Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008217

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390083901

Issued 09/15/05
Expires 09/15/06
Revenue Code 3157

Establishment
NANCY SCHREIBER
T8N R7E SEC 22
LEISURE LAKE-1ST BLK 2 LOT 12
17301 S 75 ST-HICKMAN

FEES: $100.00

Permittee
NANCY SCHREIBER
17301 S 75 ST
HICKMAN NE 68372

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#0539000839

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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 8N Range 7E Section 22 1/4 Section
   Block 2 Lot 12 Addition Leisure Lake 1st
   Parcel ID ___-___-___-___-___ (i.e. 99-99-999-999-999)
   Street Address 17301 S. 75 Hickman, Ne 68372

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 2 Describe

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

4. **Description of proposed alteration, extension or repair** Move lagoon location

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Nancy Schreiber Address 17301 S. 75 Hickman Phone 792-3045
Applicant Signature (owner or lessee)
Nancy Schreiber 525-6132

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 9/15/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 9/29/05 By J.C. Hood Need drawing + farmer
Date 2/5/07 By
Date 2/12/07 By

Installation final written approval
Date 2/12/07 By

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

Business Office Use Only
Received: Date: 09/15/05 Amount 100.00 Check No. 1103 Initials

White - Division Copy Pink - Business Office Revised 9/00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 94380122601

Issued 09/29/94
Expires 03/29/95
Revenue Code 18754

Establishment

JEFF MANN
T8N R7E SEC 22
LEISURE LAKE 4TH BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee

JEFF MANN
6101 S 25 ST
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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: 471-7800

A

FILING FEE: $ 150.00 pd # 4597

FILE NO. _____

Lagoon -

DATE: 9-27-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 22 ;
Block 1 : Lot 2 : Addition Legume Lake 4th addition
Street Address 17301 So 75th St. Ct.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 . Describe 2000 Sq ft. 2 Story -

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

6101 S 25th Lincoln N 68512
Address

430-0860

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/94. Date Frwd. 9/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/29/94. Date Frwd. 9/29/94. ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spa

3. City or County Engineer : Date Rec'd. 09/29/94. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Engineering Assistant

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/2/94 by: L.C.H. Need fence, signs etc.
Date: 5/17/95 by: L.C.H. no signs
Date: 1/9/96 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/9/96 By: Jerrold E. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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

Test Location 2-Blks So. of 75th + Martell Rd. west side

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: 7-11-94 to 7-12-94. Weather: Precip. 0 Temp. 80°.
Holes 2 had water in from Pre-Test

OWNER: Todd + Teresa Huza
Address: 3450 S. 17th Lincoln NE 68502
423-7715

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 5/8"	30m	3/8"	
2	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 7/8"	30m	1/8"	
3	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 3/4"	30m	1/4"	
4	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 3/4"	30m	1/4"	
5	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 7/8"	30m	1/8"	
6	36"	7-11	7:00 pm	7-12	5:00 pm	7-12	5:00 pm	6"	6:00 pm	5 3/4"	30m	1/4"	

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

Mike Hoaglan
Signature of Person Conducting Test
Address 2700 Dan Ave Lincoln, NE Phone 464-0638

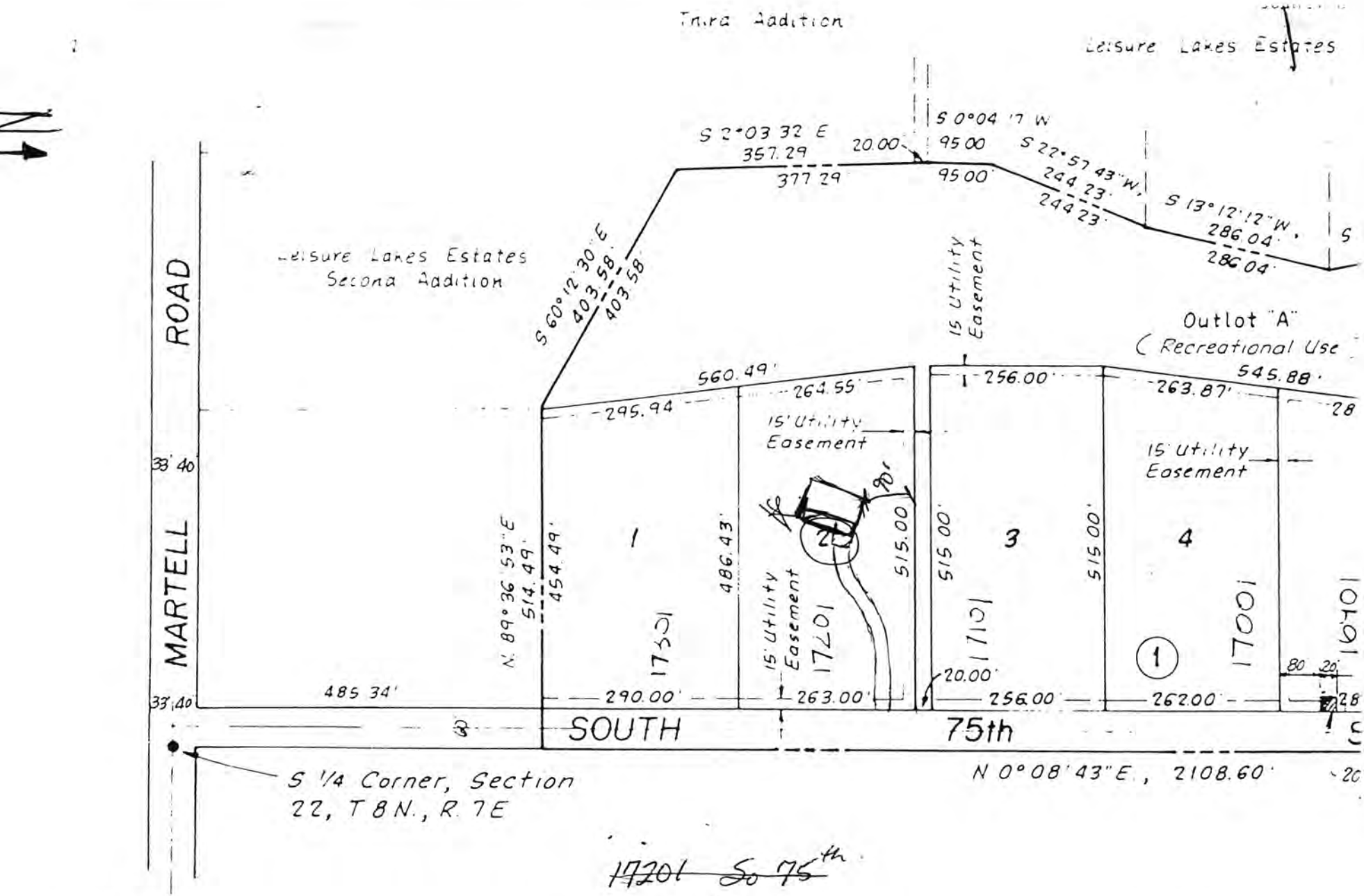
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

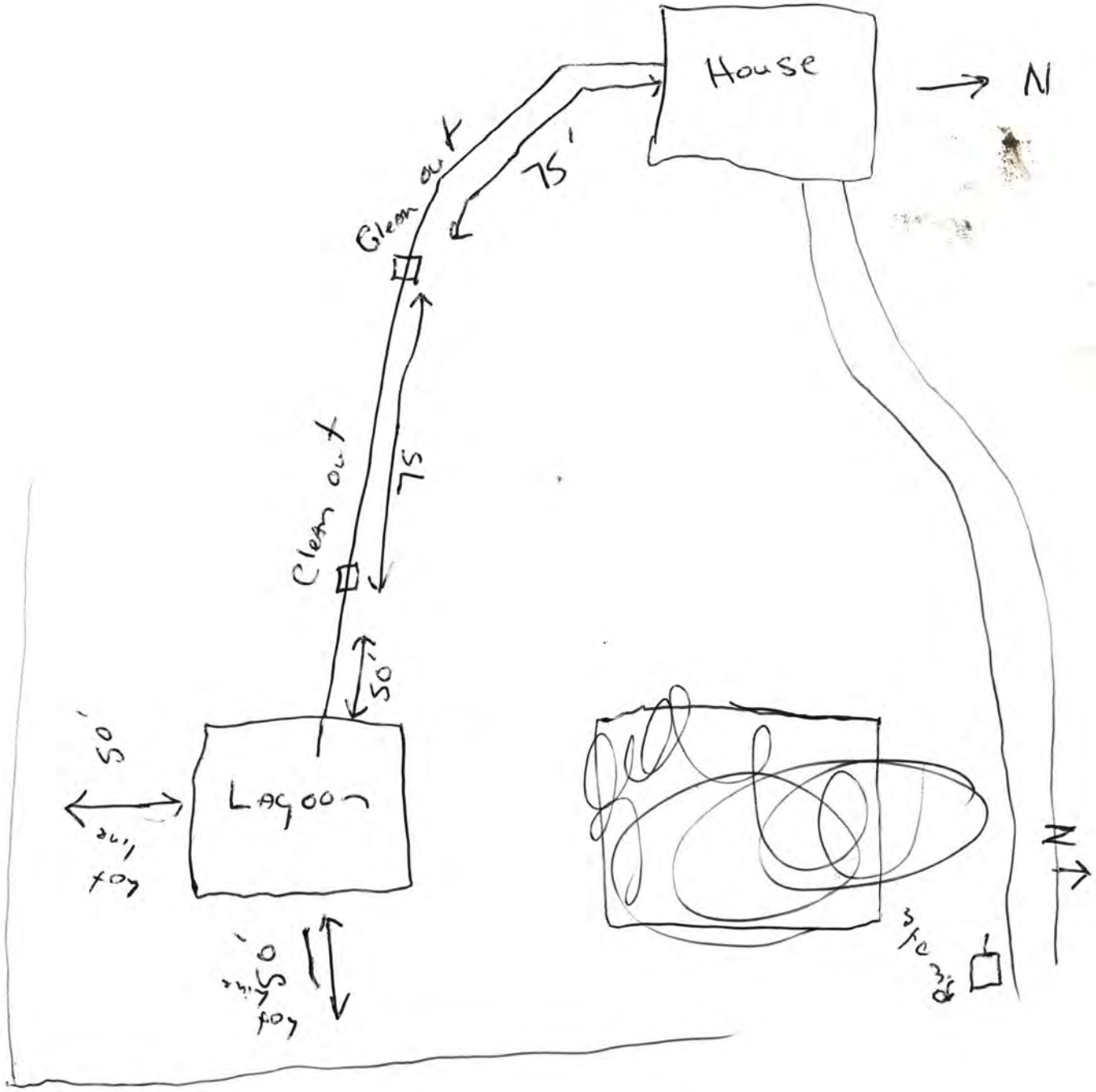


~~17201 So 75th~~

* 4 SETS

LOT 2 BLK 1
Leisure lake 4th addition

HEVRA RESIDENCE


House
N
Clean out
75'
Clean out
75'
50'
50'
Lagoon
50'
50'
N
S/C 3%