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._____

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

DATE: 6-13-90

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 33 ;
Block 1 ; Lot 3 ; Addition Deer haven
Street Address 6300 trophy lane

2. Property Use: Residential ✓ [ ]; Commercial_____ [ ]
No. Bedrooms 3
Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [✓]; Other [ ]

4. Description of proposed alteration, extension or repair: 8'x100' Lateral added to repair orignal system

5. Work to be done by: Owner [ ] ; or Contractor [✓], Friesen Excavating
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$ 1200

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

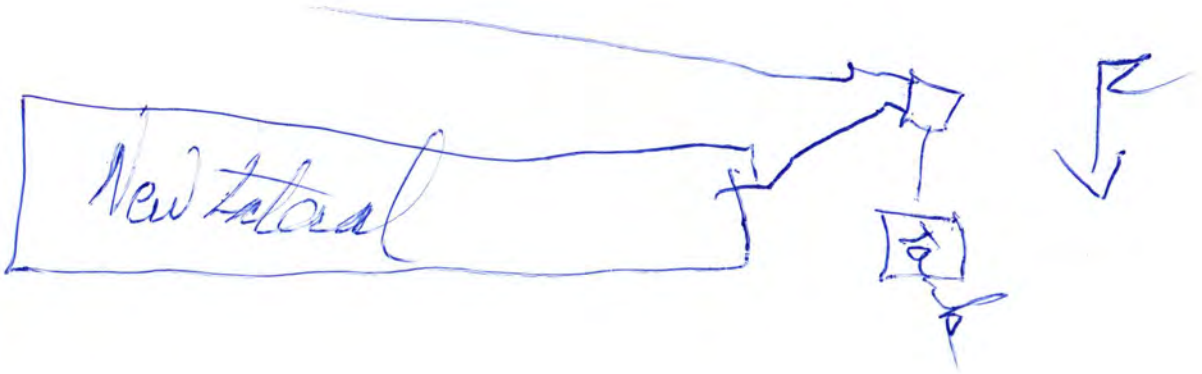
REVIEWING ACTION

1. Date Rec'd: 6-13-90
Filing Fee: $ 50.00

2. Site Visits:
Date: 6-13-90 by: _____
Date:_____ by:_____
Date:_____ by:_____

3. Date: 6-13-90
Approved [X]; Disapproved [ ]
by: Ron Magnuson
EXPERIMENTAL PROVISIONAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 6-13-90 by: Ron Magnuson


New Zatara

FILE #2063

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

AUGUST 15, 1984 — THIS LICENSE OR PERMIT EXPIRES

BOB ARMSTRONG — LICENSEE OR PERMITTEE

6300 TROPHY ROAD — ADDRESS

LINCOLN NE 68516

T9N; R7E; Sec 33; Bk 1; Lot 3; Addition, Deerhaven Acres — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2063

DATE: 2-11-84

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 33 ;
   Block 1 : Lot 3 : Addition DEERHAVEN ACRES
   Street Address 6300 Trophy Road

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: miles ft.

Bob Armstrong
Signature of Applicant (Owner or Lessee)

6300 Trophy Road
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/14/84. Date Frwd. 2/15/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/15/84. Date Frwd. 2/15/84 ACTION: Approved ☒ Disapproved ☐ Signature:

3. City ~~or County~~ Engineer : Date Rec'd 2-15-84. Date Frwd. 2-15-84. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL CONNECTING TO RURAL WATER DISTRICT.

Site Visits:
Date: 2/15/84 by: L.C.H.
Date: by:
Date: by:

INSTALLATION FINAL WRITTEN APPROVAL X
Date: By:

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

X EXPERIMENTAL SYSTEM

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. 2063

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 33 .
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: _____ to _____ . Weather: Precip. _____ Temp. _____ .

OWNER: _____

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				
Hold 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	30							17		17 3/4	30	3/4	40
2	↓							15 5/8		16 1/4		5/8	48
3								18 1/4		19		3/4	40
4								16 5/8		16 5/8		1/4	120
5								18 1/4		18 1/2		1/4	120
6								15		15 1/4		1/4	120
7								16 3/8		17 1/4		7/8	48
												3 5/8	

Bob Armstrong
Signature of Person Conducting Test

Address 6300 Deerhaven Phone 488-6284

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 3, 1983

Approved Percolation Rate (a)
A. 53 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: 471-7800

C

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

FILE NO. 2063

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

REVIEWING ACTION

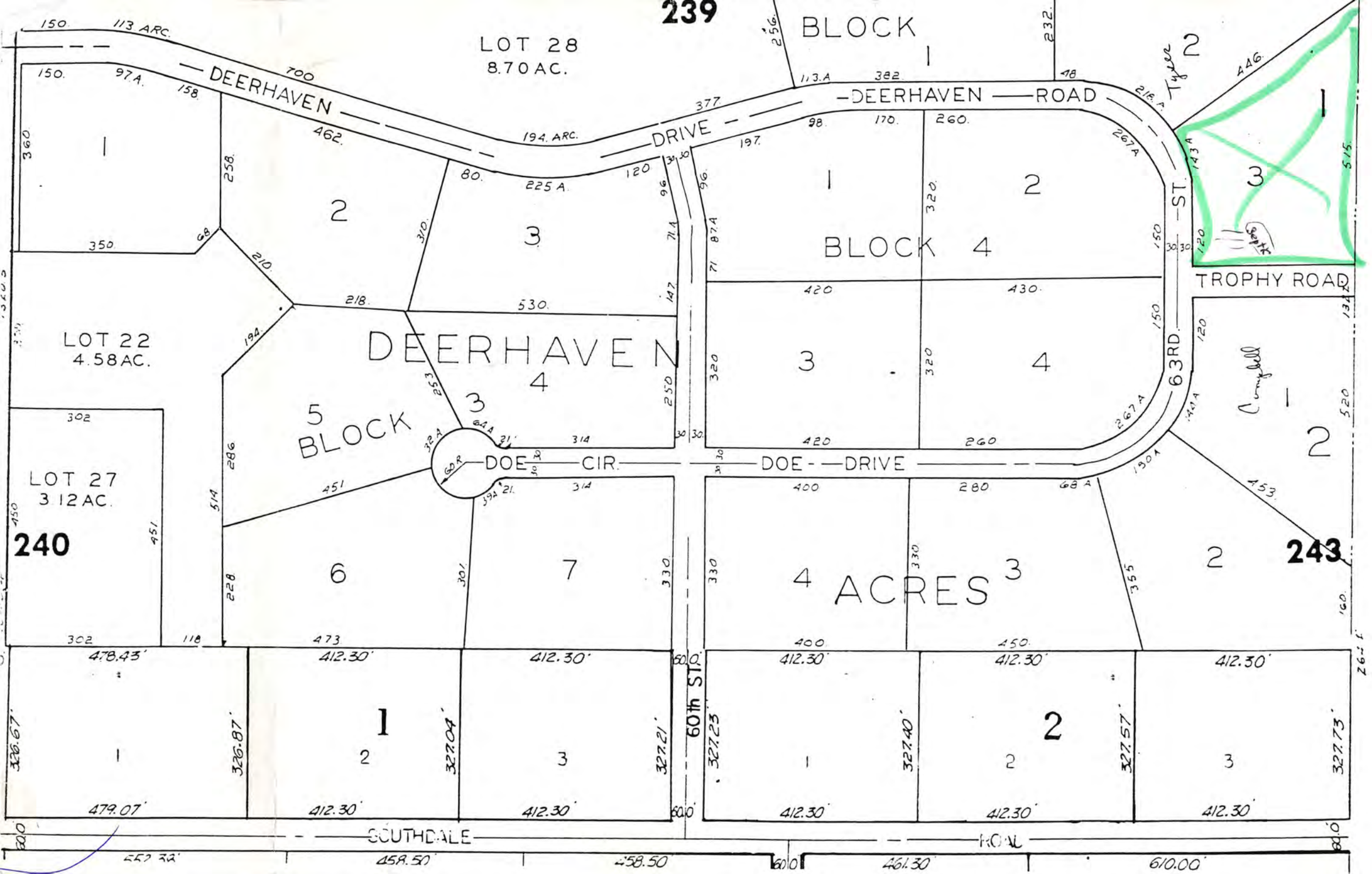
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 234 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

_____
Signature of Reviewing Official


239
LOT 28
8.70 AC.
BLOCK 1
DEERHAVEN DRIVE
DEERHAVEN ROAD
BLOCK 4
TROPHY ROAD
63RD ST.
LOT 22
4.58 AC.
DEERHAVEN
BLOCK 5
DOE CIR.
DOE DRIVE
LOT 27
3.12 AC.
240
243
4 ACRES
60th ST.
SOUTHDALE ROAD

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: 5/15/90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 33 ; BLOCK 1

LOT 3 ; ADDITION Deerhaven Acres ; Street Address 6300 Trophy Rd

Directions to Property out 56th Street South to Deerhaven (just past Rokeby Rd)

Turn East into development + this house sits way back at the end of the development

Location of Well NA Rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System South side of drive + literals 'go west' under mailbox Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Robert + Julie Armstrong	6300 Trophy Rd	423-4232
Tenant/Buyer:	Richard + Joanna Corbin	632 Yankee Hill Rd	282-8085
Return to: Nimi Cotton	Woods Bro Plaza	3737 So 27 St 68502	432-3733

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

Signature of Applicant Joanna Corbin Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 18, 1990 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date _____ by ____
Bacteria	☐	☐	Provisional:	☐	Date 6-13-90 by ____
Nitrate	☐	☐	Disapproved:	☒	Date _____ by ____

Comments: SEWAGE SYSTEM LEAKS. NEVER BEEN APPROVED. Rural

See Attached Letter ☐

FINAL STATUS

PROVISIONAL APPROVAL ON SEPTIC SYSTEM BECAUSE SYSTEM IS CONSIDERED EXPERIMENTAL

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

APPROVED BY Jerold C. Woods R.S. DATE JUNE 15, 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