Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000152

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390074601

Issued 02/04/03
Expires 08/04/03
Revenue Code 3157

Establishment DAVE'S PLUMBING INC
T11N R6E SEC 35
GARDEN VIEW BLK 3 LOT 2
6300 N 7 ST

FEES: $100.00

Permittee DAVE'S PLUMBING INC
1635 WAVERLY RD
GARLAND NE 68360

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **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:**
   Township 11N Range 6E Section 35 1/4 Section SW
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 6300 Nth 7th

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☐ lagoon ☒ other

4. **Description of proposed alteration, extension or repair** Replace 4" sewer Drain from the outside of the House to the exsisting Plastic line

5. **Work to be done by:** ☐ owner ☒ contractor's name Davesplumbing inc.

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Daves Plumbing inc Address 1635 Waverly Rd Garland Ne 68360 Phone 432-2865
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 2/4/03 REVIEW: ☒ Approved ☐ Disapproved By: Ron Monaghan

Site visits
Date 2/4/03 By sewer line + water softner line to sand pit
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 2/10/03 By Ron Monaghan

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 02/05/03 Amount 100:00 Check No. 6075 Initials _____

White - Division Copy Pink - Business Office Revised 9/00

PID 12-35-400000

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6300 N 7th Lincoln, NE 68521

Parcel ID 12 - 35 - 400 - 010 - 000 (i.e. 99-99-999-999-999)

Twp 11 Range 6 Section 35 1/4 1/4 Block 3 Lot 2 Addition Garden Valley LLCN

Directions to Property 1 block of N 7th and Fletcher

Location of Well _____ Tap Location: Inside ☒ Outside ☐

Location of Sewage System _____ Year Installed 1996

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Joseph + Joanne Budler		
Tenant/Buyer:	Ben Kramer		
Return to:	Robert M. Saf	225 N Cotner Suite 101 Lincoln, NE 68505	416-2848 436-3399 (Fax)

Signature of Applicant Robert M. Saf Address 225 N Cotner Suite Date 03/23/01 Lincoln, NE 68505

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/23/01 Amount 200.00 Check No. 1016 Initials ES

DATA ENTRY Date ____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By PAUL DRUTZMANN **DATE:** 3/23/01

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: This department was unable to locate a file or permit for the septic system. No documentation to indicate any of the components were ever inspected or approved. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drutzmann Date 3/29/01

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: 9-00

P17119-54

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 11-6-35 Blk 3 Lot 2 Location 6300 N 7th

Owner/Requestor Joe Budler property

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 No visible signs of malfunction. House appears vacant and thus we are unable to determine problems associated with use. Gardening and irrigation over the lateral field may have adverse effects to the Septic system. Septic system predates regulations and no files located at LLCHD. Septic tank needs to be pumped if not done in past 2-3 yrs.

Water System

1. (Approved Permit; approved Feb. 98) (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)

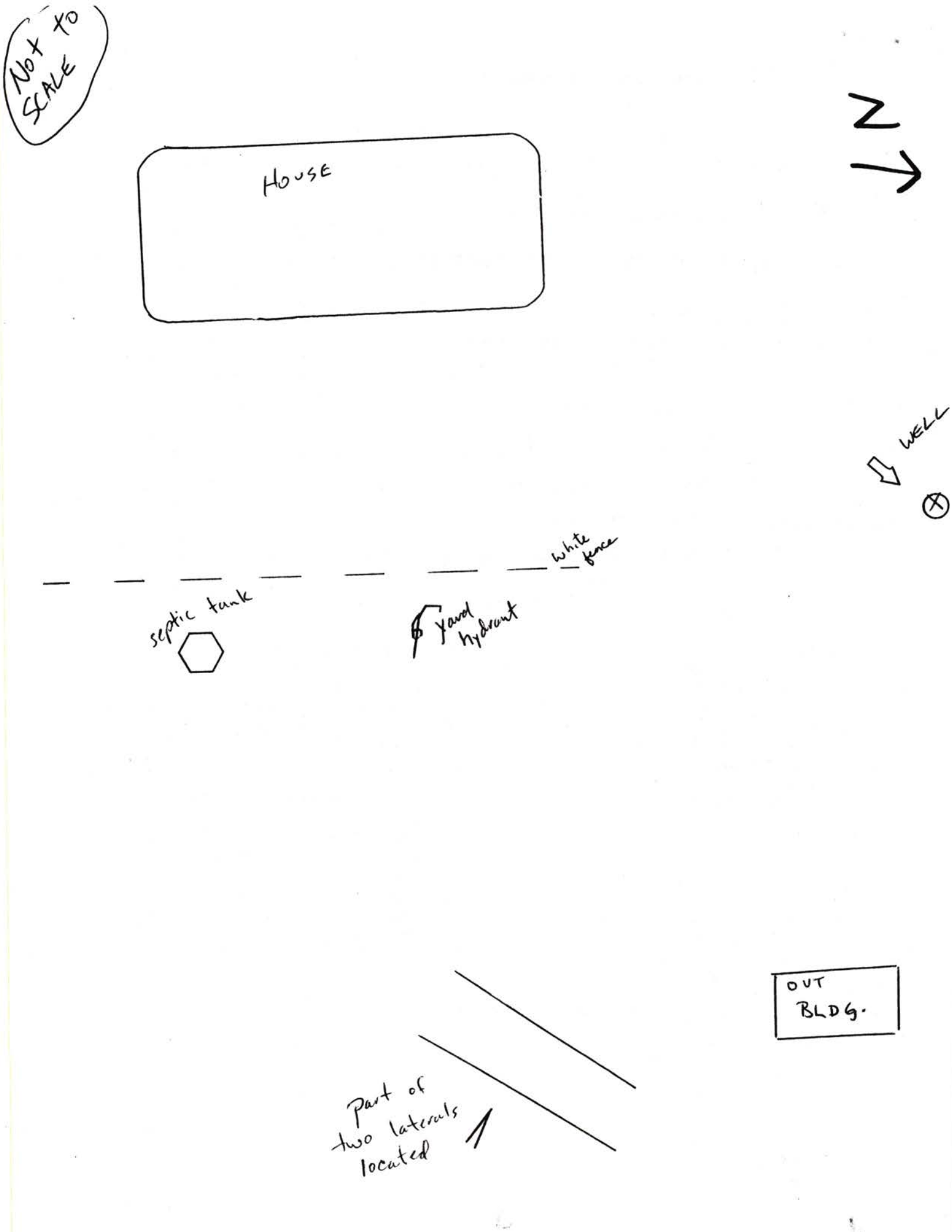
Sewage System (X) Septic ___ Lagoon

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: Paul Dolezman Received by: _____

Date: 3-23-01

WA1002


Not to SCALE
HOUSE
N
WELL
white fence
septic tank
yard hydrant
OUT BLDG.
Part of two laterals located

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 6300 North 7th Street

Twp 11N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 14th + Superior north to Fletcher - West 1 mile to 7th Street go North + it is 1st house East side of road

Location of Well 10-15 feet east of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System 35-40 feet east of well Year Installed est load 20 years

	NAME	ADDRESS	PHONE
Present Owner:	George P. + Ruth O. Steuben	6300 North 7th Lincoln, NE 68521	435-8540
Tenant/Buyer:	Joanne M. + Joseph W. Butler	3705 Curtis Drive Lincoln, NE 68506	432-2887
Return to:	State Title Services, Inc.	1023 Lincoln Mall Lincoln, NE 68508	434-5020 FAX 434-5040

Signature of Applicant Joseph W Butler Address 3705 Curtis Dr. Lincoln, NE 68506 Date 11/1/95

HEALTH DEPARTMENT USE ONLY

Date Received 11/03/95 lp Received $150.00 Check ☑ #1537 Cash ☐

PRELIMINARY STATUS--By Ron Marquardt PAUL KROTZMANN **DATE:** 11/8/95 5 23 01

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☑	Approved ☐	Date ___/___/___ by ___
Bacteria	☐ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☑	Date ___/___/___ by ___

Comments: Well appears to be too close to sewer line + septic tank. This department was unable to locate a file or permit for the septic system. No documentation to indicate any of the components were ever inspected or approved. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Krotzmann Date 3/29/01

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.