LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380120401

Issued 07/29/94
Expires 01/29/95
Revenue Code 18754

Establishment
SUSAN HOOVER
T9N R8E SEC 32
LOT 52
10880 S 120 STREET

FEES: $150.00

TOTAL $150.00

Permittee
SUSAN HOOVER
2338 S 60 ST
LINCOLN NE 68506

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: $_____

FILE NO. _____

DATE: 7-28-94

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. 9 No. ; Range 8 EA. ; Section 32 ;
   Block _____ : Lot Irr. 52 : Addition _____
   Street Address 10880 S. 120

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe Ranch

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: none ft.

Susan Hoover
Signature of Applicant (Owner or Lessee)

2338 S. 60 Lincoln (06)
Address
489-1859 H
435-2837 W

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/28/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-29-94. Date Frwd. 7-29-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 7/29/94. Date Frwd. 7/29/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-7-94 by: P.D. sewer line only
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/15/00 By: Jerrold C. Nood

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

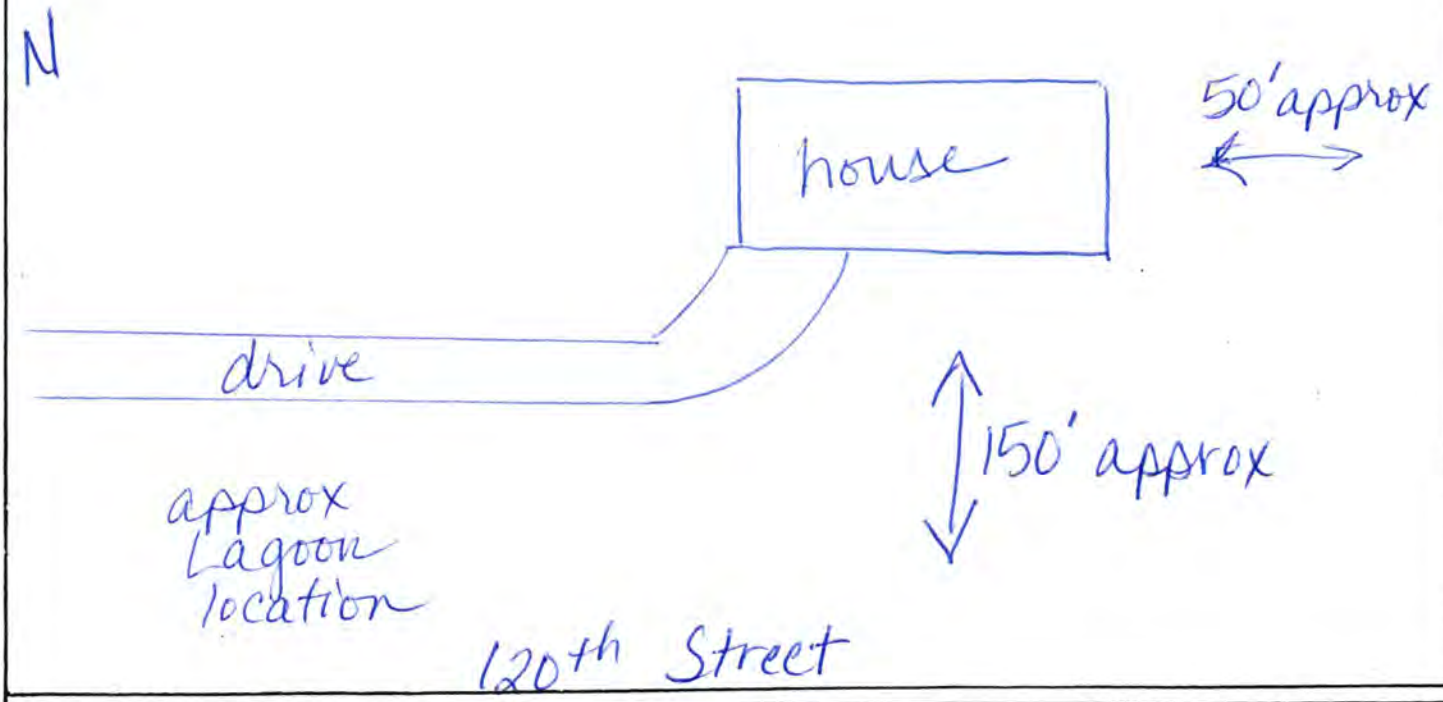
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

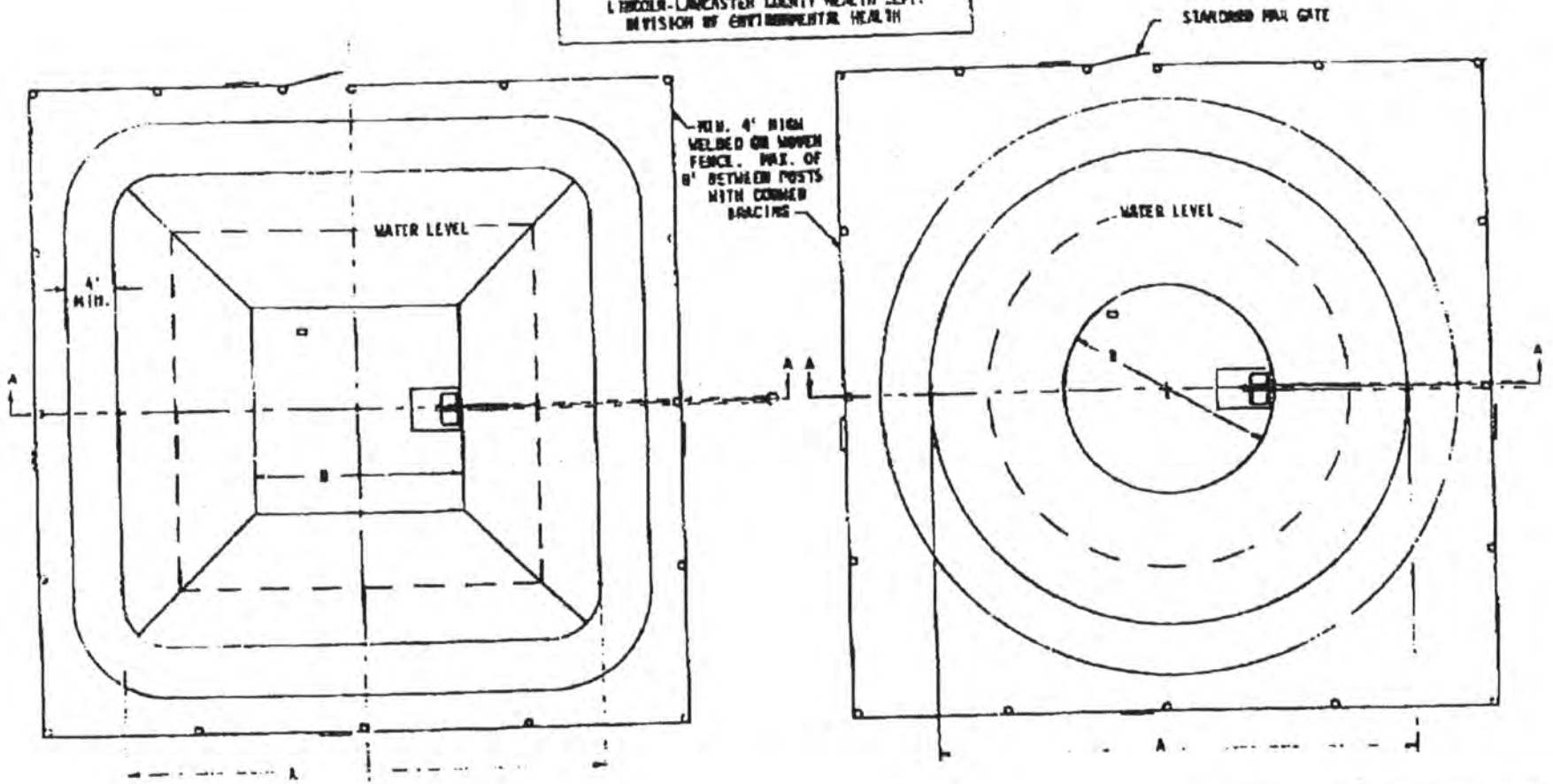
Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

WASTE STABILIZATION POND

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH



SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	LAGOON DIMENSIONS (FEET)			
	SQUARE		ROUND	
	A	B	A	B
2-3	43	13	46	16
4	80	16	52	22

ADDITIONAL INFORMATION ON BACK

Susan Hoover

APPLICANT'S SIGNATURE

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 12/14/00

System Location (Indicate correct number and street)
Address 10880 S. 120 (no rural route) City Bennet NE, Zip NE 68317

A. Building Sewer
LAGOON
1. Material: _____
Diameter: _____ in.
2. Distance above basement floor: _____ in.
or distance below basement floor: LAGOON in.
3. Distance between dwelling and septic tank: 135 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line n/a ft.
stream n/a ft.
pressure line n/a ft.
property line n/a ft.

B. Septic Tank
1. Material: _____
Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
Over outlet, diameter _____ in.
Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
Stream _____ ft.
Pressure line _____ ft.
Property line _____ ft.

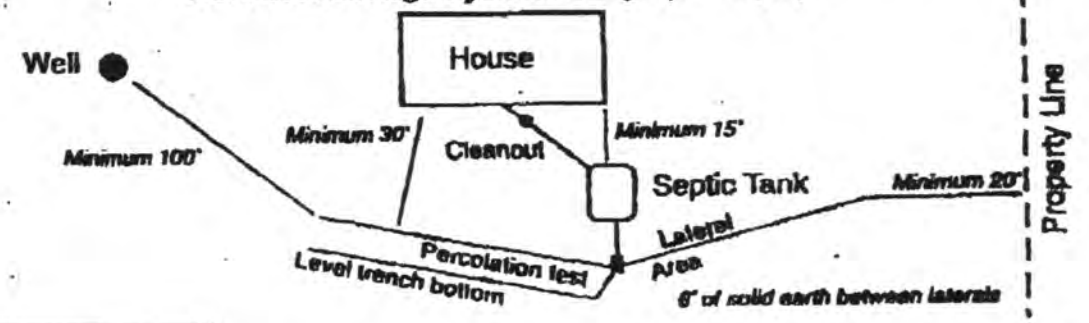
C. Distribution Box
1. Material: _____
Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☐ Hall rounds ☐ Perforated pipe
Diameter of hall round: _____
or perforated pipe: _____
Material: ☐ fiberglass ☐ plastic ☐ concrete
☐ other _____
2. Lateral lines: Number _____
Length of each line: _____ ft. _____ ft.
_____ ft. _____ ft. _____ 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.

Complete "As Built" drawing on back of this form.

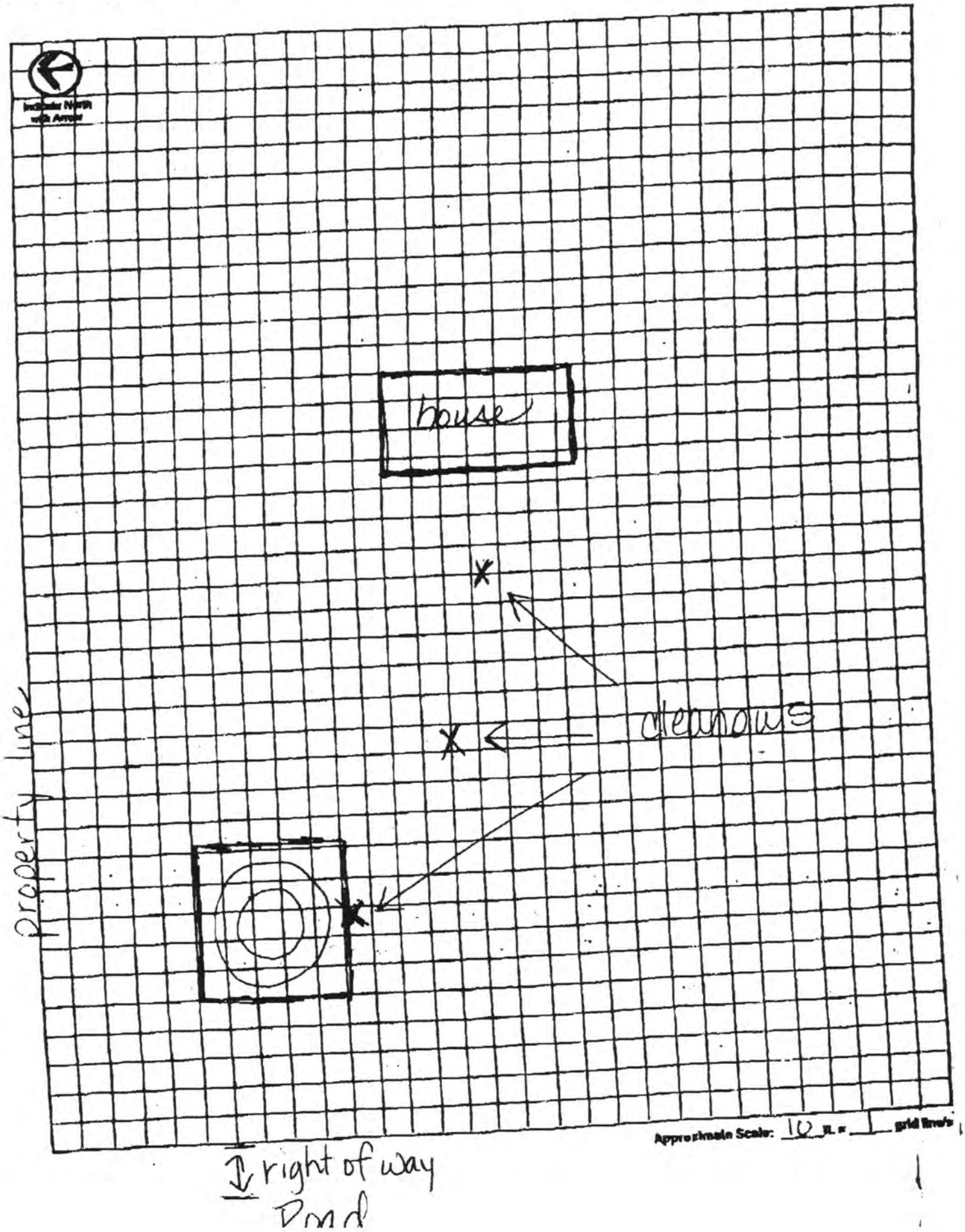
Indicate North with Arrow

Individual Sewage System Design (Example)



DPHLEB-193 10-95

As Built Drawing



Service Request Record

Lincoln-Lancaster County Health Department Environmental Health Division	Exact Address 10880 S 120TH ST
Occupant	Owner SUSAN HOOVER

CASE#: 000802008 DATE: 07/28/00 TAKEN BY: MINER CITY
LOCATION: 10880 SO 120TH/SUSAN HOOVER REASON: COMPLAINT
REQUESTOR: JOHN MINER/LLCHD REQ.TYPE: STAFF
& ADDRESS: SEE FILE #943801204 ----------COMPLAINT TYPE---------
SECTION: WATER/WASTEWATER/REC SAN 1: INADEQUATE SEWAGE DISPOSAL
ASSIGN TO: HOOD 2:
PERMIT TYPE: 3:
COMMENTS: LAGOON DID NOT RECEIVE FINAL INSPEC, CHECK IF FENCE COMPLETE
XREF CASE:
RESIDENT CR# _____ ADDRESS CR# _____ LEGAL CR# _____

Specific Location T9N R8E Sec32 Lot52		
What		For how long?
Rental? Yes No	Property Owner	Occupant
Garbage Day(s) S M T W TH F S	Service? Yes No	Hauler
Have you called on this before? Yes No	When	Duplicate Yes No
Would you like a response report mailed to you after our initial visit? Yes No		
Requestor's Name	Address	Phone:

DATE	ACTION TAKEN AND RESULTS
7-27-00	LAGOON DID NOT RECEIVE A FINAL INSPECTION. PLEASE INVESTIGATE
	TO DETERMINE IF FENCE IS COMPLETED + CONDITIONS ARE SAFE. JM
8/9/00	FENCE UP. LOTS OF WEEDS, CATAILS AND LITTLE
	TREES GROWN UP IN LAGOON. NO WARNING SIGNS. J.CK.
	NO ONE ANSWERED DOOR. PROPERTY FOR SALE.