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FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7/5/88

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 5E; Section 7 NE¼of;
Block_____; Lot 6; Addition_____
Street Address_____

2. Property Use: Residential_____ [✓]; Commercial_____ [ ]
No. Bedrooms 4 Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [ ]; Other [✓]

4. Description of proposed alteration, extension or repair: CHANGE LOCATION OF LAGOON. WELL MUST BE PROPERLY ABANDONED.

5. Work to be done by: Owner [✓]; or Contractor [ ], _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	385 00
b. Labor	$	
c. Other	$	10 00
TOTAL	$	395 00

Tom Rapp
Signature of Applicant (owner or lessee)

RR 4 Lin Neb
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ NO FEE

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [✓]; Disapproved [ ]
by: Gerald C. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 998 -C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — August 1, 1977

TYPE OF PERMIT — THIS PERMIT EXPIRES

Thomas L. Rappl — 5627 Salt Valley View

ISSUED TO — ADDRESS

T10N; R5E; Section 7NE¼; Lot 6 I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ #). 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 998-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Feb. 1, 1977

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range ~~10~~ 5E; Section 7-NE 1/4
   Block _____; Lot Lot 1; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☑ ; Commercial _____ ☐
   No. of Bedrooms 4 . Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Thomas L Rappl
Signature of Applicant (Owner or Lessee)

5627 Salt Valley View
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/1/77 . Date Frwd. 2/1/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 2/4/77 . Date Frwd. 2/4/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 998-C

DATE: Feb. 1, 1977

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10 N ; Range 10-5E; Section 7-NE 1/4 ; Block ; Lot 6 I.T.; Addition .
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

R Thomas J Rapp
Signature of Applicant (owner or lessee)

5627 Salt Valley View
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 7-25-77 by: MW
Date: 3/12/82 by: M.C.H.
Date: by:

3. Date: Approved ☒; Disapproved ☐ 2/1/77
by: Gerald C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

3/12/82 Fence not 4'. Growth of cattails. Lagoon very full

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 998-C

PROPERTY WHERE SOIL TESTED:
Location: Township 10N ; Range 5E
Lot 6 Section & ¼ Sect. D
Property Dimensions: ___ ft. x ___ ft.
Area: 2 1/4 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Owner: Tom Rappl.
Address 5627 Salt Valley View

Dates of Tests: 2/26/77 to 3-27-77. Weather: Precip. 0 Temp. 40°F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	2/26	1 PM	2/27	12 AM	2/27	12 PM	12"	2 PM	1"	30M	4½	
2										3"		3	
3										8½		1	
4										9½		1	
5										10½		3/4	
6										11¾		1	
								refill all holes at 1 PM					

Robert D Johnson
Signature of Person Conducting Test

Address 8618 no 3rd
Phone: 432 3595

Sum of Percolation Rates ___
Average of Rates: ___
Mean of Rates: ___

(Do not write below this line)

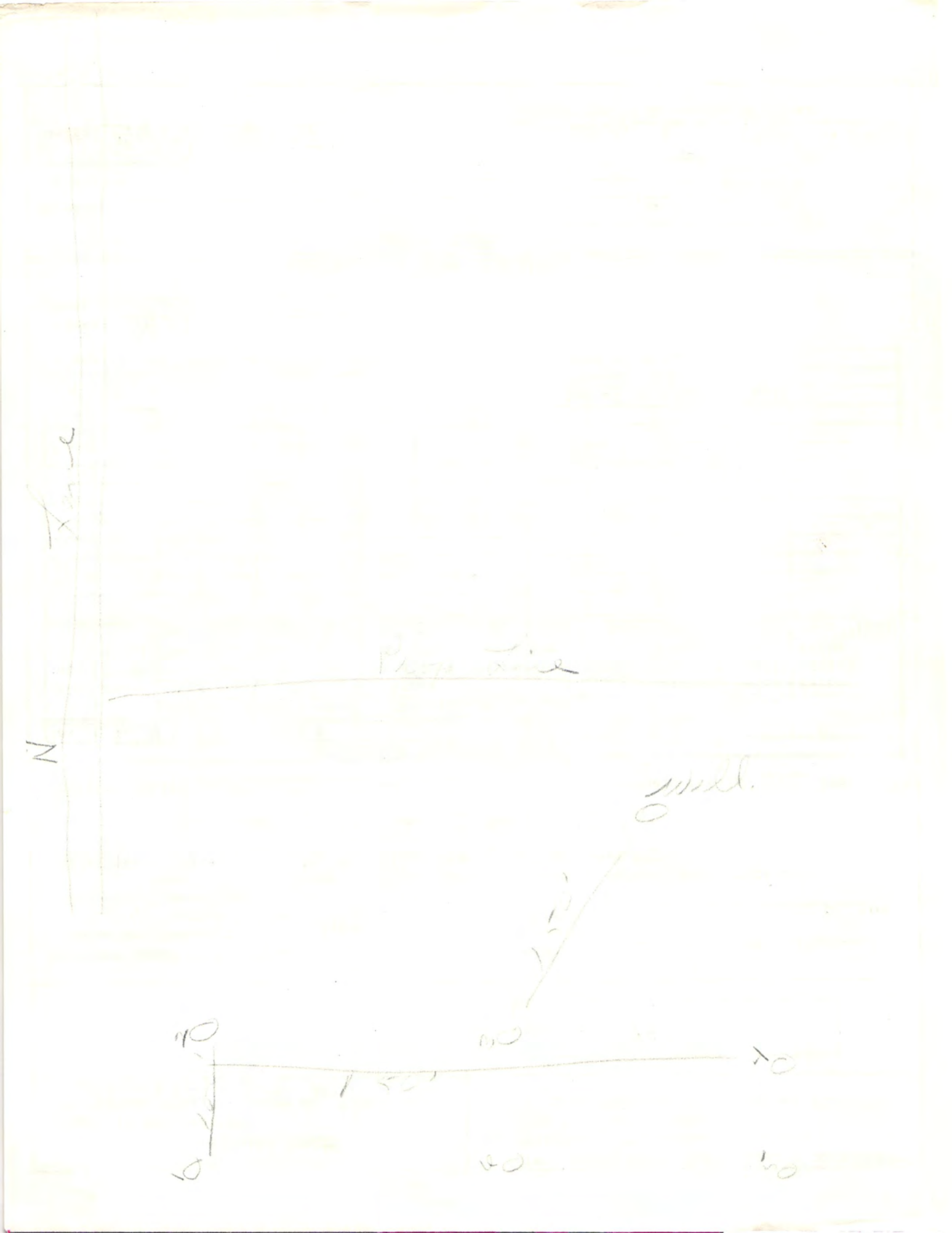
REVIEWING ACTION

REMARKS: ___

Approved Percolation Rate(s)
A. 16 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: March 3, 1977

Gerald C. Hood
Signature of Reviewing Official



FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 998-C

SPECIFICATIONS

DATE: _____

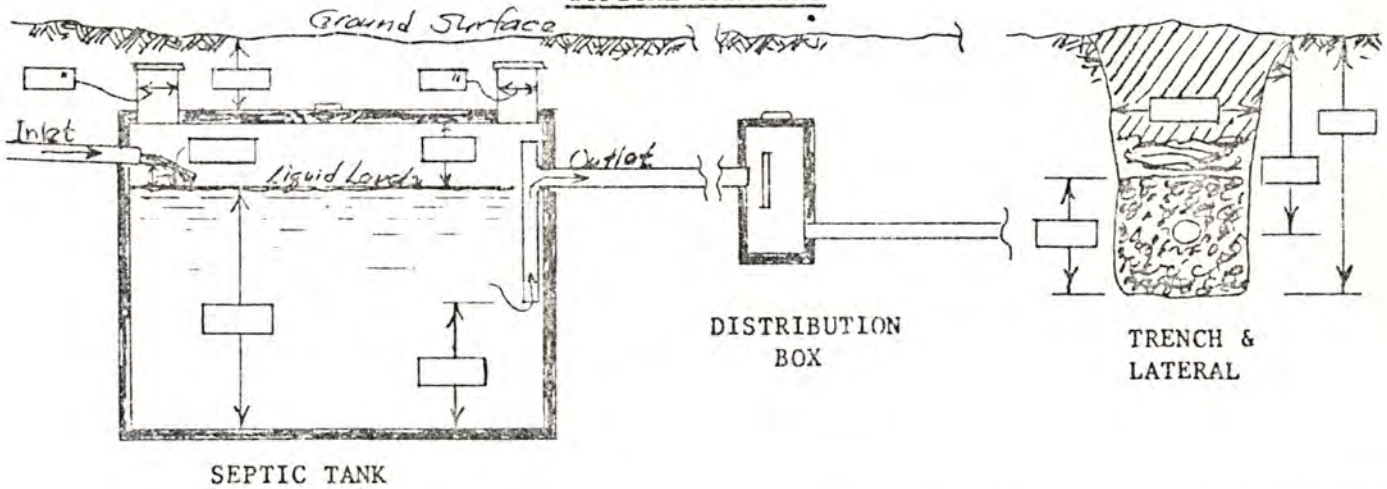
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 250 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Bee Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
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 Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Bee Cast Step) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half-moon
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 194 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half-moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Road Gravel. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant