LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380069001

Issued 04/17/91
Expires 10/17/91

ESTABLISHMENT

DENNIS KRIZ
T12N R7E SEC 35 QTR SE
LOT 5
9400 RAYMOND RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DENNIS KRIZ
2828 FRANKLIN ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
4/25/91	PAID

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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 4-17-91

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. 12N ; Range 7E ; Section 35 ; Block _____ : Lot 5 IT : Addition 5 Acres SE ¼ of
   Street Address 9400 Raymond 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: _____ ft. Lagoon (contractor will seal)

Dennis R. Kriz
Signature of Applicant (Owner or Lessee)

2828 Franklin Lincoln Ne. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/17/91. Date Frwd. 4/17/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-17-91. Date Frwd. 4-17-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumert
3. City or County Engineer: Date Rec'd. 04/17/91. Date Frwd. 04/17/91. ACTION: Approved ☐ Disapproved ☐ Signature: Roger Harmon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-11-91 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-11-91 By: Ron Maynard

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

FORM 23-43

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

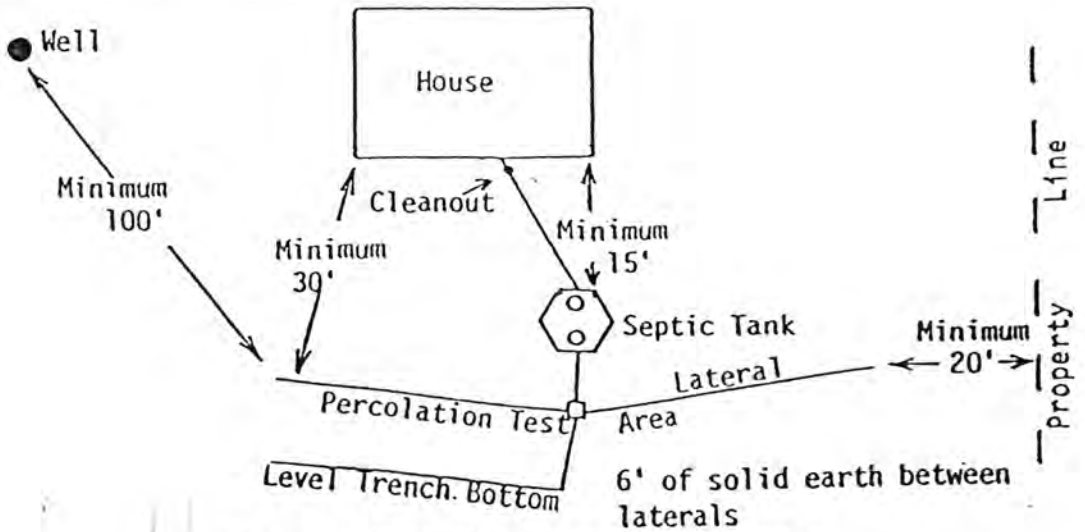
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 197 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 8" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast ; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

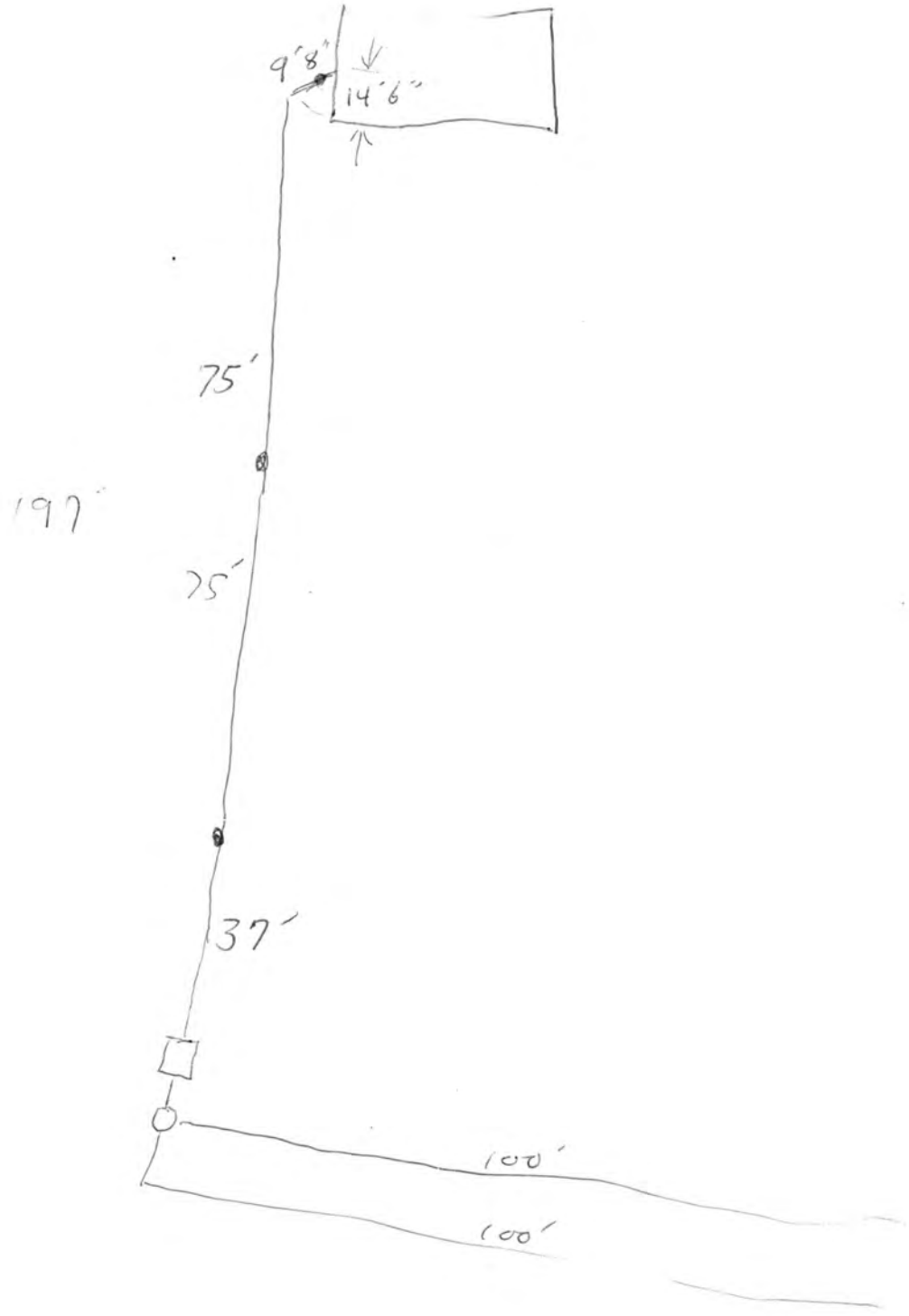
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Rock Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwark 6-11-91 o well

N



	1	2	3	4	5	6
9:25	12 1/4"	12"	11 3/4	12 5/8	12"	12 1/2
9:55	15 1/8"	14 1/2"	12 1/2"	14 1/2"	12 1/2"	14"
10:25	17"	16 3/8"	13 1/8"	15 5/8	13"	15 1/8" *
Refill 10:30	12"	12"	11 3/4	11 3/4	12"	12"
11:00	13 3/4	13 3/4	12 3/8	13 1/4	12 1/4	13"
11:30	15 3/4	15 7/8	12 3/4	14 5/8	12 1/2	14 1/4 *
12:00	16 7/8	17 1/8	13"	15 1/4	12 3/4	15 1/8
Refill 12:10	12"	10 3/4	11 3/4	12	11 3/4	11 7/8
12:40	13 1/2	12 3/4	12 1/2	13 3/8	12	12 7/8 *
1:10	15"	14 5/8	13	14 1/2	12 1/4	13 7/8

140 15	14 5/8	13	14 1/2	12 1/4	13 7/8
140 16 1/4	16 1/2	13 1/2	15 1/4	12 5/8	14 7/8
1 1/4"	1 7/8"	1/2"	3/4"	3/8"	1"

$1\frac{1}{4}$

$1\frac{7}{8}$

$\frac{1}{2}$

$\frac{3}{4}$

$\frac{3}{8}$

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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: 9-22-94

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

Legal Description of Property: TWP. 15N; RANGE 7E; SECTION 35; BLOCK ____

LOT 5; ADDITION _____; Street Address _____

Directions to Property Hwy 6 to 91st North to RAYMOND Rd.

Location of Well NE corner behind trees Tap Location: Inside ☐ Outside ☐

Location of Sewage System front of house, east side of drive Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Nancy & Mr. Howard	9460 Raymond Rd	466-3676(H) 467-6929 (W)
Tenant/Buyer:	Paula Abbott		
Return to:	~~6800 N. 190th~~ PAULA ABBOTT	6800 N. 190th LINCOLN, NE 68527	786-0268

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

Signature of Applicant Paula Abbott Address 6800 N. 190th LINCOLN, NE 68527

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HEALTH DEPARTMENT USE ONLY

Date Received 9/27/94 Received $75.00 150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/28/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/28/94 by L.C.H
Bacteria 0	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate <0.1	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood M.E.H.P. DATE SEPTEMBER 30, 1994

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

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 New Date: 7/16/91

☒ Evaluation of the Sewage Disposal System New ☐ Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE R-7-E; 6th P.M. SECTION 1/4 of Sec 35; BLOCK —

LOT 5; ADDITION —; Street Address 9400 RAYMOND ROAD

Directions to Property Hiway 6 to 98th - 98th - N. to Raymond Rd, Raymond Rd - W 1/2 mile - N. side of Road

Location of Well 220' N. of East House Corn Tap Location: Inside ☒ Outside ☐

Location of Sewage System 14' west of House - 200' - S. Tank 100' - E Laterals Year Installed 6/20/91

	NAME	ADDRESS	PHONE
Present Owner:			464-6929
Tenant/Buyer:	James M. & Nancy L Hylward	9400 Raymond Rd Lincoln NE 68517	786 5167
Return to:	First Mortgage Corp. Marla Stahl	3031 'O' St Ste Lincoln NE 68510	476 8000

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

Signature of Applicant Nancy L Hylward Address 9400 Raymond Rd Lincoln NE 68517

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HEALTH DEPARTMENT USE ONLY

Date Received July-17-91 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-18-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7-19-91 by rm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ <0.1ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY R. Maynard DATE 7-22-91

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