JUN 21 2017

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HSD01483

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 2415 SW 70th St (no rural route) City Lincoln, NE Zip 68532

Legal Description: SE (1/4) 35 (Section) 10N (Township) 5E (Range) Giles (Subdivison) (Addition) 1 (Block) (Lot)

PID 04-35-401-001-000

B. Owner

Name Barbara Gaskell Signature Barbara A Gaskell

Address 1987 Smith Grade City/State/Zip Santa Cruz, CA 95060

Home Phone 831-427-1305 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.14

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

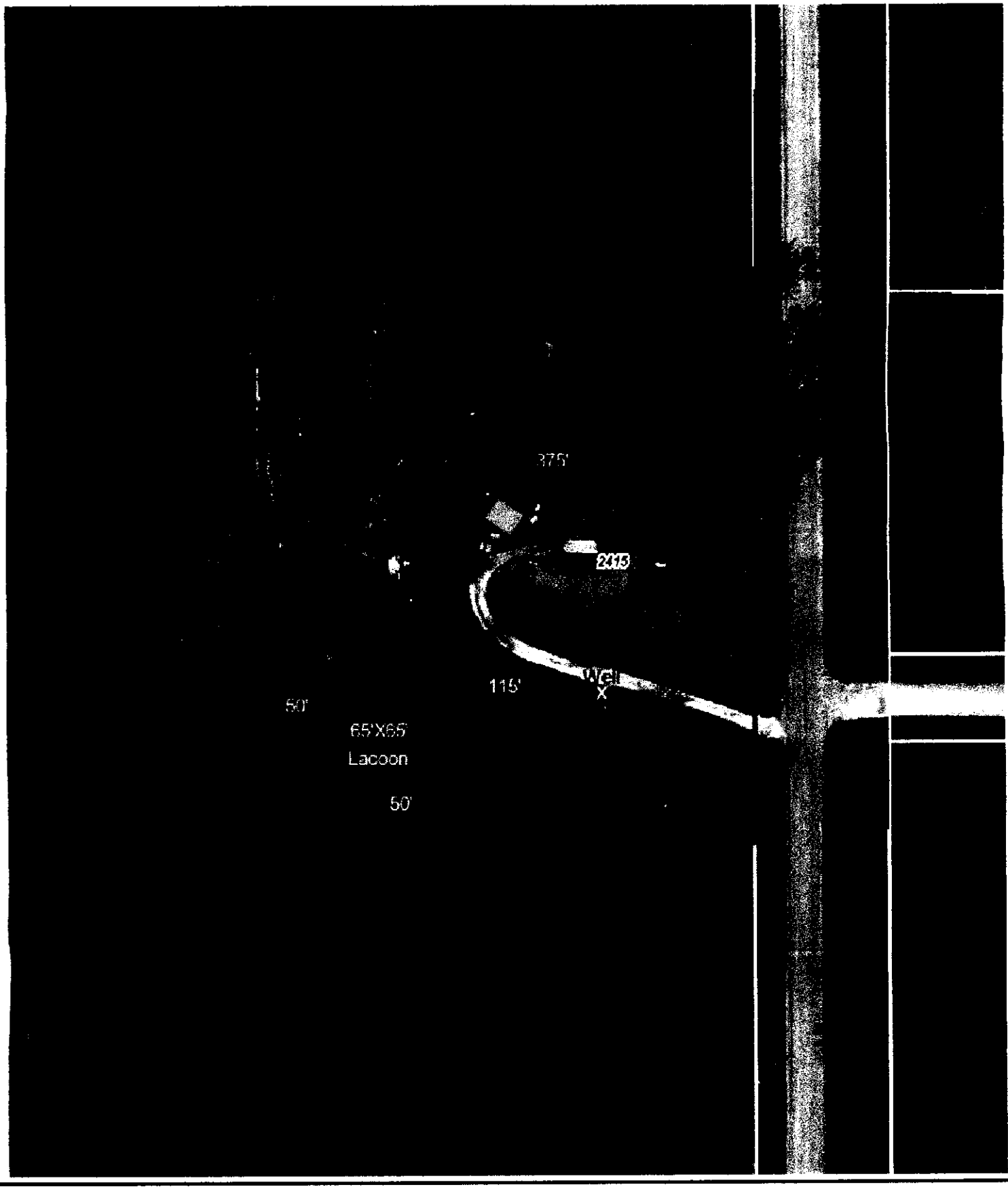
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety



Lancaster County/City of Lincoln GIS Map

Gaskell 2415 SW 70th St, Lincoln, NE 68532

N
W E
S

Printed: May 26, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001483

System Type: Lagoon

Situs: 2415 SW 70 ST, RURAL, NE

Issued: 7/5/2017

Expires: 7/5/2018

Description: GILES ADDITION, Lot 1

Owner: GASKELL, C MARTIN & BARBARA A
1987 SMITH GRADE
SANTA CRUZ, CA 95060

Charlotte Burke, MS, RD, Interim Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Charlotte Burke, MS, RD
Interim Health Director

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 6

Permit Number: HS001483

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/6/17

Legal Description ____ ¼ ____ ¼ 35/10/5 Section/Township/Range Giles Lot 1

Onsite System Location

Address (no rural route) 2415 SW 70th City ____

Owner ____ Address ____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☒ No ☐
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ☒ No ☐
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed	Yes ☒ No ☐

Top of the Dike 65' Bottom of Lagoon 29' Design Flow 375 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☐	☒
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: N/A

Dike North side

Comments:

Inspections prior to Final Approval
Initial DC Date 7/5/17

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Ahrens
Date 7/6/17

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

7/11/17

Permit Number: HS001483

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID=04-35-401-001-000

Address or Legal Description or Parcel Identification Number (PID) 2415 SW 70th St, Lincoln, NE 68532

Owner: Barbara Gaskell Address 1987 Smith Grade, Santa Cruz, CA 95060

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 320 ft.

~~B. Septic Tank~~

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

~~C. Distribution Box or Drop Box~~

Distance and Direction from septic tank: ____ ft. ____

~~D. Drainfield/Absorption Field~~

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/30/17

Complete As-Built drawing on the back of this form.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

No. 98390057801

Issued 04/14/98
Expires 10/14/98
Revenue Code 3157

FEES: $50.00

PAID

TOTAL $50.00

Establishment
DEWEY COOK
T1ON R5E SEC 35 QTR SE
2415 SW 70 ST

Permittee
DEWEY COOK
5901 NW 123 ST
LINCOLN NE 68524

Issued By ~~M. Jane Ford~~
Health Director

7184

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 14 Apr 98	File No.:

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 5E Section 35 1/4 Section SE
   Block _____ Lot _____ Addition _____
   Street Address 2415 SW 70th

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

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

4. **Description of proposed alteration, extension or repair:** Add laterals as necessary - support by perc test

5. **Work to be done by:** ❒ owner ☒ contractor's name Dewey Cook

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 Dewey Cook Address 5901 NW 123rd Line 68524 Phone 796-2411 call 580-2736
Applicant Signature (owner or lessee) Dewey Cook

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

(Please do not write below this line)

Date rec'd 4/14/98 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date 5/28/98 By Jerrold Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 5/28/98 By Jerrold Hood

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

REPAIR PERMIT

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2415 SW 70th (no rural route) City Lincoln NE, Zip

Owner Everett Giles Addresss 2415 SW 70th

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests 5-4-98 to 5-5-98 Weather: Precipitation None Temperature 70

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	5-4	10:30	5-5	10:30	5-5	10:30	6	5-5	2:30P	30	1/2	60
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/4	40
3												5/8	48
4												3/4	40
5												1/2	60
6												7/8	25

Sum of Percolation Rates: 273

Average of Rates: 45.5

Rate Used for Calculation: 46

Person Conducting Percolation Tests

Name: Dewey Cook

Phone: 796-2411 Cell 580-2736

Address 5901 NW 123rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks PROPOSED LATERAL FIELD MOVED TO BETER PERCOLATION RATE AREA

Signature of Reviewing Official [signature] Date 5-6-98

FORM 23-101 10-96

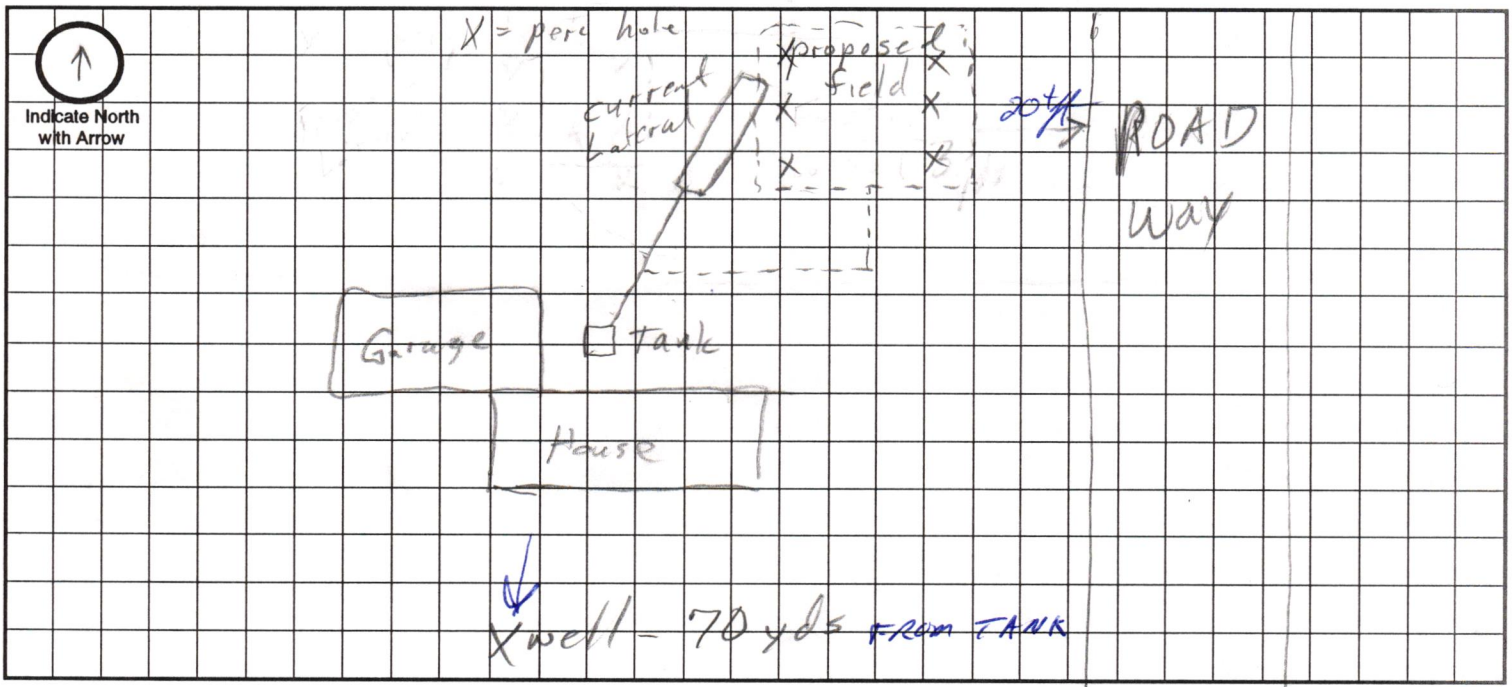
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2415 SW 70th City LINCOLN NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other ORIGINAL

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 46 (min. per inch) Soil Type: SHARPSBURG Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: ~~460~~ 604 sq. ft. 151x4

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: INFILTRATION

Capacity of Septic Tank N/A ~~1000~~ gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 151 ft. Number of Trenches 2 Trench Width 4ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor EXISTING HOUSE Date _____

Installer ~~SEE~~ Dewey Cook Date 5-6-98

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-28-98

System Location (Indicate correct number and street)

Address 2415 SW 70th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

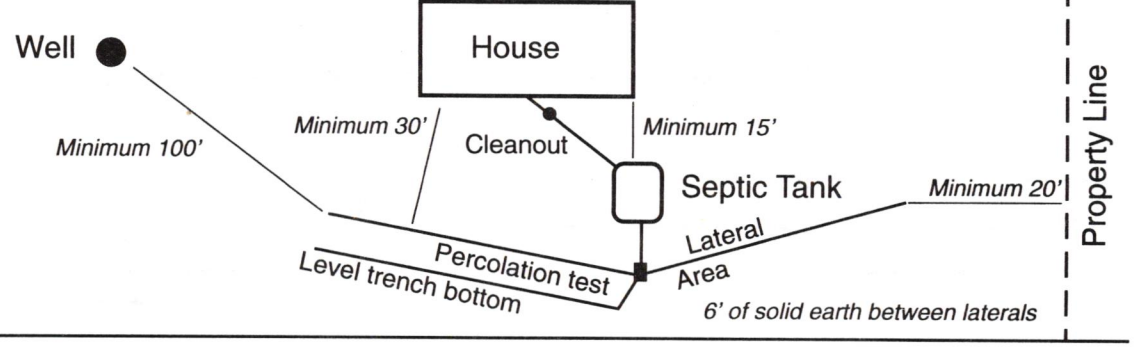
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds (Infiltrators) ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 75 ft. 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 4 ft in
4. Filter material: Gravel
   Depth of material 36 in.
5. Distances to: Well or suction line 250 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 40 ft.

Indicate North with Arrow

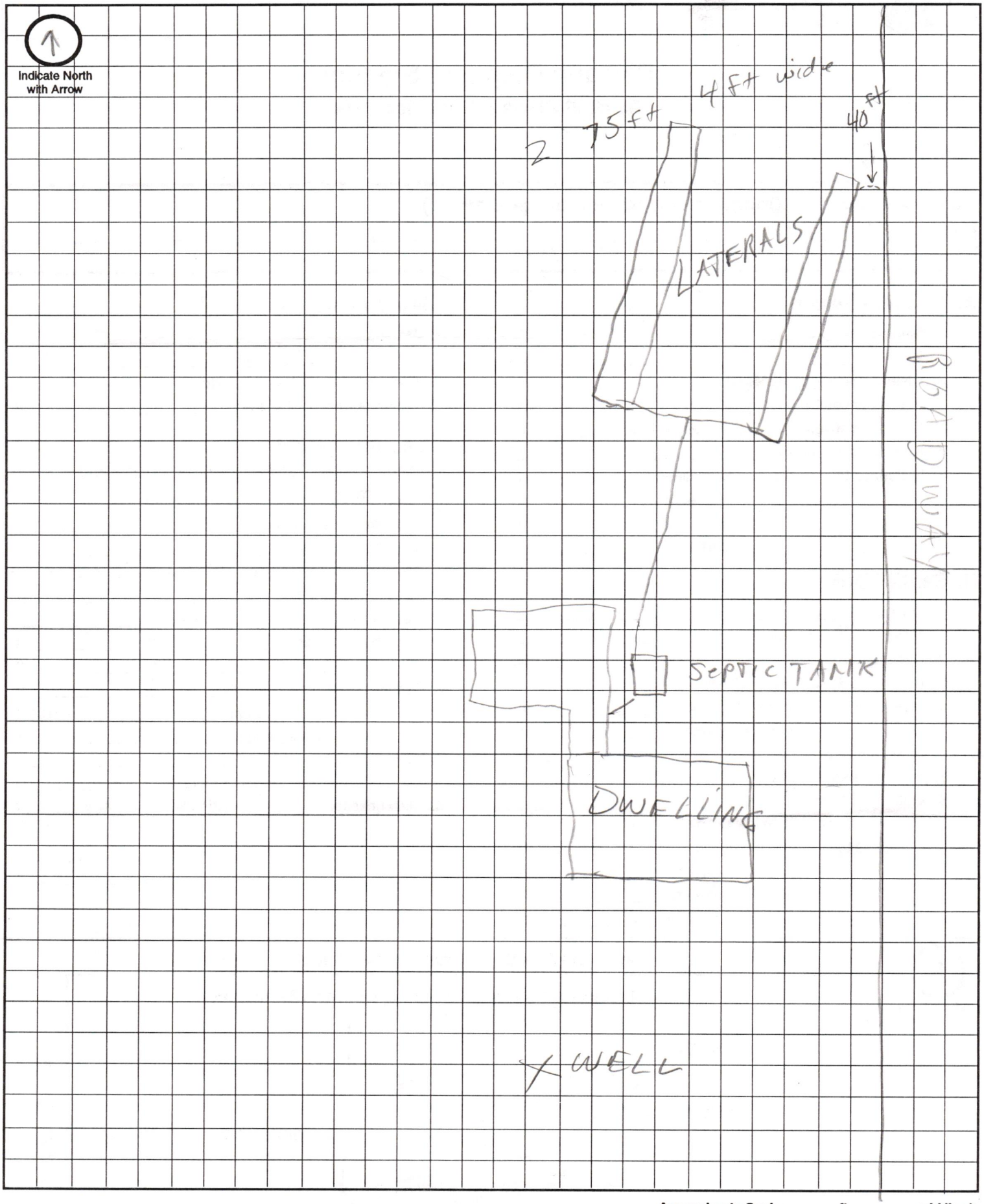
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

Official Survey Record

LANCASTER County, Nebraska

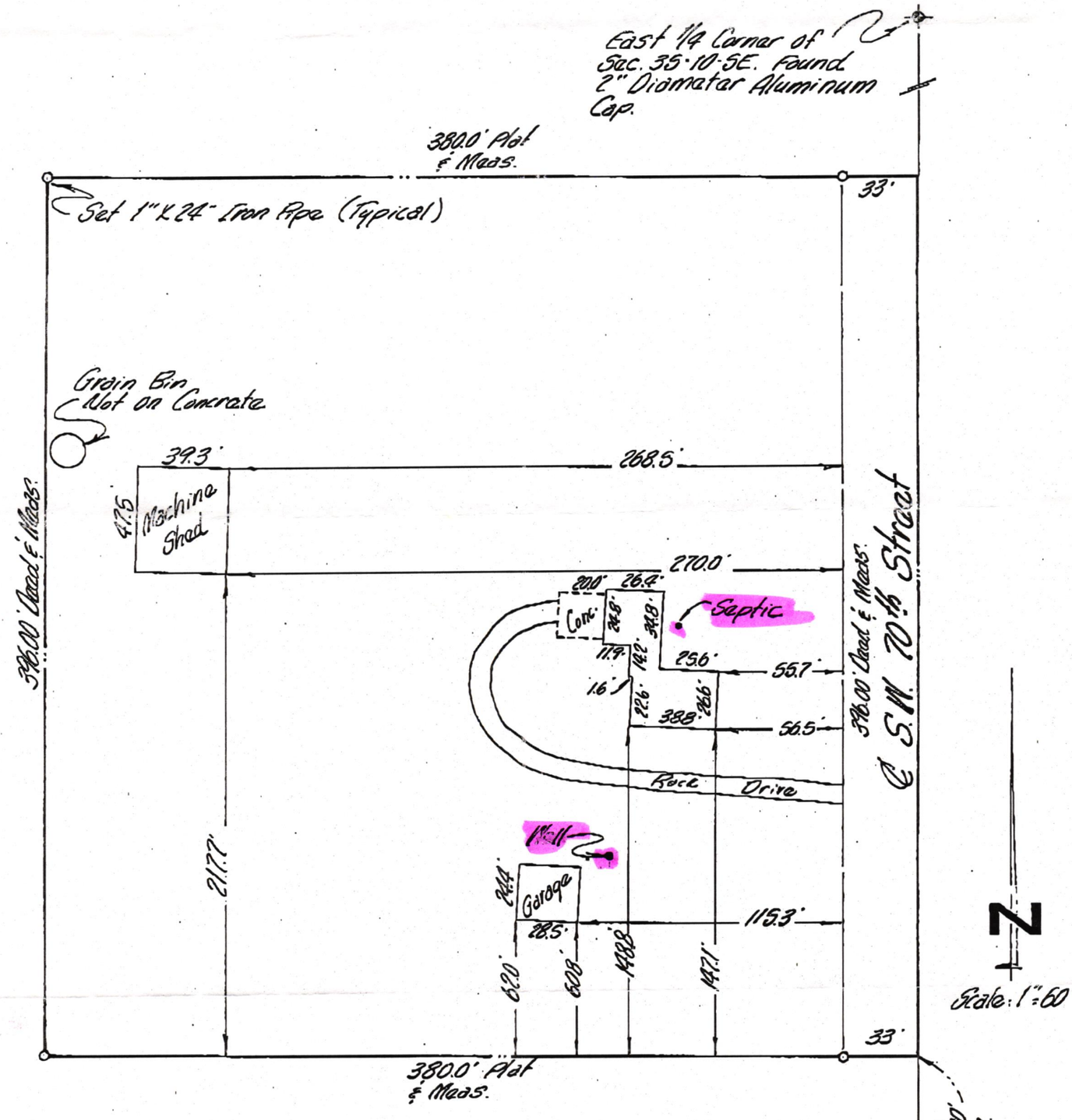
Allied Surveying & Mapping, Inc.
Land Surveyors
6120 South 58th Street - Suite "A" - Lincoln, Nebraska 68516
Phone (402) 434-2686
FAX (402) 434-2687

Sheet 1 of 1

Survey of a 3.45 Acre tract of land located in the Southeast Quarter of Section 35 T 10 N, R 5 E of the 6th P.M.

Job No. 29858

May 30, 2001



o = Set 1" X 24" Iron Pipe

• = Monuments Found as shown

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 30th day of May, 2001

NAME DENNIS D. SIMONDS (SEAL)

Surveyor's License Nebraska L.S. #343

REGISTERED PROFESSIONAL LAND SURVEYOR DENNIS D. SIMONDS LS-343 STATE OF NEBRASKA

LEGAL DESCRIPTION:

Referring to the Southeast corner of Section 35 Township 10 North Range 5 East of the 6th P.M., Lancaster County, Nebraska.

THENCE in a Northerly direction on the East line of the Southeast Quarter of said Section 35 for a distance of 1165.00 feet to the **POINT OF BEGINNING.**

THENCE on an assumed bearing of North 90 degrees 00 minutes 00 seconds West for a distance of 380.00 feet.

THENCE North 00 degrees 00 minutes 00 seconds East for a distance of 396.00 feet.

THENCE North 90 degrees 00 minutes 00 seconds East for a distance of 380.00 feet to a point on the East line of the Southeast Quarter of said Section 35.

THENCE South 00 degrees 00 minutes 00 seconds East on the East line of the Southeast Quarter of said Section 35 for a distance of 396.00 feet to the **POINT OF BEGINNING.**

Together with and subject to covenants, easements, and restrictions of record.

Said property contains 3.45 acres more or less.

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 2415 SW 70th Street.

Parcel ID 04-35-401-001-000 (i.e. 99-99-999-999-999)

Twp 10N Range 5W Section 35 1/4 SE 1/4 Block ___ Lot 35 Addition Giles Addition Lot 1

Directions to Property 1/4 mile N of SW 70th & Van Dorn.

Location of Well South side of house across drive Tap Location: Inside ☐ Outside ☐

Location of Sewage System North side of house near barn. Year Installed ___

Site Hazards (dogs, etc.) dogs but they are fenced in.

	NAME	ADDRESS	PHONE
Present Owner:	Wendy Stamler	2415 SW 70th	477-1970
Tenant/Buyer:	C. Martin Gaskell		
Return to:	Karen Karr, Realtor	HOME Real Estate 4444 O St Lincoln 68510	730-1003 437-7599 (Fax)

Signature of Applicant C. Martin Gaskell by Karen Karr Address ___ Date 11/11/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/13/03 Amount 200.00 Check No. 2016 Initials ns

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Gerhold C. Hood **DATE:** 11/13/03

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 11/19/03 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ELECTRIAL CONDUIT PLATE IS BENT OUT ALLOWING OPENING INTO WELL. PARTS OF SEWAGE SYSTEM PREDATE PERMITS AND INSPECTIONS AND REGULATIONS HENCE APPROVAL IS PROVISIONAL. LATERAL WAS ADDED IN 1998. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTY IT SHOULD BE CHECKED TO SEE IF IS NEEDED. NO EVIDENCE OF MALFUNCTION ← CORRECTED 11/19/03

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerhold C. Hood R.E.H.S. Date 11/24/03

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

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 2415 S.W. 70th Lincoln Ne. 68532

Parcel ID 04 - 35 - 400 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 10 Range 5E Section 35 1/4 SE 1/4 Block ___ Lot 35 Addition ___

Directions to Property Van Dorn West to S.W. 70th

Location of Well See Attached Survey Tap Location: Inside ☐ Outside ☐

Location of Sewage System " Year Installed Late 1960's

Site Hazards (dogs, etc.) NONE (replaced 5 years ago

	NAME	ADDRESS	PHONE
Present Owner:	Everett & Velma Giles	6435 Cascade	438-2415
Tenant/Buyer:	WENDY Stamler	650 S. 28th Lincoln Ne 68510	402-477-1970
Return to:	Sue Fox-Emrich	4444 O St Lincoln Ne	402-560-4599 (Fax)

Signature of Applicant [signature] Address 650 S. 28th Lincoln Ne. 68510 Date 9/12/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 09/14/01 Amount 200.00 Check No. 4430 Initials CO

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By RS 9/17/01 **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking septic tank if it has not been pumped recently. - Cover plate on electrical conduit leading into well is bent, replace or repair. - No visible malfunction of sewage system found

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Emrich Date 9/17/01

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

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 2415 SW 70

Parcel ID see attached - - (i.e. 99-99-999-999-999) SEE ATTACHED

Twp 10N Range 5E Section 35 1/4 1/4 Block Lot Addition

Directions to Property Van Dorn to SW 70 – Turn North – 1st House on West Side of Road

Location of Well Between Driveway & South Tap Location: Inside ☐ Outside ☐

Location of Sewage System SEE ATTACHED Year Installed

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	Giles, Everett H.	2415 SW 70	
Tenant/Buyer:	Sittner, Mick + Pam	4901 S Folsom	421-6392
Return to:	Sittner, Mick	4901 S Folsom Lincoln NE 68523	(Fax)

Signature of Applicant Mick Sittner Address 4901 S Folsom Date 7/20/01

Pamela Sittner

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 07/25/01 Amount 200.00 Check No. 3260 Initials 'MAIL'

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Dary Smith **DATE:** 7/26/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.2 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date / / by

Date / / by

Date / / by

Comments: Recommend replacing electrical conduit cap leading into well – cap is bent

See Attached Letter ☐

FINAL STATUS

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

Approved by Dary Smith Date 8/6/01

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

JUN 21 2017

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HSD01483

Existing Home

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 2415 SW 70th St (no rural route) City Lincoln, NE Zip 68532

Legal Description: SE (1/4) 35 (1/4) 10N (Section) 5E (Township) Giles (Range) 1 (Subdivison) (Addition) (Block) (Lot)

PID 04-35-401-001-000

B. Owner

Name Barbara Gaskell Signature Barbara A Gaskell

Address 1987 Smith Grade City/State/Zip Santa Cruz, CA 95060

Home Phone 831-427-1305 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.14

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 7/5/17
Date frwd 7/5/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 7/6/17

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13



Lancaster County/City of Lincoln GIS Map

Barbara Gaskell 831-427-1305 2415 SW 70th St, Lincoln, NE 68532

N
W E
S

Printed: Jul 06, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or c
data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

6/30/17