CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 2322

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

May 10, 1973
THIS LICENSE OR PERMIT EXPIRES

Roger Bailey
LICENSEE OR PERMITTEE

4131 Clifford Drive
ADDRESS

T9N; Range 6E; Section 16; Block 3; Lot 3; Gateway Estates
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION
ADDRESS

REMARKS: Non-Transfereble

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

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. _____

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. 9N; Range 6E; Section 16;
Block 3; Lot 3; Addition _____;
Street Address Gateway Estates

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: _____ ft.

Gateway Construction Co
Signature of Applicant (owner or lessee)
By Roger Bailey
4131 E L. Ford Dr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11-10-71. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 11-10-71. Signature: James J. Wevetka

2. Supt. Bldg. Insp.: Date Rec'd. 11-10-71. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 11-10-71. Signature: Chas Seal By Bob Skinner

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 11-10-71. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

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. _____

DATE: Nov 10 1971

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. 9N; Range 6E; Section 16;
Block 3; Lot 3; Addition ____;
Street Address Gateway Estates

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

Other Use ____ [ ]
Describe: ____

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

Gateway Construction Co
Signature of Applicant (owner or lessee)
By Roger Bailey
4131 Clifford Dr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: 11-10-71
Filing Fee: $ 30.00

2. Date Site Clearance ____

3. Site Visits:
Date: 7/18/72 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: ____
by: James Wevelbar

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/18/72 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: 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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township T9N R6E Sec 16
Section & ¼ Sect. Block 3 Lot 3
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Gateway Construction Co
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: April 20 to April 21. Weather: Precip. wet ____ Temp. ___F.

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				
Hole 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./inch)
1	40											~~2~~	
2	〃											~~2~~	
3	〃											3	
4	〃											3	
5	〃											1	
6	〃											3	

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

Ryan Daily
Signature of Person Conducting Test

Address 4131 Cliff Ford Dr
Phone: 489-5482

1 hour To Fall 2"

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 26 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official

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. _____

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 122 ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line ~~80~~ ft.;
   Stream ___ ft.; Pressure Line 1½ ft.;
   Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 30 in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS) No ☐
4. Manholes: Over Inlet; diam. 16 in.
   Over Outlet; diam. ___ in.
   Below Grade _____ 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 24 in.
8. Distances To:
   Well or Suction Line 150+ ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line ___ ft.

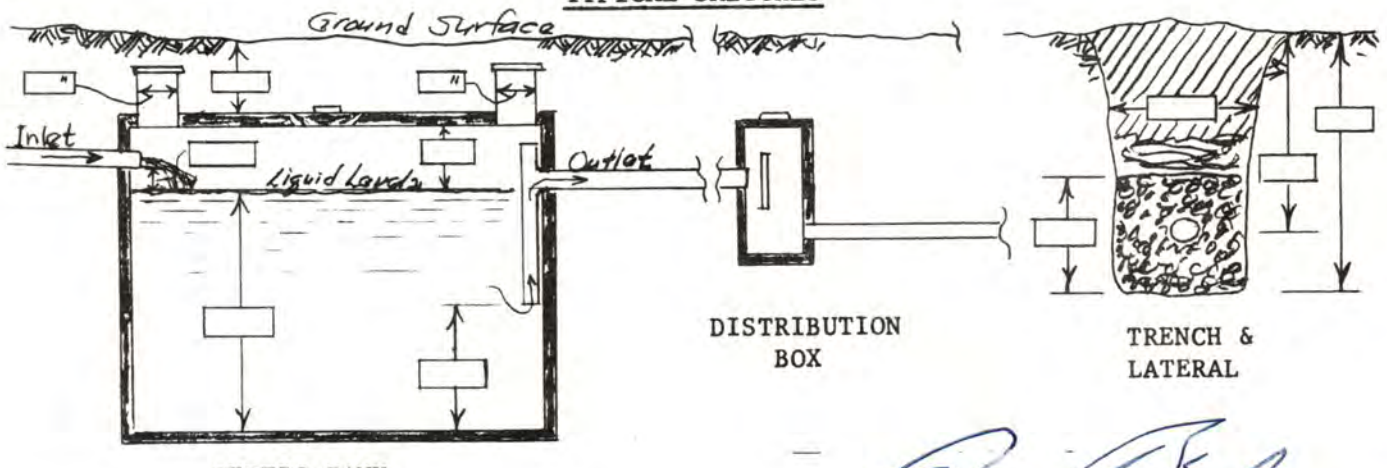
C. DISTRICTION BOX

1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 6'11" ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

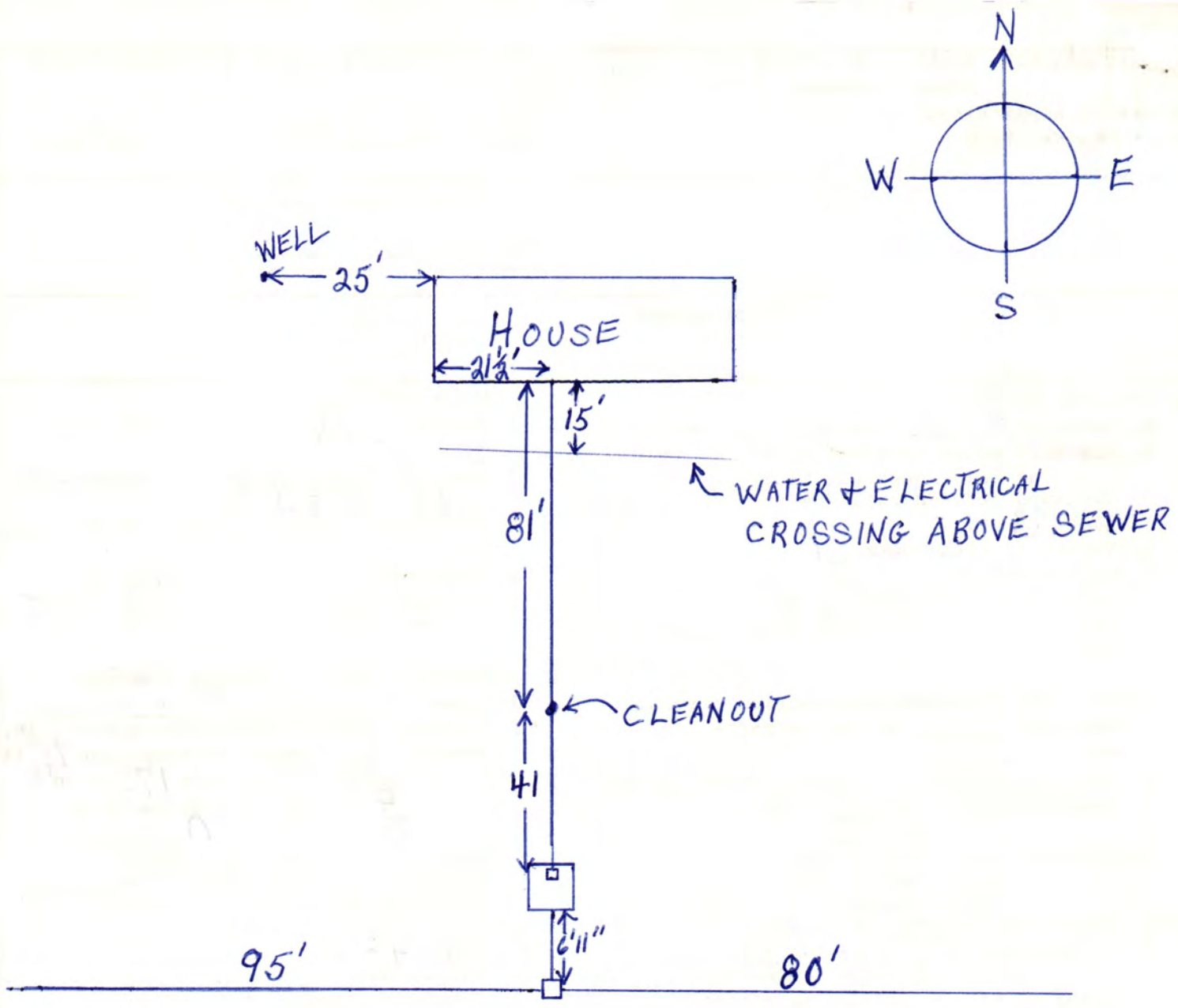
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: Half Round
2. Lateral Lines: Depth below grade 16 in. Number 2; Length of each line 95 ft Total length of Laterals 175 ft.; ~~180~~ Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 16 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 16 in.
5. Distances To:
   Well or Suction Line 100+ ft.;
   Stream — ft.; Pressure Line 50+ ft.
   Property Line ___ ft.
6. Percolation Rate: 26 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WELL
25'
HOUSE
21½'
15'
WATER + ELECTRICAL
CROSSING ABOVE SEWER
81'
CLEANOUT
41
6"
11"
95'
80'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

47-000

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: August 31, 1991

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

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 16 ; BLOCK 3

LOT 3 ; ADDITION GATEWAY WEST ESTATES ; Street Address 1905 WESTRIDGE ROAD

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	_____	_____	_____
Tenant/Buyer:	_____	_____	_____
Return to:	_____	_____	_____

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

Signature of Applicant Don R Wilson Address 7135 ENGLEWOOD DR LINCOLN, Ne. 68510

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 5, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 6, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/6/91 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: NITRATE SAMPLE THRU REVERSE OSMOSIS. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF DUMPING. OK ON WATER IS FOR THAT WATER COMING THROUGH REVERSE OSMOSIS ONLY AND ONLY IF THE UNIT IS PROPERLY MAINTAINED + OPERATED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ SEWAGE DISPOSAL SYSTEM: 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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

004

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 $75.00 150.00

Legal Description of Property: TWP. 9N; RANGE ___; SECTION _____; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property Good owner

Location of Well Ask owner Tap Location: Inside ☐ Outside ☐

Location of Sewage System Ask owner Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	Don & Jane Wilson	1905 Westridge Rd	his UK# 487-3802
Tenant/Buyer:			her UK# 488-3338
Return to:	Vistar Bank	P.O. Box 5306 Lincoln NE 68505	465-7532

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

Signature of Applicant Cathy Mueller Address Vistar Bank

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HEALTH DEPARTMENT USE ONLY

Date Received 06/10/92 Received ~~$75.00~~ 150.00 Check ☒ Cash ☐ # 18557

PRELIMINARY STATUS--DATE JUNE 11, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6/11/92 by L.C.H
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate 7.7 p.p.m.	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Wilfred C. Moore M.E.H.S. DATE JUNE 17, 1992

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

Lab when done. + Closing 1-29-94

001

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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

Legal Description of Property: Street Address 1905 WESTRIDGE ROAD

Twp 9 Range 6 Section 16 1/4 ___ 1/4 ___ Block 3 Lot 3 Addition GATEWAY (WESTERN ESTATES)

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☑

Location of Sewage System EAST OF HOUSE - BACK Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	DON S. WILSON	1905 WESTRIDGE ROAD LINCOLN NE. 68523	420-1021
Tenant/Buyer:	NONE		
Return to:	OWNER ABOVE		

Signature of Applicant Don S Wilson Address - OWNER Date 1/___/94

WANTS TO PICK UP!

DO NOT MAIL

HEALTH DEPARTMENT USE ONLY Mylar 9676

Date Received 1/24/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By PAUL DROZMANN **DATE:** 1/25/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☑	☐	Approved ☑	Date___/___/___by___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☑ 7.8 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: <0.1 THRU R.O.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☑

Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 2/1/94

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.