Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005175

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390078801

Issued: 06/09/04
Expires: 12/09/04
Revenue Code: 3157

Establishment:
MARK MUNFORD
T10N R7E SEC 26
HILLCREST HEIGHTS BLK 7 LOT 1
606 E HILLCREST DRIVE

FEES: $100.00

Permittee:
MARK MUNFORD
606 E HILLCREST DR
LINCOLN NE 68520

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 6/7/04	File No.: 043900788

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 10N Range 7E Section 26 1/4 Section _____
   Block _____ Lot _____ Addition HILLCREST HEIGHTS
   Street Address 6006 E HILLCREST

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

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

4. **Description of proposed alteration, extension or repair:** ADD 80 LF
   HI CAP Infiltrator

5. **Work to be done by:** ☐ owner ☑ contractor's name Tom Koch Dirt Works Pros Inc

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name MARK MUNFORD Address 6006 E HILLCREST Phone _____
Applicant Signature (owner or lessee) Mark Munford % Tom Koch

$100.00

Please include the permit fee ($~~50.00~~) with this application

(Please do not write below this line)

Date rec'd 6/9/04 REVIEW: ☒ approved ☐ disapproved By: Gerald C. Hood

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval
Date _____ By _____

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

White - EH Pink - Business Office Revised 1/98

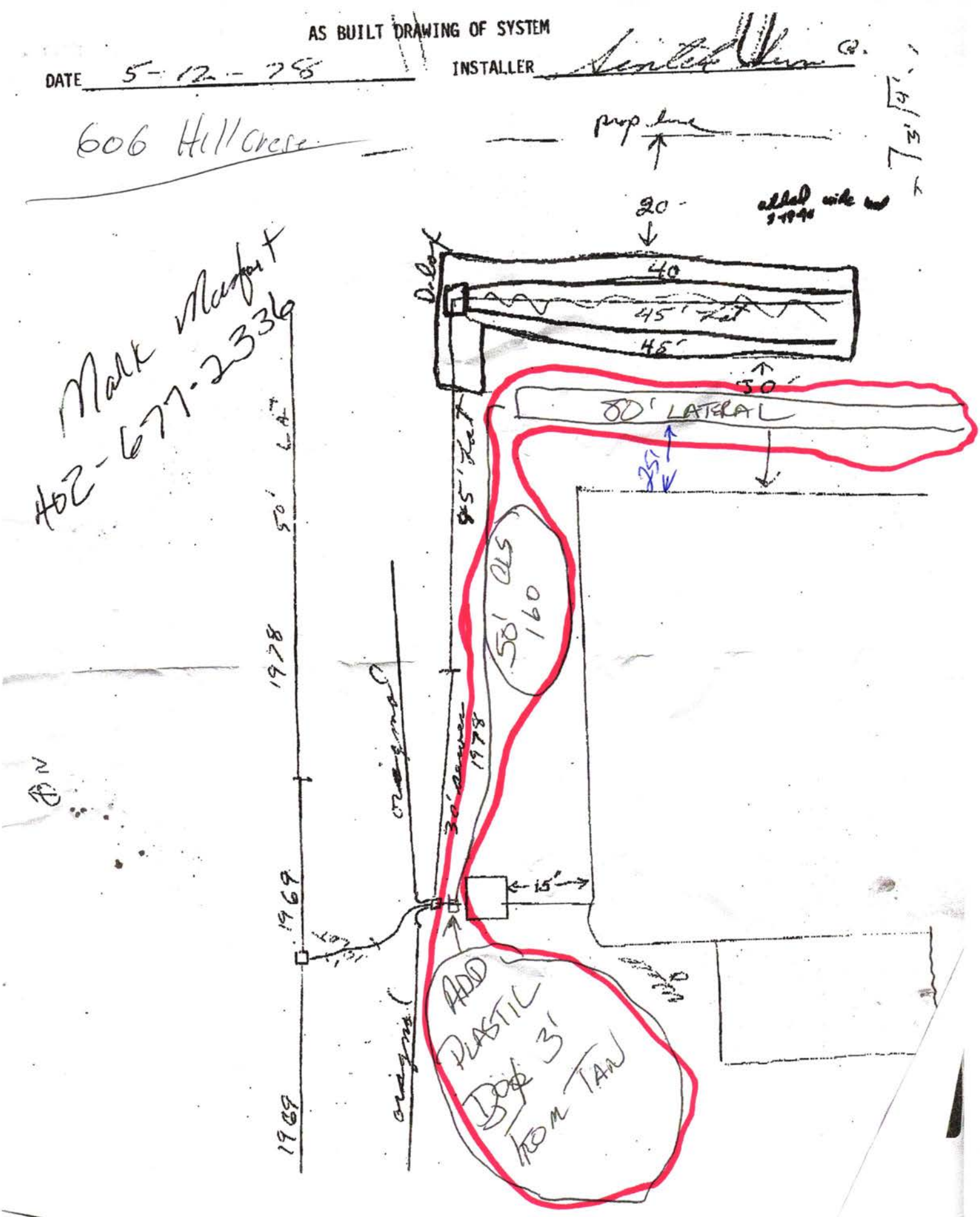
6/09/04 #6879 $100 cc

AS BUILT DRAWING OF SYSTEM

DATE 5-12-78 INSTALLER

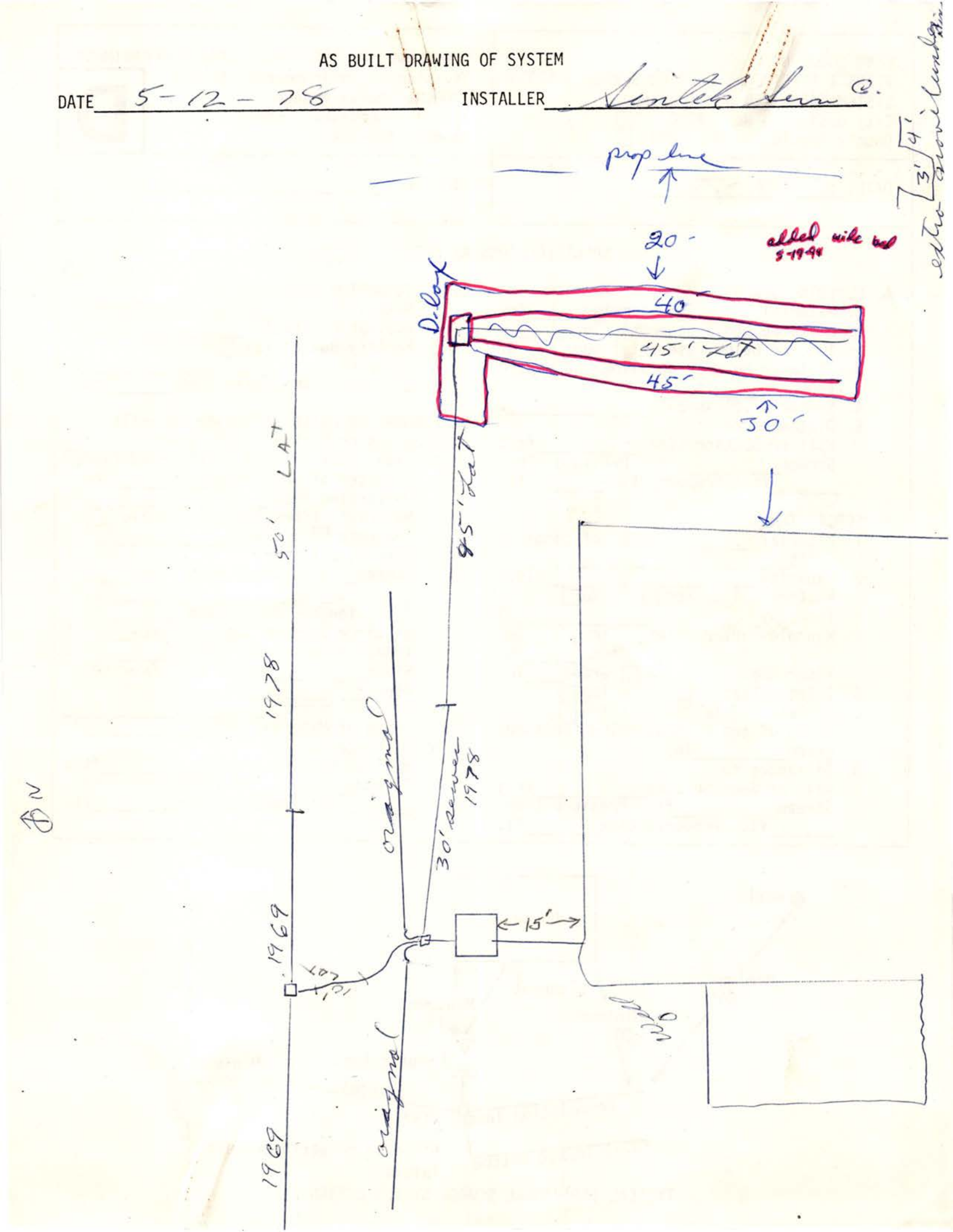
606 Hillcrest

Mark Marfort
402-677-2336



AS BUILT DRAWING OF SYSTEM

DATE 5-12-78 INSTALLER Sanitek Sew Co.



FILE NO. 121

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

February 28, 1970
THIS LICENSE OR PERMIT EXPIRES

Lee Liming
LICENSEE OR PERMITTEE

606 East Hillcrest Drive
ADDRESS

T 10N; R 7E; Section 26; Block 7; Lot 1; Addition Hillcrest Heights
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	
143 110.15 35	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
16926 M28.9		3000		

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. 121

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

DATE: AUGUST 27, 1969

The undersigned hereby applies for a permit to ALTER [X], EXTEND [X], 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 26; Block 7; Lot 1; Addition HILLCREST 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: ADD DISTRIBUTION BOX AND 60 FEET OF LATERAL

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

6. Estimated cost of project:

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

Mrs. Lee Lansing
Signature of Applicant (owner or lessee)

606 E Hillcrest Drive
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Date Site Clearance: _____

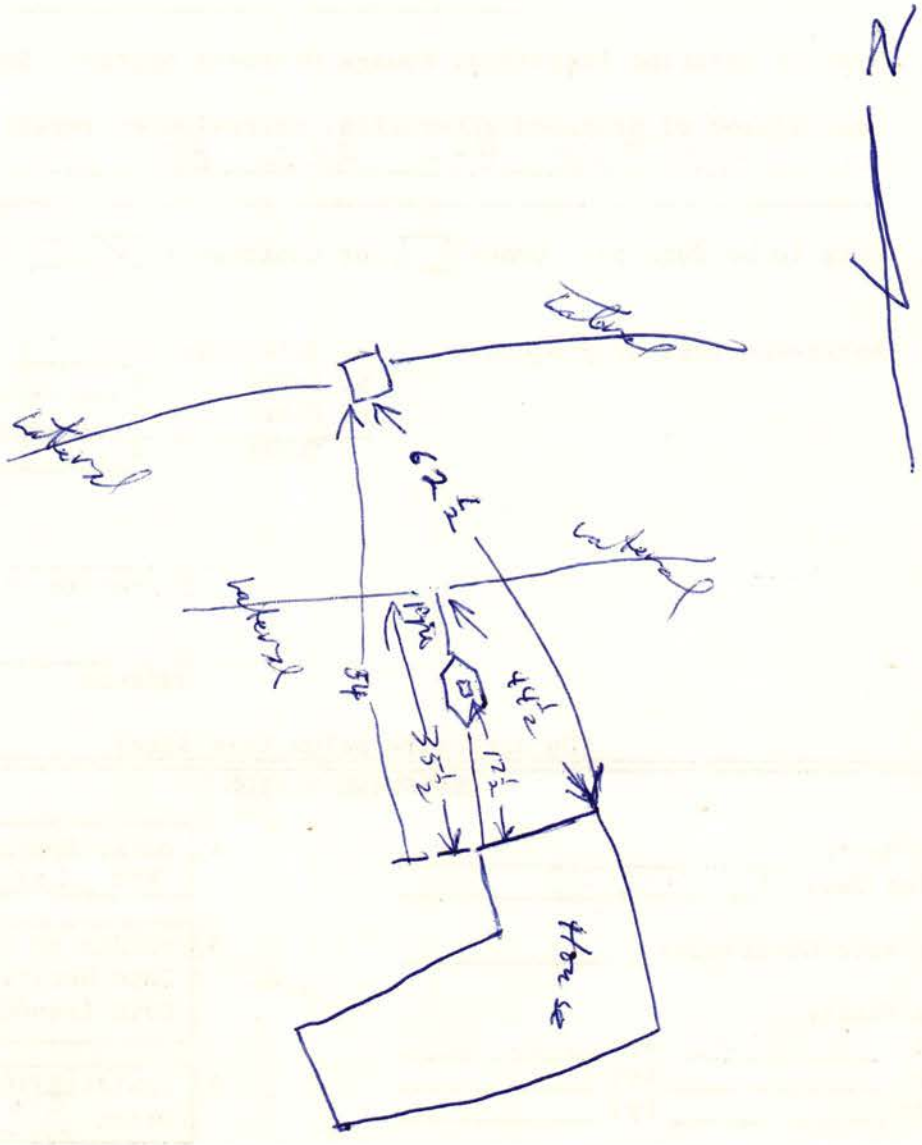
3. Site Visits:
Date: 8/27/69 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/27/69 by: L.C.H.

Tank 15' from NW corner of House
Distribution box directly north of tank



010

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 606 E. Hillcrest Drive
Twp 10N Range 7E Section 26 1/4 1/4 Block 7 Lot 1 Addition Hillcrest Heights
Directions to Property 3/4 mi E of 84th + O Lincoln, NE

Location of Well SW from corner of garage Tap Location: Inside ☐ Outside ☐
Location of Sewage System N of House ~30 feet Year Installed 1975
addition added 1974

	NAME	ADDRESS	PHONE
Present Owner:	Douglas Ev Virginia N. Benter	606 E Hillcrest Dr	489-6224
Tenant/Buyer:	Marc C. & Shelley K. Munford	2917 S 20th	423-4128
Return to:	State Title Services	1023 Lincoln Mall	434-5020
			FAX 434-5040

Signature of Applicant Marc Munford Address 2917 So 20th St Lincoln, NE 68502 Date 2/15/95

HEALTH DEPARTMENT USE ONLY

Date Received 02/16/95 JP Received $150.00 Check ☑ #590 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/21/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 2/24/95 by L.C.H.
Bacteria	☒ 0 /ml	☐ /ml	Provisional ☒	Date / / by
Nitrate	☒ 0.1 ppm	☐ ppm	Disapproved ☐	Date / / by

Comments: ELECTRICAL CONDUIT BROKEN ON WELL HEAD. PART OF SEPTIC SYSTEM PREDATES REGULATIONS & SOME ADDED LATERAL IS OF AN EXPERIMENTAL VARIETY. NO EVIDENCE OF MALFUNCTION ☐ See Attached Letter ☐
HENCE APPROVAL IS PROVISIONAL. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 2/24/95 Conduit repaired L.C.H.

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

Approved by Jerrold C. Hood R.E.H.S. Date 2/27/95

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.

7-33788

recd 2/14/95

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 606 E. Hillcrest Dr.

Twp 10N Range 7E Section 26 1/4 ___ 1/4 ___ Block 7 Lot 21 Addition Hillcrest Heights

Directions to Property East on O St to Cotner N turn rt to Hillcrest Dr.

Location of Well Front Central part of lot (South of 2nd driveway) Tap Location: Inside ☐ Outside ☐

Location of Sewage System North end of lot Year Installed 67 - lateral added mid 70's

	NAME	ADDRESS	PHONE
Present Owner:	Richard V Kucera	606 E Hillcrest dr. Lincoln Ne. 68520	489-6896
Tenant/Buyer:	Douglas Benker	3520 Wildriar Ln Lincoln, Ne 68516	421-6014
Return to:	Columbus Federal	770 No Cotner Blvd Suite 125 Lincoln, Ne 68505 Attn Bud Kohl	464-4444

Signature of Applicant Douglas Benker/gb Address 3520 Wildriar Ln Lincoln Ne 68516 Date 12/09/92

HEALTH DEPARTMENT USE ONLY

Date Received 12/9/92 Received $150.00 Check ☒ #3201 NPC Cash ☐

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 12/10/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☐	Date 12/15/92 by J.C.H.
Bacteria	☒ ___/ml	☐ ___/ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: THREE BOLTS MISSING OUT OF WELL CAP. SEPTIC SYSTEM WAS ORIGINALLY CONSTRUCTED PRIOR TO REGULATIONS. ADDITIONS HAVE BEEN MADE SINCE. USABLE AREA IS PRETTY WELL USED UP HENCE See Attached Letter ☐ APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTION.

FINAL STATUS Well Corrected 12/15/92 J.C.H.

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/17/92

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.