#5002467

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 5000 Arbor Rd, Lincoln, NE 68517

   Legal Description of Property: Township: 11N Range: 7E Section: 29 - NE

   Block _____ Lot 34 SubDivsion _____ Add: _____

   ***Parcel ID** 18 - 29 - 200 - 009 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 Does the system have a: ☑ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Current system has 1,230sqft of drainfield and needs 1,320 based on the percolation rate of 43 mpi. Plan to add 30' of EZFlow for a total of 1,365sqft of drainfield.

5. **Current Type of Lateral-** perforated pipe & gravel **Current Linear Ft. Of Lateral -** 410'

   Current Tank Gallonage- 1500g

6. Print Name Dennis Knaub Address 5000 Arbor Rd, Lincoln, NE 68517 Phone: 402-610-2383
   Jim Niemeyer, Contract

   Applicant Signature: _____ Kenneth L. Yellowtail, Raymond Contracting

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 1/08/21 Amount $235.00 Check No. CC5040 Initials JAD

Revised 4/8/13

3105-0477

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: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 10-24-89 to 10-25-89. Weather: Precip. 0.00 Temp. 65

OWNER: Jarvel Christensen

Address: 5000 Auburn Rd

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	18"	10-24	8AM	10-24	12 PM	10-25	11AM	6	12 P	5 3/8	60	[illegible]	
2										4 3/8		[illegible] 3/8	
3										4 1/8		3/8	
4										4 3/4		1 1/4	1.25 48
5										4 3/4		1 3/4	1.25 48
6										4 1/4		1 3/4	1.75 34

Sum of Percolation Rates: 130
Average of Rates: 43.33
Mean of Rates: _____

4 1/8' 3' wide

Signature of Person Conducting Test

Address 6710 N 07 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

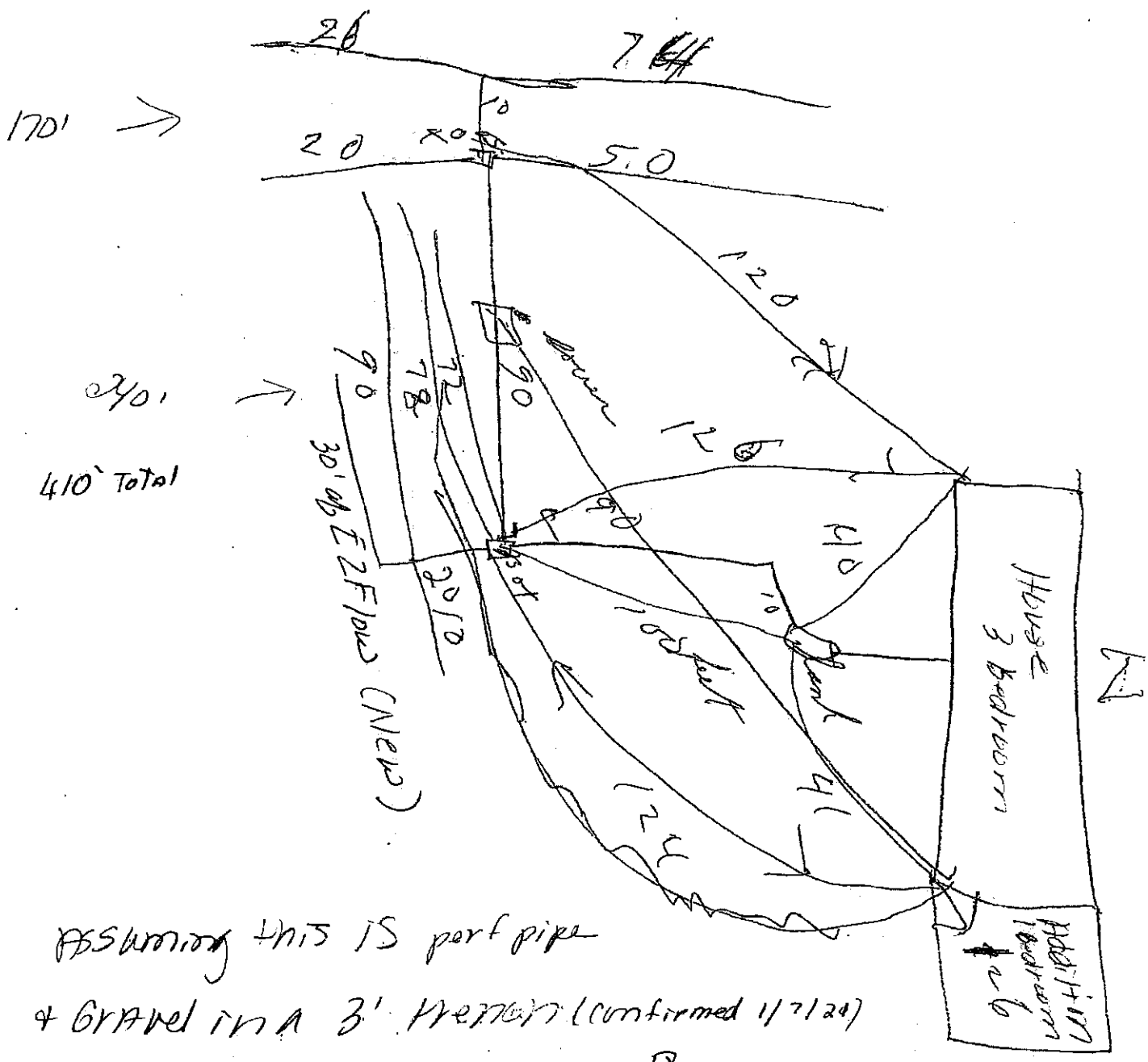
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official



Assuming this is perf pipe
& Gravel in a 3' trench (confirmed 1/7/24)
they have 910' or 1,230 ☐
of absorption area & need 1,320 ☐
for a 4 bedroom @ 43 mpi
need 90 ☐ or 30' of EZ Flow

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002167

System Type: Standard

Situs: No Site Address Specified

Issued: 1/8/2021

Expires: 1/8/2022

Description: S29, T11, R7, 6th Principal Meridian, LOT 34 NE

Owner: KNAUB, DENNIS D & ONETA L
5000 ARBOR RD
LINCOLN, NE 68514

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED #5002467

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 5000 Arbor Rd, Lincoln, NE 68517

   Legal Description of Property: Township: 11N Range: 7E Section: 29 - NE

   Block ____ Lot 34 SubDivsion ____ Add: ____

   ***Parcel ID** 18 - 29 - 200 - 009 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 4 Does the system have a: ☑ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Current system has 1,230sqft of drainfield and needs 1,320 based on the percolation rate of 43 mpi. Plan to add 30' of EZFlow for a total of 1,365sqft of drainfield. – Changed plan – added 5 rocks to serve 1 bedroom

5. **Current Type of Lateral-** perforated pipe & gravel **Current Linear Ft. Of Lateral -** 410'

   Current Tank Gallonage- 1500g

6. Print Name Dennis Knaub Address 5000 Arbor Rd, Lincoln, NE 68517 Phone: 402-610-2383

   Applicant Signature: [signature] Jim Niemeyer, Contract Manager for Contracting.

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☑Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 1/13/21 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 8/3/21 By DL
Date ___/___/___ By ____

Installation final written approval
Date 8/23/21 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 1/08/21 Amount $235.00 Check No. CC5040 Initials JAD

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: 115002167

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/23/21 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5000 Arbor City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System: A bedroom was added to dwelling. This system serves the added bedroom only. The existing system serves the remainder original dwelling

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 360 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 80' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 4.5 facte No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☒	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 8/3/21

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rhue

Date 8/23/21

Field Note Drawing (See Reverse Side):

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002167

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 18-29-2000-009-000

Address or Legal Description or Parcel Identification Number (PID) 5000 Arbor Rd, Lincoln, NE 68514

Owner: Dennis D Knaub Address 5000 Arbor Rd, Lincoln, NE 68514

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 66 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000 gallon
3. Depth to top of tank, below unfinished grade: 15-24 in.
4. Distance to:
   Well 200 ft. +
   Pressure line N/A ft +
   Property Line 40 ft. +
   Foundation 40 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 17 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 2 Depth: 20"
3. Length of each lataral (linear): ft. 40 ft. 40 ft. ____ ft. ____
4. Drainfield size: 360 sq. ft.
5. Distance to:
   Well 200 ft. +
   Pressure line N/A ft. +
   Property line 10 ft. +
   Depth of Groundwater >8'

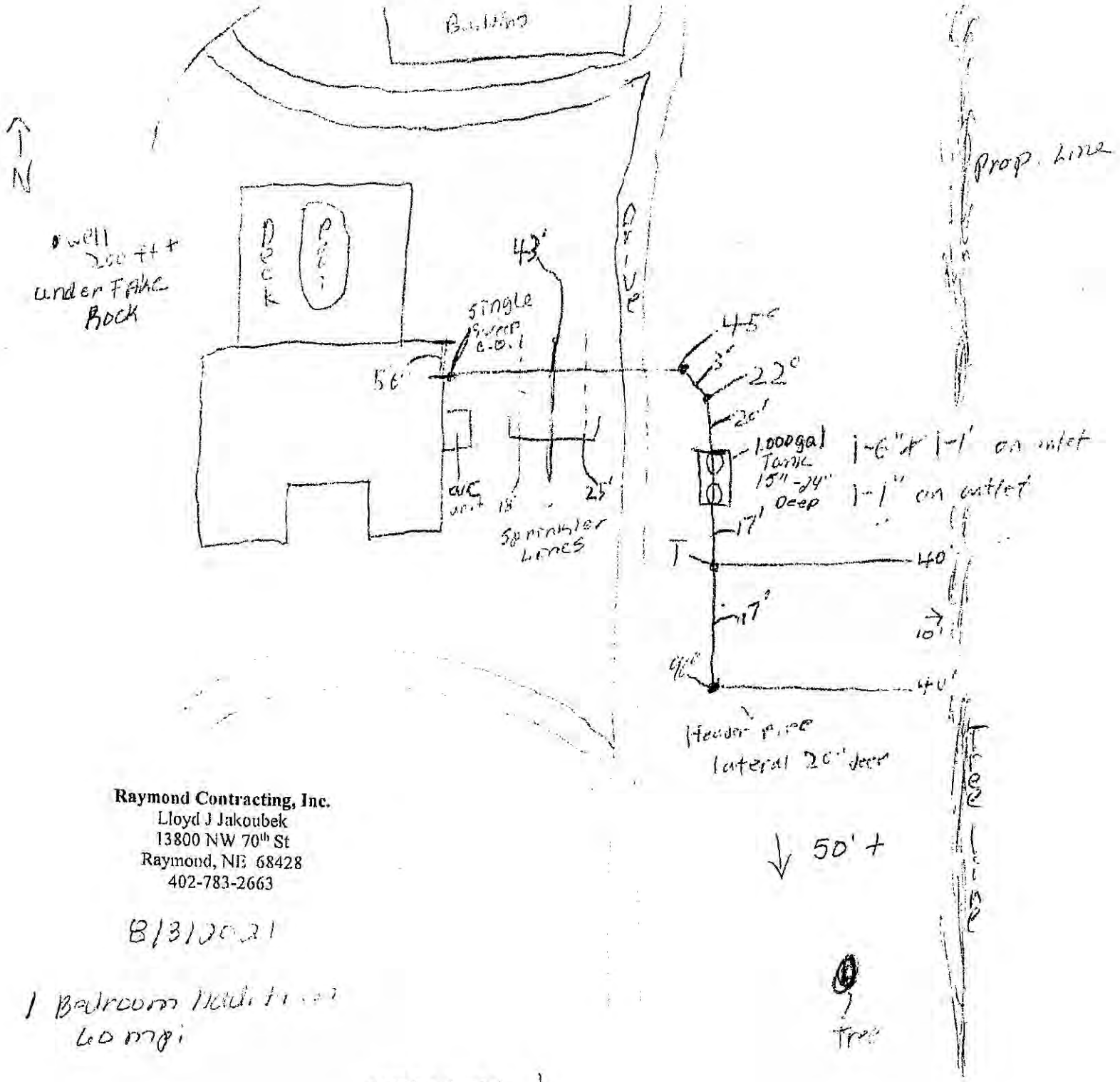
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Mark L. Jakobek Date: 8/2/21

Complete As-Built drawing on the back of this form.



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

8/3/2021

1 Bedroom Residence
60 mpi

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002167

Onsite Wastewater Treatment System
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2. Capacity: 1,000 gallon
3. Depth to top of tank, below unfinished grade: 15-24 in.
4. Distance to:
   - Well 200 ft. +
   - Pressure line N/A ft. +
   - Property Line 40 ft. +
   - Foundation 40 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 17 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 2 Depth: 20"
3. Length of each lateral (linear): ft. 40 ft. 40 ft. ____ ft. ____
4. Drainfield size: 360 sq. ft.
5. Distance to:
   - Well 200 ft. +
   - Pressure line N/A ft. +
   - Property line 10 ft. +
   - Depth of Groundwater >8'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Eric L. Jahnke Date: 8/2/21

Complete As-Built drawing on the back of this form.

SCANNED

3105-0477

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: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 10-24-89 to 10-25-89. Weather: Precip. 0.0 Temp. 65 ;

OWNER: Jarvel Christensen

Address: 5000 Auburn Rd

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.)
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2										5 3/8		[illegible]	
												3/8	
3										5 1/8			
4										4 3/4		1 1/4	1.25 48
5										4 3/4		1 1/4	1.25 48
6										4 1/4		1 3/4	1.75 34

Sum of Percolation Rates: 130
Average of Rates: 43.33
Mean of Rates: _____

41 1/8' 3" Wtr

Signature of Person Conducting Test

Address 6710 D07 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 89390002301

Issued 11/07/89

Expires 05/07/90

ESTABLISHMENT

SINTEK SERVICE COMPANY
T11N R7E SEC 29
LOT 24

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

LARRY SINTEK
6710 N 7TH ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8939000023

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._____

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

DATE: 11-6-89

The undersigned hereby applies for a permit to ALTER [X], EXTEND [X], or REPAIR [X] 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 7E ; Section 29 ;
Block _____ ; Lot 24I ; Addition _____
Street Address 5000 Arbor Rd

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 5 Describe _____
Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: add 420 feet leader put shelter #40 under the driveway

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ greater than	$400.00

Sintel Sew
Signature of Applicant (owner or lessee)

6710 North 7th St., Lincoln, Nebraska
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11-6-89
Filing Fee: $ 50.00

2. Site Visits:
Date: 11-6-89 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-6-89 by: Ron Mynatt

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: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-24-89 to 10-25-89. Weather: Precip. ~~.00~~ Temp. 65 .

OWNER: Jewel Christensen
Address: 5000 Auburn Rd

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.)
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2										5 3/8		~~5 3/8~~ 3	
3										5 1/8		1/8	
4										4 3/4		1 1/4	
5										4 3/4		1 1/4	
6										4 1/4		1 3/4	

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

Signature of Person Conducting Test

418 3rd Ave

Address 67 10N07 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

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

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

Signature of Reviewing Official

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

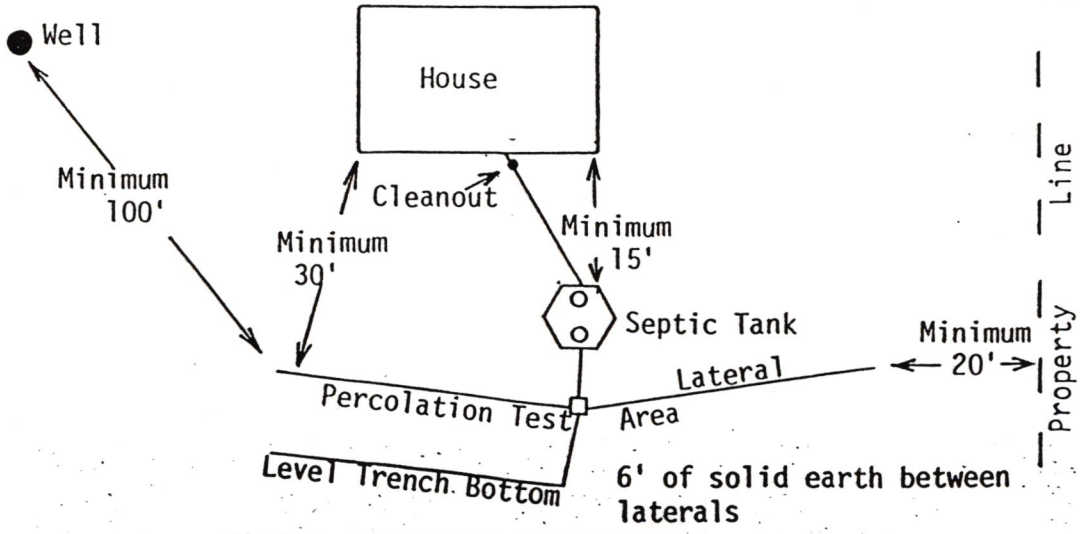
S 40 Driveway SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

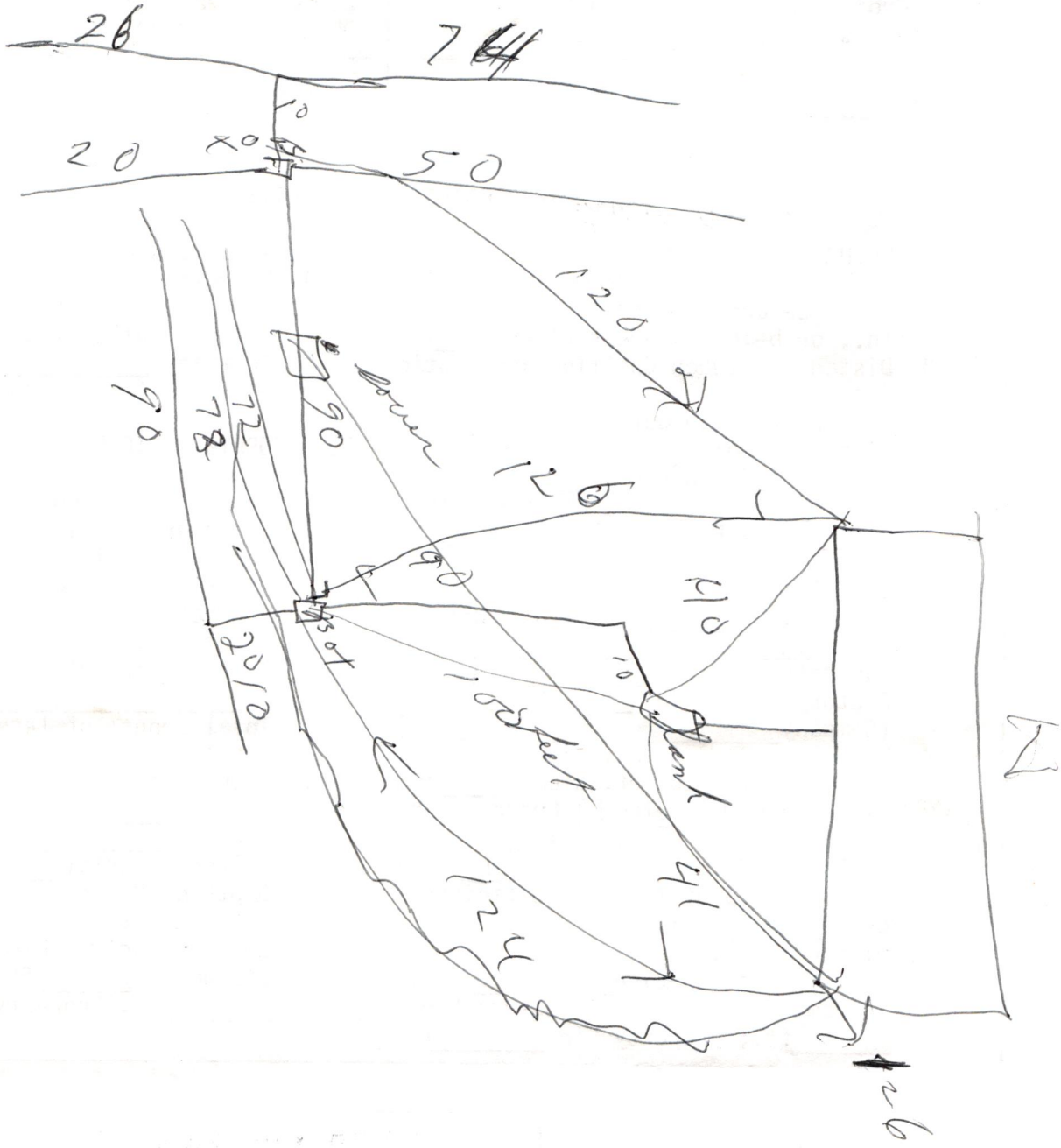
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


20
74
20
50
120
90
78
90
120
90
Bank
Bank
124
41
26

008

Lincoln-Lancaster County Health Department

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

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: L24, IRR. TRacts S½ NE. ¼ Section 29 Township 11N RE 6th pm LLCN Street Address 5000 Arbor Rd.

Twp 11N Range 7E Section 29 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Turn West Hwy 77 & Arbor Rd. - 2nd house

Location of Well West Side of Deck (Backyard) Tap Location: Inside ☒ Outside ☒

Location of Sewage System FRONT of house Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	Dennis D Knaub	5000 Arbor Rd. Lincoln NE. 68514	466 9574 / 467-3581
Tenant/Buyer:			
Return to:	" "		

Signature of Applicant Dennis D. Knaub Address 5000 Arbor Rd. Lincoln NE. 68514 Date 11/3/93

HEALTH DEPARTMENT USE ONLY

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

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

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ ___/ml	☐ ___/ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Original septic system pre-date County regulations. Thus, a provisional approval. Additional subsurface laterals have been added in 1989 and there was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maraveet Date 11/8/93

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.

284

RECEIVED OCT 17 1989

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: 10/16/89

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 29; BLOCK ____

LOT 24; ADDITION _____; Street Address 5000 ARBOR RD

Directions to Property NO ON HWY 77 TURN LEFT ON ARBOR RD [JUST BEFORE I-80) AT GAS STATION] GO ½ MILE / NO SIDE OF RD.

Location of Well UNKNOWN Tap Location: Inside ☐ Outside ☐

Location of Sewage System UNKNOWN Year Installed ____

	NAME	ADDRESS		PHONE
Present Owner:	LOWELL CHRISTIANSEN	5000 ARBOR RD		466-7085
Tenant/Buyer:				
Return to:	LEE M. SIMMONS	2724 SO. 14	68502	475-1865

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

Signature of Applicant Lee M. Simmons Address 2724 SO. 14

REALTY REALTY FOR KNAUB Home Realty 489-8729 Mary McGinn 489-9252

HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 17, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10-18-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 10-18-89 by RM
Bacteria	☒	☐	Provisional:	☒	Date 10-23-89 by RM
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Benjamin DATE 11-6-89

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

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 8, 1971 — THIS LICENSE OR PERMIT EXPIRES

Lowell Christiansen — LICENSEE OR PERMITTEE

Arbor Road, Lincoln, Nebraska — ADDRESS

T11N; Range 7E; Section 29NE1/4; Lot 12 IT; (Extension) — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. _____

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

DATE: 4/9/71

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 7E; Section 29 NE 1/4
Block ____; Lot 12 II; Addition ____;
Street Address _____

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: extension
100' lateral (Orangeburg)

5. Work to be done by: Owner ☐; or Contractor ☒, Sintek Pumping Serv.
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 437.50 est

Lowell Christiansen
Signature of Applicant (owner or lessee)

Forbes Rd
Address

(Do not write below this line)

REVIEWING ACTION

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

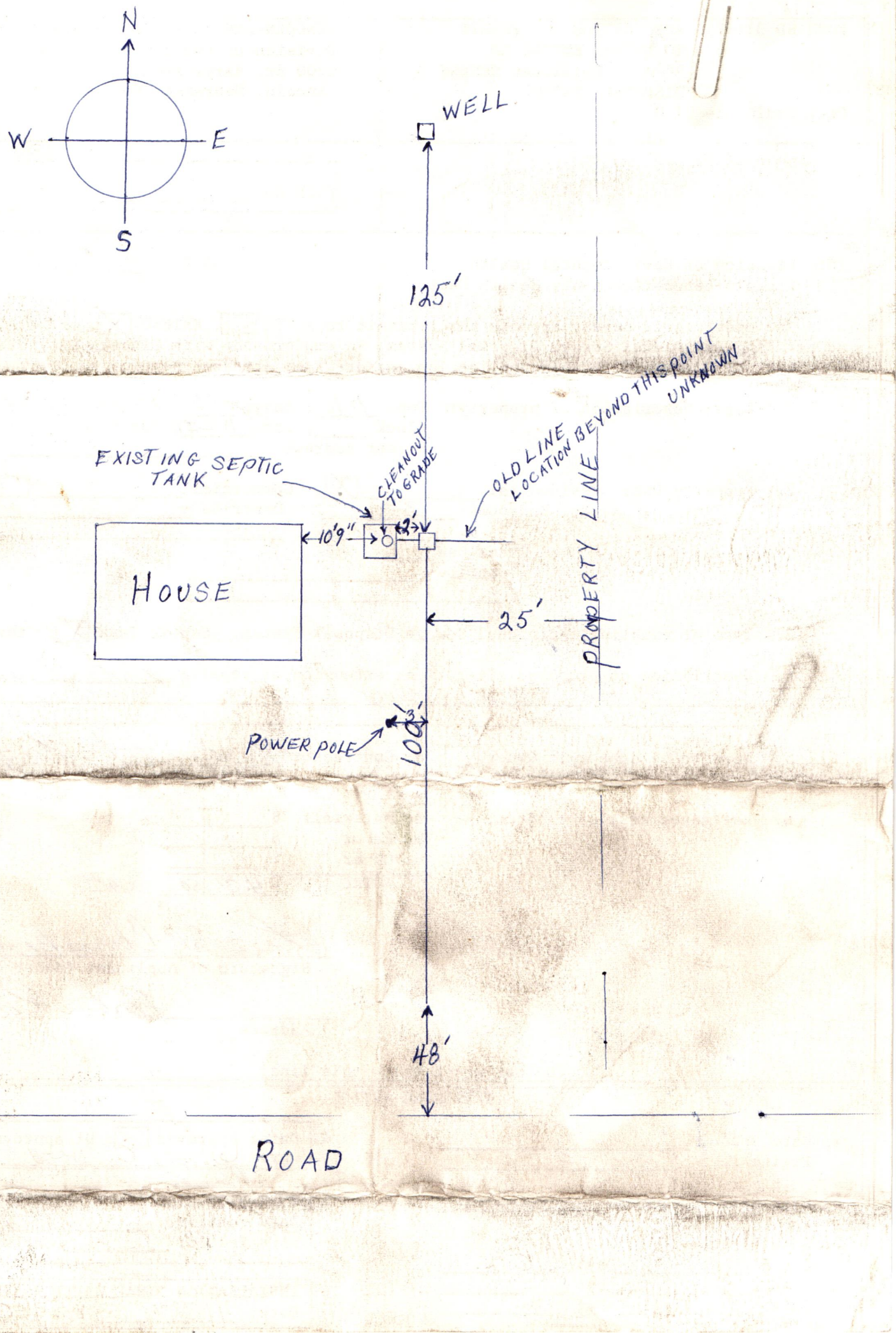
2. Date Site Clearance: _____

3. Site Visits:
Date: 4/7/71 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/7/71 by: L.C.H.


N
W
E
S
WELL
125'
EXISTING SEPTIC TANK
CLEANOUT TO GRADE
OLD LINE LOCATION BEYOND THIS POINT UNKNOWN
10'9"
2'
HOUSE
25'
PROPERTY LINE
POWER POLE
3'
100'
48'
ROAD