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: 475-6221)

FILE NO. 1711-C

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

DATE: 9-29-80

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. 7N ; Range 7E; Section 4 ;
Block ; Lot 25 F.T. ; Addition
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: EXTEND LATERAL FIELD 100', 3' WIDE TRENCH. NEW EXTENSION IS EXTENDED FROM MIDDLE OF WEST LATERAL NOT DISTRIBUTION BOX

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

6. Estimated cost of project:

a. Materials	$	410 00
b. Labor	$	440 00
c. Other	$	
TOTAL	$	850 00

Louis M. Aehrecht
Signature of Applicant (owner or lessee)

Box 361, Rt 1 Hickman, Nebraska
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9/24/80 by: J.C.H.
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10/2/80 by: J.C. Hood

* COVERED WITHOUT INSPECTION

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. 1711-C

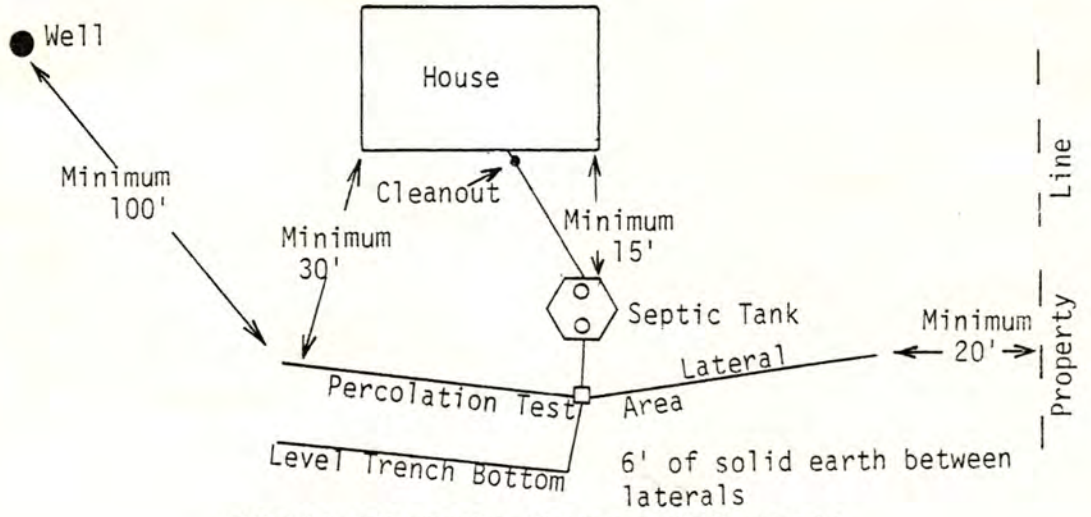
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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 CONCRETE; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☒
Diameter of Half Round 15" or Perforated Pipe 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 90, 75, 100, _____, _____ ft.;
Total length of laterals 265 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 4 & 3 ft.;
Slope _____ in/100 ft.; Average Depth 12 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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 20605 - South 68th Street

Twp 7N Range 7E Section 4 1/4 NE 1/4 Block ___ Lot 5129 Addition ___

Directions to Property: W/68th Street South of Hickman one mile (¼ mi South of Stage Coach Rd.) 1st. House West side of Road

Location of Well South of Home 30 feet (Blue Pump) Tap Location: Inside ☒ Garage Outside ☒ North/East

Location of Sewage System West + ~~South~~ North of home. Year Installed About 1972

	NAME	ADDRESS	PHONE
Present Owner:	Robert + Bonnie Friel	RT 1 Box 361 Hickman, NE 68372	792-2852 Home 473-6626 office
Tenant/Buyer:	Refinance	Provident Fed. Saving + Loan 440 So 13th St	
Return to:	Mr. Dennis Applebee	P.O. Box 95043	474-5559

Signature of Applicant Robert Friel Address RT 1 Box 361 Hickman Date 2/18/93

HEALTH DEPARTMENT USE ONLY

20605 South 68th St

Date Received 2/22/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/23/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 2/26/93 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 2.3 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEWAGE LATERAL OPEN. POSSIBILITY THAT IT HAS RUN OUT. Lateral hole filled in 2/26/93 J.C.H. PROVISIONAL APPROVAL ON SEPTIC SYSTEM BECAUSE PORTIONS WERE PUT IN PRIOR TO REGULATIONS AND SYSTEM WAS NOT SIZED OFF OF SOIL PERCOLATION TEST. See Attached Letter ☐

FINAL STATUS

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

Approved by Joyce Jensen Date 3/1/93

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.

016

B[illegible] EXAMINATION OF DRINKING WATER

SA[illegible]TED AND MAILED ON:

MO[illegible]K. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 2/23/93 11:09A.M. (9-16) MO/DAY/YR./HOUR BY J.C. Hoop (17-28)

ADDRESS OR LOCATION LOTS 254291 I.T., SEC. 4, T7N, R7E (29-41)

ROBERT PRIEL

NAME AND ADDRESS OF OWNER

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 3979 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY [illegible] (76-79)

IN '93 FEB 23 P12:01

OUT '93 FEB 24 P1:4[illegible]

WATER CHEMISTRY

STATE LAB NO. 15 1897

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 2.3 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED 2-23-93

RECEIVED 93 FEB 23 PM 2:01

COLLECTED 2 MO 23 DAY 93 YEAR 11:09 A.M. HOUR

COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROBERT PRIEL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 4 TWNSHP 7 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1711-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 2, 1981 — THIS PERMIT EXPIRES

Louis Albrecht — ISSUED TO

Route 1, Box 361, Hickman, NE 68372 — ADDRESS

T7N, R7E, Section 4, Lot 25 I.T. (Extend)

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R J NUERNBERGER, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

AS BUILT DRAWING OF SYSTEM

DATE 7-19-80 INSTALLER Brad Southwick

