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._____

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

DATE: 11-3-81

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 16 ;
Block _____ ; Lot 6 I.T. ; Addition _____
Street Address 68th st

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe Farm

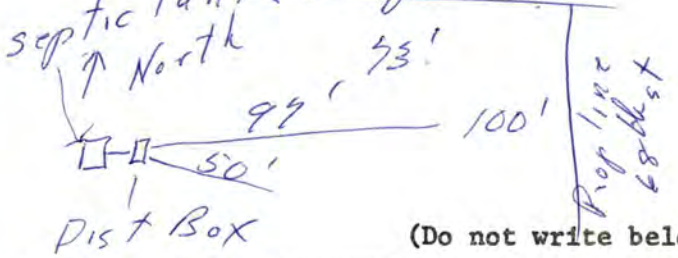
3. Type of existing Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Description of proposed alteration, extension or repair: 92 ft of 4" wide 27 tons Gravel 96' of Black perf. pipe cost $285.61

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
~~Contractor~~'s Name
Murray Owner

6. Estimated cost of project:

a. Materials	$	285.61
b. Labor	$	
c. Other	$	
TOTAL	$	



MARY ANN MURRAY
Signature of Applicant (owner or lessee)

RT 1 Box 99A Sirth Nebr 68358
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ No FEE

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: _____ by: _____

* COVERED WITHOUT INSPECTION.
abandoned

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

005991

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380293801

Issued 12/10/04
Expires 06/10/05
Revenue Code 3157

Establishment:
JOE & SHARON MURRAY
T7N R7E SEC 16
20 ACRES LOT 6
24395 S 68 ST-FIRTH

FEES: $200.00

Permittee:
JOE & SHARON MURRAY
24395 S 68 ST
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380293801

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 24401 ~~24395~~ SO 68 (no rural route) City FIRTH NE, Zip 68358

Legal Description SE¼ (1/4) 16 (1/4) - 9 (Section) - 7N (Township) ~~6E~~ (Range) Lancaster County (Subdivision) / 20 Acres (Addition) E, T. (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name JOE & SHARON MURRAY Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 525-4845 Work Phone 525-4845

C. Contractor

Name SCHROEDER CONST CO Company Name INC / CAPITAL CITY TREENING

Address 6500 PRINCETON City/State/Zip FIRTH

☐ Check if contractor designed system Work Phone 430-6700

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~2~~ 3 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** 12-17-04 pm Need 6' high bike on west Need fence detail
   Date rec'd 12-10-04 Date frwd 12-10-04 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 12-13-04 Date frwd 12-13-04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer**
   Date rec'd 12-13-04 Date frwd 12-13-04 ACTION ☒ Approved ☐ Disapproved Signature _____

7/13/05 Still needs fence, gate, I.C.#

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 12/10/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5852

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

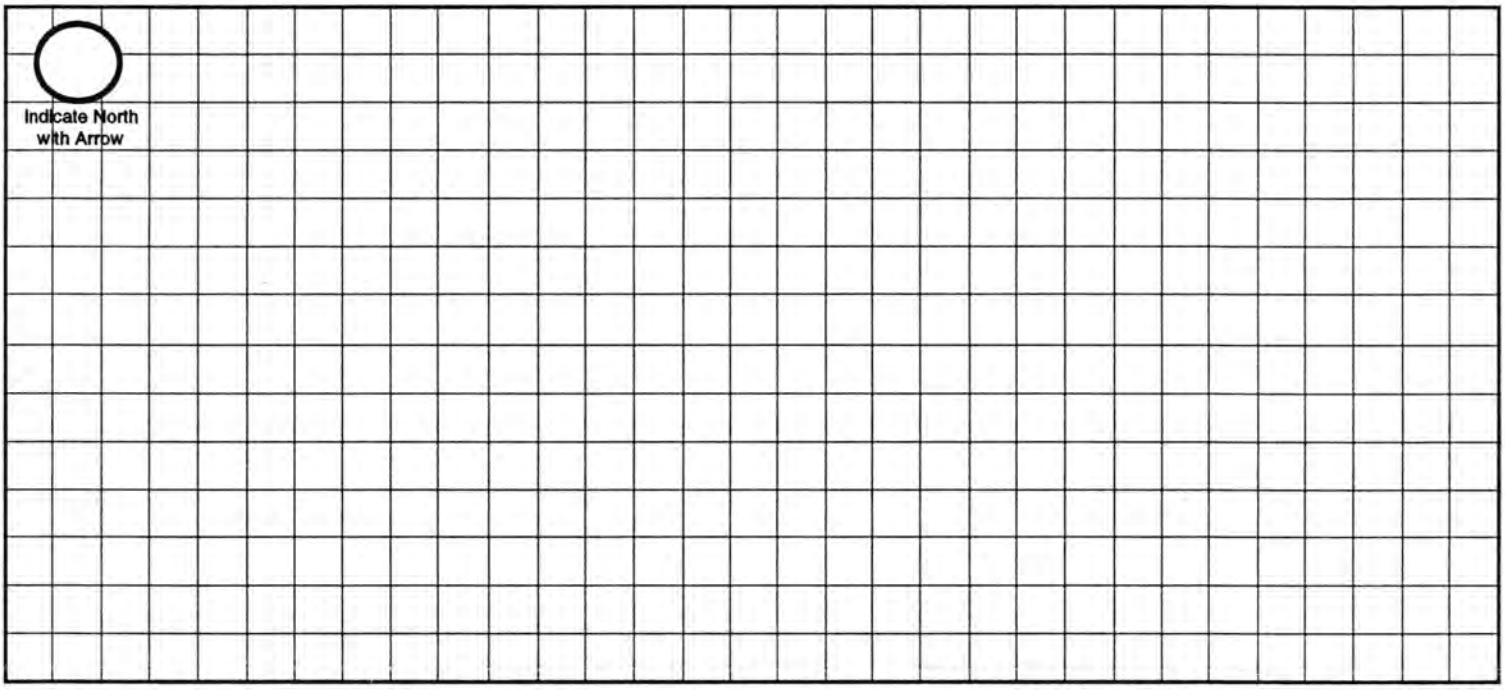
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 43802938

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon must be sealed so no more than 1/8" seepage/day

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

Percolation Rate _____ (min. per inch) Soil Type: Pawnee clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: _____ sq. ft.

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

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____ Date _____

Installer Capital City Trenching Date 8-31-04

FORM 23-102 10-96