LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 93390036301

Issued 12/06/93
Expires 06/06/94
Revenue Code 18754

Establishment
BRAD SOUTHWICK
T11N R5E SEC 18
LOT 51
13505 W WAVERLY ROAD

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
701 E 4TH ST
HICKMAN NE 68372

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"

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: 12-2-93

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. 11N ; Range 5E ; Section 18 NW¼ ;
Block _____; Lot 51 It; Addition _____
Street Address 13505 East Waverly Rd.

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: Install Dist Box + 200' of 3' wide lateral to open end Greater than 100' from well

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	> $ 400	00

Joe Leffler Board Southwick
Signature of Applicant (owner or lessee)

701 E. 4
Address
Hickman, Ne 68372

(Do not write below this line)

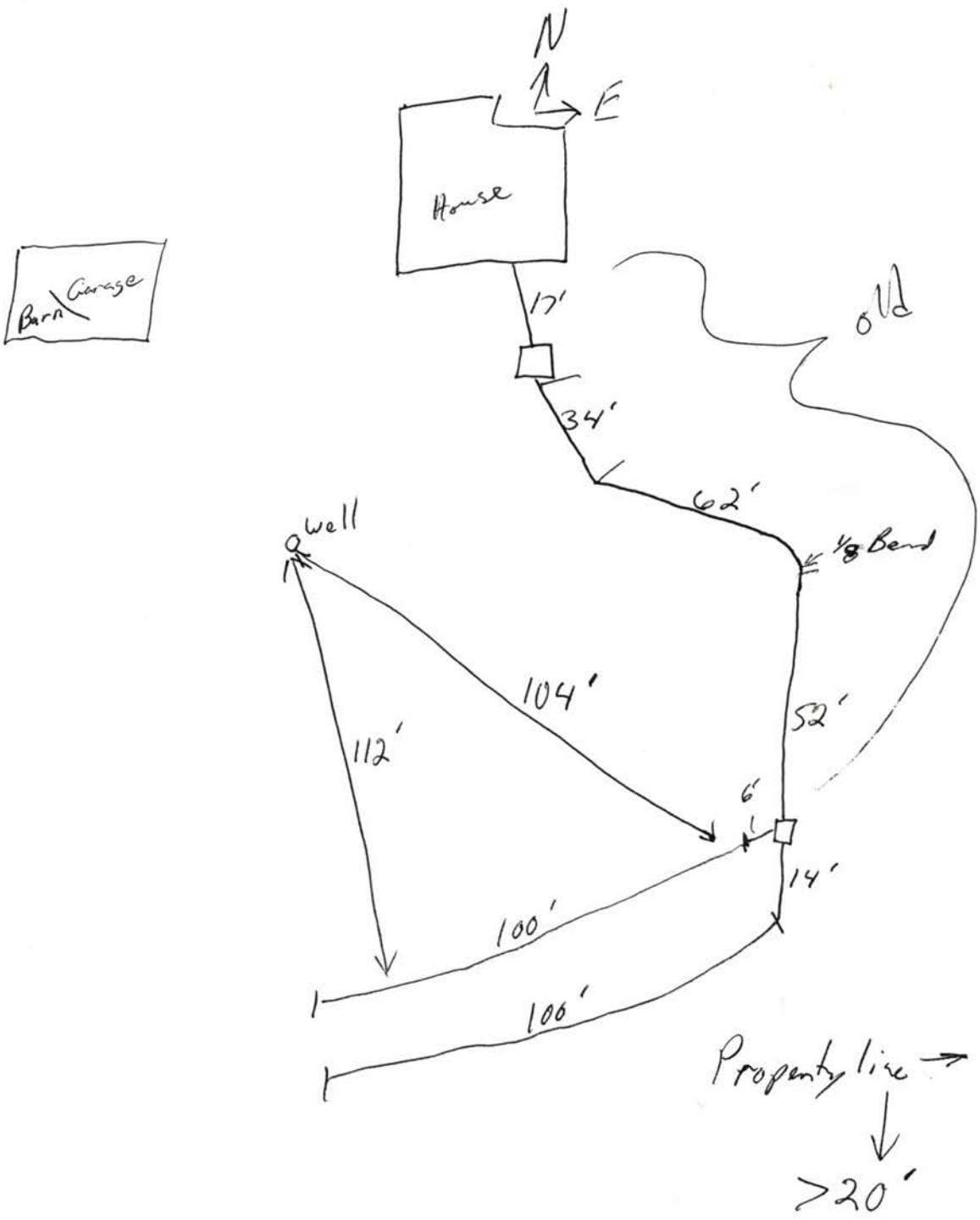
REVIEWING ACTION

1. Date Rec'd: 12-2-93
Filing Fee: $ 50 00

2. Site Visits:
Date: 12-2-93 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-2-93 by: Ron Morgenst


N
E
House
Barn
Garage
17'
old
34'
62'
Well
1/8 Bend
104'
112'
52'
6'
14'
100'
100'
Property line →
>20'

001

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 13505 W. WAVERLY Rd

Twp 11 Range 5 Section 18 1/4 ___ 1/4 1/4 Block ___ Lot 51 Addition I.T

Directions to Property 1 MILE NORTH AND 1 3/4 WEST OF MALCOLM, NE

Location of Well 150' SOUTH OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System 85' SOUTH OF HOUSE Year Installed UNK

	NAME	ADDRESS	PHONE
Present Owner:	JOE LEFLER	13505 W. WAVERLY Rd	796-2664 w 441-8877
Tenant/Buyer:			
Return to:	JOE LEFLER	13505 W. WAVERLY Rd MALCOLM, NE 68402	796-2664

Signature of Applicant Joseph M. LeFler Address 13505 W. WAVERLY Rd MALCOLM, NE Date 11/3/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/3/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Marquardt **DATE:** 11/3/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected	Approved ☐	Date 12/2/93 by mm
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☒ Corrected	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. Original septic installation, Lancaster County regulations. Thus a provisional approval. Agent for additional information if one is taken at ☐ See Attached Letter ☐

Inspection Made on 12-2-93

FINAL STATUS

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

Approved by Ron Marquardt, RS Date 12/6/93

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.

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