FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 35

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9-N; Range 6E; Section 5;
Block 1; Lot 3; Addition Rose Estates;
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____
_____
Other Use _____ [ ]
Describe: _____
_____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Marvin Cagle
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 12/6/67
by: Jerrold E. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: April 6, 1968 by: Jerrold E. Hood

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 35

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9-N; Range 6-E; Section 5; Block 1; Lot 3; Addition Pioneer Estates
Street Address _____.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bedrooms 3. Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: over 300 ft.

Maureen E Coyle
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/6/67. Date Frwd. 12/6/67. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 12-6-67. Date Frwd. 12-6-67. ACTION: Approved ☒ Disapproved ☐ Signature: Chas F. Seale RS

3. City Engineer: Date Rec'd. 12-6-67. Date Frwd. " . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

PLAN LAYOUT

200'

180'

160'

140'

120'

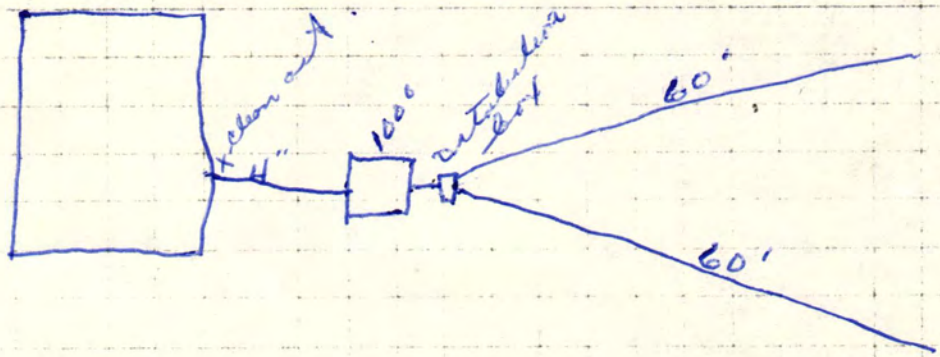
100'

80'

60'

40'

20'



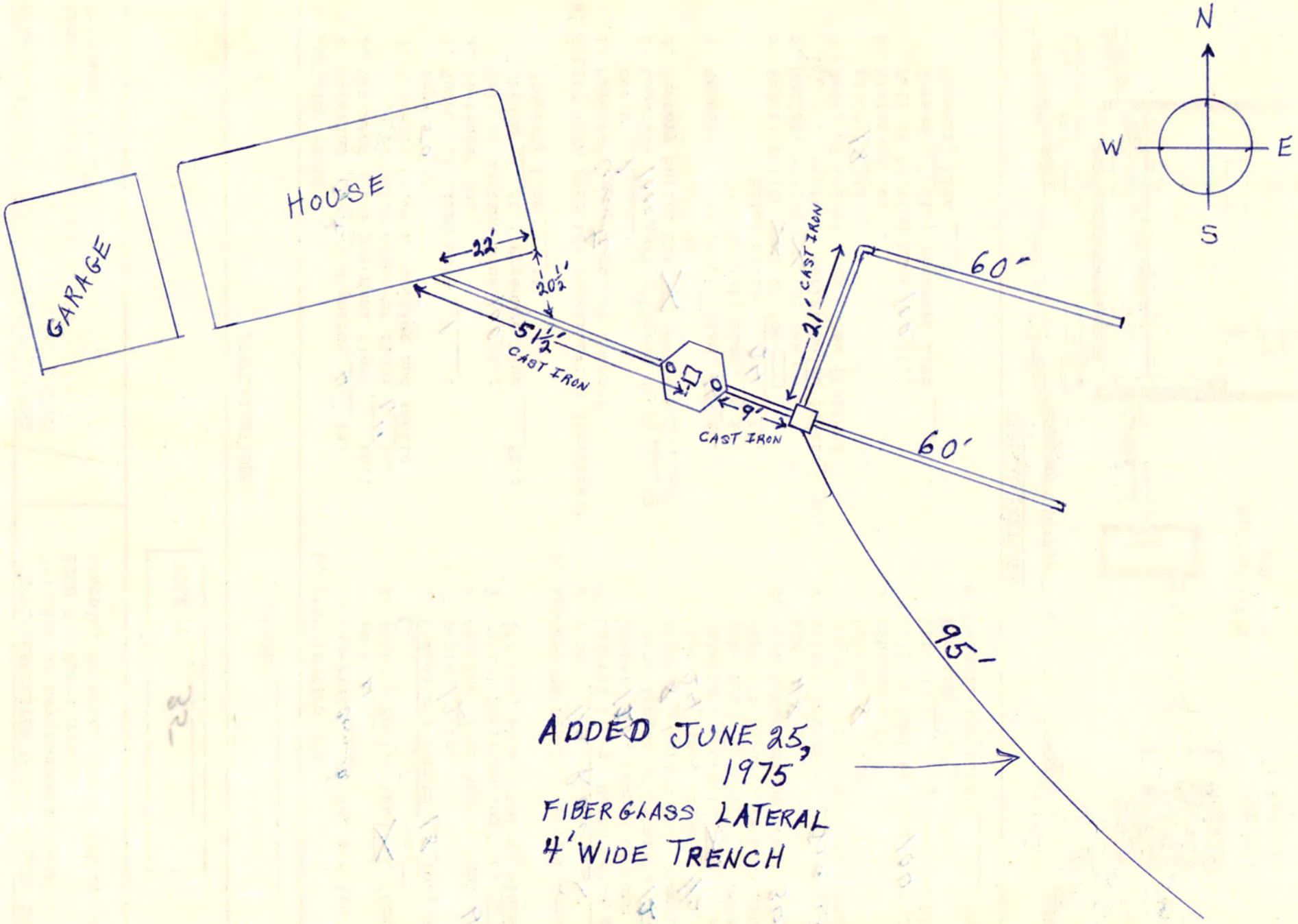
DIRECTION (N,S,E,W)

BUILDING DRAIN

60' 40' 20' 20' 40' 60'

SIDE OF BUILDING

SCALE: $\frac{1}{4}$" = 5'


N
W
E
S
GARAGE
HOUSE
22'
20½'
51½'
CAST IRON
9'
CAST IRON
21' CAST IRON
60'
60'
95'
ADDED JUNE 25, 1975
FIBERGLASS LATERAL
4' WIDE TRENCH

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. ____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	David + Marilyn Ludtke	3000 Forestview Ct. #3	476-0503 home
Tenant/Buyer:			475-5100 work
Return to:	Security Federal Savings	P.O. Box 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela A. Kemper Address (same as "return to" address)

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HEALTH DEPARTMENT USE ONLY

Date Received 06/03/92 Received $75.00 Check ☒ Cash ☐ # 2940

6/8/92 Coliform 0
6/9/ Nitrate 3.7

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒ 6-4-92	☐	Approved:	☒	Date 6-4-92 by JR
Bacteria	☒	☐	Provisional:	☐	Date 6-5-92 by JR
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: IF the tank has not been pumped for several years, it is recommended that it be pumped

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY John Kheel DATE 6/10/92

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 35

SPECIFICATIONS

DATE: _____

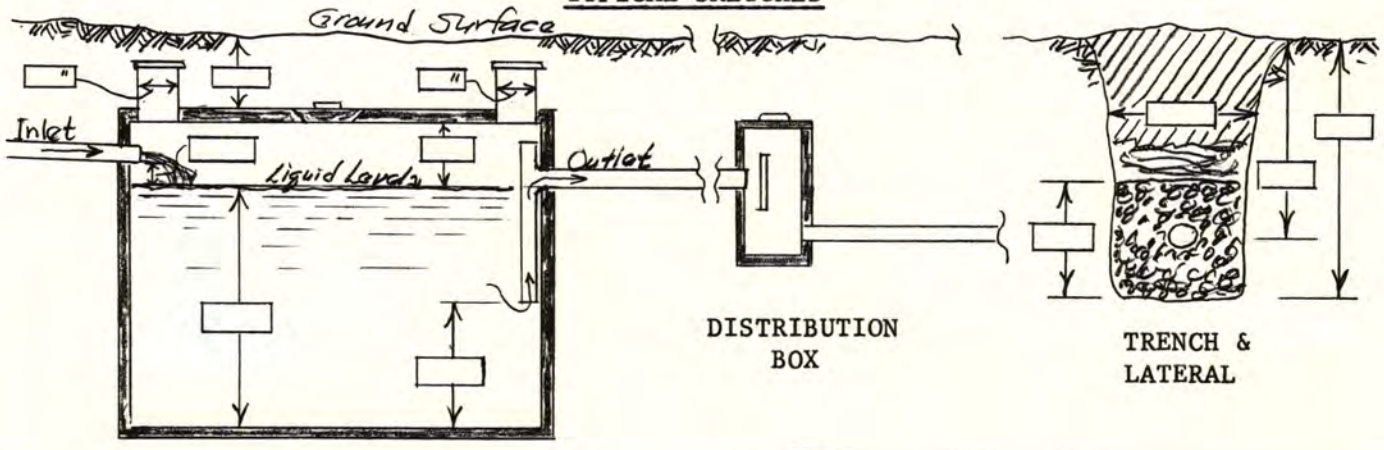
A. BUILDING SEWER:
1. Material Cast; Diameter 4" in.
2. Distance above basement floor ___ in.; or below basement floor 24" in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 6 in.
Below Grade 24 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 4.
2. Factory Built: Yes ☒, (Company PRE CAST STEP) No ☐
3. Dimension: Length 18 in.; Width 14 in. Depth 12 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: 1/2 Round
2. Lateral Lines: Depth below grade 24 in.
Number 120; Length of each line 40 ft
Total length of Laterals 120 ft.;
Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape 1/2 Round
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines 2 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 8 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Signature of Applicant