FILE #2288

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JULY 13, 1986 — THIS LICENSE OR PERMIT EXPIRES

LARRY SINTEK ROUTE #5 — LICENSEE OR PERMITTEE

6710 NO. 7 STREET LINCOLN, NE 68521 — ADDRESS

T10N; R7E; Sec 24; Addition: SE¼ of SW¼ — 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. 2288

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

DATE: 1-13-86

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 7E; Section 24;
Block ____; Lot ____; Addition SE SW 4
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: Replace tank (1000 gal) Box & laterals 320' 3' Wide

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	5765 00

A. D. Smith
Signature of Applicant (owner or lessee)

6720 N 70th 68521
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 3/27/86 by: J.C.H.
Date: 3/28/86 by: J.C.H.
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/28/86 by: J.C. Hood

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 1-29-86 to 1-30-86. Weather: Precip. _____ Temp. _____.

OWNER: NBC Mark Wible

Address: Imaiby Ne

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	18	1-29	9	1-29	1PM	1-30	2P	6	3P	4 3/4	40	1 1/4	
2	"	"	"	"	"	"	"	"	"	4 1/2	"	1 1/2	
3	"	"	"	"	"	"	"	"	"	4 3/4	"	1 3/4	
4	"	"	"	"	"	"	"	"	"	4 5/8	"	1 3/8	
5	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
6	"	"	"	"	"	"	"	"	"	4 3/8	"	1 5/8	

SINTER SERV. CO.
6710 NO. 7th St
LINCOLN, NE 68521
475-1486

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


55
50
205
60
145
27'
30
Transformer
18,000 gal
53'
40'
light pole
25'
20
20
600 gal
20
Garage
30
19
Box
20
20
20
20
20
20
36"
Jat

FILE NO. 158

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

December 25, 1970 — THIS LICENSE OR PERMIT EXPIRES

W. F. Schoenleber — LICENSEE OR PERMITTEE

7030 South Wedgewood — ADDRESS

T 10N; R 7E; Section 24 — 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	
143-1535	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. 158

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

DATE: 6-19-70

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 7E; Section 24;
Block ____; Lot ____; Addition ____;
Street Address 1/2 Mi. East 84th

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: 450 sq ft
Lateral repair

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	63 50

W. P. Schoenleber
Signature of Applicant (owner or lessee)

7030 So. Wedgewood
Address

(Do not write below this line)

REVIEWING ACTION

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

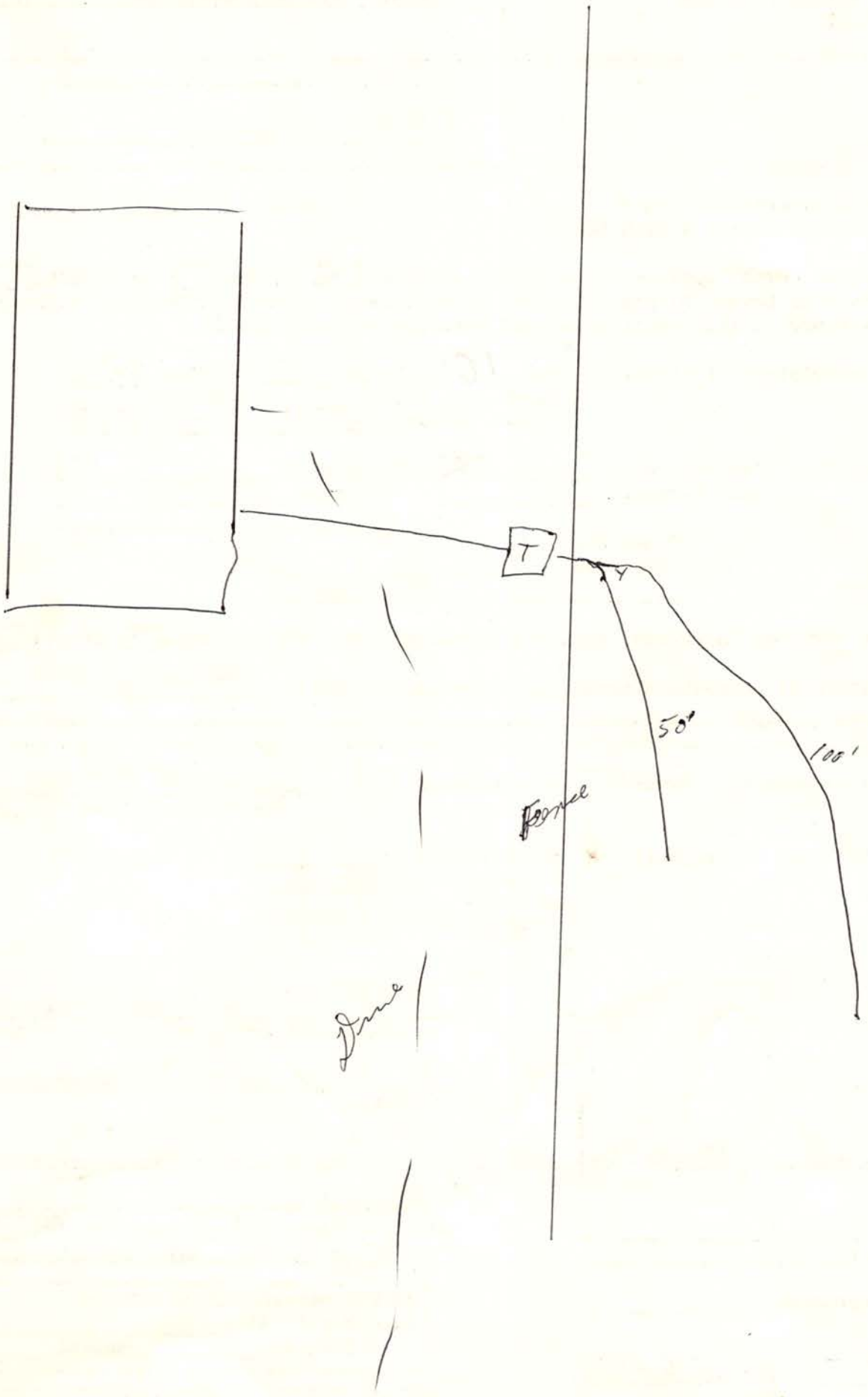
2. Date Site Clearance: ____

3. Site Visits:
Date: 6/19/70 by: L.C.H.D.W.
Date: ____ by: ____
Date: ____ by: ____

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

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/19/70 by: L.C.H.


T
50'
100'
Fence
Drive

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 10200 O. Street

10 Twp 10N Range 7E Section 24 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property approxmatly 1.4 miles East of 84th + O Street North Side of O Street

Location of Well West of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System East of House (tank) Idirectly North of garage Year Installed '45?

	NAME	ADDRESS	PHONE (Call First)
Present Owner:	Donald J. Wenzl	10200 O Street	486-4252
Tenant/Buyer:	"	"	
Return to:	"	"	

Signature of Applicant Donald J Wenzl Address 10200 O ST. Lincoln, Ne. 68520 Date 3/20/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 3/22/96
Initials L.C.H.
Amount $150.00
Check No. 4780

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 3/22/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 4.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: Construction of this septic system predates County regulations. There is no permit or inspection of this system on record at the Health Dept. Thus, a provisional approval. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquardt, RS Date 3/27/96

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