FILE #2369

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 12, 1987
THIS LICENSE OR PERMIT EXPIRES

MARK J. SOUTHWICK 946 NO. 8 STREET LINCOLN, NE. 68508
LICENSEE OR PERMITTEE ADDRESS

T10N; R8E; Sec 19; 112 & Adams
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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. 2369

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

DATE: 8-4-86

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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 18 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 112th & Adam's

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 4 Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Lift Station, 164' of fiberglass Half-moon, 6" wide ditch.

5. Work to be done by: Owner [ ] ; or Contractor [X], BigClyde Sanitation
Contractor's Name

6. Estimated cost of project:

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

Mark J. Southwick
Signature of Applicant (owner or lessee)

946 N. 8th Lincoln, Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

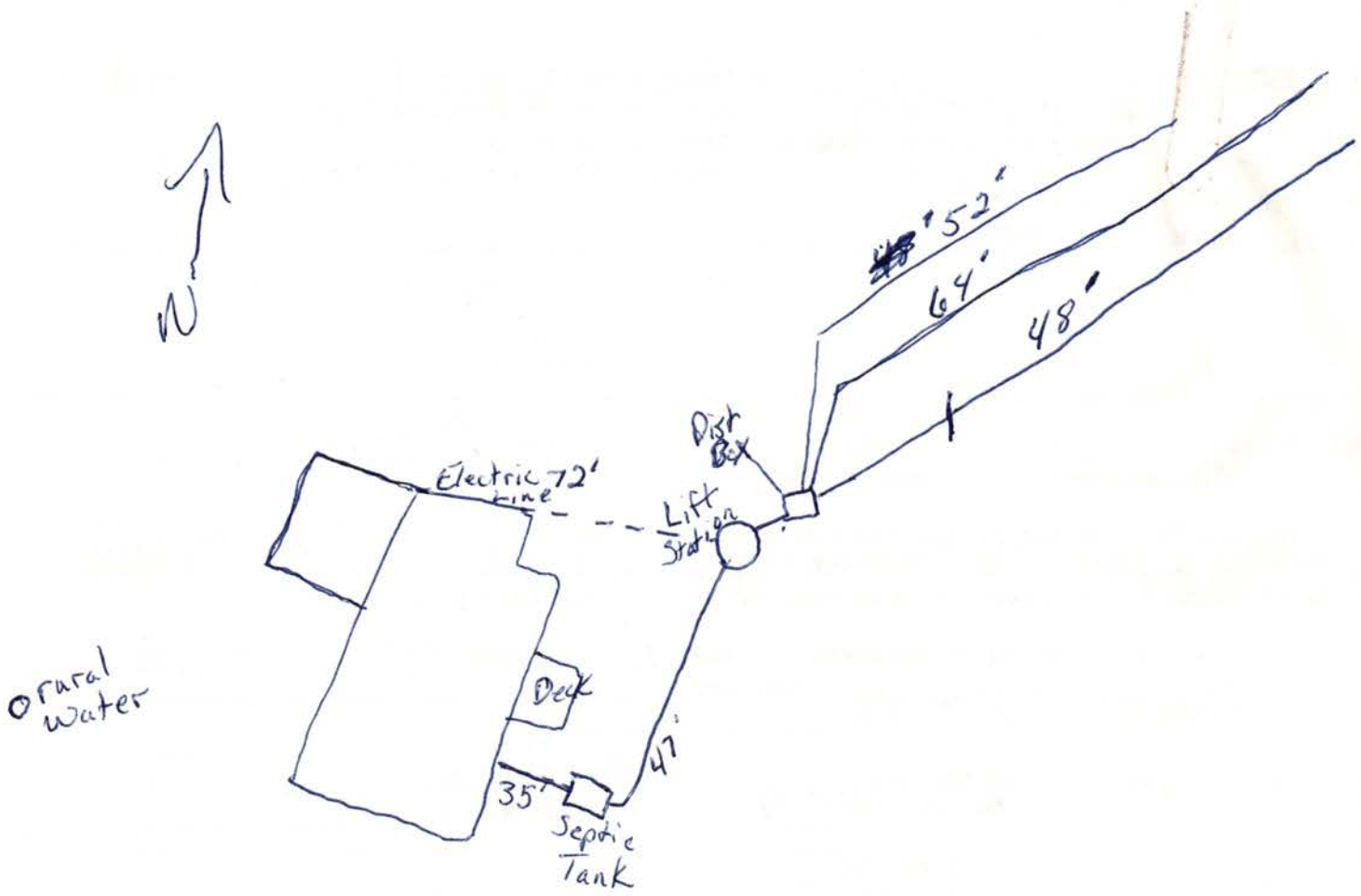
1. Date Rec'd: _____
Filing Fee: $ 30.00

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

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Nood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/12/86 by: J. C. Nood

X EXPERIMENTAL SYSTEM


N
52'
64'
48'
Dist Box
Electric 72' line
Lift Station
Deck
47'
35'
Septic Tank
Coral Water

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402)

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFE

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: 8-14-1990

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

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 18 N½; BLOCK ____

LOT 6; ADDITION _____; Street Address 2650 N. 112th

Directions to Property HOLDRAGE to NO. 112 TH, take left, Yellow HOME SIGN - - ALL BRICK RANCH

Location of Well Public Supply Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Pat & Sue Mr. & Mrs Rowan		489-8878
Tenant/Buyer:			435-5643
Return to:	BEATA BENA HOME REAL ESTATE	3910 SOUTH ST. LINCOLN	488-4663

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

Signature of Applicant Beata Bena Address HOME REAL ESTATE 3910 SOUTH ST. LINCOLN

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HEALTH DEPARTMENT USE ONLY

Date Received 8-14-90 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-15-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 8-15-90 by JMM (wrong property)
Bacteria	☐	☐	Provisional:	☐	Date 8-17-90 by MM
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Public Water Supply

Comments: well pit 11 separating 4 feet between Cool tank Septic tank Failing Could be corrected regardless of cost. Recommend checking to see if septic tank needs pumping. there was no permit on file.

See Attached Letter ☐

FINAL STATUS PUBLIC WATER SUPPLY

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

APPROVED BY Ron Magnuson DATE 8-20-90

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