FILE # 2844

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

JOANN JAMES — 4606 GRASSRIDGE, LINCOLN, NE 68512

LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E; Sec. 21; Bk 8; Lot 1; Ridgewood; 2210 W. Roxbury

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

1305[illegible]31 $60.00

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2844

DATE: May 22, 1989

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 6E ; Section 21 ;
   Block 8 : Lot 1 : Addition Ridgewood
   Street Address 2210 W. Roxbury

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

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

4. Distance to public sewer: _____ ft.

Dennis
435-2611

JoAnn James
Signature of Applicant (Owner or Lessee)

4606 Grassridge
Address Lincoln, Ne 68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/22/89. Date Frwd. 5/22/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/22/89. Date Frwd. 5/22/89. ACTION: Approved ☑ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 5/22/89. Date Frwd. 5/22/89. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 7-28-89 by:
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-22-89 By:

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

FORM 23-43

FORM 20105-0477
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: 471-7800

B

Test Taken SW. 27th Ridgewood

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 11-19-88 to 11-20-88. Weather: Precip. 0 Temp. 35°.

Holes - 5 - 6 had water in From Pre-Test

OWNER: Dennis James
Address: 4606 Grassridge Rd. 421-1978

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 3/8"	30m	5/8"	
2	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 1/4"	"	3/4"	
3	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 1/2"	"	1/2"	
4	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 1/4"	"	3/4"	
5	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 5/8"	"	3/8"	
6	36"	11-19	1:00 pm	11-20	7:00 Am	11-20	7:00 Am	6"	11:00 Am	5 7/8"	"	1/8"	

Mike Hoagland
Signature of Person Conducting Test
Address 2700 DAN Ave Phone 464-0638
Pre-Cast Step CO.

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C _____ min./inch

Dennis James

FORM 20104-0477
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

D

DATE: July 1989

FILE NO. _____

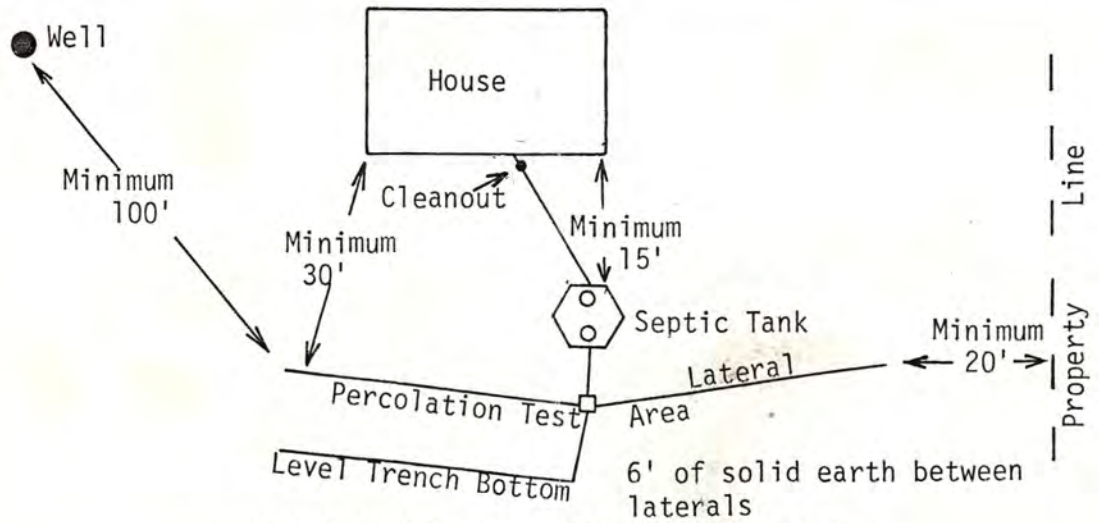
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 40 in.
3. Distance between dwelling and septic tank 69 ft.
4. Number of clean-outs 1 .
5. Distances to: Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 100' + ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company Pre-Cast)
4. Manholes: Over Inlet; diam. — in. Over Outlet; diam. — in. Riser Above ☑ Below ☐ Grade 12 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to: Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets ____ .
2. Factory Built: Yes ☑ No ☐ (Company Pre-cast)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐ Diameter of Half Round 16" or Perforated Pipe ____ . Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____ .
2. Lateral Lines: Number 3 ; Length of each line 100', 100', 47', ____, ____ ft.; Total length of laterals 247' ft.; Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 2"-4" in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel Depth of Material 28 in.
5. Distances to: Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

017

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 01; ADDITION Kidgewood; Street Address 2210 West Roxbury Lane

Directions to Property Call owner

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

Location of Sewage System Ask owner Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Dennis & JoAnn James	2210 W. Roxbury Ln Lincoln	hm - 421-1978
Tenant/Buyer:	Sam's	husbands wk - 475-2611	
Return to:	Vistar Bank - Cathy Mueller	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 03/03/92 Received $75.00 Check ☑ Cash ☐

$150.00 Casmand's # 16948

PRELIMINARY STATUS--DATE 3/4/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 3/4/92	by CH & J.C.
Bacteria	☒	☐	Provisional:	☐	Date _____	by ___
Nitrate 6.0 P.P.M.	☒	☐	Disapproved:	☐	Date _____	by ___

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Wade E. Hoos R.E.H.S. DATE MARCH 9, 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

9705210001

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.

Legal Description of Property: Street Address 2210 W. Roxbury Lane

Twp 9N Range 6E Section 21 1/4 ___ 1/4 ___ Block 8 Lot 1 Addition Ridgewood

Directions to Property From SW 27 & W. Denton Road: Follow Blacktop Road 2 Blks South, east for ½ mile; When Blacktop ends go So 2 blocks to Roxbury. Home is on North side (Wrap-Around porch.)

Location of Well By garage Tap Location: Inside ☐ Outside ☑

Location of Sewage System Back of home Northeast direction Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Dennis & JoAnn James (Jedlicka)	2210 W. Roxbury Lincoln 68523	421-1978
Tenant/Buyer:	Chad & Chris Dlouhy	1500 Irving St Lincoln 68521	435-0281
Return to:	Marlin Lyon, NBC Loan officer	3939 South Street Lincoln Ne 68506	434-4842

Signature of Applicant JoAnn James Address 2210 W. Roxbury Date 5/12/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 05/14/97
Initials ds
Amount 150.00
Check No. 4136

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/15/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 6.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

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

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/19/97

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

AS BUILT DRAWING OF SYSTEM

DATE Aug 1989 INSTALLER John Strohmyer

