LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380088301

Issued 07/17/92
Expires 01/17/93
Revenue Code 18754

Establishment
DALE & KRISTIN TAYLOR
T9N R8E SEC 15
LOT 8
6050 S 148 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DALE & K TAYLOR
RR0001
BOX 0131A
WAVERLY NE 68462

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: June 18, 1992

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 8E ; Section 15 ;
   Block _____ : Lot 8 I.T. : Addition _____
   Street Address 6050 S. 148th Street

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ Sealed Lagoon

4. Distance to public sewer: N/A ft.

(Dale E. & Kristin D. TAYLOR) Kristin D. Taylor 786-2616
Signature of Applicant (Owner or Lessee)

R.R. 1, Box 131A, Waverly, NE 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/19/92. Date Frwd. 6/19/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/22/92. Date Frwd. 6/22/92. ACTION: Approved ☑ Disapproved ☐ Signature: Mel Goldamy
3. City or County Engineer : Date Rec'd. 6/19/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd Williamson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/4/92 by: J.C.H.
Date: 9-17-92 by: P.D.
Date: 9/24/92 by: J.C.H.

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/24/92 By: Jerrold C. Wood

NOTE LETTER

FORM 23-43

RECEIVED OCT 2 3 1991

RECEIVED SEP 2 1 1992

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: 8-92

FILE NO. _____

Dale Taylor 148th & Old Cheney

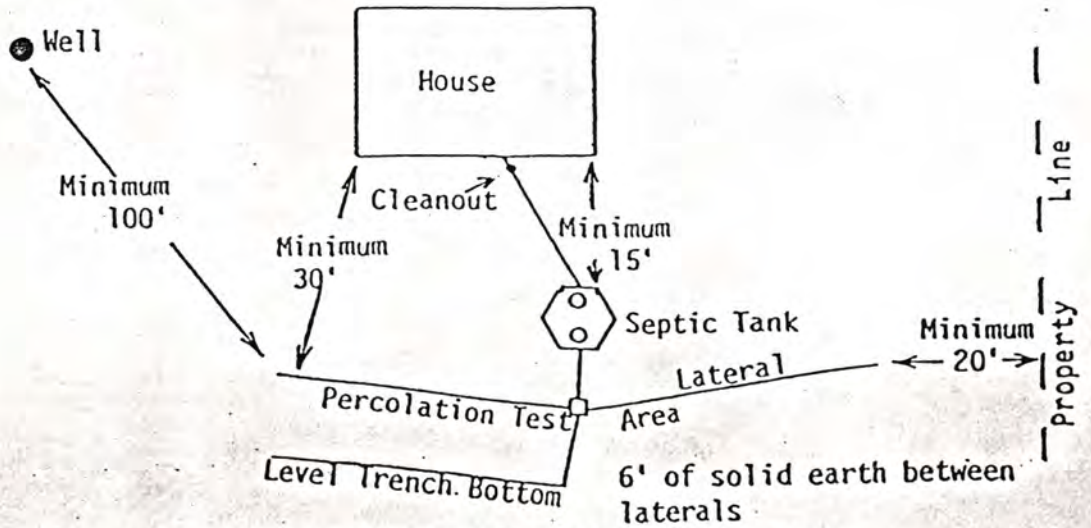
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4 in.
2. Distance above basement floor 48 in., or below basement floor ____ in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 345' ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line NA ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

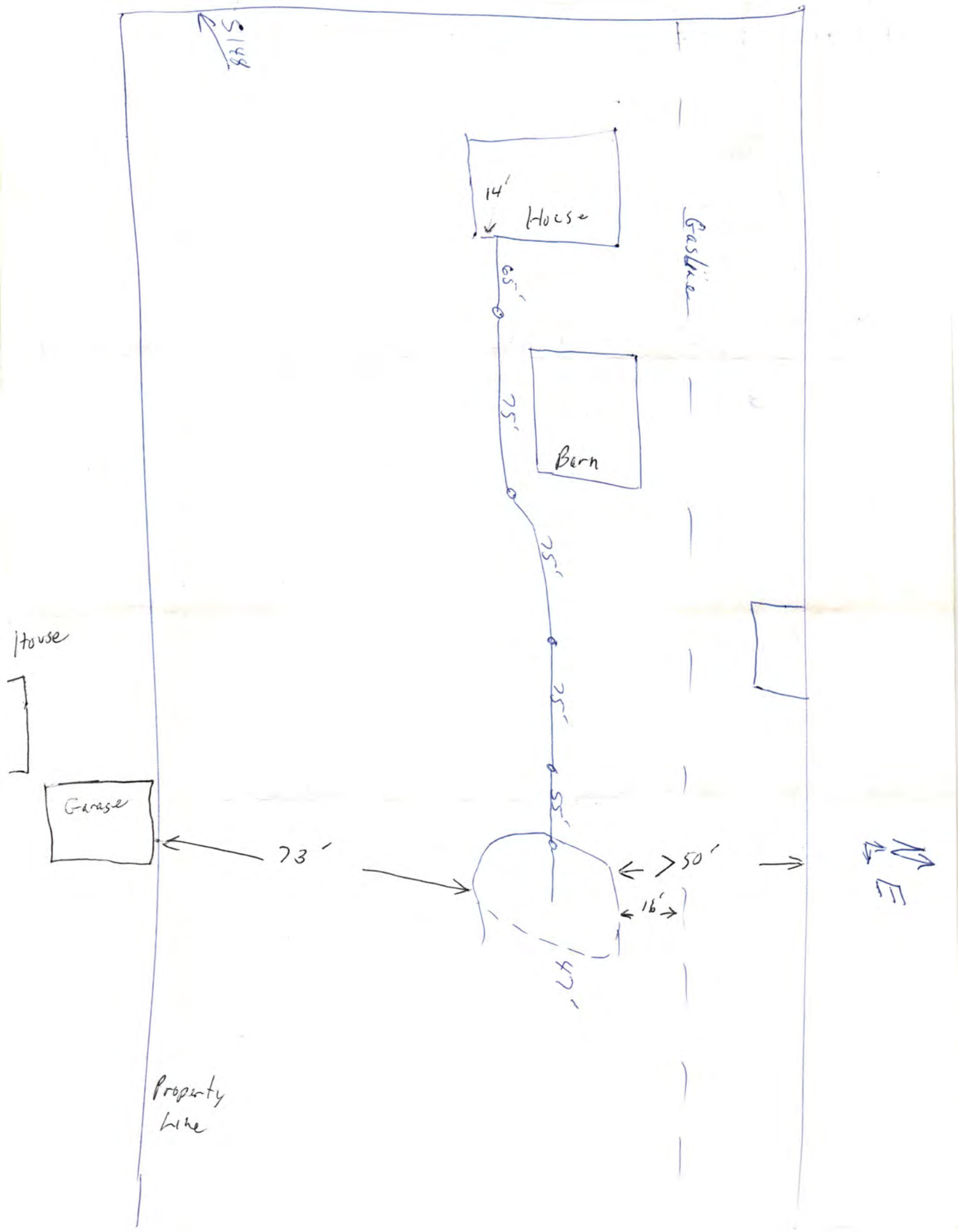
B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth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

C. DISTRIBUTION BOX:
1. Material ____; 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 ___ ; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width ____ ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: ____,
Depth of Material ____ in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


S 18°
14'
House
Gasline
65'
75'
Barn
75'
75'
55'
House
Garage
73'
>50'
16'
47'
Property
Line
N
E

To whom it may concern:

We, John James Barker and Brooke Ellen Barker, grant permission for Dale Taylor and Kristin Taylor to place their lagoon (component of their sanitary sewer system) on their property at a location less than 200 feet from our residence but not less than 100 feet from our residence.

Signed John J Barker Dated 8-7-92

Signed Brooke Barker Dated 8-7-92

Signed and notarized this 7 day of Aug 1992.

by Henry E. Lowell.

GENERAL NOTARY-State of Nebraska
HENRY E. LOWELL
My Comm. Exp. July 22, 1994

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 6050 S. 148th St. Walton NE 68461

Parcel ID 22-15-100-006-000 (i.e. 99-99-999-999-999)

Twp 9N Range 8E Section 15 1/4 NW 1/4 Block ___ Lot 8 Addition ___

Directions to Property ___

~~Location of Well~~ Rural Wtr. Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon Due East of Clary Garage. Year Installed 1992

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Dale and Kristin Taylor	6050 S. 148th St. Walton, NE 68461	Hm. 782-2048 Cell: 580-1815
~~Tenant~~/Buyer:	Daniel and Carol Snow	2609 S. 55th St. Lincoln, NE 68506	Hm 483-0469
Return to:			(Fax)

Signature of Applicant [signature] Address 2609 South 55th Lincoln NE 68506 Date 6/2/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 6/17/03 Amount 200.00 Check No. 4994 Initials ___

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

PRELIMINARY STATUS--By Jerrold C. Hood R.E.H.S. **DATE:** 6/18/03

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON FENCE OF LAGOON.

See Attached Letter ☒

FINAL STATUS RURAL WATER DISTRICT

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

Approved by ___ Date ___/___/___

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