FILE #2510

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 12, 1987 — THIS LICENSE OR PERMIT EXPIRES

DOROTHY BARROW, HUB HALL CO., 111 PIAZZA TERRACE, LINCOLN, NE 68510

LICENSEE OR PERMITTEE — ADDRESS

TION: R5E: Sec 12: Lot 14&15 I.T.: 6002 W. 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 ☒

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. 2510

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: Twp. 10N; Range 5E; Section 5 12;
Block _____; Lot 14 & 15 Lt; Addition LCW
Street Address 6002 W Adams

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms _____ 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

5. Work to be done by: Owner ☐; or Contractor ☒, B+R Pump Service
Contractor's Name

6. Estimated cost of project:

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

Alva Hall Co.

Signature of Applicant (owner or lessee)

111 Pinnacle Terrace
Address Lincoln, NE 68510

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 6/11/87 by: R.M.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-12-87 by: Ken Wagner

FILE NO. 1889'

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEN CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 14, 1982 — THIS LICENSE OR PERMIT EXPIRES

LEWIS WOOD — LICENSEE OR PERMITTEE

7901 PIONEER BLVD. LINCOLN NE — ADDRESS

T10N, 6 P.M., R5E, SECTION 12LLCN (Portion of the SW¼ SE¼) — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE EXTEND

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
61317	JUN 15 82	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

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 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1889

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

DATE: June 14 1982

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. T10N 6 P.M; Range 5 E; Section 12 LHCN;
Block _____; Lot _____; Addition Portion of the S.W 1/4 SE 1/4
Street Address 6002 W Adams

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2+1 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: ~~Replace lateral~~
Install new lateral field + distribution box

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

6. Estimated cost of project:

a. Materials	$	845 00
b. Labor	$	725 00
c. Other	$	30 00
TOTAL	$	1600 00

Lew Wood
Signature of Applicant (owner or lessee)

1901 Pioneer Blvd Lincoln, Nebr
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 6-24-82 by: JMM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/2/82 by: [signature]

6002 W. Adams.

Tank Homemade Brick & Concrete

Installed

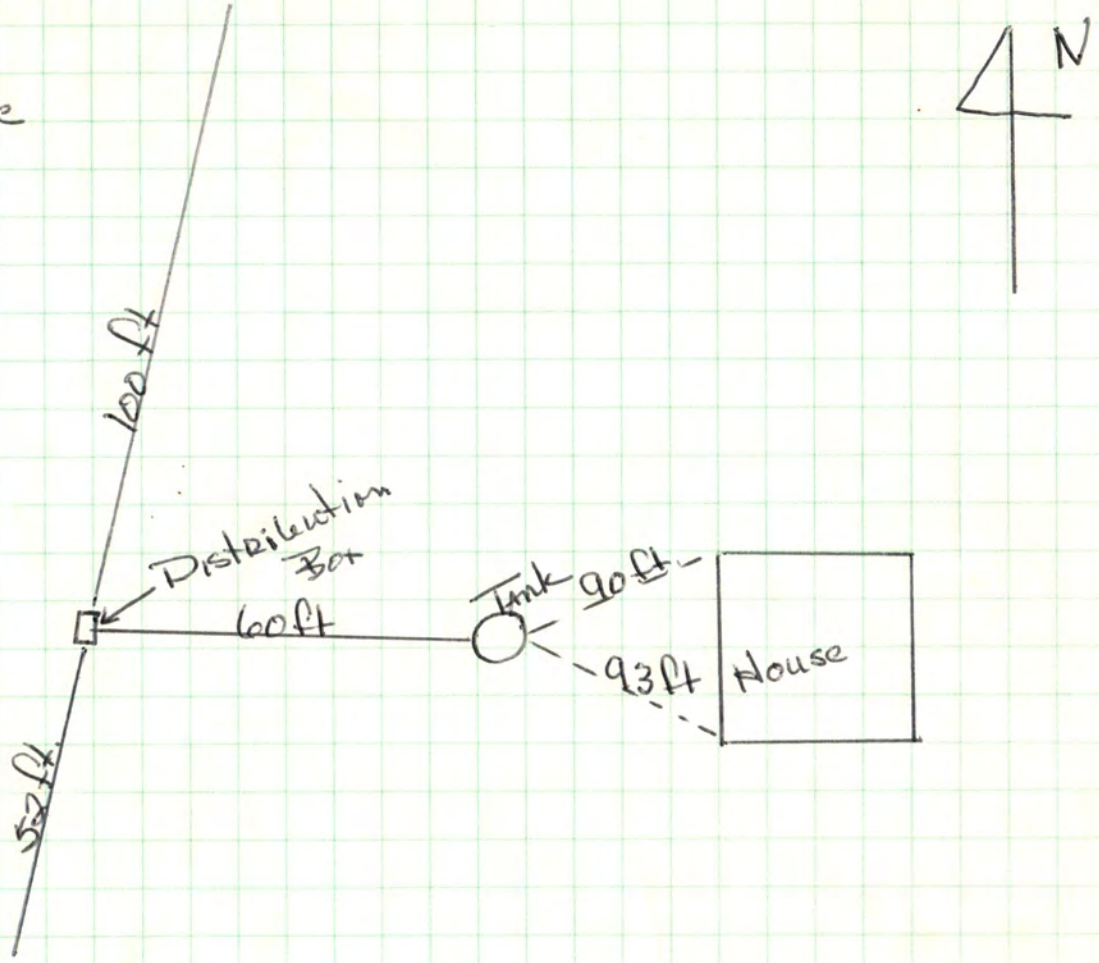
60ft plastic Pipe PVC 40
4" from Tank to Box

152ft Concrete half moon
Lateral with 35 ton gravel
In 40" wide ditch.

New Concrete Distribution Box

Work done June 00 1982

L. Wood & J. Steens.



West Adams

013

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.

3310

Legal Description of Property: Street Address 6002 W. Adams Lincoln

Twp 10N Range 5E Section 12 1/4 SE 1/4 ___ Block ___ Lot 14 Addition ___

Directions to Property Lincoln West of Adams & NW 48, North side of road

Location of Well West of driveway near fence Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of house Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	2828 Stratford Ave Lincoln NE 68502	
~~Tenant~~/Buyer:	Ralph Timmerman	6730 Rd Crete NE 68333	
Return to:	Kim Tipp	3201 Pioneers Blvd Lincoln NE 68502	434-3166

Signature of Applicant Kim L Tipp Address ___ Date 4/29/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 4/30/97
Initials CW
Amount $150.00
Check No. 290

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/1/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: The fenced areas within 100 ft of well must not be used as livestock corrals. Construction of the original septic system predates County regulations. There is no record of permit or inspection, thus a provisional approval. A septic tank only was installed for this sewage system in 1987. There was no visible malfunction at the time of inspection. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart RS Date 5/8/97

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

JAN 2 1997

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 6002 W. ADAMS ST.

Twp 10N Range 5E Section 12 1/4 ___ 1/4 ___ Block ___ Lot 14/15 Addition ___

Directions to Property NW 48th TO W. ADAMS – TURN WEST TO PROPERTY

Location of Well EAST OF HOUSE & DRIVE ALONG FRONT FENCE Between WIRE FENCE + EVERGREEN Tap Location: Inside ☐ Outside ☐

Location of Sewage System WEST SIDE OF HOUSE LATERALS RUN WEST (9 YRS. OLD) Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	MARK SCHULTZ	6002 W. ADAMS ST.	
Tenant/Buyer:	JOAN "HEIDE" LEWIS	5716 MADISON AVE	464-5757 466-9448
Return to:	JEFF SEARCY HOME REAL ESTATE	3910 SOUTH ST LINC. NE 68506	[redacted] 430-7978

Signature of Applicant [signature] Address ___ Date 12/31/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 1/2/97

Initials [initials]

Amount 150.00

Check No. 2193

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: CONTACT KIM TOPP IF QUESTIONS AT 430-7034 (LISTING AGENT)

Business office Refund check.

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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

011

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

This form must be completed and returned to reques[illegible]

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 2/24/92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 10N ; RANGE 5 ; SECTION SE¼ SEC 12 ; BLOCK ____

LOT 14 ; ADDITION _____ ; Street Address 6002 WEST ADAMS

Directions to Property 1 MILE WEST OF N.W. 48TH AND WEST ADAMS

Location of Well ≈20' EAST OF POWER POLE (TRANSFORMER) Tap Location: Inside ☑ Outside ☐

Location of Sewage System DIRECTLY WEST OF HOUSE (IN FIELD) Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	MARK SCHULTZ	6002 W. ADAMS '24	470-3203
Tenant/Buyer:	REFINANCING		
Return to:	MARK SCHULTZ	SAME AS ABOVE	

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

Signature of Applicant Mark Schultz Address 6002 W. ADAMS

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HEALTH DEPARTMENT USE ONLY

Date Received 2-25-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-25-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 2-25-92 by rm
Bacteria	☒ clear 24	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ @0.1	☐	Disapproved:	☐	Date _____ by ____

Comments: Records show repair work has been done on this sewage system. It appears satisfactory. The original installation is not on record. Thus, a provisional approval. 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 Marquardt, RS DATE 2-27-92

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

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description 12-10-5 Location 6002 W. Adams.
Owner/Requestor Mark Schultz

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
___ Existing system, repair
___ Existing system, followup
X Loan approval
___ Consultation
___ Other (Specify)

REMARKS - well & septic OK
- 2 repair permits for this system

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Maraveut Received by: _____
Date: 2-25-92

WA1002