FILE NO. 828

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. 3; Lot 4; 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. 624-1535	DATE	AMOUNT		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH DEPARTMENT

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. 828

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

DATE: 5-18-76

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 4 ; Addition Clarendon Hills 1st 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.

Mrs. Bob Gillam
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. _____ . Date Frwd. 5-18-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Ernest A. Jensen

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

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. 828

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. 9N ; Range 7E ; Section 32 ; Block 3 ; Lot 4 ; 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 Gillam
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: 9-20-76 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-20-76 by: Ron Mayfield

7000 Corson Rd Blk 3
Lot 21

1	24 1/2	26 1/2	27 3/4	29	23 3/4	25 1/2	28 1/2
				22	(1 3/4)	(3/4)	(1 1/2)
2	25	26 1/2	27	29	25 1/2	27	28
				23 1/2	(2)	(1 1/2)	(1)
3	22 1/4	24	25 3/4	28 1/2	23	24 1/4	25 1/2
				21 1/2	(1 1/2)	(1/4)	(3/4)
4	22	23 1/2	24 1/2	25 1/2	24 1/4	25 1/2	26 3/8
				23 1/2	(3/4)	(1/4)	(7/8)
5	21 1/2	23	24	24 1/2	21	22 1/4	23 1/2
				20	(1)	(1 1/4)	(1 1/4)
6	25 1/2	27	28 1/2	30	26 1/2	28	29 1/4
				25 3/4	(3/4)	(1 1/2)	(1 1/4)

1
1
3/4
7/8
1 1/4
1 1/4
6.125

1,02

30 min / 1"

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: _____

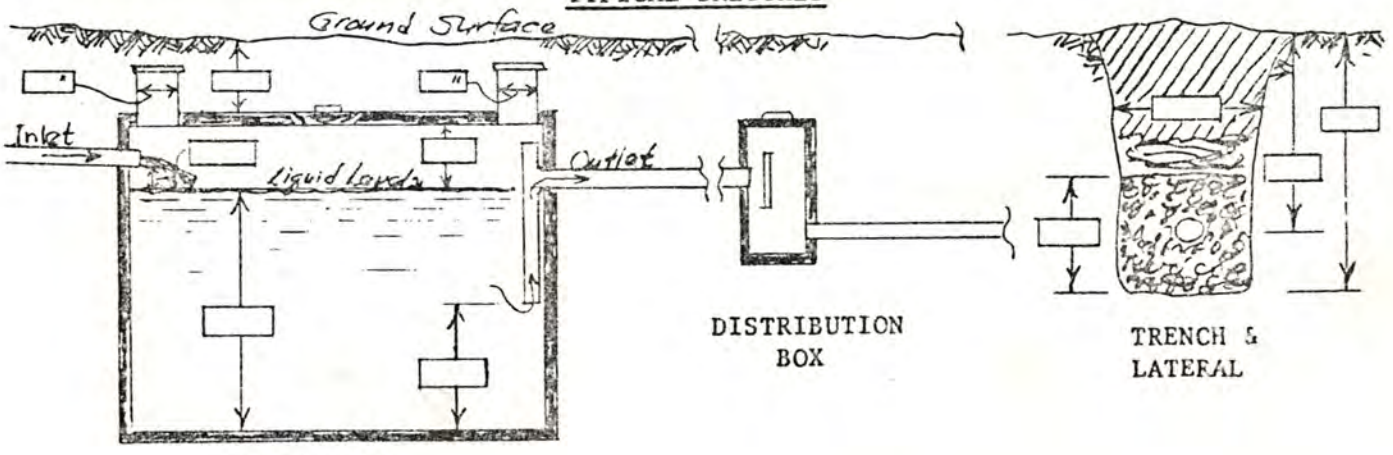
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs —.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments —.
2. Capacity 1000gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company Pre Cast)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade 10 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 3 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Round
2. Lateral Lines: Depth below grade 30 in.
Number 3; Length of each line 100 ft
Total length of Laterals 268 ft.; 68
Slope 0 in/100 ft. Diameter of pipe 4 in.; Shape Round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic
Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 42 in.; Width 30 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

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 7001 CARSON RD

Twp T9N Range R7E Section 22 1/4 ___ 1/4 ___ Block 3 Lot 4 Addition 1ST ADD

Directions to Property ~~FIRST~~

Location of Well SOUTH ~~WEST~~ EAST Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTH WEST Year Installed 20

	NAME	ADDRESS	PHONE
Present Owner:	JOSEPH MAZZEO	7001 CARSON RD - LINCOLN	402-421-3506
Tenant/Buyer:	JEFF RODZIEWSKI	15405 NW 40 - RAYMOND	402-783-3473
Return to:	CROWNE CLOSING CO ATT PAULA POLACEK	6940 O ST SUITE LINCOLN NE 68510	402-464-1200

Signature of Applicant Joseph Mazzeo Address 7001 CARSON RD LINCOLN NE 68511 Date 11/20/95

HEALTH DEPARTMENT USE ONLY

Date Received 11/20/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/21/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 4.6 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. Hood R.E.H.S. Date 11/27/95

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.

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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.

Legal Description of Property: Street Address 7001 CARSON Rd. LINCOLN NE 68516

LCR 2928

Parcel ID 16 - 22 - 300 - 0004 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 NW 1/4 Block 3 Lot 4 Addition CLARENDON HILLS 1ST ADD.

Directions to Property

Location of Well So of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System Year Installed 1976

Site Hazards (dogs, etc.)

	NAME	ADDRESS	PHONE
Present Owner:	Jeff + Kelli Rudzicki	7001 CARSON Rd	489-3174 423-6621
Tenant/Buyer:	2855 So 70th 68506 ATTN: Bernie		
Return to:	Home Real Estate	+ Charles Brenemann 4721 So 67th Lincoln 68516	(Fax)

Signature of Applicant [signature] Address 4721 So. 67 LINCOLN NE 68516 Date 7/26/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/29/02 Amount $200.00 Check No. 1663 Initials

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/30/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. IT APPEARS AS THOUGH THE NORTHERNMOST LATERAL IS TAKING THE MOST EFFLUENT WITH THE NEXT ONE SOUTH TAKING THE NEXT MOST & THE ONE RUNNING STRAIGHT SOUTH TAKING THE LEAST. ☐ See Attached Letter

FINAL STATUS

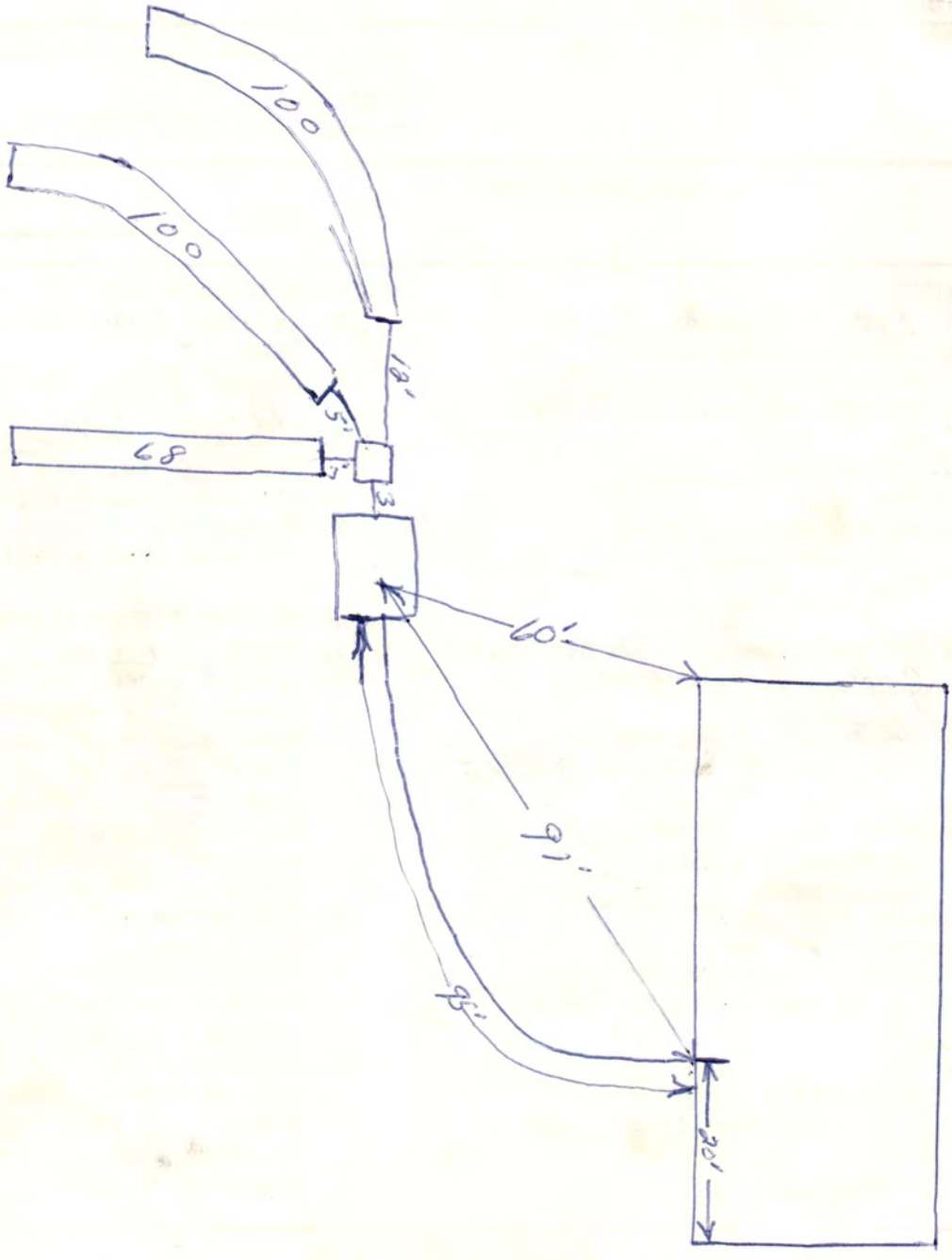
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 8/1/02

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



9-27-76
Harold Casement
7001 Carson Rd.