FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR 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 Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

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

DATE: Aug. 1980

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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. 9N ; Range 7E ; Section 16 ;
Block _____ ; Lot 4 Errant Waters Addition Lee's Summit
Street Address 6801 Almira

2. Property Use: Residential _____ [ ]; Commercial _____ [ ]
No. Bedrooms ? Describe _____
Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: Pump tank
Clean lines add 20' saver 100' lat
Owner furnished sewer backhoe add to existing septic system
Repair of aproved system

5. Work to be done by: Owner [X]; or Contractor [X], _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$ Pipe	53.00 gravel 128.00
b. Labor	$ 5 Hrs.	at 28.00 Hr. $140.00
c. Other	$	
TOTAL	$ 321	00

Bruce Myers
Signature of Applicant (owner or lessee)

6801 Almira Rd
Address

(Do not write below this line)

REVIEWING ACTION

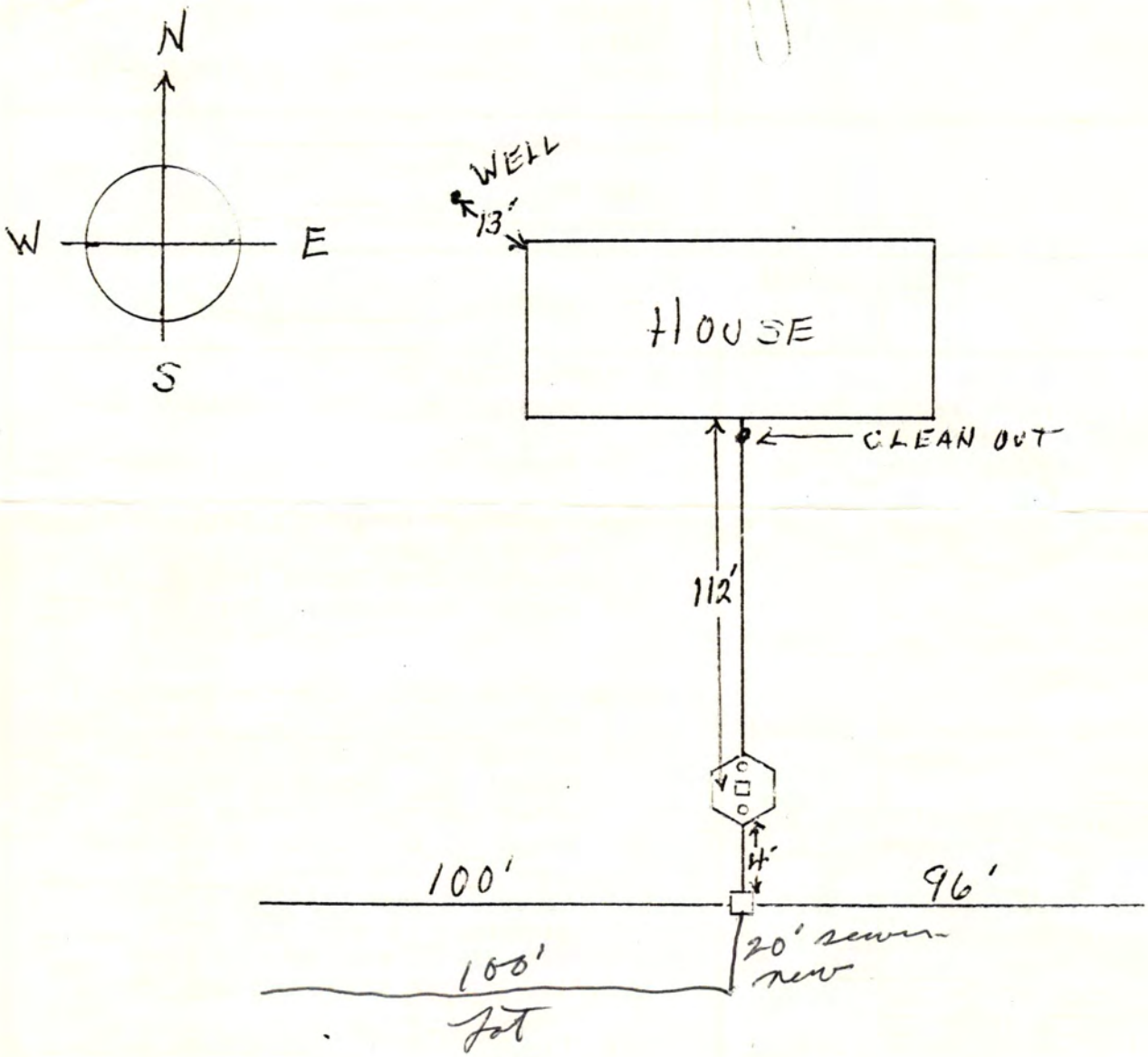
1. Date Rec'd: 5-25-82
Filing Fee: $ _____

2. Site Visits: *
Date: 5-13-82 by: mm
Date: _____ by: _____
Date: _____ by: _____

* this work was covered without Health Dept. Inspection.

3. Date: Approved [ ]; Disapproved [ ]
by: _____

* INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____



24" 2' TO 3' wide? 4" perforated Pipe

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_____

Twp 9N Range 7E Section 16 1/4___ 1/4___ Block___ Lot 4 Addition LEE'S SUMMIT

Directions to Property OFF 70th & HWY 2

Location of Well NORTH OF PROPERTY Tap Location: Inside ☐ Outside ☐

Location of Sewage System_____ Year Installed_____

	NAME	ADDRESS	PHONE
Present Owner:	VIL RIZIJS	6801 ALMIRA LN	421-2751
Tenant/Buyer:			
Return to:	VIL RIZIJS		

Signature of Applicant V L Rizijs Address 6801 ALMIRA LN Date 11/22/94

HEALTH DEPARTMENT USE ONLY

Date Received 11/23/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/28/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date__/__/__ by____
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date__/__/__ by____
Nitrate	☒ 0.3 ppm	☐ ____ ppm	Disapproved ☐	Date__/__/__ by____

Comments: SEPTIC TANK IS VERY FULL AND HAS COME ABOVE THE LID. REALLY NEEDS A MORE SUBSTANTIAL LID ALSO. City water and sewerage facilities are not currently available. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/30/94

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.

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. 76

SPECIFICATIONS

DATE: Sept 30, 1968

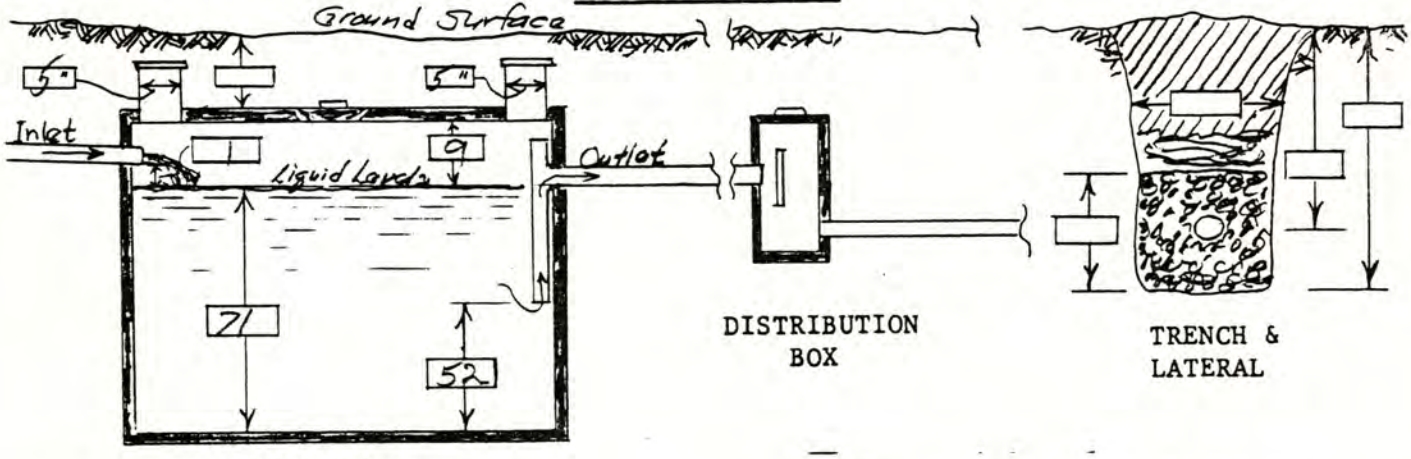
A. BUILDING SEWER:
1. Material C.I.; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 112 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments ___.
2. Capacity 1500 gals.; Liquid depth 71 in.
3. Factory Built: Yes ☑ (Company PRE-CAST STEP
No ☐
4. Manholes: Over Inlet; diam. 5 in.
Over Outlet; diam. 5 in.
Below Grade ___in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; 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 Conc; No. available outlets 5.
2. Factory Built: Yes ☑, (Company PRE CAST STEP No ☐
3. Dimension: Length 9 in.; Width 13 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: CONCRETE HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 100 ft Total length of Laterals 196 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 30 in.; Width 48 in.
4. Filter Material: 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



SEPTIC TANK

Public Health Inspector
Signature of Applicant