FILE NO. 90

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

August 13, 1969 — THIS LICENSE OR PERMIT EXPIRES

Donald Magee for Willis Rap — LICENSEE OR PERMITTEE

6331 Burlington — ADDRESS

T 9N; R 7E; Sec. 22; Blk. 4; Lot 4; Clarendon Hills First Addition — 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
143 110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
15030	8-13-69	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 90

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 7E; Section 22;
Block 4; Lot 4; Addition Clinton Hills first
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.

Donald Mayer for Willis Rapp
Signature of Applicant (owner or lessee)

6331 Burlington
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/13/69. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 2/13/69. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 2/13/69. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 2/13/69. Signature: Charles Seale By RG

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 2-13-69. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 90

DATE: 13 Feb 69

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 32;
Block 4; Lot 4; Addition Cline-dor Hills first addition;
Street Address _____

2. Property Use: Residential _____ [✓]; Commercial _____ [ ]
No. of Bed Rooms 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-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Donald Magee for Willis Rapp
Signature of Applicant (owner or lessee)

6331 Burlington
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 10/1/69 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 2/13/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/1/69 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 90

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: 3+ acres. (Attach sketch of property showing hole location).

Owner: Willis Rap
Address L-4 B-4 Clarendon Hills First addn.

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 9-22-69 to 9-23-69. Weather: Precip. ____ Temp. 70° F.

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	9-22	8:30	9-23	9:00	9-23	9:00	36	9:30	35 3/8	30	5/8	
2	36"	9-22	8:30	9-23	9:00	9-23	9:00	36	9:30	35 1/4	30	3/4	
3	36"	9-22	8:30	9-23	9:00	9:23	9:00	36	9:30	33 1/4	30	2 3/4	

Willis Rap
Signature of Person Conducting Test

Address _____
Phone: 475-1559

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: September 30, 1969

Jerrold C. Hood
Signature of Reviewing Official

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. 90

SPECIFICATIONS

DATE: 13 Feb 1969

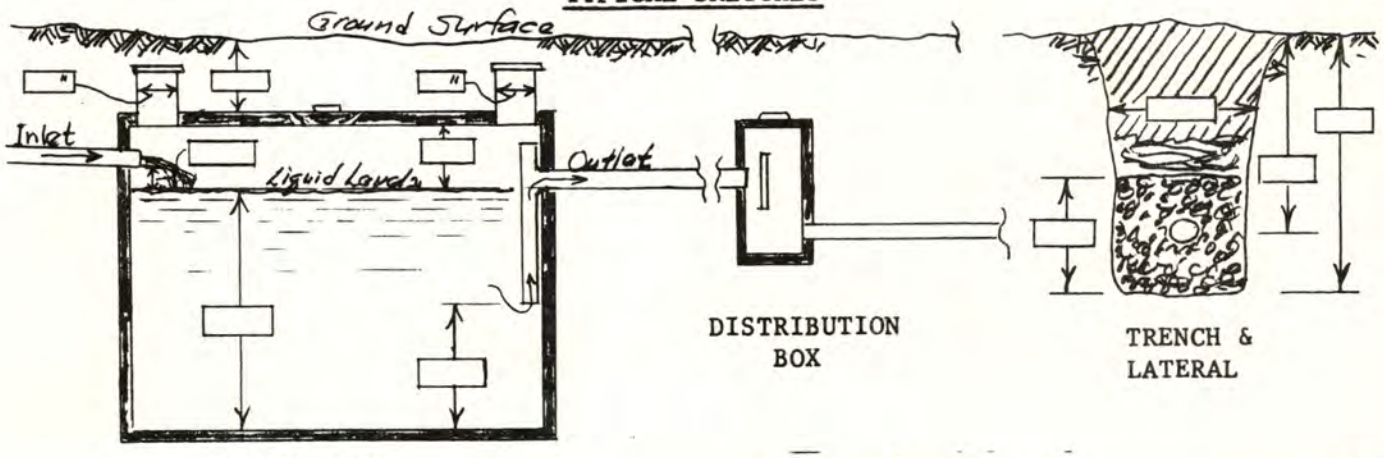
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 200 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber Glass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Owings Ltd) No ☐
4. Manholes: Over Inlet; diam. 16 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 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 200 ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Ross Cast) No ☐
3. Dimension: Length 13 in.; Width 11 in. Depth 10 in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

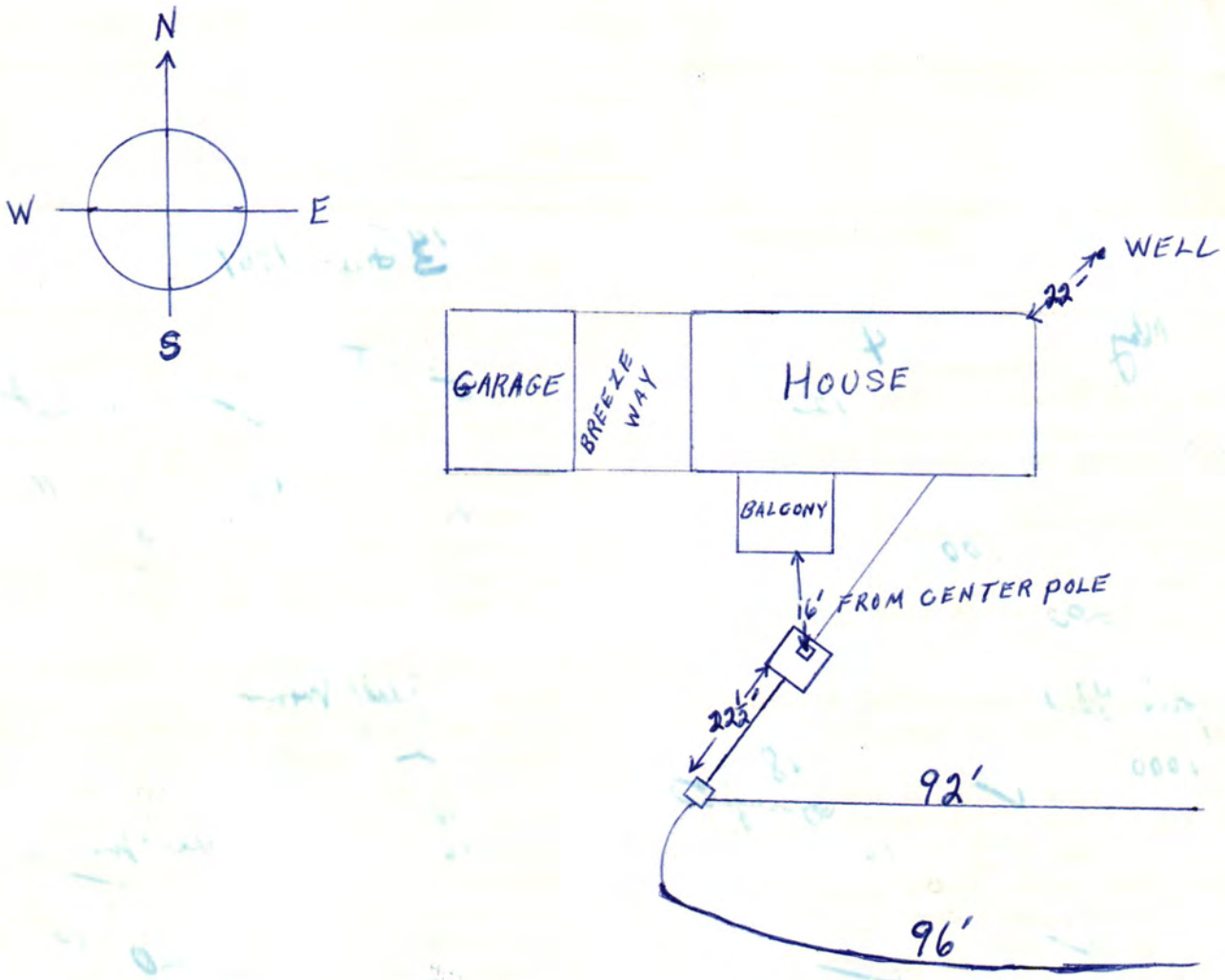
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade 18 in. Number 2; Length of each line ___ ft Total length of Laterals 188 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape Half Moon Material: concrete ☐; fiber ☐; asbestos ☐; clay ☐; other ___ Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 200 ft.
6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Donald Magee for Willis Rapp
Signature of Applicant


N
W
E
S
WELL
22'
GARAGE
BREEZE WAY
HOUSE
BALCONY
16' FROM CENTER POLE
22½'
92'
96'

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: April 17, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 7E ; Section 22 ;
Block 4 (Four) ; Lot 4 (Four) ; Addition Clarendon Hills 1st Add. LLCN.
Street Address 7401 Travis Drive.
Directions on how to get to property 1 mile south of 70th & Highway 2, less than ½ mile east on Travis Drive
Location of well check with the Feit for details
Where is tap: Inside ☐ Outside ☐ " " " "

	NAME	ADDRESS	PHONE
Present Owner:	Darrell Feit	7401 Travis Drive, RT 9 68526	483-4874
Tenant:			
Lending Agency:	Doug Claussen, First Federal	70th & York, Town	475-0521

(Do not write below double lines)

Health Department: Date Received 4/19/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 4-23-79 by mm
Date ____ by ____
Date ____ by ____

Signature of Applicant

2021 So. 54th Cir.
Address

PRELIMINARY STATUS -- DATE 4-23-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval Cattails in Lagoon tweeds on dyke must be removed. Need Gate in fence. (Corrections complete)
☐ See Attached Letter.

FINAL APPROVAL -- DATE 5-1-79

Water System ☒ . Sewage Disposal System ☒ . BY

Form Number 20215-0878

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: 6-27-90

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 7N ; RANGE 7E ; SECTION 22 ; BLOCK 5

LOT 4 ; ADDITION Valley Hill ; Street Address 7401 Travis Rd.

Directions to Property Hwy 34 E to 70th (S of Hwy 2) to Travis Road turn east to 7401

Location of Well NE corner of lot Tap Location: Inside ☐ Outside ☒ East North

Location of Sewage System SE corner of lot Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Wayne & Patty Kennedy	7401 Travis Dr.	423-0908
Tenant/Buyer:	Pat Nelson & Jill Baker	Alaska	
Return to:	RE/MAX - Pat Ward	6940 O St #300	467-3000

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Patricia Anne Nelson Address 420 Brookside Lincoln, Nebraska 68521

==========

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 28, 1990 Received $75.00 ~~$150.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6/29/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6/29/90 by LCH.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Wilbur E. Hood R.S. DATE JULY 2, 1990

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

RECEIVED OCT 16 1991

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.

[X] Evaluation of the Individual Water System Date: 10/14/91

[X] Evaluation of the Sewage Disposal System [X] Enclosed is ~~$75.00~~ $150

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 22; BLOCK 4

LOT 4; ADDITION Clarkson Hills Street Address 7401 Travis Dr.

Directions to Property _____

Location of Well East side of house Tap Location: Inside [ ] Outside [X]

Location of Sewage System _____ Year Installed 10/1/69

	NAME	ADDRESS	PHONE
Present Owner:	Patricia Nelson + Jill Bakee	7401 Travis Dr.	
Tenant/Buyer:	Kenneth + Gloria Michel	4420 Kirkwood	488-7204
Return to:	Woods Bros.	3201 Pioneer	483-4151

PAT WARD 467-3000 RE-MAX 489-9101

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Kenneth L Michel Address 4420 Kirkwood Dr.

==========

HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 16, 1991 Received $75.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 10/17/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	[X]	[ ]	Approved:	[X]	Date 10/17/91	by J.C.H.
Bacteria	[X]	[ ]	Provisional:	[ ]	Date 11/14/91	by J.C.H.
Nitrate <0.1 ppm	[X]	[ ]	Disapproved:	[X]	Date _____	by ___

Comments: ~~IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Error system was switched to lagoon~~ See Attached Letter [ ]

~~LAGOON NEEDS GATE REPLACED + LOCKED, CATAILS KILLED OUT, FENCE TIGHTENED + STRAIGHTENED UP, WARNING SIGNS PUT ON. LAGOON IS VERY FULL, MAY HAVE RUN OVER EARLIER~~

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY _____ DATE _____

J.C.H. NOVEMBER 14, 1991 EVERYTHING CORRECTED EXCEPT LEVEL OF WATER IN LAGOON STILL NEEDS TO BE REDUCED. NEED FROZEN GROUND TO GET TRUCK IN HOWEVER.

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