FILE #2076

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION TYPE OF LICENSE OR PERMIT		OCTOBER 6, 1984 THIS LICENSE OR PERMIT EXPIRES
GARY ZLAB LICENSEE OR PERMITTEE	7500 TIFFANY ROAD ADDRESS	LINCOLN, NE 68506
TON: 07E; Sec 16; Bk 3; Lot 1; Addition: Sheldon Heights NAME OF ESTABLISHMENT, IF ANY	ADDRESS	

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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

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FILING FEE: $ 60.00

FILE NO. 2076

DATE: April 6, 1984

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 16 ;
   Block 3 : Lot 1 : Addition Sheldon Heights
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Gary Zlal
Signature of Applicant (Owner or Lessee)

7500 TIFFANY RD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/6/84. Date Frwd. 4/6/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest Remmers

3. City or County Engineer: Date Rec'd. 4-6-84. Date Frwd. 4-6-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: June-July-84 by: Jim Needhamsing
Date: 3/27/86 by: J. Cook Drawing complete
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/27/86 By: J. C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

REC'D SEP 27 1984

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

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DATE: 9-18-84

FILE NO. W-48

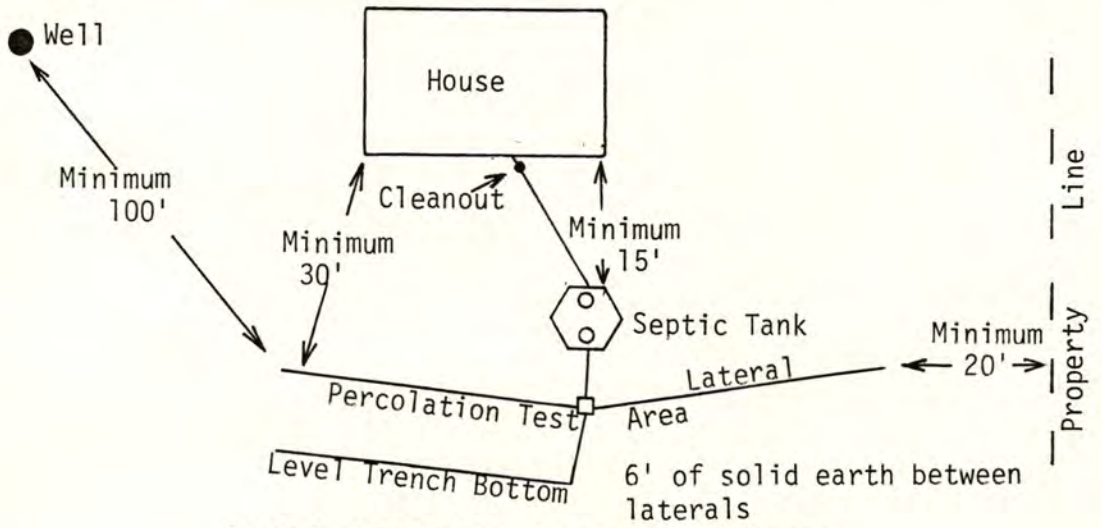
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ~~clay~~ + gravel; Diameter 48 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 120 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity 1500 gal 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 6 in.
8. Distances to:
Well or Suction Line 120 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 3.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 10 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 3 ; Length of each line 100, _____, _____, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 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

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 6601 Pinecrest Road
Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Sheldon Heights

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1986 ADDED TO 1994

	NAME	ADDRESS	PHONE
Present Owner:	GARY ZLAB	6601 Pinecrest Rd	421-3141 / 437-7014
Tenant/Buyer:	N/A		
Return to:	Mortech, Inc	4535 Normal #295 Lincoln, NE 68506	434-5626

Signature of Applicant L. Fankhauser Address " Date 1/26/94

HEALTH DEPARTMENT USE ONLY

Date Received 01/28/94 Received $150.00 Check ☑ #5097 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Wood DATE: 1/31/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.5 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: NEED DRAWING OF SEPTIC ADDITION.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Wood R.E.H.S. Date 2/4/94

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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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.

Legal Description of Property: Street Address 6601 PINECREST Dr. -16

Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Shilton Heights

Directions to Property OLD CHENEY To Frontier Rd

To PINECREST DR.

Location of Well EAST of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1964 A.O.C 1995

	NAME	ADDRESS	PHONE
Present Owner:	ZAB GARY		421 3141
Tenant/Buyer:			
Return to:	SAME		

Signature of Applicant Gary Zab Address 6601 Pinecrest Date 2/27/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/27/97
Initials J.C.H. is
Amount $150.00
Check No. 3509

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/28/97

WATER SYSTEM:	Approved	Disapproved
Construction 3/3/97	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: DEPRESSION CLOSE TO WELL, # Depression for Garden

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/10/97

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 Pink - Business Office

Revised/Reprint: 10-95

980706002

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" 68516-9497

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 243(

Legal Description of Property: Street Address 6601 Pinecrest Dr.

Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 1 Addition Sheldon Heights

Directions to Property OLD CHENEY To Frontier Rd to Pinecrest Dr.

Location of Well East of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1984 Added 1995

	NAME	ADDRESS	PHONE
Present Owner:	Zlab GARY		470-7014
Tenant/Buyer:	Auther Zygiebaum		
Return to:	SAME		

Signature of Applicant Gary Zlab Address 6601 Pinecrest Dr. Date June / 9 / 1998

~~68506~~ 68516-3572

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6 / 10 / 98

Initials ___

Amount $150.00

Check No. 3773

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chen **DATE:** 6 / 11 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☐ ___ ppm	☐ ___ ppm

Samples taken 6/11

v.2

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6 / 17 / 98 by JC

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: If the Septic Tank has not been pumped recently, it should be checked to see if it is needed. No evidence of surface discharge observed.

See Attached Letter ☐

FINAL STATUS

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

Approved by John Jhnson REHS Date 06 / 17 / 98

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 Pink - Business Office

Revised/Reprint: 10-95

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____

~~Drawing does not show all clearances or distances to manufacturer.~~

