# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390028801

Issued 07/24/92
Expires 01/23/93
Revenue Code 18754

Establishment
KENNETH SADER
T9N R6E SEC 4 QTR SE
STOCKWELL LOT 8

FEES: $50.00

TOTAL $50.00

Permittee
KENNETH SADER
RR0001
BOX 00232
LINCOLN NE 68502

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: _____

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: ~~Stockwell~~ Twp. 9N; Range 6E; Section 4;
Block ——; Lot LOT 8 SE¼; Addition STOCKWELL
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:
Replace septic tank & laterals.

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

6. Estimated cost of project:

| | |
|---|---|
| a. Materials | $ _____ |
| b. Labor | $ _____ |
| c. Other | $ _____ |
| TOTAL | $ over $400.00 |

Kenneth W. Sader
Signature of Applicant (owner or lessee)

Rt. 1, Box 232 Lincoln, Nebr. 68502
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 7/22/92 by: L.C.H.
Date: 7/22/92 by: L.C.H.
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/11/92 by: J. E. Hood

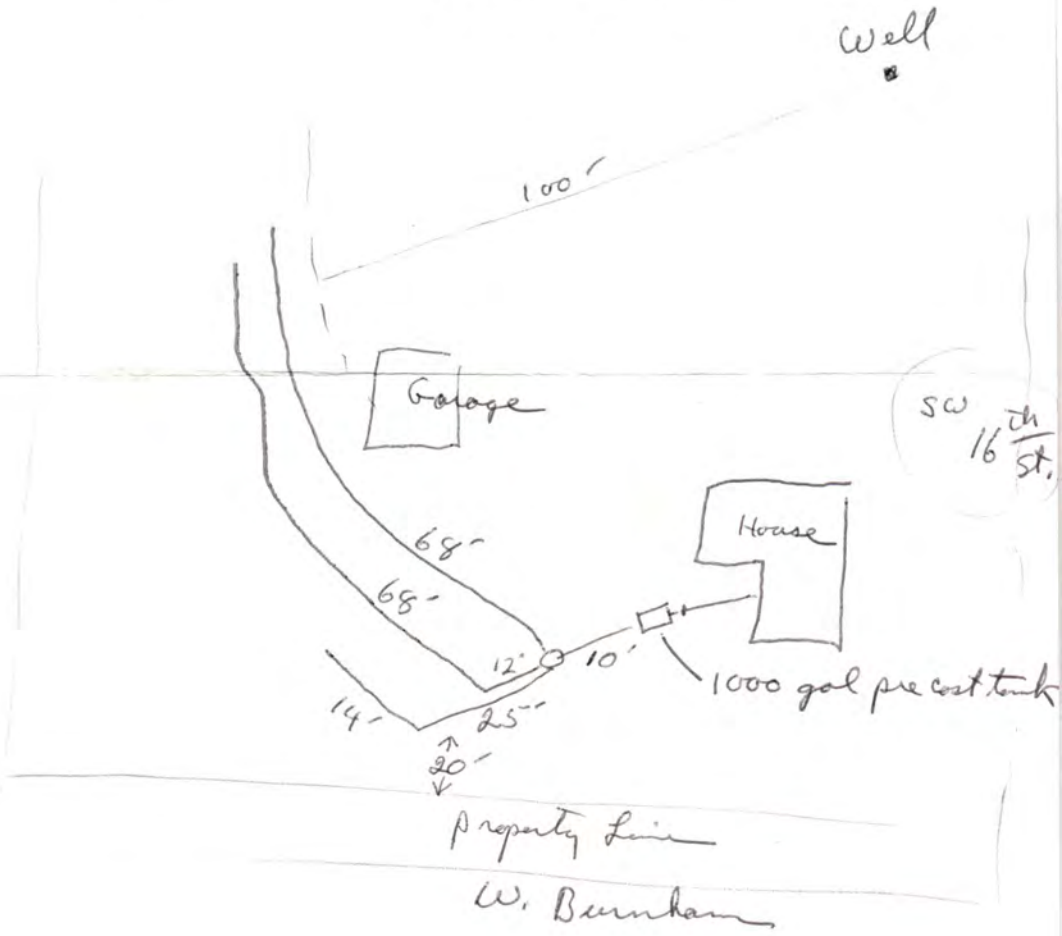
7-22-92

Larry Schwarck

N

1600 W Burnham

Ken Sader




150' ± moon in 4' wide trench

# Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8027

MAY 11 1999

P8525-16

## 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: STOCKWELL SE 4-9-6E S½ SE¼ LOT 8 Street Address 1600 N. Burnham St.

Twp 9N Range 6E Section 4 1/4 ___ 1/4 ___ Block ___ Lot 8 Addition STOCKWELL ADD.

Directions to Property 16 BLOCKS WEST OF 1ST STREET ON BURNHAM

Location of Well NORTH OF HOUSE 1980 - INSIDE Tap Location: Inside ☐ Outside ☐ UNKNOWN CONTROLS ON BACK OF GARAGE

Location of Sewage System West of house Year Installed 1992

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Kenneth & Barbara Saler | 1920 CANYON OAK DRIVE MODESTO CALIF 95355 | (209) 551-8721 |
| Tenant/Buyer: | GALE AND PAM LARSEN | 835 W SUMNER LINCOLN 68522 | 475-1578 WORK 423-7951 EXT 444 |
| Return to: | GLENDA PETERSON | 7141 A St. LINCOLN, NE 68510 | 450-2350 FAX 434-3801 |

CAPITAL TITLE, LLA FAX 434-3736

Signature of Applicant Gale Larsen Pam Larsen Address 835 W SUMNER LINCOLN NE 68522 Date 4/25/99

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### HEALTH DEPARTMENT USE ONLY

Date Received 5/11/99 JP Received $150.00 Check ☒ Cash ☐ CK #2176

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 5/12/99

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☐ | Date 6/11/99 by J.C.H. |
| Bacteria | ☒ 0 /ml | ☒ ___ /ml | Provisional ☒ | Date 6/29/99 by J.C.H. |
| Nitrate | ☒ 1.3 ppm | ☐ ___ ppm | Disapproved ☐ | Date __/__/__ by ___ |

Comments: WATER NOT ON. SOME SLIGHT DEPRESSIONS AROUND WELL, IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. DEPRESSION OVER LATERAL SHOULD BE FILLED IN. 6/30/99 Depressions filled by C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/2/99

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.

COLI 6/29/99

P8525-52

COLI 6/30/99

P8525-53