LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2150-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 6, 1985 — THIS PERMIT EXPIRES

SINTEK SERVICE CO. — ISSUED TO

6710 NO. 7 STREET, RT #5, LINCOLN, NE 68521 — ADDRESS

T10N; R5E; Sec 19 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
[illegible]	11-6-84	30

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2150-C

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

DATE: 11-5-84

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 19;
Block _____; Lot _____; Addition _____
Street Address _____

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: New Cement Tank
Rygas 100' sewer 2 boxes 100' lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2100.00

EARL BLASER

Smith's Inc. Co.
Signature of Applicant (owner or lessee)

6710 N 07
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11-13-84 by: [illegible] (3034 under driveway) (need downing)
Date: _____ by: _____
Date: _____ by: _____

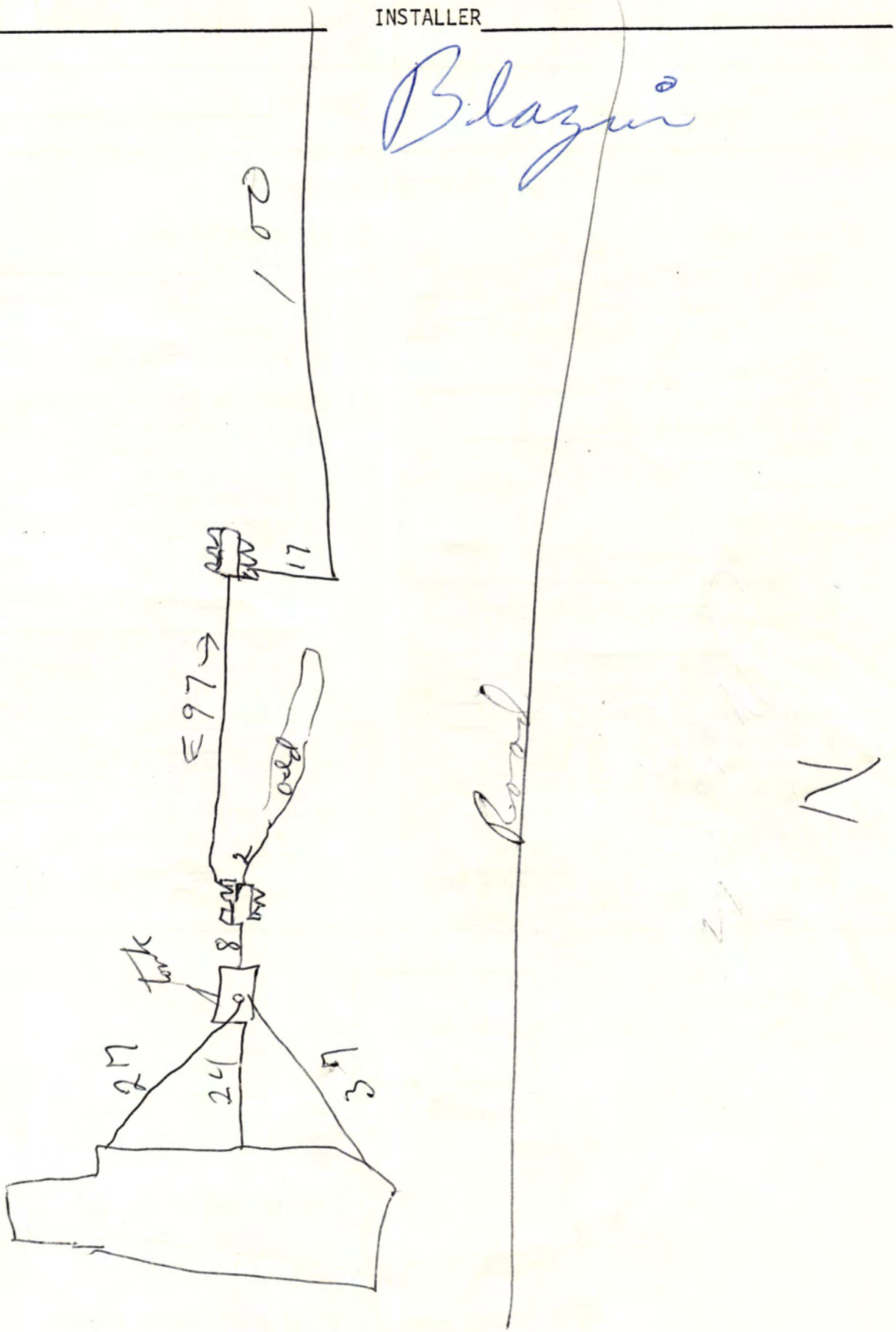
3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-19-84 by: Ron Bryant

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

Blazin



APPLICATION FOR EVALUATION
OF
INDIVIDUAL WATER SUPPLY & SEWAGE TREATMENT SYSTEM

HOME PHONE: ( ) _____

WORK PHONE: ( ) _____

BUYERS NAME: Jim & Carol Cotton

ADDRESS: _____
(Street Address - City - State - Zip Code) (County) of property to be inspected.

LENDING AGENCY: _____

MAILING ADDRESS: _____

TYPE of LOAN: _____ Conv. _____ FHA _____ VA _____ Other

LEGAL DESCRIPTION OF PROPERTY: _____

_____

DIRECTIONS TO PROPERTY: _____

_____

RESULTS OF EVALUATION SHOULD BE SENT TO: _____

_____

If appointment for inspection is to be made with someone other than the buyer, please specify name & telephone number: _____

$100 INSPECTION FEE MUST BE INCLUDED WHEN SUBMITTING THIS FORM

- -

FOR HEALTH DEPARTMENT USE ONLY
Receipt # _____ Assigned to _____ Date_____
Water Sample Results
Before Well Bacteria _____ After Well Bacteria _____
Improvement Nitrate _____ Improvement Nitrate _____

- -

DIRECTIONS: Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA as all blanks must be filled in. If you have any questions concerning completion of this form, please call (402) 471-2541 for assistance.

INFORMATION DESCRIBES: X Existing Well _____ Proposed Well
_____ Water System

WATER SUPPLY - PART A:

1. In the event of poor water quality, is rural or municipal water available?

_____ Yes X No Distance from the house _____

printed on recycled paper

2. Direction of surface drainage: E to W
Direction of underground water flow: _____ to DON'T KNOW
Distance to groundwater table: _____ feet. DON'T KNOW

3. Well Site: Distance of well from house foundation 74 ft;
sewer line 107;
nearest building foundation (excluding home) 43 ft; septic tank 107;
disposal field 102; seepage pit NA; cesspool NA ft;
barnyard NA ft; other possible sources of pollution NONE ft.

Are there any abandoned (old, unused) wells on the property? ____Yes X No

Distance from other abandoned water wells NA ft; other active wells NA ft; heat pump injection well NA ft.

4. Well Construction: Type of well: _____Driven ____Bored ___Dug
X Drilled
Well casing diameter 5" inches: Total well depth unknown ft.: Type of casing steel - plastic - concrete - other unknown: Depth of casing unknown ft.: Casing watertight to depth of unknown ft.: Approximate yield unknown gallons per minute: Exterior space around casing sealed with ___ cement - ____puddled clay - ____ordinary backfill - ___ gravel. unknown

Does the well have a well platform: yes or no. If yes, what type of material? ___wood - ____cement - ____other
Length:____ft. - Width____ft. - Thickness_____inches

Is well in a well pit? yes or no
Is well equipped with a sanitary well seal? yes or no
Is well equipped with pitless adaptor or pitless unit? yes or no
Year well installed 1970

5. Does well have recent history of repair or insufficient supply? yes or no
If yes, please explain new pump in '94

6. List water quality sample results, if any, for previous years.
Bacteria 0 (date) 98 Nitrate 3.3 (date) 98
Other_____ (date)_____

7. Do surrounding neighbor's wells have high nitrate? yes - no - unknown

WASTEWATER TREATMENT SYSTEM - PART B

Information describes X existing wastewater system ___ proposed wastewater system ____ Community or municipal system

1. Are individual wastewater treatment systems customary in the neighborhood? yes or no unknown

2. Is there a sewer line discharging to the surface? yes or no

3. Are all household wastewater and waste routed through the septic system? yes or no If no, explain_____

4. Primary treatment consists of: X septic tank ___cesspool ____other

Septic Tank Information: (A septic tank is a watertight tank other than inlet and outlet ports)

Distance from nearest foundation 22 ft. distance to highest level of ground water table ___ft. unknown

PUMP SETS AT 55'

Material: X concrete ___fiberglass ___steel ___plastic ___other
Total liquid capacity 1000 gallons & Think
Capacity of inlet compartment ___gallons Inside dimensions: length___ft. width___ft. depth___ft. unknown
Has the septic tank been properly maintained by pumping and cleaning periodically? (yes) - no - unknown Does septic require pumping to ground surface? (yes) or no

Cesspool Information (A cesspools in a non-watertight tank or excavation)

NA Inside diameter ___ft. Depth ___ft. Lining material_____
Liquid capacity____gallons Number of cesspools ____ Does the cesspool require pumping to ground surface? yes or no

5. Secondary treatment consists of: X perforated pipe disposal field
X half-moon disposal field ___mound system ___leeching pits ___other

Total length of disposal field lines 185 ft. Number of lines 2 Length of each line 100 & 85 ft. Trench width 30 inches Depth to bottom of trench 30 & Think inches.

Type of filter material is: ___broken stone X gravel ___other
Depth of filter material in trench 18 inches
Slope of distribution line unknown inches per 100 feet
Top of filter material covered with: ___untreated bldg. paper ___other material unknown

Is system located in non-traffic area? (yes) or no Years system installed 1990 for 85' 1984 for 100'
Have there been any problems with the system? yes or (no) If yes, describe

---

NA Leeching Pits. Number of pits____ Outside diameter____ft. Depth____ft.
Lining material_____

PART C

1. Number of bedrooms in house 3 Does home have: No garbage grinder (disposal) Yes clothes washer No heat pump which uses water No water conditioner or softner

2. Soil absorption rate: one inch in unknown minutes Source: ____own determination ____Soil Conservation Services ____Other

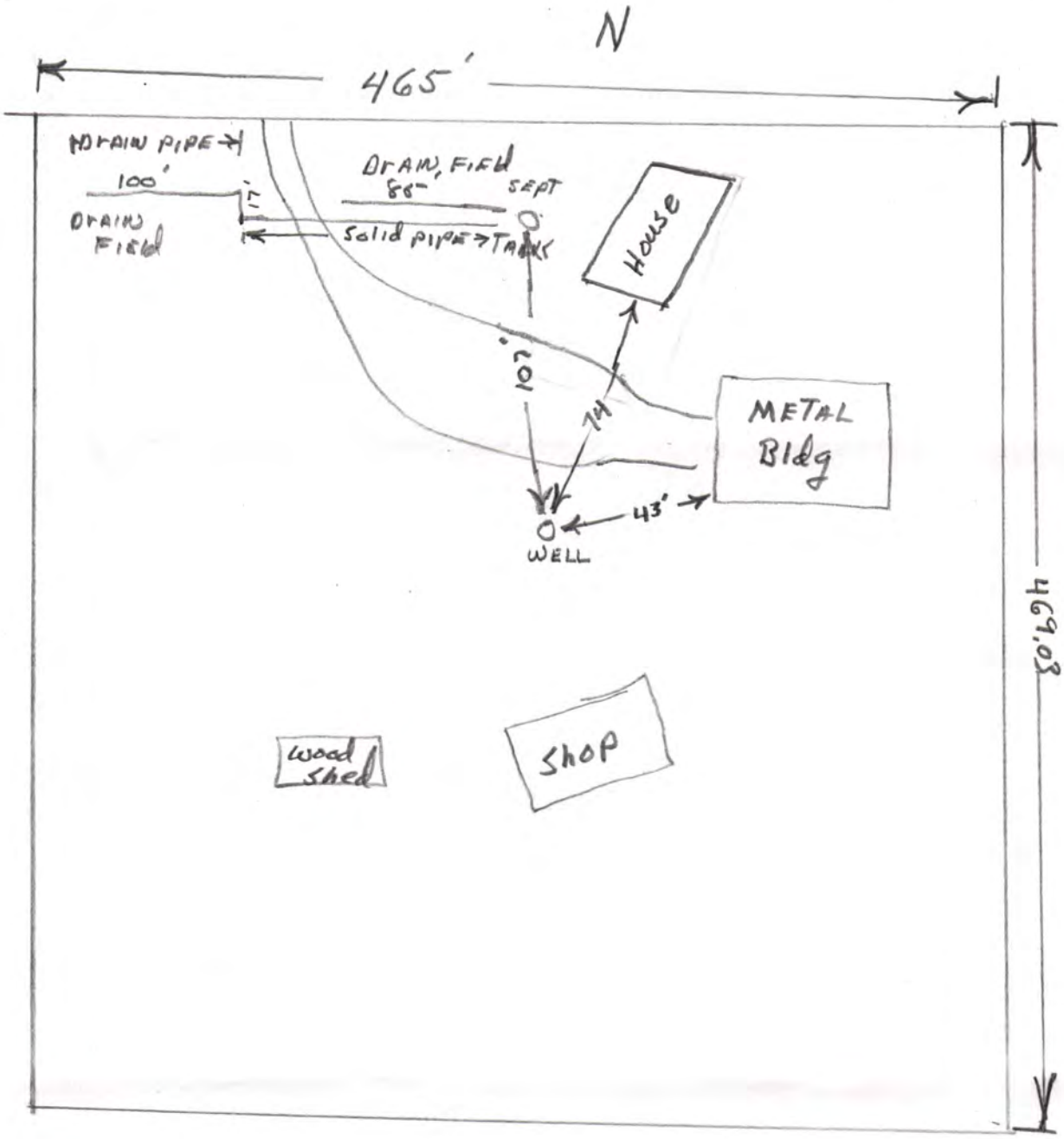
3. Please complete illustration of the homesite on page 4 of this application. Show the distances between existing or proposed home, well and sewage disposal system, and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well with 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Give approximate slope of land. Please complete figure 1 Part C.

If this is a proposed new well and/or sewage treatment system, refer to the attached San 1800 and San 1700 forms for pertinent information. Plans for the new systems must be approved prior to installation.

*For new sewage disposal systems only
**Include Soils Interpretive Information as provided by Soil Conversation Service.

PART C *(cont.)*

Figure 1 Overall Illustration of Homesite. This sketch must be completed prior to review by Sanitarian.



I hereby request the Division of Drinking Water and Environmental Sanitation, Nebraska Department of Health, to perform an on-site evaluation of the water supply and sewage treatment system on the above property. The best of my knowledge, the above statements are correct.

_____ _____

Date *Signature of person preparing this application*

PLEASE RETURN FORM AND $100 EVALUATION FEE TO:

NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF DRINKING WATER &
ENVIRONMENTAL SANITATION
301 CENTENNIAL MALL SO.
PO BOX 95007
LINCOLN, NE 68509

NOTE: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION!
ON-SITE EVALUATION WILL BE INITIATED 2 TO 3 WEEKS AFTER RECEIPT OF PROPERLY COMPLETED FORM.

Would you like a Nebraska State Health Department Sanitarian to assist in planning and approved new well? yes or no (No fee is required for this assistance)

Would you like a State Health Department Sanitarian to assist in planning an approved new wastewater treatment systems? yes or no (No fee is required for this assistance)

FOR USE BY HEALTH DEPARTMENT REVIEWING THIS APPLICATION

Based on the information reported hereon and other available information, it is the opinion of this Department that this individual water supply, upon completion of final bacteriological and chemical testing and on-site evaluation.

__ *Should be a sanitary safe domestic water supply*

__ *Has high nitrate levels which render water supply unsafe. See attached letter*

__ *Requires some modification to become a sanitary safe domestic water supply. See attached letter.*

Based on the information reported hereon and other available information including an on-site evaluation, it is the opinion of this Health Department that this wastewater treatment system.

__ *Should function satisfactorily and is not likely to create an insanitary condition if properly maintained.*
__ *Was working properly at the time of evaluation, but may require future improvements. See attached letter.*
__ *Requires some modification to function satisfactorily and/or to not create an insanitary condition. see attached letter.*

•

_____ _____ _____

Date *Name of Sanitarian* *Position*

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 13601 W. Windridge Lane

Twp 10N Range 5E Section 19 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Lot 11 of Irregular

Directions to Property

Tracts located in the SW Quarter of S 19, T 10N, R. 5E of the 6th PM

Location of Well West of White Bldg. Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jim Cotton	13601 W. Windridge Lane	None
Tenant/Buyer:	Bob Schroeder	512 W Harvest Dr Lincoln, Ne 68521	477-0289
Return to:	Kathy Martin, Agent	Home Real Estate 2855 So. 70th Lincoln, Ne 68506	580-4703

Signature of Applicant Kathy Martin for the Buyer Address ___ Date 10/12/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 10/14/99

Initials cw

Amount 150.00

Check No. #1458 cw.

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Paul Dritzmann **DATE:** 10/15/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 4.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Portion of the septic system predates regulations and house has been vacant for an unknown amount of time. Hence, LLCHD can only provide provisional approval of the septic system. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Dritzmann Date 10/20/99

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10/99

P12220-17

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 13601 W. Windridge Ln.

Twp 10N Range 5E Section 19 1/4 ____ 1/4 ____ Block ____ Lot 11 Addition ____

Directions to Property I-80 to exit 388 So to W. O St. & 103 intersection East on W. "O" TO 140TH & TURN north. 140TH turns into W. Windridge Lane (SO OF I-80 ACROSS From Diamond Head Ranch)

Location of Well Beside sidewalk leading to 20x20 shop Tap Location: Inside ☐ Outside ☐

Location of Sewage System In Front OF Front Back on the house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Gene Blaser	13601 W. Windridge Lane	475-1204
Tenant/Buyer:	Jimmy + Carol Cotton	P.O. Box 81015 Lincoln, NE. 68501	
Return to:	MARY BEAKE WOODS BROS	3201 PIONEERS BLVD LINCOLN, NE 68502	434-3673

Signature of Applicant J.R. Cotton Address P.O. Box 81015 Lincoln, NE 68501 Date 5/22/98

HEALTH DEPARTMENT USE ONLY

Date Received 6/1/98 lp Received $150.00 Check ☒ #6860 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 6/3/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☒	Date___/___/___by___
Nitrate	☒ 3.2 ppm	☐ ____ ppm	Disapproved ☐	Date___/___/___by___

Comments: the original installation of the septic system for this home predates County regulations. 100 ft of drain field lateral was added to the original system in 1984. there is a permit and inspection for the 100 ft lateral but not for the original system. There is a provisional approval. Recommend checking to see if septic tank need's pumping. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart, RS Date 6/10/98

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.