CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1520

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 24, 1979
THIS LICENSE OR PERMIT EXPIRES

Steve Johnson
LICENSEE OR PERMITTEE

1834 Harrison, Lincoln, NE 68502
ADDRESS

T9N, R7E, Section 21, bot 20.I.T.
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

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

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1520

DATE: 4-24-79

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 7E ; Section 21 ; Block _____ : Lot 20 I.T. : Addition _____
   Street Address RR 8

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. TO BE DETERMINED AFTER PERCOLATION TEST

Stu D Johnson
Signature of Applicant (Owner or Lessee)

1834 Harrison Lin
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/23/79. Date Frwd. 4/24/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-24-79. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City ~~or County~~ Engineer: Date Rec'd. 4-24-79. Date Frwd. 4-24-79. ACTION: Approved ☒ Disapproved ☐ Signature: Al Amig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-25-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-25-79 By: James Wevelberg

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: 474-1541

B

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: 5/31/79 to 6/1/79. Weather: Precip. 0 Temp. 70°.

OWNER: Steve Johnson

Address: _____

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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	5/31	4:30 PM	6/1	4:30 PM	6/1	4:30 PM	12"	9:30 PM	2½	30 M	1¼	
2										3¼		1	
3										3⅛		1	
4										9½		¼	
5										3¼		1	
6										5		3¼	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd Phone 432 3595

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: June 14, 1979

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

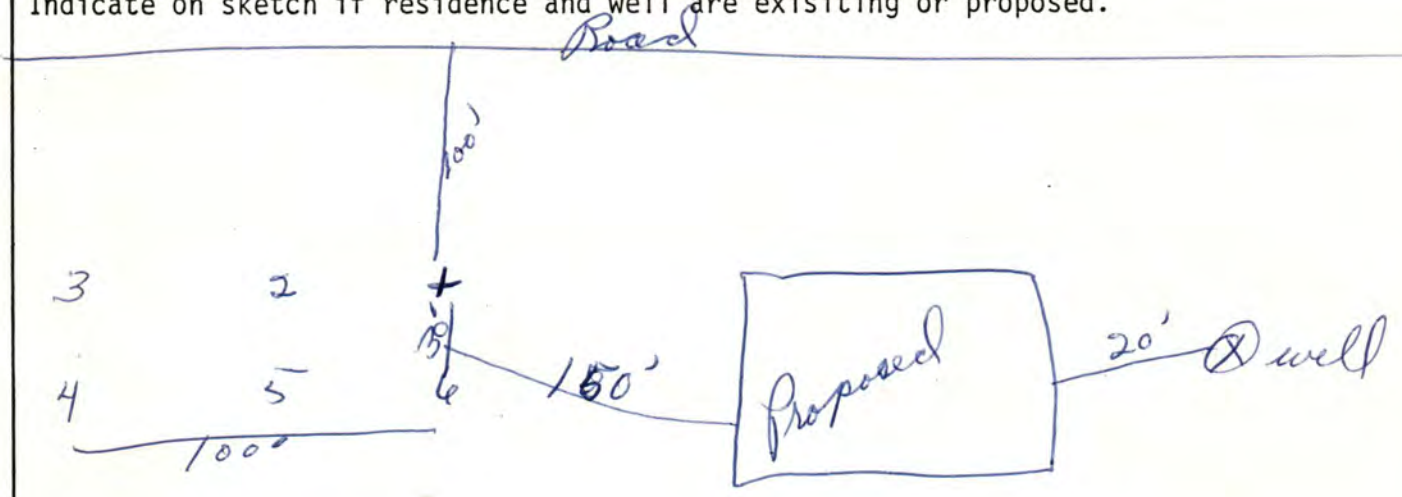
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

Date: June 14, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 3 ft.
3. With a Trench Width of 266 in.
4. Total Area of Lateral needed 798 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

D

DATE: _____

FILE NO. _____

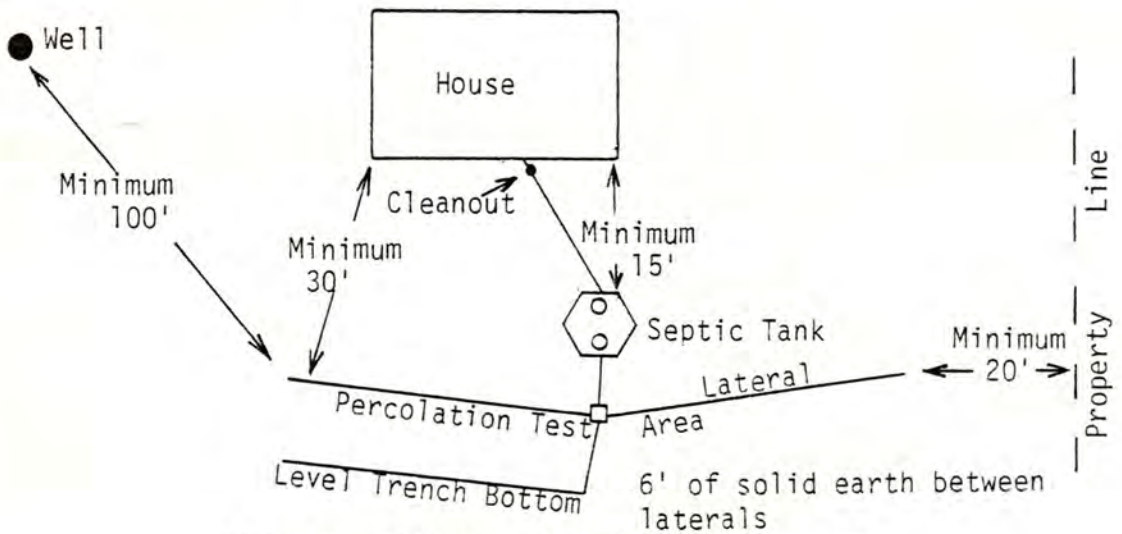
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 22 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 54 ft.; Stream _____ ft.; Pressure Line 23 ft.; Property Line 43 ft.

B. SEPTIC TANK:
1. Material Fiberglass; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Containerglass)
4. Manholes: Over Inlet; diam. 18 in. Over Outlet; diam. _____ in. Riser Above ☐ Below ☒ Grade 8" in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade 4'-6" in.
8. Distances to: Well or Suction Line 71 ft.; Stream _____ ft.; Pressure Line 70 ft.; Property Line 32 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company Containerglass)
3. Distance from Septic Tank 64 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒ Diameter of Half Round _____ or Perforated Pipe 4 in. Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 3; Length of each line 90, 90, 86, _____, _____ ft.; Total length of laterals 266 ft.; Distance between lateral lines 7 ft.
3. Trench dimensions: Width 3 ft.; Slope 5 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel Depth of Material 12 in.
5. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 21 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

00111 4002

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4475

Legal Description of Property: Street Address 6401 Pine Lake Road

Parcel ID 16-21-200-010-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 21 1/4 ___ 1/4 ___ Block ___ Lot 52 Addition ___

Directions to Property ___

Location of Well Next S. side of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1991

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Anthony J Ross + Jonica A. Ross (Wood)	6401 Pine Lake Rd Lincoln NE 68516	
Tenant/Buyer:	~~Southeast Nebraska~~ Youth for Christ	645 M ST # 10 Lincoln, NE 68508	477-3755
Return to:	Youth for Christ	645 M ST # 10 Lincoln, NE	477-3755 477-5839 (Fax)

Signature of Applicant [signature] Address 645 M ST # 10 Lincoln NE 68508 Date 11/1/00

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/02/00 Amount 200.00 Check No. 11216 Initials LS

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 11/3/00

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 11/7/00 by L.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SLIGHT DEPRESSION BY WELL. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. 11/7/00 Depression filled. L.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Nood R.E.H.S. Date 11/8/00

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.

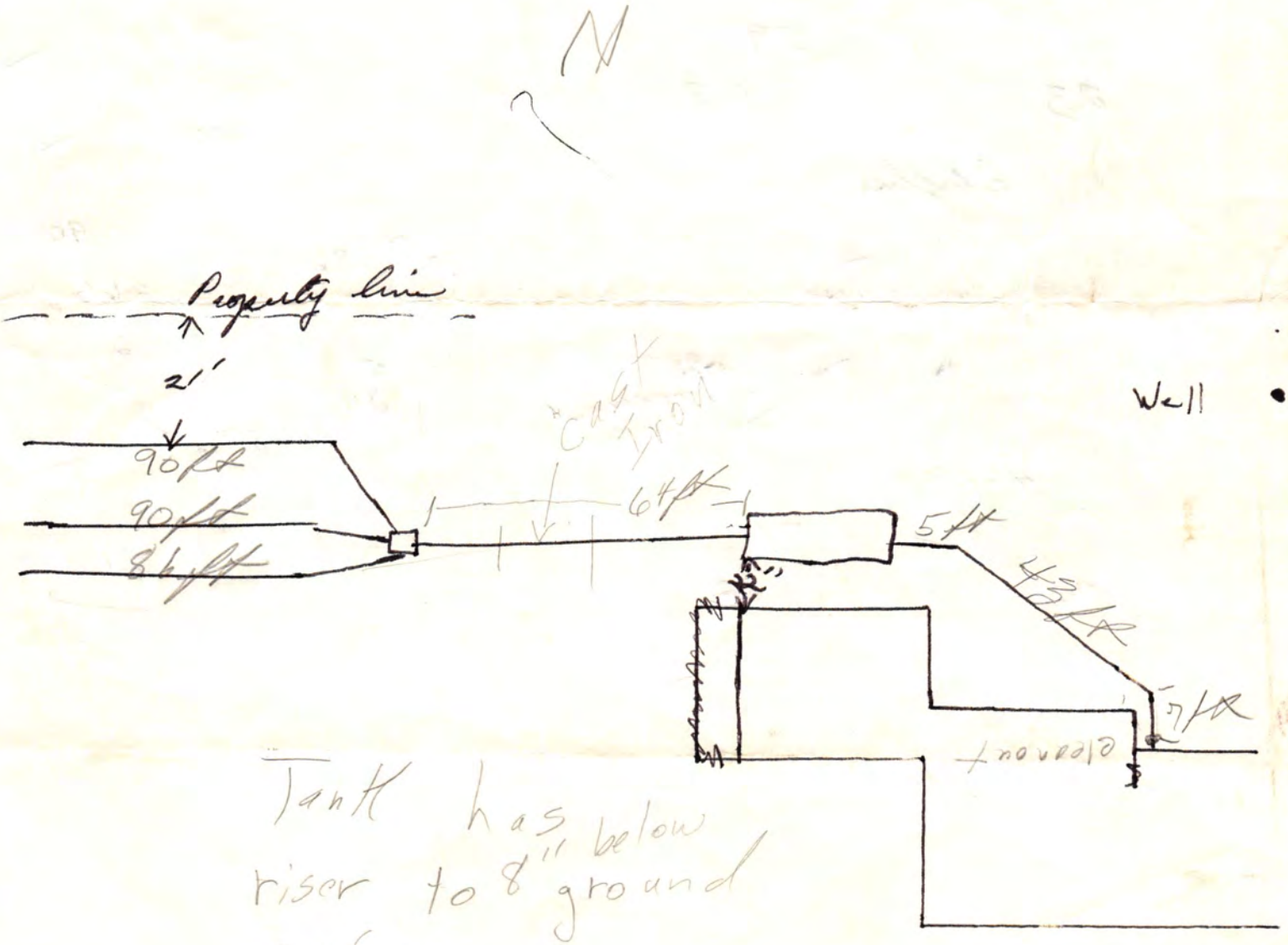
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

COLI 11/7/00

AS BUILT DRAWING OF SYSTEM

DATE 7-25-79 INSTALLER Ryan Plumbing



FILE #2353

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 26, 1996 — THIS LICENSE OR PERMIT EXPIRES

ROSS/BRAD SOUTHWICK — LICENSEE OR PERMITTEE

6401 PINE LAKE RD. LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec 27; 6401 Pine Lake Rd. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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: 471-7800)

FILE NO. 2353

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

DATE: 6-4-86

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 27 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 6401 PINE LAKE Rd.

2. Property Use: Residential _____ [X]; 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: Extend Lateral From Dist Box with 100' of 4" Perforated pipe Lateral

5. Work to be done by: Owner [ ] ; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	850 00

Ross Brad Southwick
Signature of Applicant (owner or lessee)

6401 Pine Lake 791-4744 Hickman Ne 792-2462
Address

(Do not write below this line)

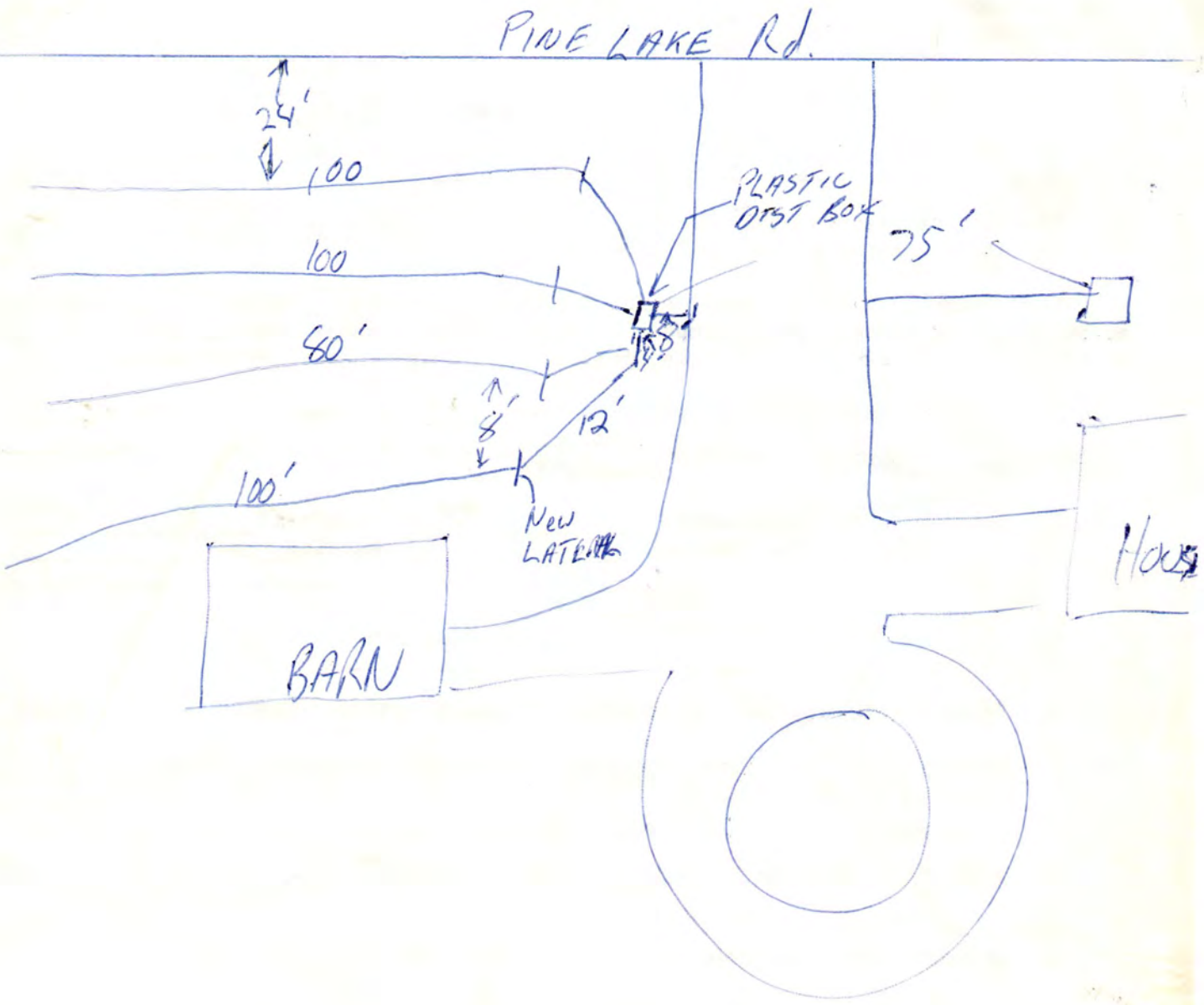
REVIEWING ACTION

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

2. Site Visits:
Date: June by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-7-86 by: Ron Magnuson


PINE LAKE Rd.
24'
100
100
80'
100'
8'
12'
PLASTIC
OUTLET BOX
75'
NEW
LATERAL
BARN
HOUSE