CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1358

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 10, 1979
THIS LICENSE OR PERMIT EXPIRES

William Dick
LICENSEE OR PERMITTEE

5000 Grand View Lane, Lincoln, NE 68521
ADDRESS

T10N; R6E; Sect. 2; Lot Part E; Add: Replat of Lots 4 & 5, Grandview Heights
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION
ADDRESS

REMARKS: NON-TRANSFERABLE (Repair)

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

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 [X]
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. 1358

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

DATE: 6-30-78

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 6E ; Section 2 ;
Block ____ ; Lot PART E ; Addition REPLAT OF LOTS 4&5 GRANDVIEW HEIGHTS
Street Address ____

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. Bedrooms 3
Describe ____
Other Use [ ]
Describe ____

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

4. Description of proposed alteration, extension or repair: Replace pipe between tank & Bag

5. Work to be done by: Owner [ ] ; or Contractor [ ], LARRY SINTEK
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	over $200.00

William Duck
Signature of Applicant (owner or lessee)

5000 Grand View Dr.
Address

(Do not write below this line)

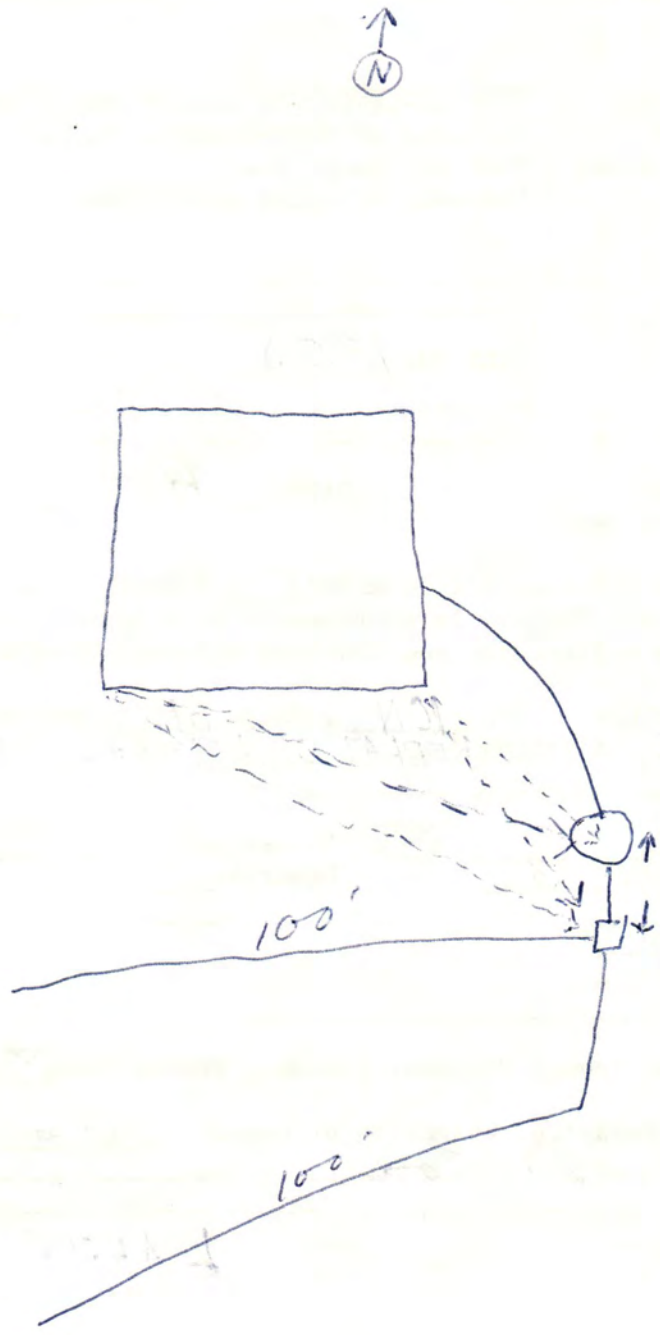
REVIEWING ACTION

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

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____


N
100'
100'

FILE NO. 202

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 13, 1972 — THIS LICENSE OR PERMIT EXPIRES

Mr. William Dick — LICENSEE OR PERMITTEE

5000 Grandview Lane — ADDRESS

T10N; Range 6E; Section 2; Lot W 150'E; Grandview Heights Addition — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. _____

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

DATE: 202

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 2;
Block ____; Lot W150' E; Addition GRANDVIEW HEIGHTS
Street Address 5000 Grandview Dr.

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: 104' lateral

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	500 00

William
Mr. A Duck
Signature of Applicant (owner or lessee)

5000 Grandview Dr.
Address

(Do not write below this line)

REVIEWING ACTION

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

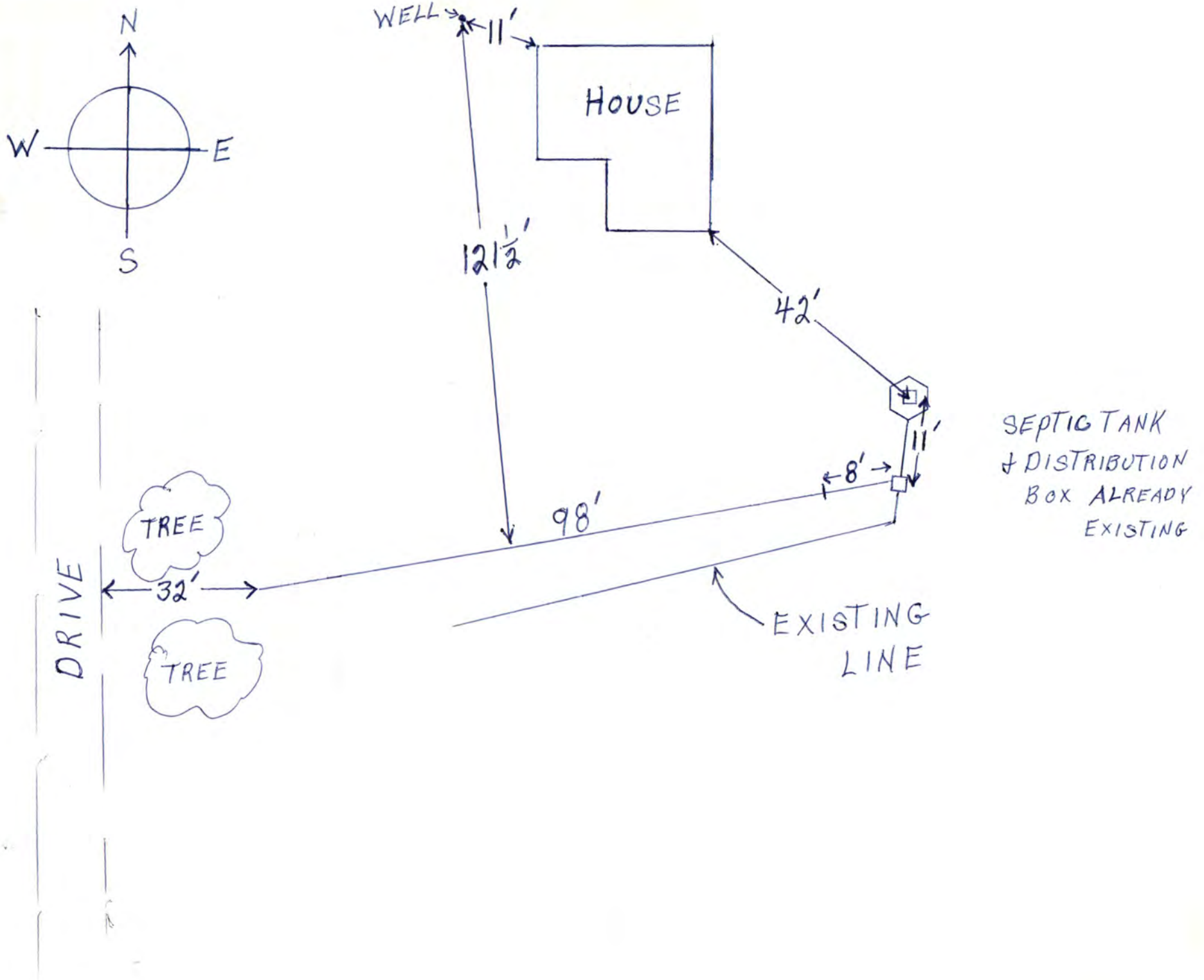
2. Date Site Clearance: _____

3. Site Visits:
Date: 7/7/71 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/13/71 by: L. C. H.


N
W
E
S
WELL
11'
HOUSE
121½'
42'
11'
8'
98'
TREE
32'
TREE
DRIVE
EXISTING
LINE
SEPTIC TANK
& DISTRIBUTION
BOX ALREADY
EXISTING

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 5000 Grandview Lane

Twp 10N Range 6E Section 2 1/4 NE 1/4 SE Block ___ Lot E Addition GRANDVIEW HEIGHTS REPLAT

Directions to Property North from 10th and Superior

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

Location of Sewage System South of House Year Installed 1962

	NAME	ADDRESS	PHONE
Present Owner:	William E. Dick 3rd North	5000 Grandview Lane Lincoln, NE 68521	402-466-1797
Tenant/Buyer:	(Same)		
Return to:	(Same)		

Signature of Applicant W E Dick Address 5000 Grandview Lane Lincoln, NE 68521 Date 8/12/94

HEALTH DEPARTMENT USE ONLY

Date Received 8/15/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Maynard **DATE:** 8/15/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☒ cap loose to be corrected	Approved ☒	Date 8/17/94 by am
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ____ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking every 2-3 years to see if the septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard Date 8/24/94

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.