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. 91390023301

Issued 05/16/91
Expires 11/16/91

ESTABLISHMENT

BEN JAMES III
T9N R5E SEC 17 QTR SE
5505 SW 112 STREET

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

BEN JAMES III
5505 SW 112 ST
DENTON NE 68339

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/16/91	PAID

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

RECEIVED MAY 14 1991

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: ~~471-7000~~ 471-8022)

50.00 repair permit

FILE NO._____

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

DATE:_____

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. 9 N; Range 5E; Section 17 SE¼;
Block ___; Lot ___; Addition ___
Street Address 5505 S.W. 112th

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: put in lagoon where lateral is over 100ft from house

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

6. Estimated cost of project:

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

Barry Jameson
Signature of Applicant (owner or lessee)

5505 SW 112th
Address Denton, NE. 68339

(Do not write below this line)

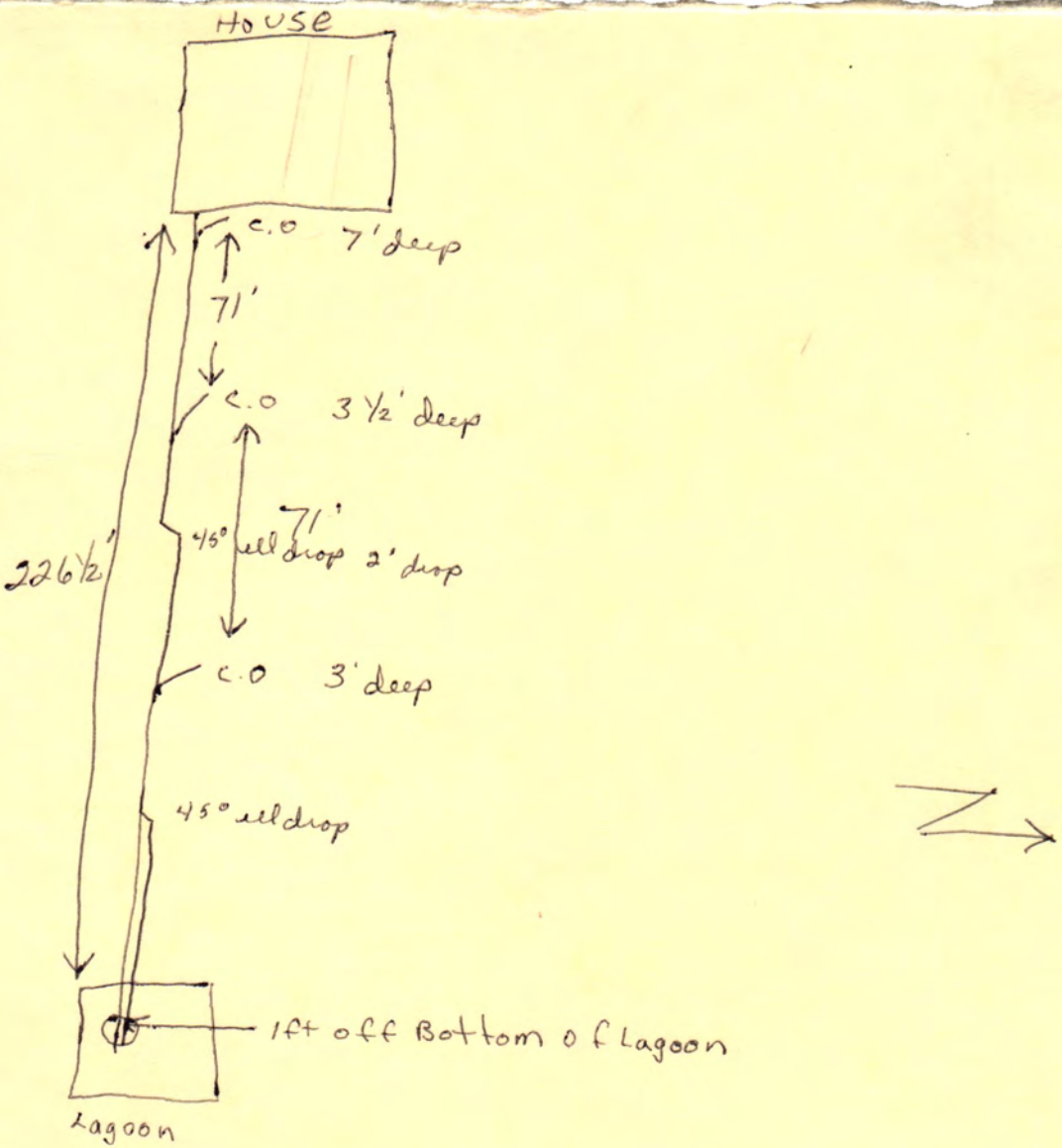
REVIEWING ACTION

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

2. Site Visits:
Date: June 11-91 by: Chris Morgan
Date:_____ by:_____
Date:_____ by:_____

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

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


House
c.o
7' deep
71'
c.o
3 ½' deep
71'
45° ell drop
2' drop
226½'
c.o
3' deep
45° ell drop
1ft off Bottom of Lagoon
Lagoon
N

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. 95380138701

Issued 12/15/95
Expires 06/15/96
Revenue Code 18754

Establishment
RICK JOHNS
T9N R5E SEC 17

FEES: $150.00

TOTAL $150.00

Permittee
RICK JOHNS
310 E 147 ST
CRETE NE 68333

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____

FILE NO. _____

DATE: 12/6/95

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. 9N ; Range 5E ; Section SE¼SE¼ 17 ;
   Block — : Lot — : Addition —
   Street Address 112TH & WEST DENTON ROAD

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe FARM – 20 ACRES CROPLAND & 20 ACRES OF PASTURE.

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

4. Distance to public sewer: APPROX 7920 ft. (IN DENTON, NE.)

WORK PHONE # 826-2113
HOME PHONE # 826-5814

Rick J Johns
Signature of Applicant (Owner or Lessee)

310 E. 14TH ST., CRETE, NE. 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/12/95 . Date Frwd. 12/12/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/12/95 . Date Frwd. 12/12/95 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 12/12/95 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits
Date: 8/21/98 by: L.C.H. Need fence & drawing House vacant
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23 43

B

PERCOLATION TEST HOLE #1.

1) HOLE AUGERRED DOWN TO 36".
2) 2" OF GRAVEL ADDED TO HOLE.
3) HOLE FILLED WITH WATER BY 7pm, SUN, 12/3/96.
4) AT 7pm, MON, 12/4/96, WATER LEVEL ADJUSTED TO 6" ABOVE GRAVEL.
5) AT 7 33/pm, MON, 12/4/96, WATER LEVEL MEASURED 4 1/8" ABOVE GRAVEL.

PERCOLATION TEST HOLE #2.

1) HOLE AUGURRED DOWN TO 36".
2) 2" OF GRAVEL ADDED TO HOLE.
3) HOLE FILLED WITH WATER BY 7pm, SUN, 12/3/96.
4) AT 7 10/pm, MON, 12/4/96, WATER LEVEL ADJUSTED TO 6" ABOVE GRAVEL.
5) AT 7 40/pm, MON, 12/4/96, WATER LEVEL MEASURED 4 1/4" ABOVE GRAVEL.

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

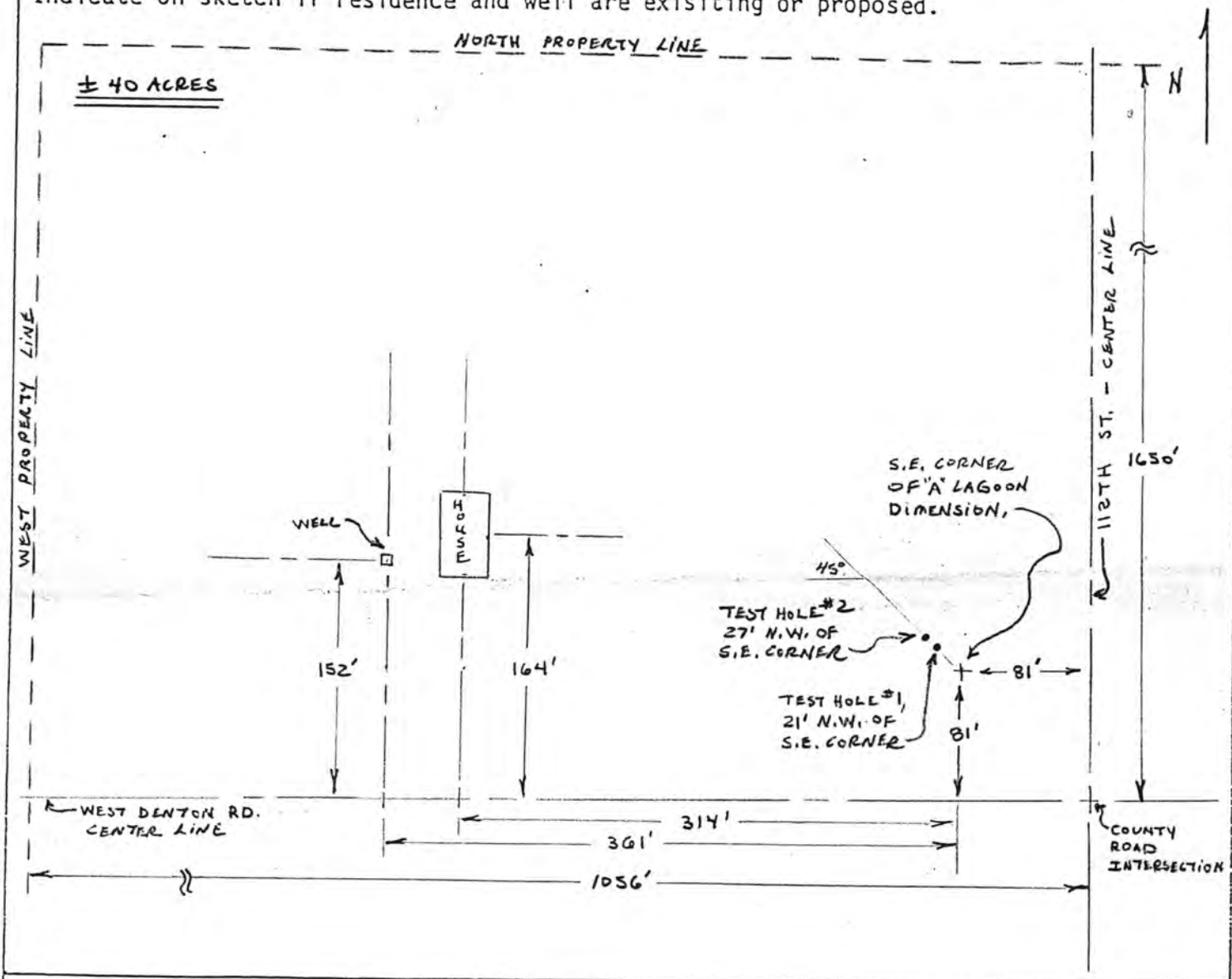
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: Lagoon must be sealed

Date: December 12, 1995

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official