIL BROUGHT IN FOR INSTALLATION PURPOSES

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 250 ft. x 175 ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-5-85 to 10-6-85. Weather: Precip. 0 Temp. 60°-70°

OWNER: Douglas Everman
Address: 609 Anthony Lane

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	10-5	10am	9-6	11:30am	10-6	12:00	6	12:30	4½	30	1½	
2	30	10-5	10am	9-6	11:30am	10-6	12:05	6	12:35	4⅞	30	1⅛	
3	30	10-5	10am	9-6	11:30am	10-6	12:10	6	12:40	5⅜	30	⅝	
4	30	10-5	10am	9-6	11:30	10-6	12:15	6	12:45	5⅝	30	⅜	
5	30	10-5	10am	9-6	11:30	10-6	12:20	6	12:50	4¾	30	1¼	
6	30	10-5	10am	9-6	11:30	10-6	12:25	6	12:55	5¼	30	¾	
7	30	10-5	10am	9-6	11:30	10-6	12:30	6	1:00	5½	30	½	
8	30	10-5	10am	9-6	11:30	10-6	12:35	6	1:05	5¾	30	¼	

Sum of Percolation Rates: 6⅞
Average of Rates: .86
Mean of Rates: _____

Douglas Everman
Signature of Person Conducting Test

Address 5120 Pawnee Phone 489-9091

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): REWORKED SOIL
Date: OCTOBER 7, 1984

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

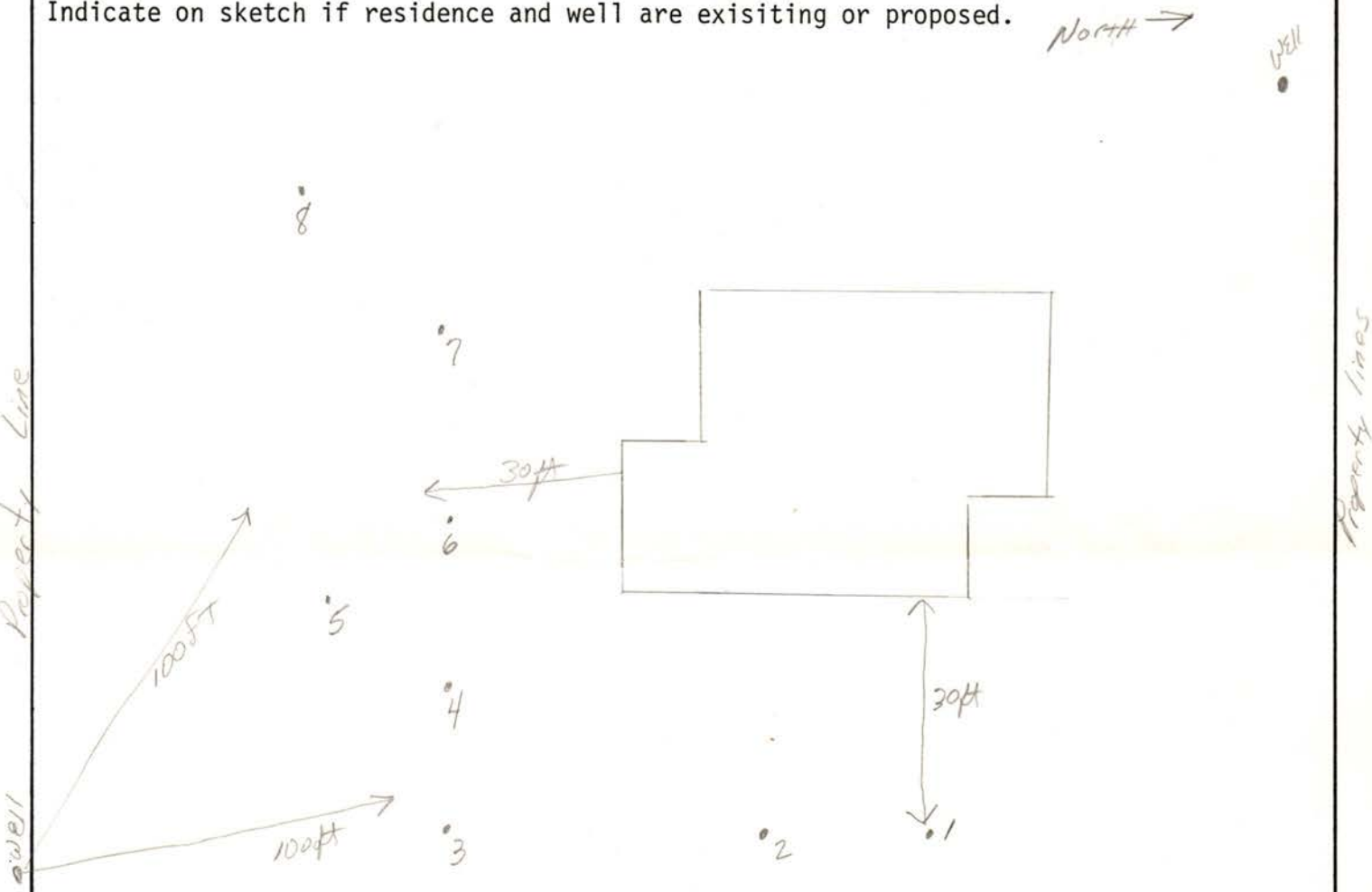
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Lateral 177 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 532 sq.ft.

_____
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 609 Anthony Lane - Lot 1 Block 8, Hillcrest Heights

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 250 ft. x 175 ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-14 to 9-15. Weather: Precip. 0 Temp. 70°.

OWNER: Douglas Everman
Address: 609 ANTHONY LANE

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	9-14	1 PM	9-15	2 PM	9-15	2 PM	6"	2:30	6"	30	0	
2	30	9-14	1 PM	9-15	2 PM	9-15	2 PM	6"	2:30	5 3/4"	30	1/4"	
3	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 1/2"	"	1/2	
4	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 1/2"	"	1/2	
5	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 1/4"	"	3/4	
6	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 7/8"	"	1/8	
7	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 1/2"	"	1/2	
8	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 3/4"	"	1/4	
9	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	5 3/4"	"	1/4	
10	30	9-14	1 PM	9-15	2 PM	9-15	"	"	"	6"	"	0	

Douglas Everman
Signature of Person Conducting Test

Address 5120 Pawnee Phone 489-9091

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

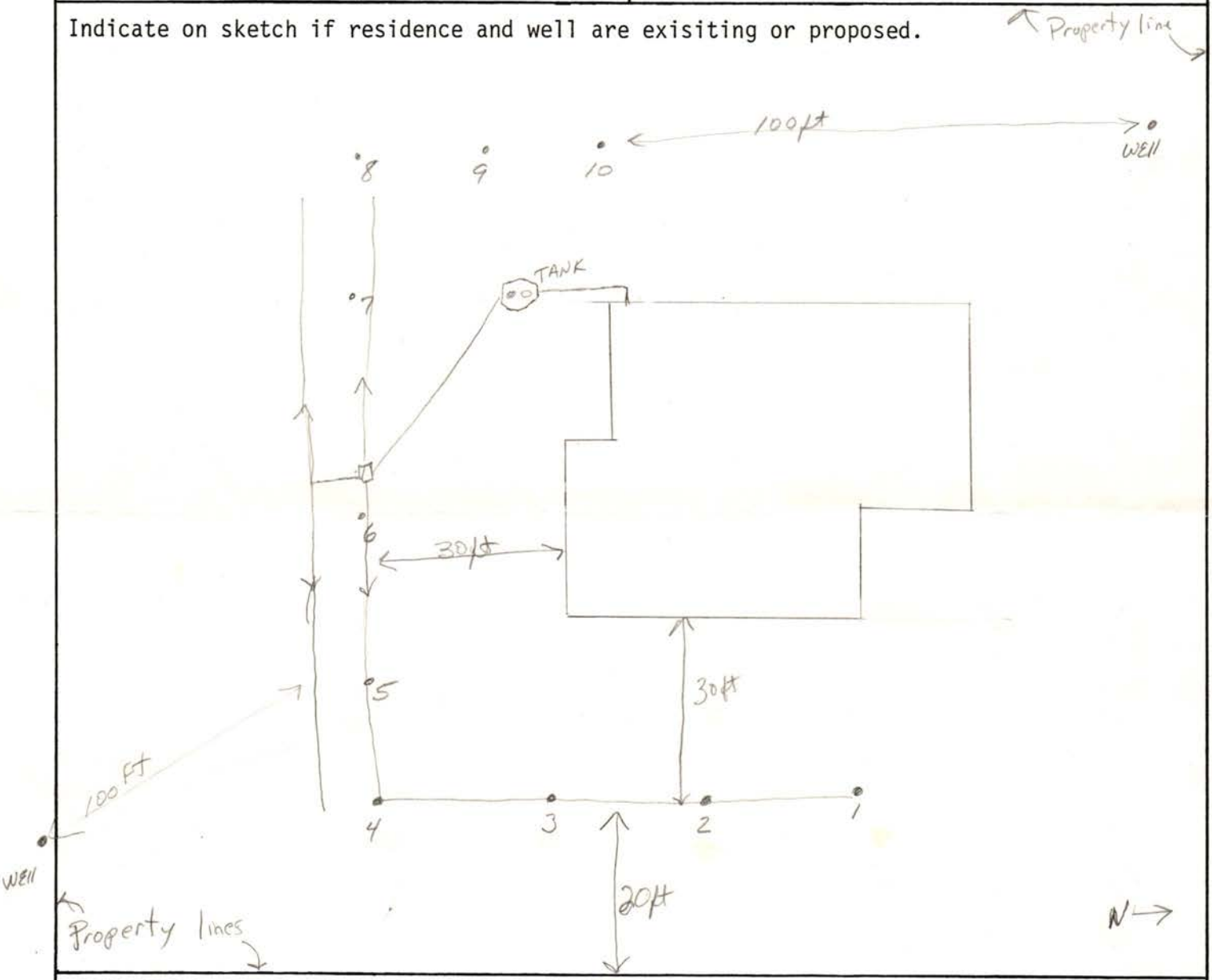
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2214

PROPERTY WHERE SOIL TESTED:

Location: Township 10 NORTH; Range 7 EAST; Section & ¼ Section E½ 26
Property Dimensions: 250 ft. x 174 ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☑; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5/28 to 5/29. Weather: Precip. 0 Temp. 75°.

OWNER: Douglas W. & KATHY J. EVERMAN
Address: 609 ANTHONY LANE

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	5/28	7PM	5-29	6PM	5-29	7PM	6"	7.30	6¾	30	¾	30/¾
2	30	5/28	7PM	5-29	6PM	5-29	7.05	6"	7.35	6½	30	½	30/½
3	30	5/28	7PM	5-29	6PM	5-29	7.10	6	7.40	6¼	30	¼	30/¼
4	30	5/28	7PM	5-29	6PM	5-29	7.15	6	7.45	6	30	0	30/0
5	30	5/28	7PM	5-29	6PM	5-29	7.20	6	7.50	6⅛	30	⅛	30/⅛
6	30	5/28	7PM	5-29	6PM	5-29	7.25	6	7.55	6⅛	30	⅛	30/⅛
7	30	5/28	7PM	5-29	6PM	5-29	7.30	6	8.00	6⅛	30	⅛	30/⅛
8	30	5/28	7PM	5-29	6PM	5-29	7.35	6	8.05	6⅛	30	⅛	30/⅛

Douglas Everman
Signature of Person Conducting Test

Address 5120 Pawnee Phone 489-9091

Sum of Percolation Rates: 2"
Average of Rates: ¼"
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks: Too be rerun with new soil.
Soil Type (SCS):
Date:

Approved Percolation Rate (a)
A. min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

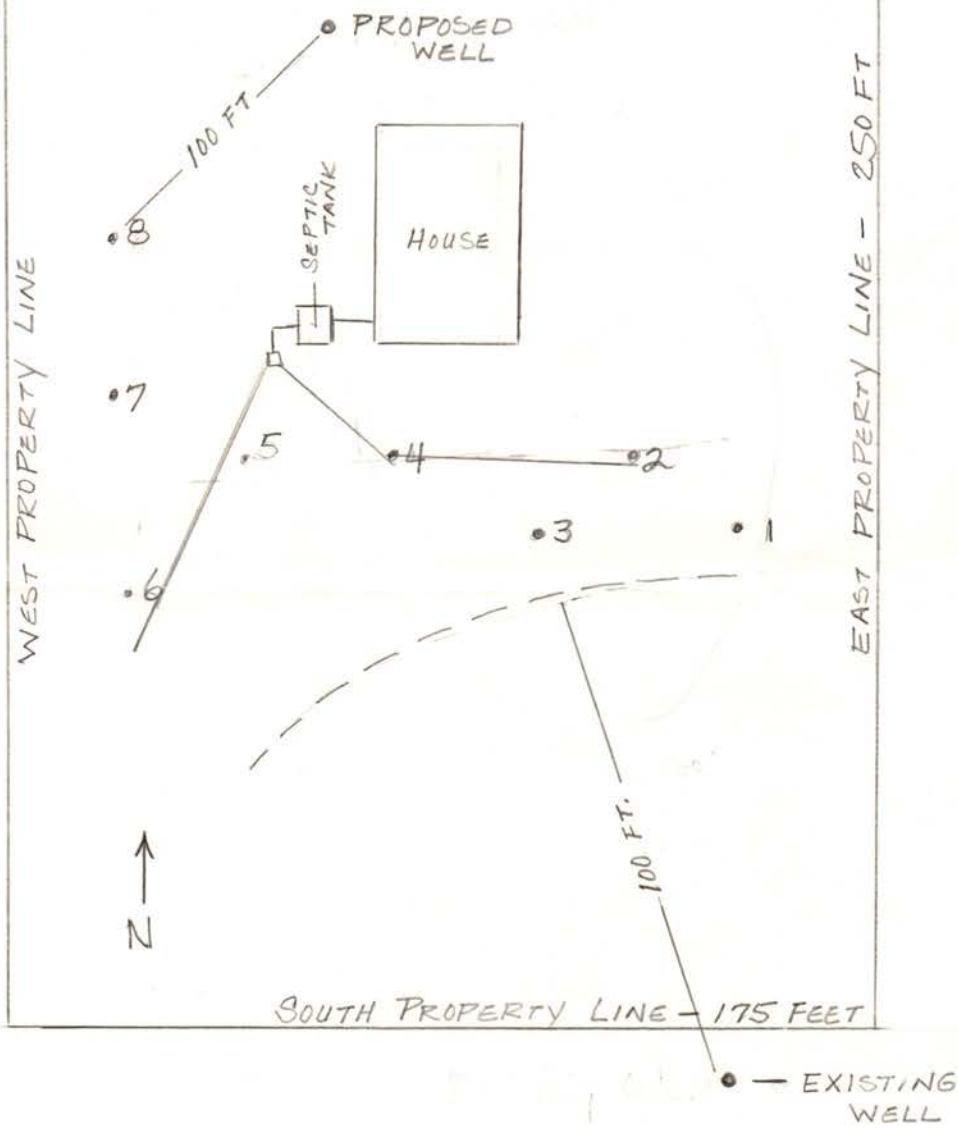
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 12164

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: JUNE 25, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

P21617-19 COLI + NO3

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

Legal Description of Property: Street Address 609 Anthony Lane.
Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 8 Lot 1 Addition Hillcrest Heights
Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐
Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Theresa Kay Niemeyer	7515 Rutledge Ave Lincoln NE 68507	402-484-0520
Tenant/Buyer:	Gregory P. + Vida M Eden	2345 Nancy Dr Lincoln NE 68505	402-467-5156
Return to:	Nebraska Title Attn Ting	5635 "O" Ste 101 Lincoln NE 68510	402-327-2945

Signature of Applicant [signature] Address 6500 Monticello Dr Lincoln, NE. Date 12/2/02
Check # 541

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 12/3/02
Initials [illegible]
Amount $200.00
Check No. 541

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 12/3/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.5 ppm	☐ ____ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. PROVISIONAL APPROVAL ON SEWAGE SYSTEM BECAUSE AS BUILT IS CONSIDERED EXPERIMENTAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/5/02

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

#14

0105150001

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.

LOR 1340

Legal Description of Property: Street Address 609 Anthony Lane, Lincoln, NE

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 8 Lot 1 Addition HILLCREST HEIGHTS

Directions to Property East On O St to Antony Lane (Upper Left Hand Corner)

Location of Well Right behind house Tap Location: Inside ☐ Outside ☐

Location of Sewage System ____ Year Installed 1965

Site Hazards (dogs, etc.) NONE

NCR 45358

	NAME	ADDRESS	PHONE
Present Owner:	Jeffe Susan Beeck	10200 Park Meadows Dr #828 Littleton Colo. 80124	302-792-3117
Tenant/Buyer:	Theresa K. Niemeyer	806 Lakeview Dr. Eagle, Ne. 68347	781-2356
Return to:	Home Real Estate ATTN Mike Elgert	2910 South St. Lincoln, Ne. 68506	436-4663 436-3199 (Fax)

Signature of Applicant Jeff A Beeck Jeffe Susan Beeck Address 10200 Park Meadows Dr #828 Littleton CO 80124 Date 5/1/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/4/01 Amount $200.00 Check No. 1483 Initials ____

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

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 5/7/01

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 5/10/01 by L.C.H. Well fixed.

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: CONDUIT IS BROKEN AT WELL HEAD. SEPTIC SYSTEM IS EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IS NEEDED. See Attached Letter ☐

FINAL STATUS SEWAGE SYSTEM AS BUILT IS CONSIDERED EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL.

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/14/01

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

012

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: 6-23-92

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

Legal Description of Property: TWP. 10N ; RANGE 7E ; SECTION 26 ; BLOCK 8

LOT 1 ; ADDITION Hillcrest Hts. ; Street Address 609 Anthony Lane, Lincoln

Directions to Property approx 90th + O - South off "O" mile to E. Hillcrest Dr.

Location of Well off NW corner garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW corner house Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Douglas W. Everman	609 Anthony Lane -20	489-9091
Tenant/Buyer:			
Return to:	Same as above		

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

Signature of Applicant Douglas W. Everman Address 609 Anthony Lane

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 23, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 23, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 6/23/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate 0.3 RAM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SINCE SOIL WAS BROUGHT IN TO CREATE THE FIELD FOR THIS SEPTIC SYSTEM IT IS CONSIDERED EXPERIMENTAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 25, 1992

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

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: June 26, 1991

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

Legal Description of Property: TWP. 10N; RANGE 7E; SECTION 26; BLOCK 8

LOT 1; ADDITION Hillcrest Heights; Street Address 609 Anthony Lane

Directions to Property Acreage development just west of Hillcrest Country Club.

Location of Well Near NW corner of lot - North of garage Tap Location: Inside ☐ Outside ☑

Location of Sewage System Just off SW corner of house Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Doug + Kathy Everman	609 Anthony Lane	489-9091
Tenant/Buyer:	same	same	same
Return to:	same		

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

Signature of Applicant Kathy Everman Address 609 Anthony Lane

==========

HEALTH DEPARTMENT USE ONLY

Date Received JULY 1, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 2, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 7/2/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by _____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: SEWAGE SYSTEM ORIGINAL INSTALLATION WAS EXPERIMENTAL. HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE JULY 8, 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