CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 857

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

December 17, 1976 — THIS LICENSE OR PERMIT EXPIRES

Fred Bishop — LICENSEE OR PERMITTEE

5011 Sherman; Lincoln, Nebraska — ADDRESS

T9N; R7E; Sec. 33; Bl. 1; Lot 3; Nealrene Acres, 1st Addition — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — 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

624-1535

SERIAL NO.	DATE	AMOUNT

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-40(73) REQUEST FOR SITE CLEARANCE FOR 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. 857

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

DATE: _____

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 33
Block 1 ; Lot 3 ; Addition 1st Addition, Nealrene Acres
Street Address 10,050 Ricky Rd.

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.

Fred Bishop
Signature of Applicant (Owner or Lessee)

5011 Sherman
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6-17-76 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 6-17-76 . Signature: Ronald Maynard

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 6-17-76 . Signature: Ernest A. Lemmon

3. City ~~or County~~ Engineer: Date Rec'd. 6-17-76 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 6-17-76 . Signature: R. L. Long

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. 857

DATE: _____

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 33 ; Block 1 ; Lot 3 ; Addition 1ST Addition, Neatrene Acres
Street Address 10,050 Ricky Rd.

2. Property Use: Residential ✓ [✓]; 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).

Fred Bishop
Signature of Applicant (owner or lessee)

5011 Sherman
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 6-17-76
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-24-76 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ronald Margeurat

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-24-76 by: Ron Margeurat

7" of water in hole # 3 8"

	1:15	1:45	2:15	2:45	3:15	3:45	4:15	4:45
1		-3"	-2"	+7" -1"	-3"	-1"	-2"	+5 -1½
2		-½"	-0"	-½"	-0"	-½"	-0"	-½"
3		-½"	-0"	-0"	-½"	-½"	-0"	[illegible]
4		-1"	-½"	-1"	-½"	-1"	-1"	-½"
5		-1"	-½"	-0"	-½"	-½"	-½"	-½"
6		-1"	-½"	-½"	-0"	-0"	-0"	-½"

5:15

1. -1"
2. -½"
3. -½"
4. -1"
5. -½"
6. -½"

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: _____

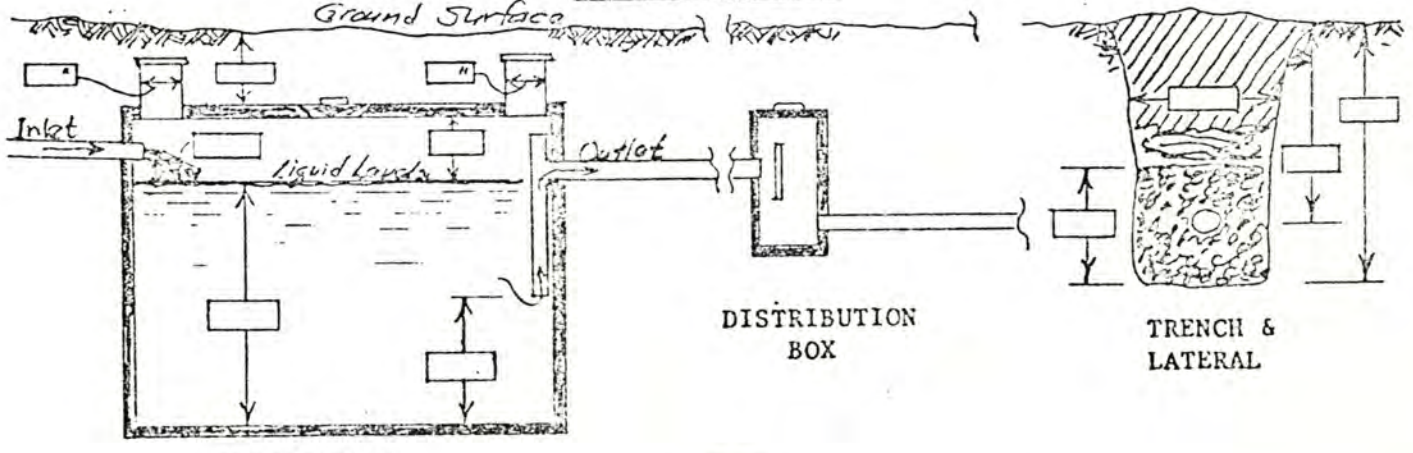
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 36 in.
3. Distance between dwelling and septic tank 6 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete 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 24 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

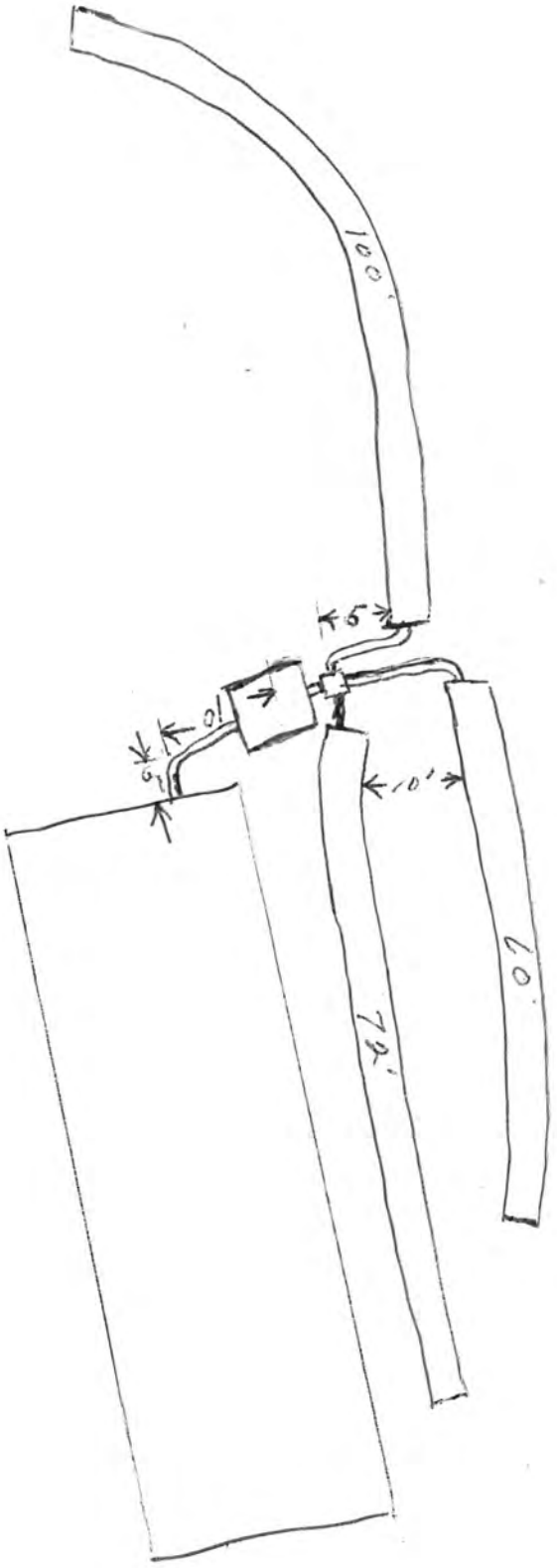
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☑, (Company Pre CAST No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half round
2. Lateral Lines: Depth below grade 48 in.
Number 3; Length of each line 100/60 22 ft
Total length of Laterals 232 ft.;
Slope 0 in/100 ft. Diameter of pipe 22 in.; Shape Half round
Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: gravel
Depth of material from trench bottom 24 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



N →

Harold F. Clement
11-24-76

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: 10-29-79

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 (Action Plumbing)

Legal description of property: Twp. 9N ; Range 7E ; Section 33 ;
Block 1 ; Lot 3 ; Addition Deerline Acres 1st addt.
Street Address Route #8 105th & Rickey Rd Lincoln NE.
Directions on how to get to property 3 miles South of Lincoln only stone House
Location of well Front of house (wishing well around it) ~ turn
Where is tap: Inside ☐ Outside ☒

	NAME	ADDRESS	PHONE
Present Owner:	Clare & Ella Bishop	105 & Rickey Rd	423-3763 or 488-0977
Tenant:	—	—	or 483-4451
Lending Agency:	First Federal	70th & A st. Lincoln	

(Do not write below double lines)

Health Department: Date Received 10-29-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 10-30-79 by [illegible]
Date _____ by _____
Date _____ by _____

Send to:
Louis Herrmann
Signature of Applicant
First Federal
70th & A Cornhusker
Address 68506

PRELIMINARY STATUS -- DATE 10-30-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval _____

☐ See Attached Letter.

FINAL APPROVAL -- DATE 10-31-79

Water System ☒ . Sewage Disposal System ☒ . BY Ron Mayunk

Form Number 20215-0878

006

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 10501 Ricky Rd. 1st Addition
Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition NEALRENE Acreas
Directions to Property So. 56th to Rokeby east on Rokeby to WEEKS right to RICKY RD.

Location of Well SEside of LOT. Tap Location: Inside ☒ Outside ☐
Location of Sewage System NW of house Year Installed 1977 1976

	NAME	ADDRESS	PHONE
Present Owner:	Gene & Barb Natson	10501 Ricky Rd.	423-2757
Tenant/Buyer:	Dr. and Mrs. Kilian	2825 Rhode Island Albuquerque, NM 87110	505-293-2653
Return to:	Rick Dahlman CENTURY 21 Home+Farm	2200 So. 40th St. Suite 103 Lincoln NE 68506	489-5911

Signature of Applicant Rick Dahlman Address 2200 S. 40th # 103 Date 9/11/92
LINCOLN NE 68506

HEALTH DEPARTMENT USE ONLY

Date Received 11/23/92 Received $150.00 Check ☒ Cash ☐
#3435 NBC

PRELIMINARY STATUS--By JERROLD HOOD **DATE:** 11/24/92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ___/ml	☐ ___/ml
Nitrate	☒ 0.1 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. HAVING A WISHING WELL BUILT AROUND THE WELL IS NOT A GREAT IDEA. THE WALLING COULD RETAIN WATER AROUND THE WELL. THE ROOF MODELES THES SOME WHAT BUT IF YOU EVER NEED TO PULL THE PUMP FOR WELL REPAIR THEN YOU HAVE TO REMOVE THE ROOF. See Attached Letter ☐

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/30/92

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 St 68510

2200 St. Mary's Avenue, Lincoln, Ne

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/I

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 10105 Ricky Rd

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition Nealrene

Directions to Property 56 & Roketa Rd EAST TO WEEKS DR, South to Ricky Rd.

Location of Well NE of GARAGE 10 Ft. Tap Location: Inside ☐ Outside ☒

Location of Sewage System 20' West of BACK PADIO DOOR Year Installed 1956

	NAME	ADDRESS	PHONE
Present Owner:	Jim Ryan	10105 Ricky Rd Lincoln, Ne. 68516	423-2704
Tenant/Buyer:	Gerald Frazier	3221 Carnelian Lincoln, NE 68516	420-2311
Return to:	Gerald Frazier	3221 Carnelian Lincoln, NE 68516	420-2311

Signature of Applicant Gerald Frazier Address 3221 Carnelian Lincoln, NE 68516 Date 4/3/95

HEALTH DEPARTMENT USE ONLY

Date Received 04/06/95 Received $150.00 Check ☒ # 521 Cash ☐

PRELIMINARY STATUS--By Gerald Hood **DATE:** 4/12/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ 4/13/95	Approved ☐	Date 4/13/95 by GCH
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date 4/12/95 by G.C.H.
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: WATER NOT TURNED ON. SEPTIC SYSTEM PREDATES REGULATIONS NO SKETCH OF SEWAGE SYSTEM HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION VISIBLE. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. WELL WATER SYSTEM MUST BE PHYSICALLY SEPARATED FROM RURAL WATER SUPPLY. ☐ See Attached Letter

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 4/18/95

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.

Corrected 4/13/95