923900280

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: 5-22-92

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 8E; Section 3;
Block _____; Lot _____; Addition _____
Street Address 15700 Havelock Ave Lincoln Ne 68527

2. Property Use: Residential ☑ ☐; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Add 75 ft of lateral to existing drainage system

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

6. Estimated cost of project:

a. Materials	$ 250
b. Labor	$ -0-
c. Other	$
TOTAL	$ 250

Stanley Fehlhafer Stanley Fehlhafer
Signature of Applicant (owner or lessee)

15700 Havelock ave 68527
Address

786-5571 (work 489-3024)

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____ No fee
Filing Fee: $ _____

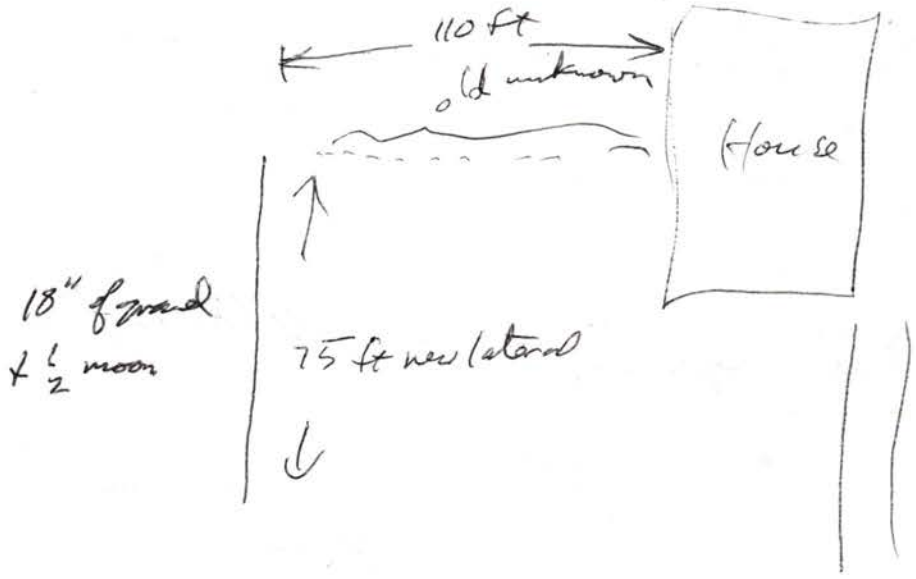
2. Site Visits:
Date: 5-26-92 by: rm no gravel in dist box about 5 ft dep.
Date: 6-19-92 by: rm
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-19-92 by: Ron Mayard

N

CASE#: 923900280 DATE: 06/03/92 TAKEN BY: COOK
LOCATION: T10N R8E SEC 3 CITY
REQUESTOR: STANLEY FEHLHAFER REASON: PERMIT APPLICATION
& ADDRESS: 15700 HAVELOCK AVE REQ.TYPE: OWNER
SECTION: WATER/WASTEWATER/REC SAN ----------COMPLAINT TYPE----------
ASSIGN TO: MARQUART RON R 1:
PERMIT TYPE: SEWAGE SYSTEM REPAIR 2:
COMMENTS: 3:
XREF CASE:
RESIDENT CR# _____ ADDRESS CR# _____ LEGAL CR# _____



Have York

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2287-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 30, 1986 — THIS PERMIT EXPIRES

REED BROTHERS, INC. ROUTE #13 — ISSUED TO

LINCOLN, NE 68527 — ADDRESS

T10N; R8E; Sec 3; ½ mi. E of 148th & Havelock Ave. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
RB	4/30/85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2287-C

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

DATE: 12/27/85

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 8E; Section 3;
Block ____; Lot ____; Addition ____
Street Address ½ E. of 148th + Havelock Ave.

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 4 Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair:
- Add lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1500 00

Reed Bros Inc & Donald E. Reed
Signature of Applicant (owner or lessee)

Lot 13 Lincoln, Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30 00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

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

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

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to rec

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 15700 Havelock

Twp 10N Range 8E Section 3 1/4 SE 1/4 ___ Block ___ Lot 27 Addition ___

Directions to Property 15700 Havelock

Location of Well N of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System W. of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Stan / Ginny Fehlhafer	15700 Havelock Lin. NE. 68527	786-5571
Tenant/Buyer:			wk 489-3024
Return to:	Same as above		

Signature of Applicant Ginny Fehlhafer Address ___ Date 1/21/92

HEALTH DEPARTMENT USE ONLY

Date Received 12/21/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Morovat **DATE:** 12/21/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 9.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Original septic system installation predates County regulations. There is a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking the septic tank to see if it needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Morovat, R.S. Date 1/4/93

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.