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. 93380109401

Issued 11/15/93
Expires 05/15/94
Revenue Code 18754

Establishment
DOUG JOE
T12N R6E SEC 32

FEES: $150.00

TOTAL $150.00

Permittee
DOUG JOE
7301 CANDLETREE LN
APT 93
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: $ 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. 12N ; Range 6E ; Section 32 NE¼ SEE ATTACHED
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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. EXPERIMENTAL SYSTEM

Doug Poe
Signature of Applicant (Owner or Lessee)

7301 Candletree La. #93
Address Lincoln NE 68506

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/15/93 . Date Frwd. 11/15/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/15/93 . Date Frwd. 11/15/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spier

3. City or County Engineer: Date Rec'd. 11/15/93 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Chleborad

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 11/15/93 By: Jerrold C. Hood

* EXPERIMENTAL SYSTEM
PROVISIONAL APPROVAL

FORM 22-43

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._____

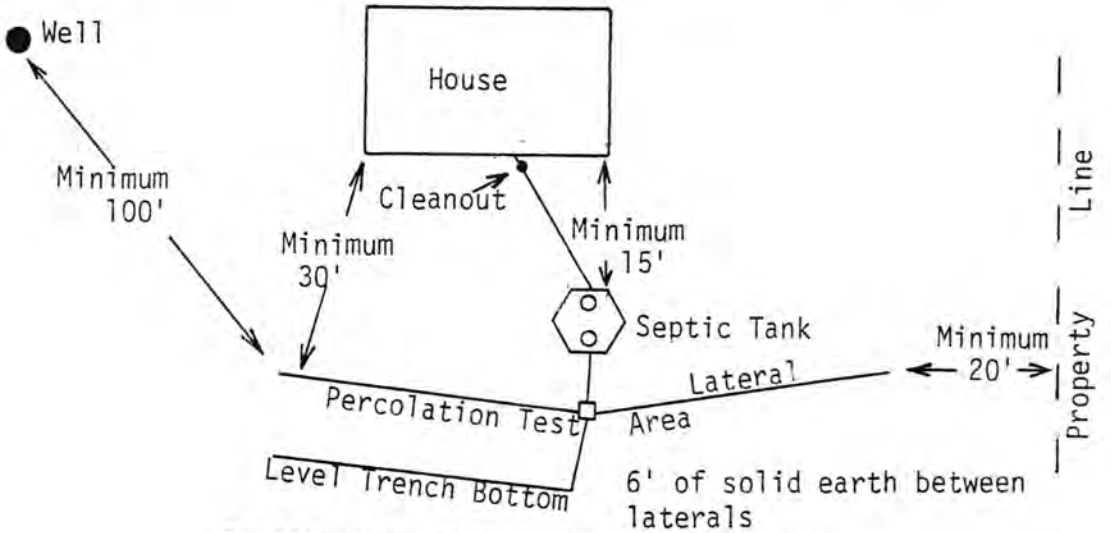
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
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_____.
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.



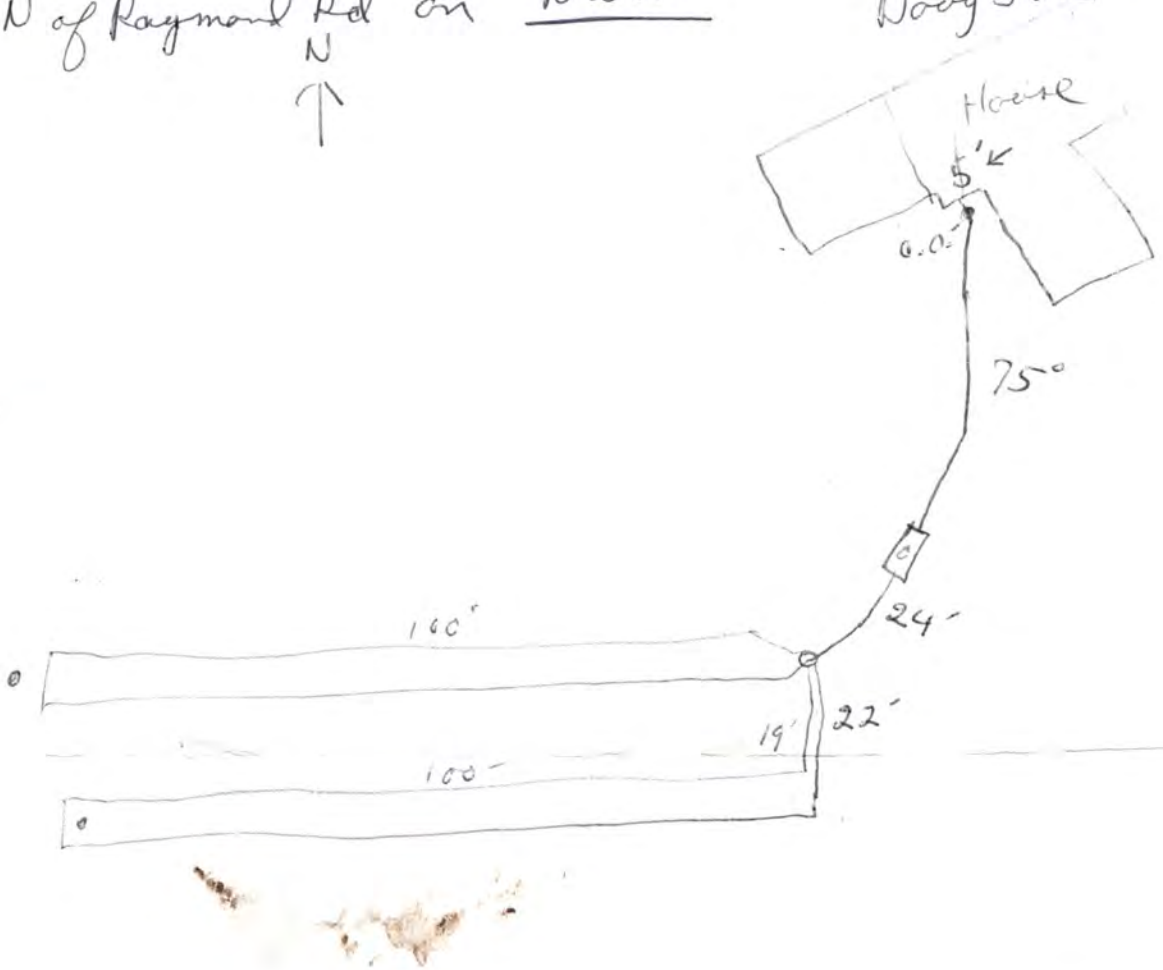
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

RECEIVED OCT 0 6 1993

AS BUILT DRAWING OF SYSTEM

DATE 10-1-93 INSTALLER Larry Schwarck

¾ N of Raymond Rd on NW 27th Doug Joe



PART OF THE NORTH HALF OF THE SOUTHWEST QUARTER AND ALL OF THE NORTH HALF OF THE SOUTHEAST QUARTER, ALL IN THE NORTHEAST QUARTER, SECTION 32, TOWNSHIP 12 NORTH, RANGE 6 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT: BEGINNING AT THE SOUTHEAST CORNER OF SAID NORTH HALF SOUTHEAST QUARTER; THENCE ALONG THE SOUTH LINE OF SAID NORTH HALF NORTH 89 DEGREES 18 MINUTES 51 SECONDS WEST 1320.55 FEET TO THE SOUTHWEST CORNER OF SAID NORTH HALF; THENCE ALONG THE SOUTH LINE OF SAID NORTH HALF SOUTHWEST QUARTER NORTH 89 DEGREES 18 MINUTES 21 SECONDS WEST 66.05 FEET; THENCE PARALLEL TO THE EAST LINE OF SAID NORTH HALF SOUTHWEST QUARTER NORTH 0 DEGREES 21 MINUTES 01 SECONDS EAST 659.53 FEET TO A POINT ON THE NORTH LINE OF SAID NORTH HALF SOUTHWEST QUARTER; THENCE ALONG SAID NORTH LINE SOUTH 89 DEGREES 19 MINUTES 00 SECONDS EAST 66.05 FEET TO THE NORTHWEST CORNER OF SAID NORTH HALF SOUTHEAST QUARTER; THENCE ALONG THE NORTH LINE OF SAID NORTH HALF SOUTH 89 DEGREES 19 MINUTES 00 SECONDS EAST 1320.58 FEET TO A POINT ON THE EAST LINE OF SAID NORTH HALF; THENCE ALONG THE EAST LINE OF SAID NORTH HALF SOUTH 0 DEGREES 21 MINUTES 10 SECONDS WEST 659.60 FEET TO THE POINT OF BEGINNING.

END OF LEGAL

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 16101 NW 27th

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property From NW 27th & Rainbow Rd go 3/4 of a mile North on the west side (4 mile driveway)

Location of Well ___ Tap Location: Inside ☒ Outside ☒

Location of Sewage System 150 ft S ___ Year Installed 93

	NAME	ADDRESS	PHONE
Present Owner:	Doug Jee	16101 NW 27th Raymond NE 68428	783-2125
Tenant/Buyer:			
Return to:			

Signature of Applicant Doug Jee Address ___ Date 4/21/94

HEALTH DEPARTMENT USE ONLY

Date Received 4/28/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/2/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 2. ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: this is an experimental, wide-seepage bed septic system. Thus, a provisional approval

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 5/12/94

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.