LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380112801

Issued 03/14/94
Expires 09/14/94
Revenue Code 18754

Establishment
BRIAN BAKER
T9N R8E SEC 32
LOT 45

FEES: $150.00

TOTAL $150.00

Permittee
BRIAN BAKER
1440 N 60 ST
LINCOLN NE 68505

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: _____

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 32 SW 1/4 ;
   Block — : Lot 45 I.T. ; Addition _____
   Street Address 11020 SOUTH 120th

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

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

4. Distance to public sewer: N A ft.

x Brian M. Baker
Signature of Applicant (Owner or Lessee)

x 1440 N. 60 Lincoln NE 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/10/94. Date Frwd. 3/10/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/11/94. Date Frwd. 3/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Spi

3. City or County Engineer: Date Rec'd 3-11-94. Date Frwd. 3-11-94. ACTION: Approved ☐ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/19/94 by: L.C.H.
Date: 10/19/94 by: L.C.H.
Date: 11/9/94 by: L.C.H.
no signs

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/94 By: Jerrold C. Hood

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: 7/19/94

FILE NO. _____

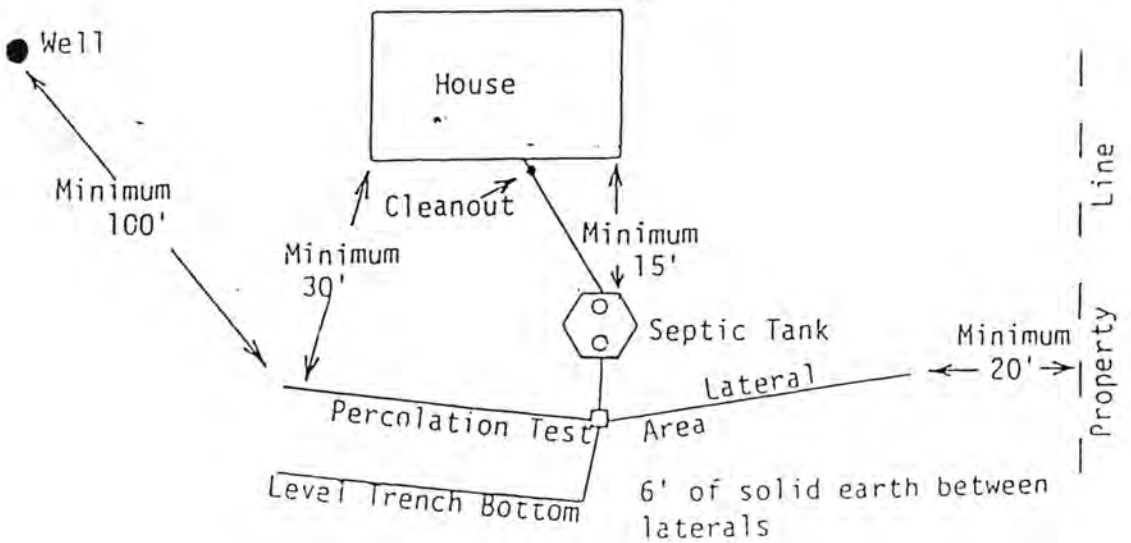
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
RW ~~Well~~ or ~~Suction Line~~ _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

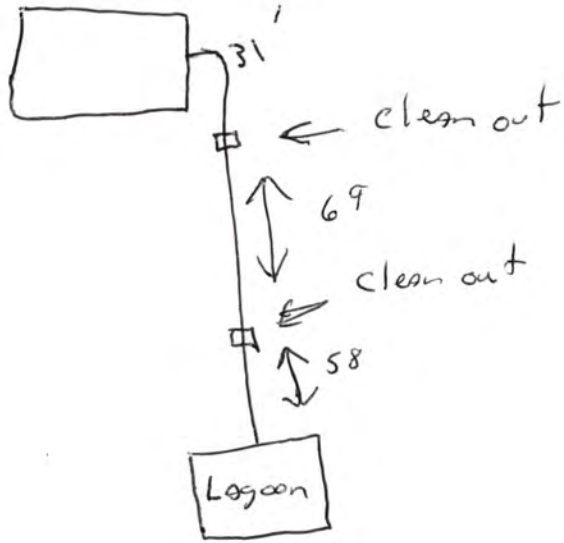
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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 Lagoon.
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



→ N

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 11020 South 120TH

Parcel ID 22 - 32 - 300 - 009 - 000 (i.e. 99-99-999-999-999)

Twp 8N Range 8E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 95 Addition ___

Directions to Property Hwy 2 East to 120th South approx 3/4 mile house on East side of Rd

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon System Year Installed 1994

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	BRIAN BAKER	11020 S. 120TH BENNET, NE 68317	402 782-2881
Tenant/Buyer:	ROBERT DOBOS RT1, BOX 1846	RTE 1, 184 E BRUCETON MILLS, WV 26525	304 379 3026
Return to:	Sandra HARDER	WOODS BROS Realty	402-430-7080 402-434-3605 (Fax)

Signature of Applicant Sandra Harder Address 7100 S 29TH Date 8/2/04

Lincoln, NE 68516

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/4/04 Amount 200.00 Check No. 2383 Initials ___

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

PRELIMINARY STATUS--By Gerald C. Hood RURAL WATER DISTRICT #1 **DATE:** 8/4/04

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: ___

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT #1

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

Approved by Gerald C. Hood R.E.H.S. Date 8/4/04

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