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. 95380127401

Issued 02/03/95
Expires 08/03/95
Revenue Code 18754

Establishment
RON FLOYD
T8N R7E SEC 26

FEES: $150.00

TOTAL $150.00

Permittee
RON FLOYD
6900 HICHMAN RD
HICKMAN NE 68372

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

Hickman
FILING FEE: $150.00

RECEIVED NOV 27 1995

FILE NO. _____

DATE: 11-17-94

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 26 NW¼;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: N/A ft.

Ron Floyd - Brad Southwell
Signature of Applicant (Owner or Lessee)

17201 S. 72
RFD Hickman Hickman, Ne
Address 68372

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/27/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-20-95. Date Frwd. 1-20-95. ACTION: Approved ☒ Disapproved ☐ Signature: Annetta Pool

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Ploug

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: L.C.H.
Date: 6/5/95 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/5/95 By: Gerald C. Hood

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

FORM 23-43

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: 471-7800

D

Hickman
DATE: 11-17-94

FILE NO. _____

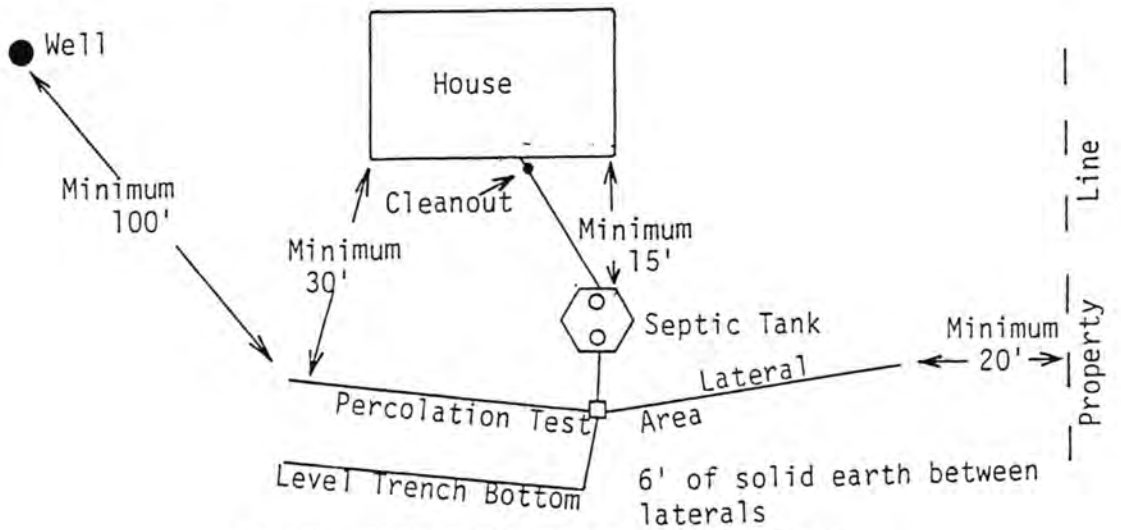
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 4" PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 10 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 121 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line N/A ft.; Stream N/A ft.; Pressure Line >100' ft.; Property Line >20 ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 _____ 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 ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N
E
48'
81'
40'
26'
Drive

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: May 2, 1992

☑ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 26; BLOCK ___

LOT ___; ADDITION ___; Street Address ___

Directions to Property one mile North and one mile East of Hickman

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Not Known Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	George Bess	17900 So. 87 rd	792-2150
~~Tenant~~/Buyer:	Ron Floyd	6900 Hickman rd.	792-2208
Return to:	Loyd Terpsma-Home	Real Estate 3940 South St. Lincoln, NE 68506	488-4663

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Ron Floyd By Loyd Terpsma Address 6900 Hickman Rd.

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 15, 1992 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT WATER PRELIMINARY STATUS--DATE JUNE 25, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 6/25/92 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date ___ by ___
Nitrate	☐	☐	Disapproved:	☒	Date ___ by ___

Comments: LATERAL OF SEPTIC SYSTEM LEAKS SLIGHTLY

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT WATER

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

APPROVED BY ___ DATE ___

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

closing June 8

9506270210

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

010815
163781
9278

Legal Description of Property: Street Address 18000 S 82nd

Twp 8N Range 7E Section 26 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/2 mile South of 82nd and Martell Road on East side of 82nd street.

Location of Well ~~to~~ ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northeast House Year Installed 95

	NAME	ADDRESS	PHONE
Present Owner:	Ron Floyd	17900 S 82nd Hickman NE	792-2208
Tenant/Buyer:	Barb & Kurt Kibuez	435 Bst Palmyra NE 68418	477-3822
Return to:	Buyer SUSAN 1ST FEDERAL	3901 NORMAL BLVD	68506

Signature of Applicant Barbara Kibuez Address 435 Bst Palmyra NE Date 5/31/95

HEALTH DEPARTMENT USE ONLY

#8889

Date Received 5/31/95 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C Hood **DATE:** 6/5/95

RURAL WATER DISTRICT WATER

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: THE HEALTH DEPARTMENT HAS NO OBJECTIONS TO THE ADJUSTMENT TO THE PROPERTY LINE SINCE MR. FLOYD OWNS THE SURROUNDING GROUND. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: RURAL WATER DISTRICT WATER Approved: ☐

SEWAGE DISPOSAL SYSTEM Approved: ☑ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 6/5/95

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.