LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2278-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 18, 1986 — THIS PERMIT EXPIRES

JOHN MAY — ISSUED TO

ROUTE #13 LINCOLN, NE 68527 — ADDRESS

T10N; R8E; Sec 5; 12202 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
EB	11/15/85	

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. 2278-C

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

DATE: _____

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 5 ;
Block _____; Lot _____; Addition _____
Street Address 12202 Havelock Ave

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

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

4. Description of proposed alteration, extension or repair: Add 100' of Half-Moon Lateral - Fiberglass

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Big Clyde Sanition
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER $100.00

JOHN MAY
Signature of Applicant (owner or lessee)

RT. #13, LINCOLN, NEBRASKA
Address

(Do not write below this line)

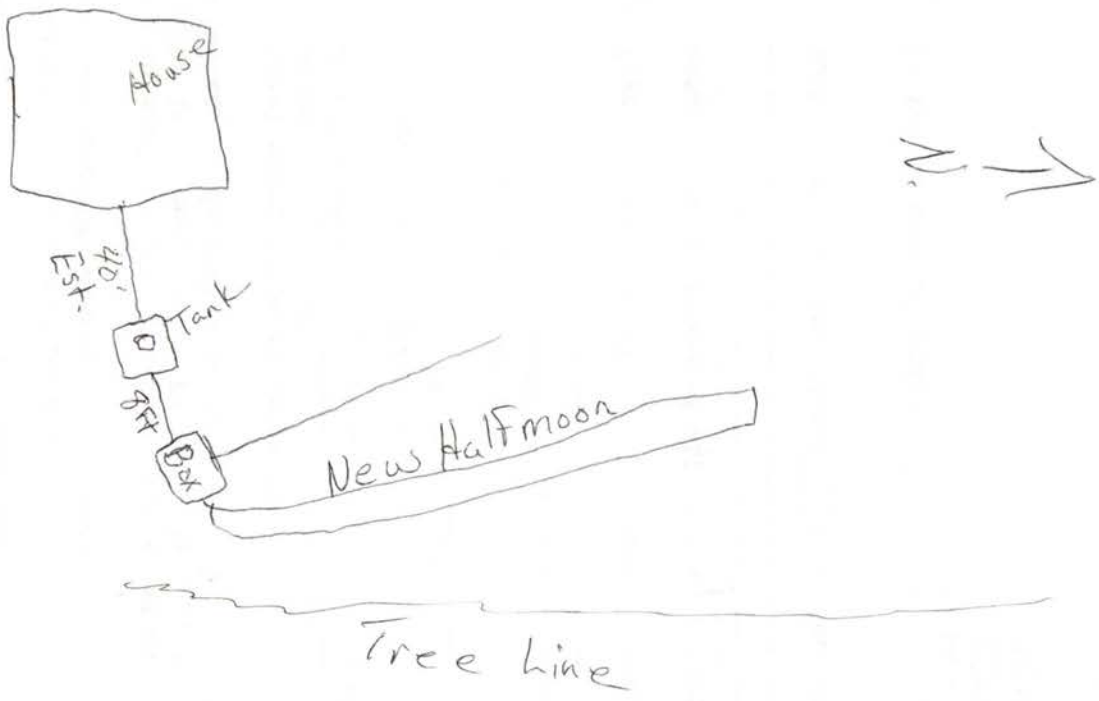
REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/18/85 by: J. C. Hood


House
40' Est.
Tank
4ft
Box
New Halfmoon
Tree Line

001121006 tdf

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.

LCR 4487

Legal Description of Property: Street Address 12000 Havelock Ave

Twp 10 Range 8 Section 5 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition LLCN

Directions to Property Go to 84th St. go North to Havelock Ave turn east go to 12000 + turn North

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Doris Mays	12000 Havelock Ave Lincoln NE 68527-9730	467-2128
Ten...	Lee M. Ondrak		(434-9834)
	Nebraska Title Co.	Suite 101 5635 "O" Lincoln NE 68510	486-4400
...icant	Barry W. Imhoff	Address 5415 Saylor Date 7/13/00 Lincoln, NE 68501	

P17119-25 House

P17119-24 Hydrant

P17119-18 House

P17119-19 Hydrant

HEALTH DEPARTMENT USE ONLY

REC... 07/13/00

Amount 150.00

Check No. 1058

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

P16183-20 House

P16183-21 Hydrant

P16707-12 House

P16707-11 Hydrant

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/14/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒ 11-21-00	☐ well pit + coral	Approved ☐	Date 8/8/00 by [illegible]
Bacteria	☒ 0 /ml	☐ c/t +/ml	Provisional ☒	Date 8/11/00 by [illegible]
Nitrate	☒ 2.5 ppm	☐ ____ ppm	Disapproved ☐	Date 8/14/00 by [illegible]

corrected 8-8-00

8-21-00

8-29-00

Comments: An approved repair of adding 100' of drainfield lateral was made on this Septic system in 1985. The original installation predates County regulation and there is no record of inspection. Thus a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

11-14-00 Rm

FINAL STATUS

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

Approved by Ron Marquart, RS Date 11/21/00

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

Revised/Reprint...

Bac. Col/+ E.Col − P15908-39

House Bac − E.Col − P15908-48

House Col/+ E.Col − P16183-9

Hydrant Bac. − E.Col − P16183-7