LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390034301

Issued 08/25/93
Expires 02/25/94
Revenue Code 18754

Establishment
LARRY SINTEK
T10N R5E SEC 25
LOT 12

FEES: $50.00

TOTAL $50.00

Permittee
LARRY SINTEK
6710 N 7TH ST
LINCOLN NE 68521

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 [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: 1-12-93

The undersigned hereby applies for a permit to ALTER [X], 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 25 ;
Block_____; Lot 12 Ex. It.; Addition_____
Street Address_____

2. Property Use: Residential 1 [X]; Commercial_____ [ ]
No. Bedrooms_____ Describe_____
Other Use [ ]
Describe_____

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

4. Description of proposed alteration, extension or repair: New Tank & New Sewer Lines

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

6. Estimated cost of project:

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

Signature of Applicant (owner or lessee)

6710 N 07
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date:_____ by: J. C. H.
Date:_____ by:_____
Date:_____ by:_____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/2/93 by: J. C. Hood

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. 91390023801

Issued 06/04/91

Expires 12/04/91

ESTABLISHMENT

SINTEK SERVICE
T10N R5E SEC 25
LOT 12

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

SINTEK SERVICE
6710 N 7 ST
LINCOLN NE 68531

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/6/91	PAID

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. _____

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

DATE: 6/3/91

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 25;
Block _____; Lot 12 I.T.; Addition _____
Street Address 6501 West "A"

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: sewer line new tanks

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER 400

SINTEK SERVICE
Signature of Applicant (owner or lessee)

6710 NORTH 7TH ST, LINCOLN, NEBRASKA
Address

(Do not write below this line)

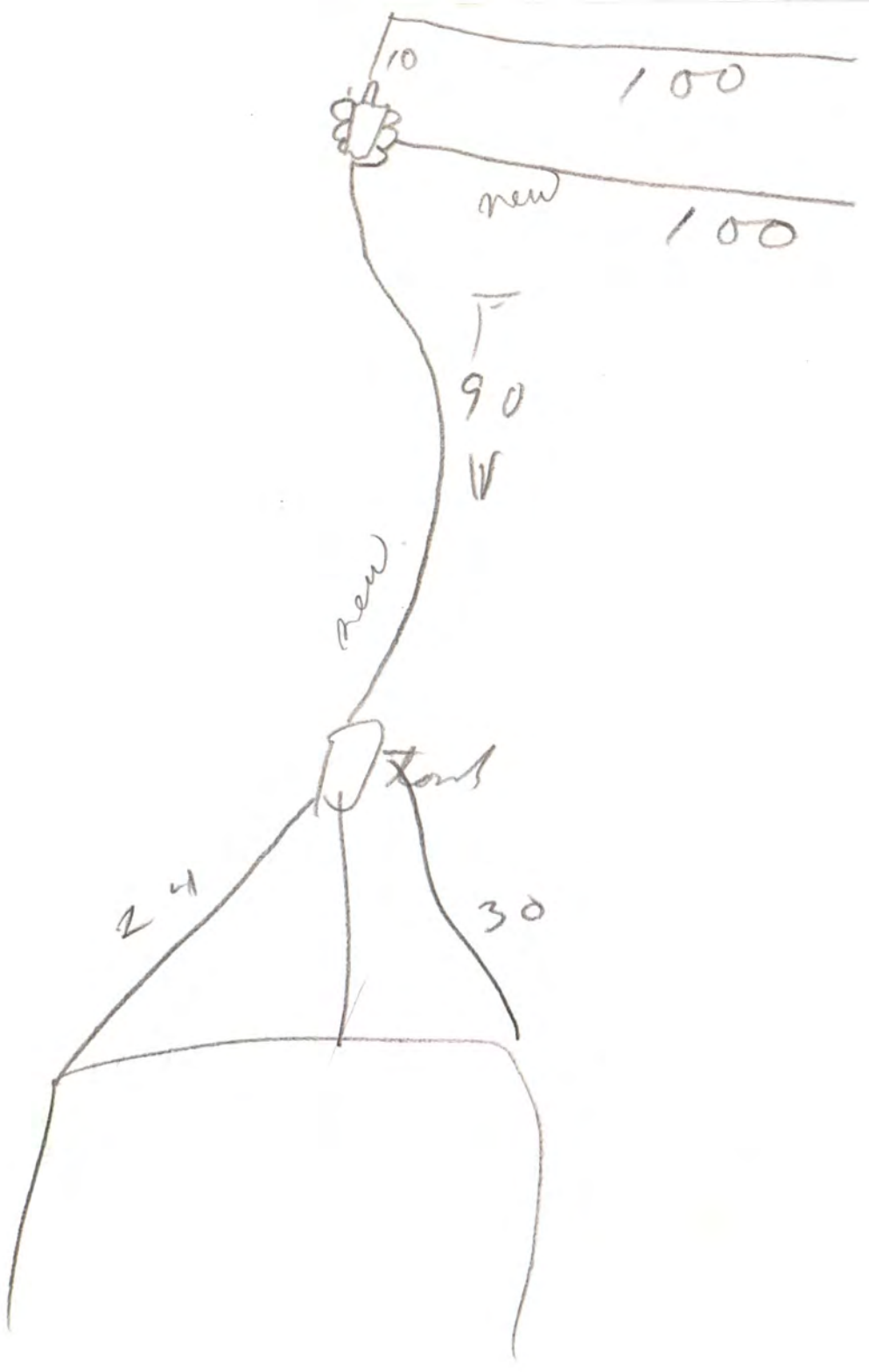
REVIEWING ACTION

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

2. Site Visits:
Date: 6/3/91 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Lowell C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/4/91 by: L.C. Hood


10
100
new
100
90
W
new
Zone1
24
30

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. _____

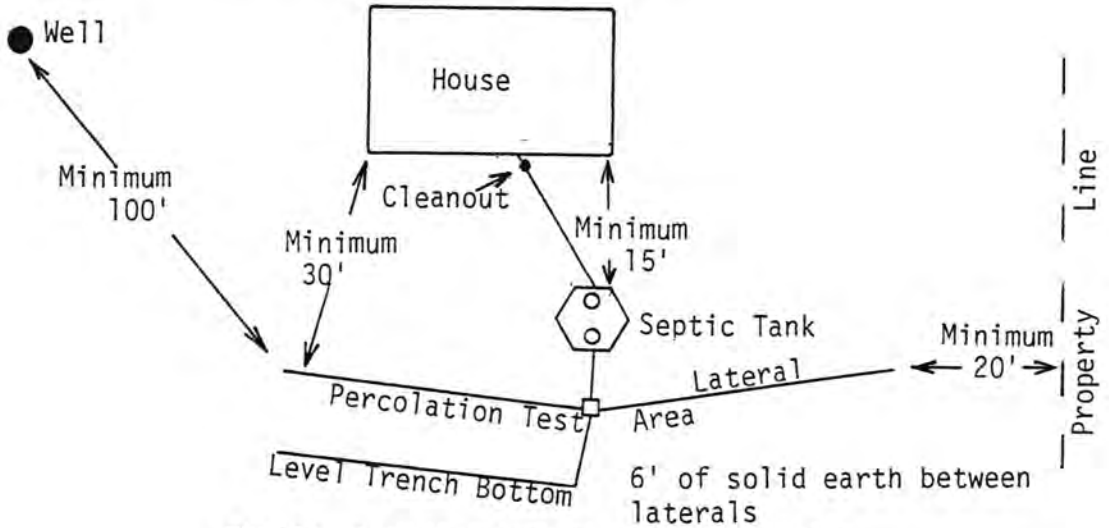
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SRDR ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 90 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade Access to Grade in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 0 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.

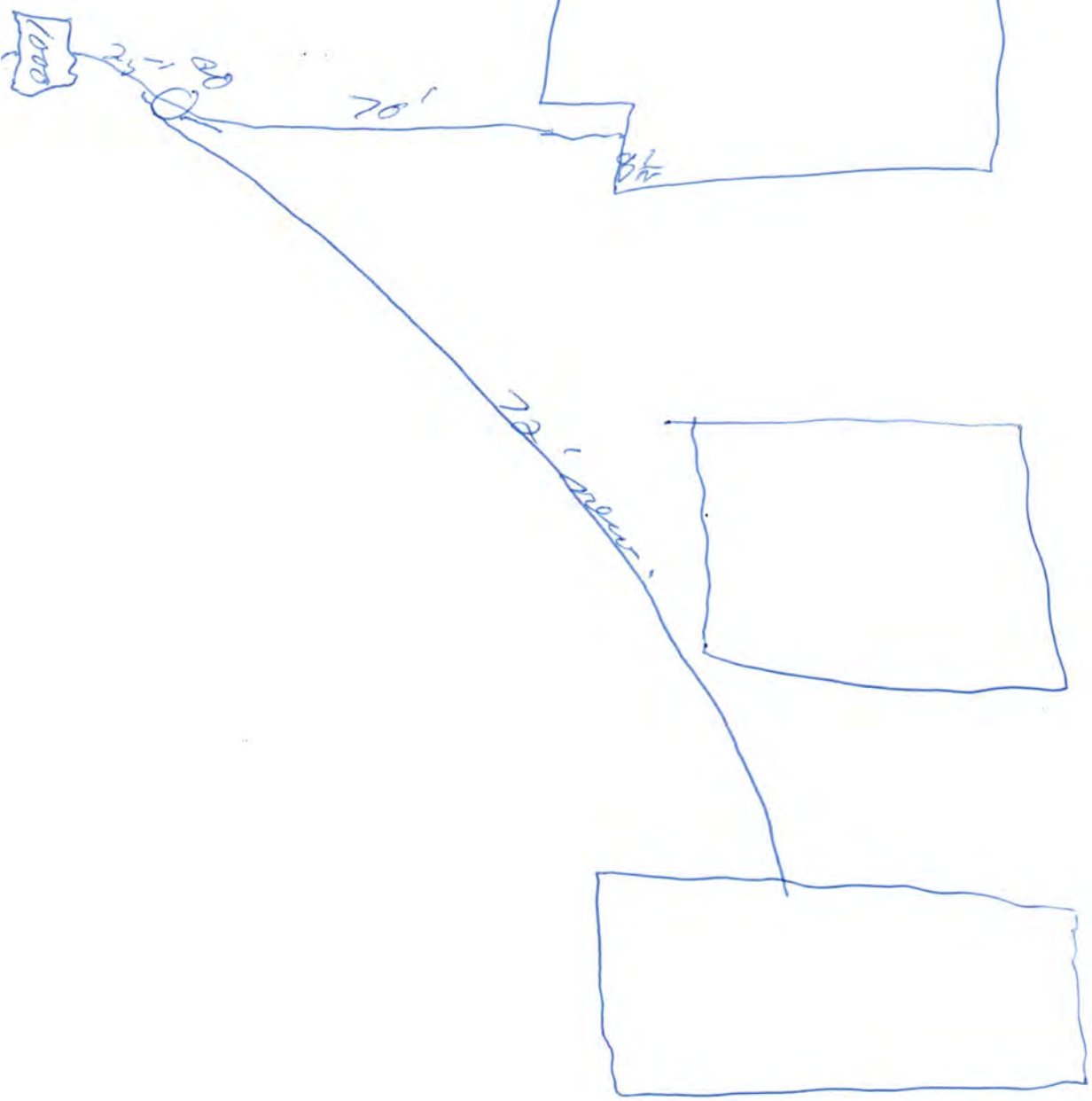
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ 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

BUILT DRAWING OF SYSTEM

DATE 6-12 INSTALLER Linlek



FILE NO. 994

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM PERMITS — July 13, 1977

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Roy and Clara Lamason — RFD 6, Lincoln, NE 68502

LICENSEE OR PERMITTEE — ADDRESS

T10n: R5E; Section 25; Lot 3 I.T.

NAME OF ESTABLISHMENT, IF ANY — LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

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

SERIAL NO. — DATE — AMOUNT

15.00 -

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. 994

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

DATE: 1-13-77

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 25 ;
Block ____ ; Lot 3 I.T. ; Addition ____
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 2 Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: Replace 451 gal tank (metal) with 600 gal cement + add cleanout to lateral + 25' new lateral.

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 658	35

Roy + Clara B Tamason
Signature of Applicant (owner or lessee)

RFD 6 Lincoln Ne
Address

(Do not write below this line)

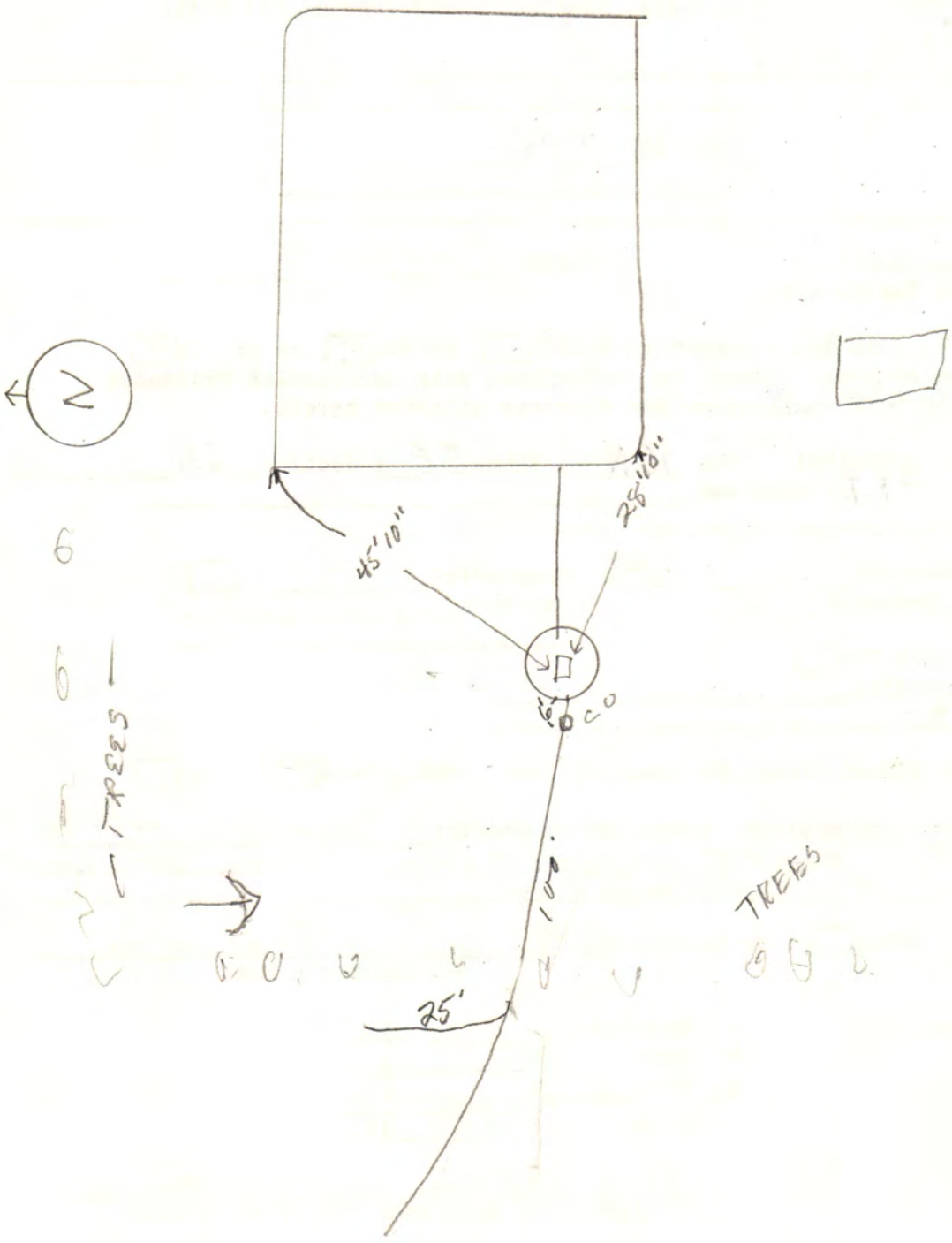
REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: 1-18-77 by: jw
Date: / by: /
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-18-76 by: James Novelka


N
45'10"
25'10"
25'
100'
TREES
TREES

007

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: 6/ /92

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

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 25; BLOCK —

LOT 2/12; ADDITION _____; Street Address 6501 WEST "O" ST.

Directions to Property WEST "O", SOUTH SIDE, JUST BEFORE RR BRIDGE, ABOUT HALFWAY BETWEEN LINCOLN AND EMERALD

Location of Well SOUTH & EAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH OF HOUSE Year Installed REWORKED 1997

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	SCOTT D. MANKE	P.O. BOX 6683 LINCOLN	421-3608 477-3048
Return to:			

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

Signature of Applicant Scott Manke Address P.O. BOX 6683, 68506

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 19, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 22, 1992. 2/28/94 by J.C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒ NEW WELL	☐	Approved:	☐	Date 6/22/92	by J.C.H.
Bacteria	☐ ☒ 0	☐	Provisional:	☒	Date 6/29/92	by J.C.H.
Nitrate	7.1 ppm ☒ ☒ 7.1 ppm	☐	Disapproved:	☐	Date 12/2/92	by J.C.H. (1 lev sewage line

Comments: PORTIONS OF THIS SEWAGE SYSTEM PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. New well 2/28/94. J.C.H. See Attached Letter ☐

Nitrate bears watching.

FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.E.H.S. DATE MARCH 2, 1994

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 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: April 14, 1991

☒ Evaluation of the Sewage Disposal System — ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 25; BLOCK ____

LOT 12; ADDITION Val 25 10-5; Street Address 6501 West "O" Street

Directions to Property South side of "O" street Call Michael or Freda Pulse 474-5239 for appointment

Location of Well South of house — Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of House — Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Michael + Freda Pulse	6501 West "O" Street	474-5239
Tenant/Buyer:	Dwain + Janet Johns	4920 West Champion	470-3214
Return to:	Woods Bros Realty Attn: Cindy Godkin	3201 Pioneers Blvd.	483-4151

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

Signature of Applicant Dwain Johns — **Address** 4920 West Champion

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 25, 1991 — Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 1, 1991 8/13/91 by J.C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 5/1/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 5/7/91 by J.C.H.
Nitrate 8.7	☒	☐	Disapproved:	☒	Date 6/3/91 by J.C.H.

Comments: SEPTIC TANK IS OVERLY FULL, LEAKS OUT NEAR TANK + ALSO IN FIELD. WELL MAY BE TOO CLOSE TO FIELD. Corrected 9/91
WELL HOUSE NEEDS CLEANING UP. BRUSH AND LUMBER PILE MUST BE REMOVED. 8/13/91 Well house cleaned up, brush + lumber removed. J.C.H. — See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. — DATE AUGUST 16, 1991

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

PROVISIONAL APPROVAL ON SEPTIC SYSTEM BECAUSE PORTIONS PREDATE REGULATIONS.