FILE NO. 826

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 15, 1976
THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam
LICENSEE OR PERMITTEE

Route #7
ADDRESS

T9N; R7E; Sec. 22; Bl. 2; Lot 3; Clarendon Hills 1st Add.
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

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

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

SERIAL NO.	DATE	AMOUNT
624-1535		

APPLICATION
HEALTH DEPARTMENT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 826

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

DATE: 5-18-1976

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 7E ; Section 22
Block 3 ; Lot 12 ; Addition Clarendon Hills 1st Add.
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.

Mrs. Bob Gillean
Signature of Applicant (Owner or Lessee)

Rt. #7 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/18/76. Date Frwd. 5/18/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5-18-76. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest A. Penna

3. City ~~or County~~ Engineer: Date Rec'd. 5-18-76. Date Frwd. 5-18-76. ACTION: Approved ☒ Disapproved ☐ Signature: M Craig

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. 826

DATE: 5-18-76

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. 9 N ; Range 7E ; Section 22 ; Block 3 ; Lot 12 ; Addition Clarendon Hills 1st 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 [ ]; 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).

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Rt. #7 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 9-13-76 by: jw
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 5/18/76
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 9-13-76 by: James Wevelka

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

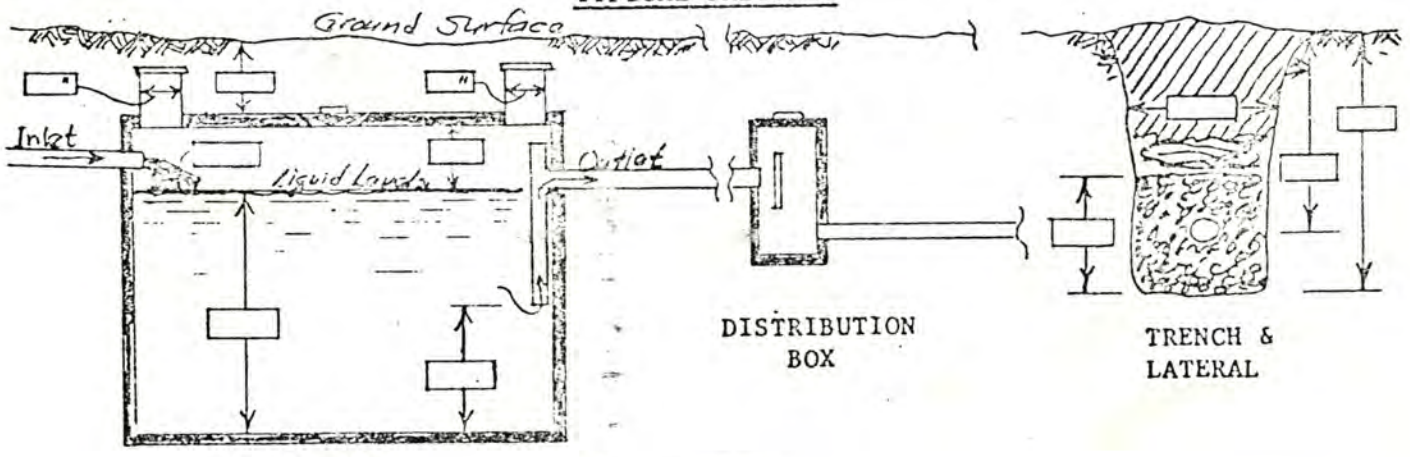
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 65 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Con; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company Pre Cast)
No ☐
4. Manholes: Over Inlet; diam. ____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 10 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Con; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Pre Cast) No ☐
3. Dimension: Length 24 in.; Width 12 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: 4" Plastic
2. Lateral Lines: Depth below grade 12 in. Number 5; Length of each line 100/100/70 ft Total length of Laterals 270 ft.; Slope 0 in/100 ft. Diameter of pipe 4 in.; Shape round Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 30 in.; Width 36 in.
4. Filter Material: Gravel. Depth of material from trench bottom 14 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

P25834-68

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

SEP 24 2004

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 7301 Carson Road

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 3 Lot 2 Addition Claredon Hills Add. 1

Directions to Property _____

Location of Well Front Yard on East Side of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Victoria Lawrence		
Tenant/Buyer:	Victor & Tamara Dahlman	7257 Parkridge Cir	440-5434
Return to:	Krein Real Estate	4750 Normal Blvd. Lincoln, NE 68506	323-8200

Signature of Applicant Victor Dahlman Address _____ Date 9/24/04

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	9/24/04	Date	___/___/___
Initials	sw	Case No.	
Amount	$200.00	Initials	
Check No.	019446		

PRELIMINARY STATUS--By Jerrold C. Wood R.E.H.S. **DATE:** 9/27/04

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ____/ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 0.8 ppm	☐ ____ppm	Disapproved	☐	Date___/___/___by___

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

See Attached Letter ☐

FINAL STATUS

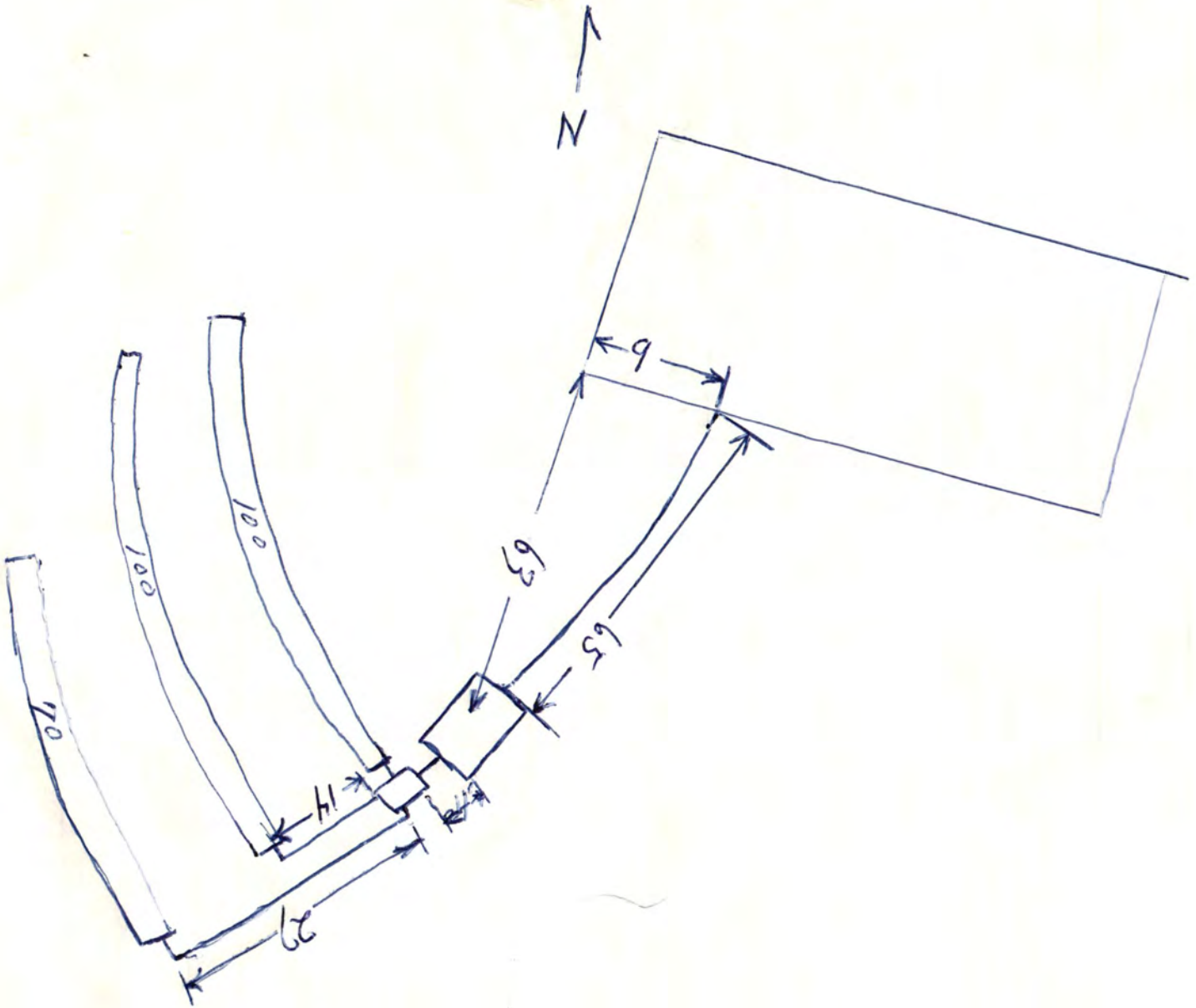
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Wood R.E.H.S. Date 9/28/04

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



9-14-76
Harold L Carlson
7301 Carson Rd.