LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 868=C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 31, 1976 — THIS PERMIT EXPIRES

Donald O. Ellingson — ISSUED TO

310 Skyway Road — ADDRESS

T1ON; R5E; Sec. 32; Lot 12 I.T.; LAGOON — 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. 868-C

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

DATE: JUNE 30, 1976

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 5E ; Section 32
Block ____; Lot 12 I.T. ; Addition ____ 5.24ac ±
Street Address 12300 WEST VAN DORN

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

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

4. Distance to public sewer: ____ ft.

Donald D Ellingson
Signature of Applicant (Owner or Lessee)

1207 So 19th LINCOLN
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/30/76 . Date Frwd. 7/1/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nool

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 7/1/76 . Date Frwd. 7/1/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Leroy Grafe Recd 7/11/76 Lincoln

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. 868-②

DATE: _____

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 5E ; Section 32 ; Block _____ ; Lot 12 I.T. ; Addition _____.
Street Address 12300 WEST VAN DORN

2. Property Use: Residential X ☐ ; Commercial _____ ☐
No. of Bedrooms 2 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).

Donald O. Ellis
Signature of Applicant (owner or lessee)

1207 So 19TH LINCOLN NE 68502
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
*Date: 9-27-78 by: mm
Date: 11-8-78 by: gw
Date: _____ by: _____

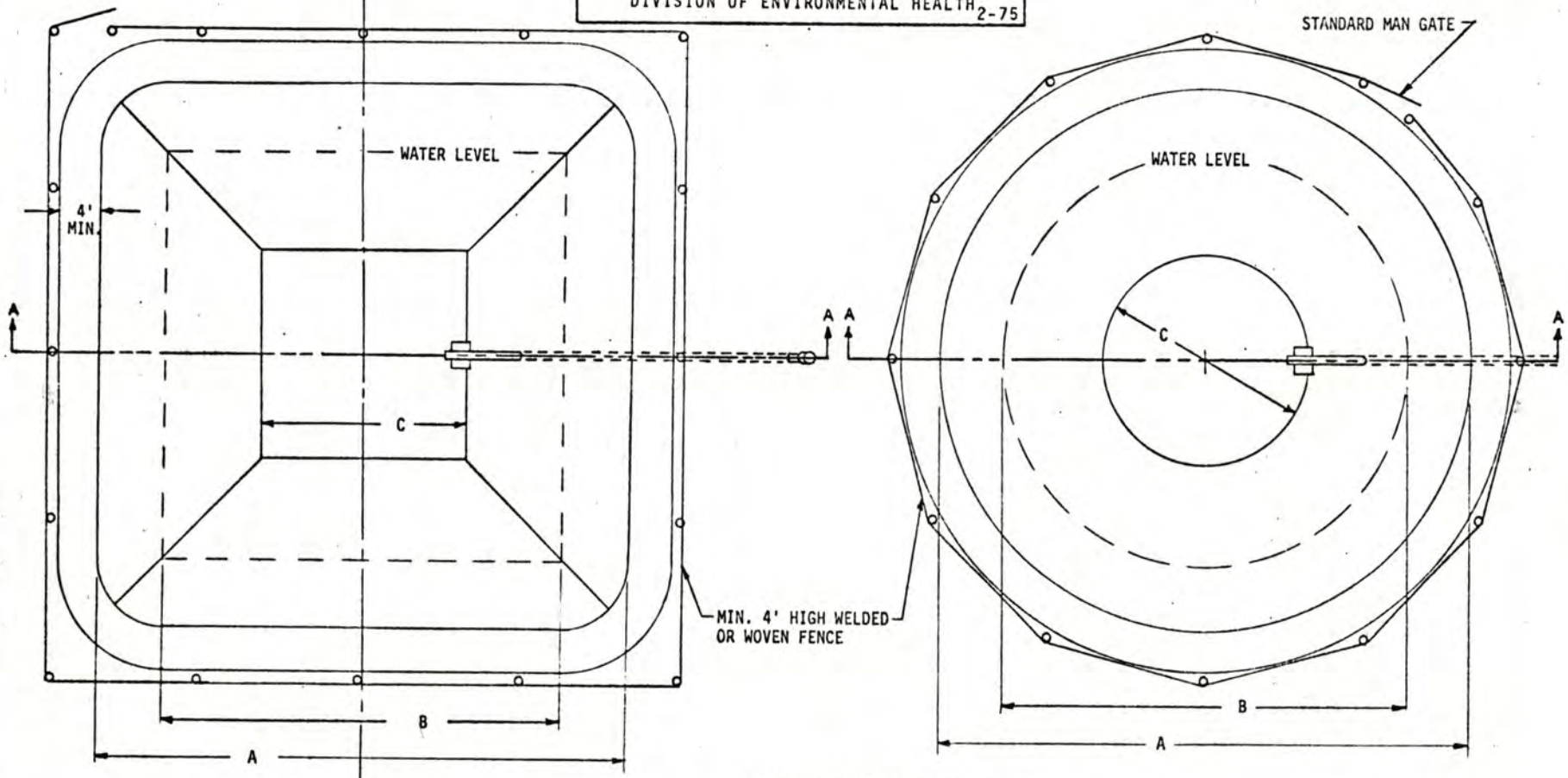
3. Date: 11/30/78 Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

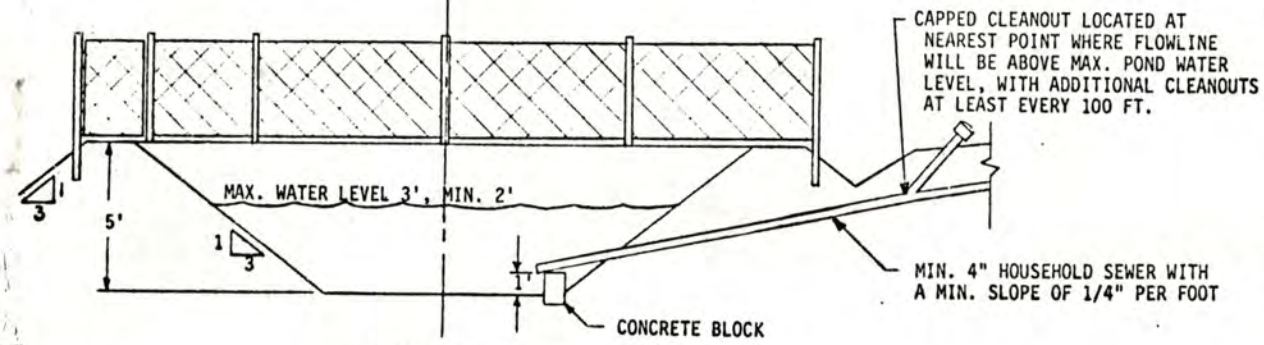
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-8-78 by: James Meredith

*Lagoon about only 3' depth from like to bottom.

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT Donald O. Ellingson

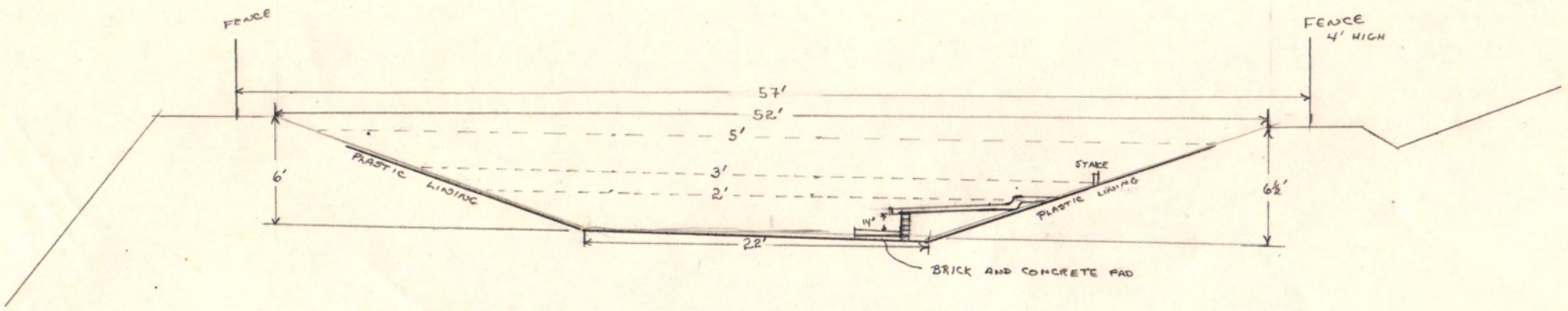
HD-46(75)

WASTE STABILIZATION POND

1/8" = 1'

DON AND JUDY ELLINGSON

12300 WEST VAN DORN



This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: Sept 25, 1978

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 10 North; Range 5 East of 6th p.m.; Section 32;
Block ____; Lot 12; Addition Irregular tracts except the east 200' of the SE¼ of the SW¼ the S 250' of the W 460' of the NE¼ of the SW¼ Lancaster County
Street Address 12300 West Van Dorn
Directions on how to get to property 2 miles west of Emerald on O Street 2 miles south on 112th. ¾ mile West on W. Van Dorn. (Westernmost of the 2 adjacent driveways on north) ¼ mile north on driveway to brown house. ~~farthest north of Van Dorn.~~
Location of well South east of house
Where is tap: Inside ☐ Outside ☒ 2 hydrants

	NAME	ADDRESS	PHONE
Present Owner:	Donald O. & Judith L Ellington	RT1 Box 28A Denton 68339	475-7318 471-2971
Tenant:			
Lending Agency:	Commercial Federal Savings	Box 80128 Lincoln 68501	432-5321

(Do not write below double lines)

Health Department: Date Received 9/27/78
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 9-27-78 by Don
Date ____ by ____
Date ____ by ____

Leah J Ellington
Signature of Applicant
RT 1 Box 28A
Denton Ne 68339
Address

PRELIMINARY STATUS -- DATE 9-27-78

Water System: Could not locate water well
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

Corrections Required or Reasons for Disapproval Lagoon must be 5 feet deep from weeds in & on edge of waterline top of dike to bottom. It is only about 3 feet deep. Dredging bottom might be best way to correct this lagoon construction.
☒ See Attached Letter.

FINAL APPROVAL -- DATE 11-15-78

Water System ☒. Sewage Disposal System ☒. BY Ronald Maynard

Form Number 20215-0878