CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. L060

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 23, 1977
THIS LICENSE OR PERMIT EXPIRES

LARRY W. FIELD, 1025 North 63, #D61, Lincoln, NE 68505
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 21, N½ of NW¼ of SW¼
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

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

SERIAL NO.	DATE	AMOUNT
44304 NW2377		30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1060

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

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 6E ; Section 21
N½ OF NW¼ OF SW¼
Block _____; Lot _____; Addition _____
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: _____ ft.

Larry W. Field
Signature of Applicant (Owner or Lessee)

1023 No 63 #Dbl
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/23/77. Date Frwd. 5/23/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: Date Rec'd. 5-23-77. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Fansell

3. City or County Engineer: Date Rec'd. 5/23/77 Date Frwd. _____ ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1060

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 6E ; Section 21 N½ OF NW¼ OF SW¼ ; Block _____ ; Lot _____ ; Addition _____.
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 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-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Larry W. Feild
Signature of Applicant (owner or lessee)

1025 N 63 # D61
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 11/4/77 by: L.C.H.
Date: 11/7/77 by: L.C.H.
Date: _____ by: _____

3. Date: 11/9/77 Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/77 by: Jerrold C. Hood

FORM HD-43 (73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

FILE NO. 1060

PROPERTY WHERE SOIL TESTED:
Location: Township 9N : Range 6E
Section & ¼ Sect. 21
Property Dimensions: ____ft. x ____ft.
Area: ____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay X

Owner: ____
Address: ____

Dates of Tests: 5-7-77 to 5-8-77. Weather: Precip. T Temp. 70°

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				
Hold 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	32"	5/7	12 38 PM	5/8	12 PM	5/8	12 PM	12"	3 PM	7 1/4	30 M	2 1/4	
2										5		1	
3										8		1/2	
4										7		2 1/4	
5										3		4 1/2	
6										4		4	
			refill holes 1 4 5 6 every 30 min for first 2 Hr										

Robert D Johnson
Signature of Person Conducting Test

Address 2618 nw 3rd
Phone 432 3595

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Morrill Clay Loam (S.C.S) Confirmed 11/4/77

DATE: May 23, 1977

Approved Percolation Rate (a)
A. 12 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1060

SPECIFICATIONS

DATE: _____

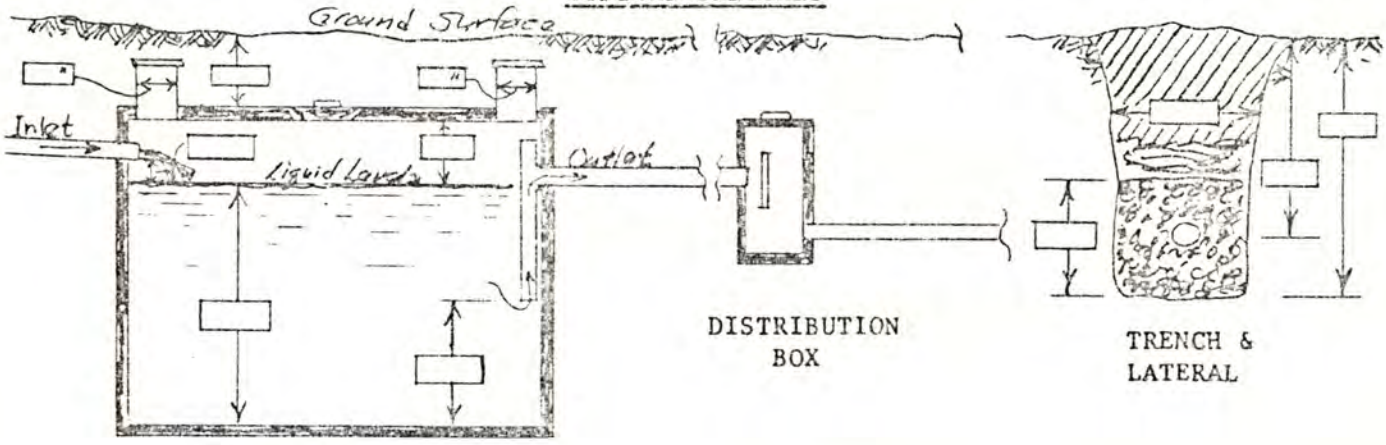
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes [X] (Company Ore Cast Step) No [ ]
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [X]; or Tee [ ]
Depth of outlet below inlet 1 in.
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.

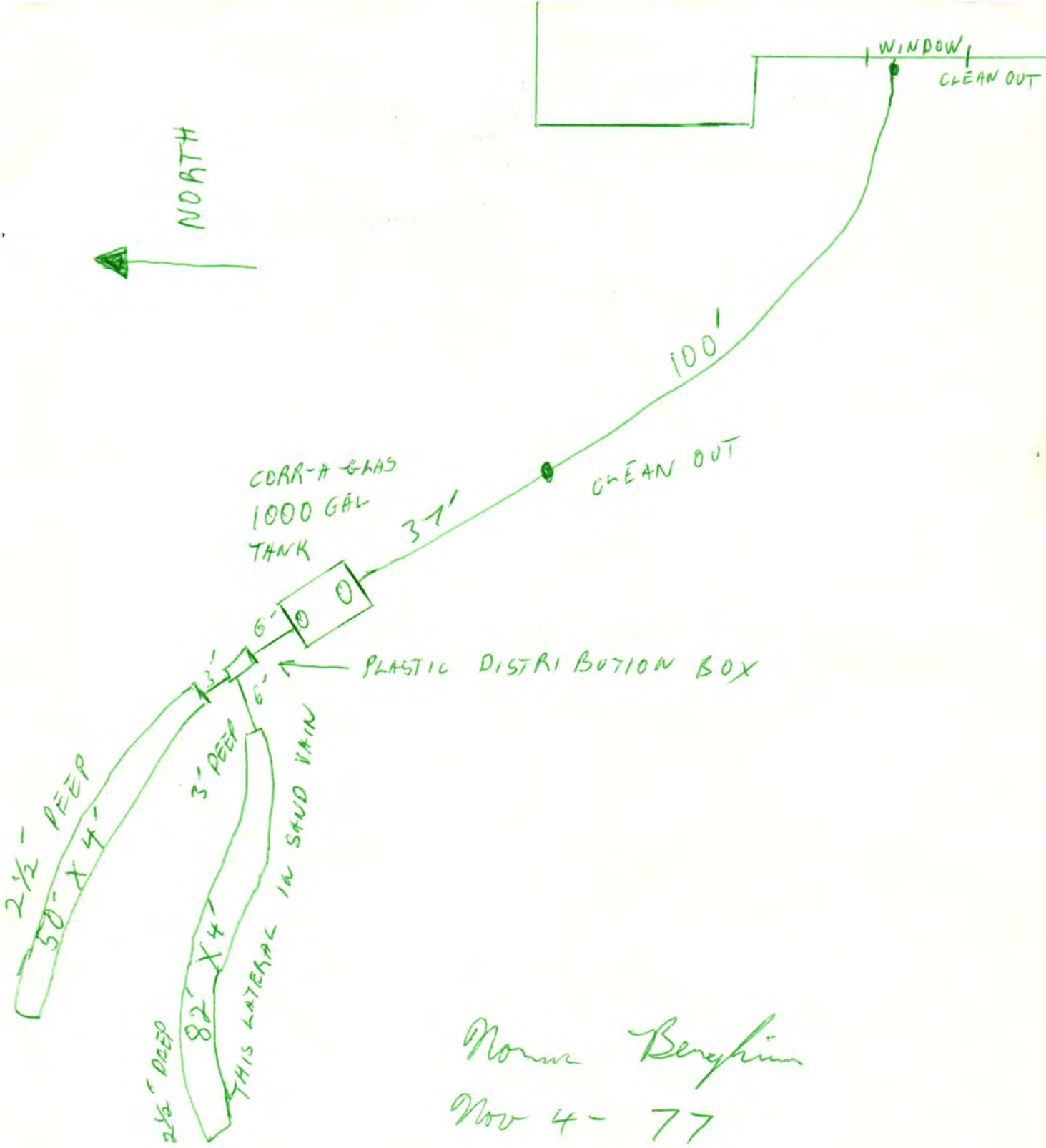
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes [X], (Company Ore Cast Step) No [ ]
3. Dimension: Length 20 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 132 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 18 in.
4. Filter Material: road gravel Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



Norma Benjamin

Nov 4- 77

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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: 3/20/92

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

Legal Description of Property: TWP. 9N.; RANGE 6E; SECTION 21; BLOCK ____

LOT ____; ADDITION _____; Street Address 7700 SW 27th, Lincoln 68523

Directions to Property From intersection of Denton Rd. & SW 12th, go 1 mi. west on Denton Rd to SW 27th Go left (South) on SW 27th, 7 mi. to first drive on left. Where the drive forks, ours is split level ranch on left.

Location of Well Back (east) of house. Tap Location: Inside ☒ Outside ☒

Location of Sewage System West & West of house. Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	David Sands	7700 SW 27th 68523	423-9246
Tenant/Buyer:	Same		
Return to:	Same		

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

Signature of Applicant David Sands Address 7700 SW 27th 68523

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 23, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3-23-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☒	Date 3-23-92 by PD
Bacteria	☒	☐	Provisional: ☐	Date _____ by ____
Nitrate 7.0 ppm	☒	☐	Disapproved: ☐	Date _____ by ____

Comments: Recommend septic tank be pumped. Owner indicated it was pumped about 2 years ago. Clean out in yard needs to be repaired/replaced. cap

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Paul Hoffmann DATE 3-31-92

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

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 7700 SW 27th St

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property From SW 12th + Denton Rd go 1 mi. west on Denton Rd + take left on SW 27th. Go .7 on SW 27th to first set of mailboxes + drive on left. Turn on drive + follow to where it forks - House is on left.

Location of Well Behind house on east side. Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW from front steps. Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	David Sands	7700 SW 27th Lincoln, NE 68523	H 423-9246 W 475-6328
Tenant/Buyer:	Refinance		
Return to:	Above		

Signature of Applicant David Sands Address 7700 SW 27th Lincoln, NE 68523 Date 11/16/93

HEALTH DEPARTMENT USE ONLY

Date Received 11/17/93 Received $150.00 Check ☑ 3282 Cash ☐

PRELIMINARY STATUS--By Carrold Hood **DATE:** 11/18/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☐	Date 6/15/94 by L.C.H.
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date 9/27/94 by L.C.H.
Nitrate	☑ 7.6 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SOME SEEPAGE AT END OF ONE LATERAL. 9/27/94 Damp area appears to be holding. L.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Carrold C. Hood, R.E.H.S. Date 9/27/94

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.