LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390028501

Issued 07/07/92
Expires 01/07/93

ESTABLISHMENT

RON FLOYD
T8N R7E SEC 27
6900 HICKMAN RD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE RON FLOYD

HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/7/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 471-7800)

FILE NO. _____

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

DATE: 7-2-92

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. 8N ; Range 7E ; Section 27 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 6900 Hickman Rd

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 with 100' perforated

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	900 00

Ron Floyd by Brad Southwick
Signature of Applicant (owner or lessee)

701 E. 4
Hickman Ne — Hickman, Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 7/2 by: _____
Date: 7/2 by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/2/92 by: _____

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 _____

System Location (Indicate correct number and street)

Address 6900 Richman Rd. (no rural route) City Richman NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 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
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade ON in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete (2 Boxs)
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 9-32 ft.

D. Absorption Field

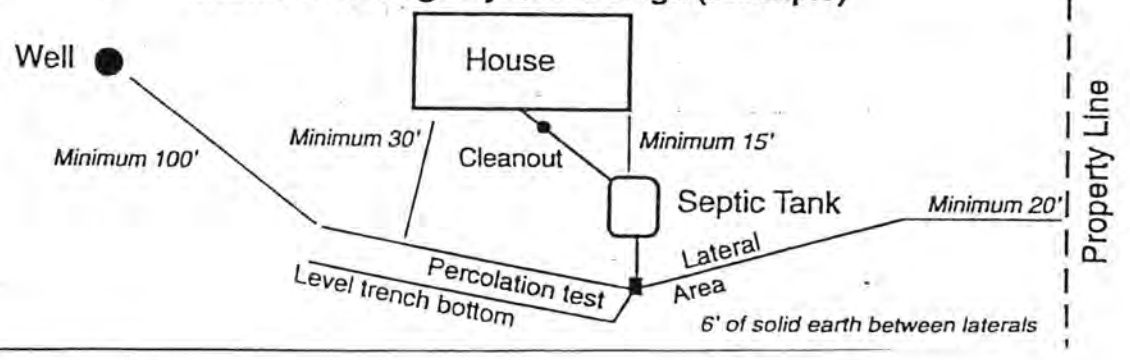
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 60' ft. UNK. ft.
   UNK ft. UNK ft., UNK ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 42 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

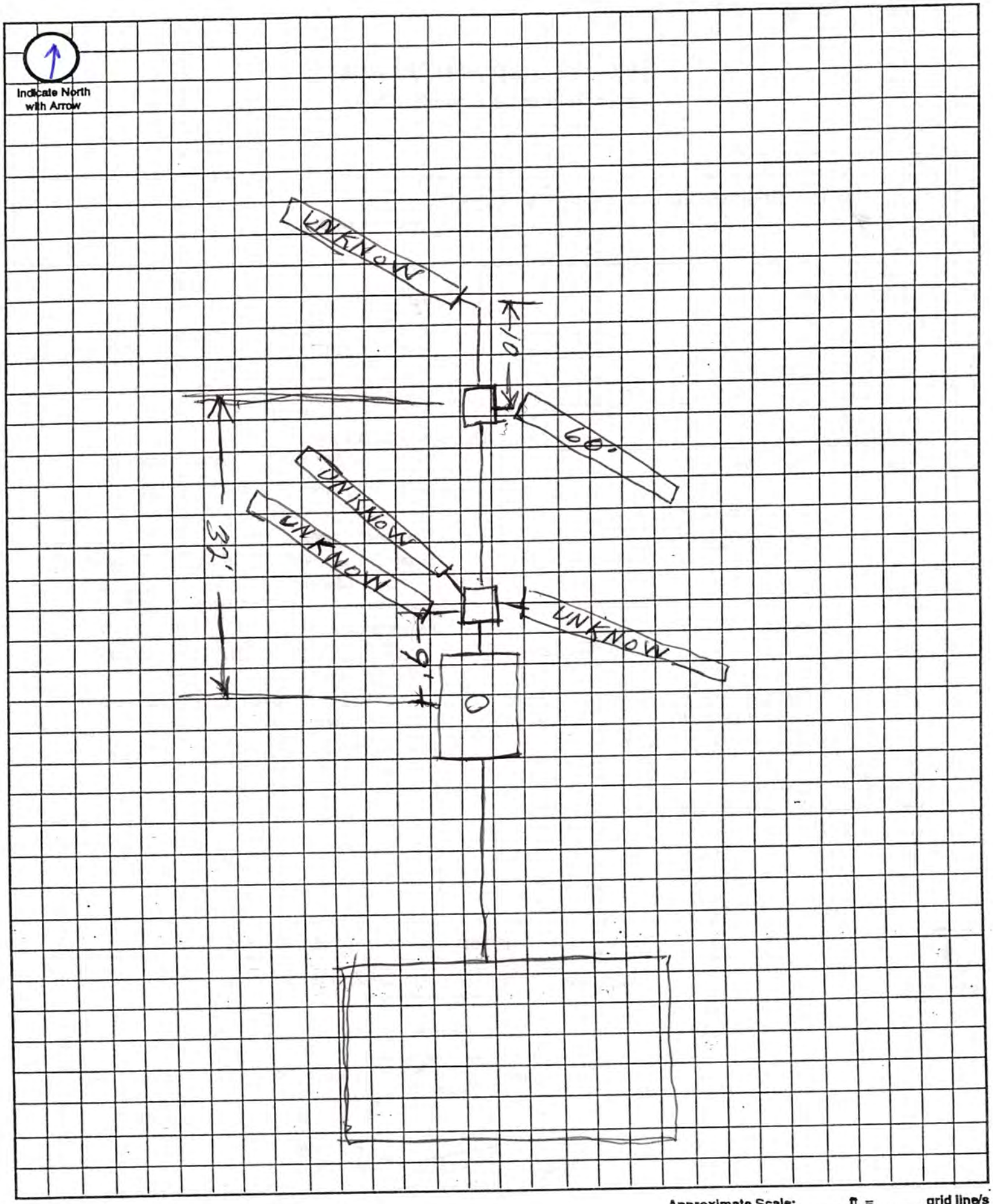
Indicate North with Arrow

Individual Sewage System Design (Example)



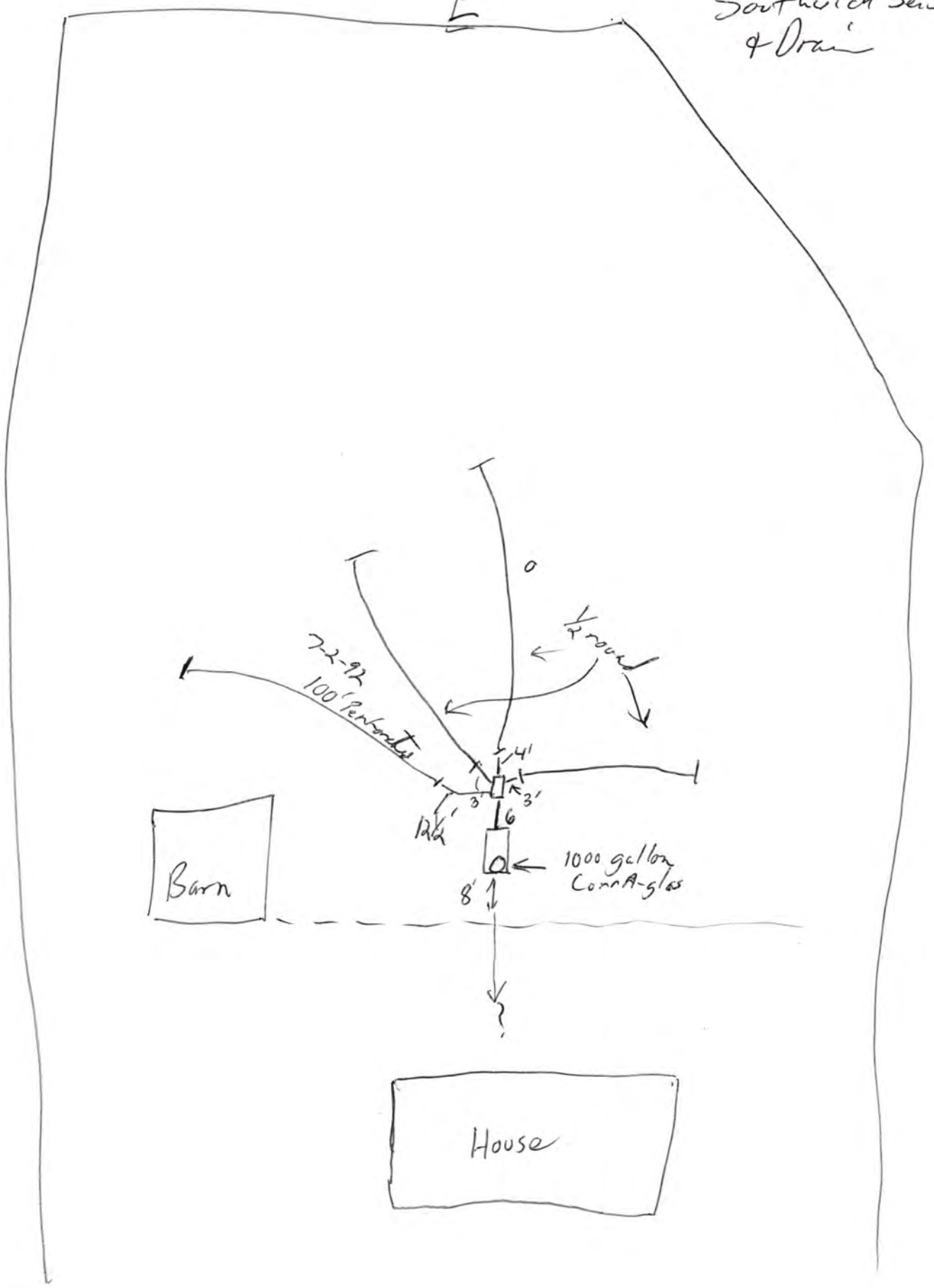
FORM 23-103 10-96

As Built Drawing



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

Extension to Septic
100' of Perforated Lateral
7-2-92
Southwick Sewer
& Drain



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
EXTEND & REPAIR SEWAGE SYSTEM

Establishment

ROGER CASEMENT
T8N R7E SEC 27 QTR SW
LOT 40
6900 HICKMAN RD

Permittee

HAROLD CASEMENT
2141 W PLUM ST
LINCOLN NE 68522

Permit # 02390073101

Issued 08/14/02
Expires 02/14/03
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002890

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 8 N Range 7 E Section SW 27 1/4 Section _____
   Block _____ Lot 40 I.T. Addition _____
   Parcel ID 15-27-300-012-000 (i.e. 99-99-999-999-999)

   Street Address 6900 Hickman Rd

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

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

4. **Description of proposed alteration, extension or repair** Tank, Box, Lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Capital City Trenching

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 Harold Casement Address 2141 West Plum Phone 432-2494
Applicant Signature (owner or lessee) Roger Casement by Harold Casement

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 8/14/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 8/14/02 By DS tank replaced
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 9/9/02 By DS.

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: 08/14/02 Amount 100 = Check No. 7801 Initials _____

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

000131008 lf

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4250

Legal Description of Property: Street Address 6900 Hickman Rd. 68372-

Twp 8N Range 7E Section 27 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property ___

see survey

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Jackie + Keith Oden		
Tenant/Buyer:	Kathy + Roger Wasemiller		421 8173
Return to:	Darcie Prellwitz Woods Bros.	7100 So. 24th Lincoln NE 68516	430-3244

Signature of Applicant Darcie Prellwitz Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 1/13/00
Initials cw
Amount $150.00
Check No. 5507

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Thew **DATE:** 1/28/00

WATER SYSTEM: Rural Water per Darcie

	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ NA /ml	☐ ___ /ml
Nitrate	☐ ___ ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY, IT SHOULD BE CHECKED TO SEE IF IT IS NECESSARY. HOUSE IS VACANT. SYSTEM DESIGN IS/WAS CLASSIFIED AS EXPERIMENTAL, HENCE PROVISIONAL APPROVAL. HOWEVER, IF THE SYSTEM IS WITHIN 300 ft. of the HICKMAN COMMUNITY SYSTEM, PER COUNTY RESOLUTION 2832, IT SHOULD BE HOOKED UP. PLEASE CHECK CR 2832, SECTION 8 A+B FOR DIRECTIONS/CLARIFICATION. COPY A HICKMAN ☐ See Attached Letter

FINAL STATUS

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

Approved by John Thew Date 1/31/00

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: 10-95