LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1186-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

April 6, 1978 — THIS PERMIT EXPIRES

Mrs. Bob Gilliam — ISSUED TO

RFD, Pleasant Dale, NE — ADDRESS

TION, R5E, Section NW¼ of 33 — 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

20109-0977

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. 1186-C

DATE: Oct. 5, 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. 10N ; Range 5E ; Section NW¼ 33 ; Block ____ ; Lot ____ ; Addition ____.
Street Address 1600 S.W. 112th St.

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms 3
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).

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

RFD Pleasant Dale, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: 10/7/77
Approved ☒ ; Disapproved ☐
by: Jerrold E. Hoag

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

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. 1186-C

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

DATE: Oct. 5, 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. 10 N ; Range 5E ; Section NW¼ 33
Block _____ ; Lot _____ ; Addition _____
Street Address 1600 S.W. 112th Street

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3 .
Describe: _____
Other Use ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Mrs. Bob Gilliam
Signature of Applicant (Owner or Lessee)

R-D Pleasant Dale, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/7/77 . Date Frwd. 10/7/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10/7/77 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 10-7-77 . 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-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 474-1541)

FILE NO. 1186-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: _____ to _____. Weather: Precip._____Temp.____

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				
Hold 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)

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Soil test will determine type of system

DATE: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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 1600 SW 112TH St. Lincoln

Parcel ID 04-33-100-004-000 (i.e. 99-99-999-999-999) Lot 10 NW 33-10-5

Twp 10N Range 5E Section 33 1/4 NW 1/4 Block ___ Lot 10 I.T. Addition ___

Directions to Property West on Hwy 6 (W. 'O' St.) to SW 112TH St. Then South 1-1/4 mile. Property sets on East Side of SW 112TH

Location of Well NORTH WEST OF HOUSE 50 FT Tap Location: Inside ☐ Outside ☐

Location of Sewage System 200 FT SOUTH EAST OF HOUSE LAGOON Year Installed 1978

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Bill & Angie Hoppe	1600 SW 112TH Lincoln NE 68532	438-2037
Tenant/Buyer:	Patrick & Sandra Kaysel	10581 Walnut Creek Rd. Leonardville, KS 66449	785-293-5504
Return to:	Judy Hitt	Woods Bros. Lincolnshire 7141 "A" St., Lincoln 68510	434-3800 434-3801 (Fax)

Signature of Applicant William L Hoppe Address 1600 SW 112TH ST. LINCOLN, NE 68532 Date 7/5/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/14/03 Amount $200.00 Check No. 4858 Initials JS

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

PRELIMINARY STATUS--By Doug Amack **DATE:** 7/14/03

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☐	Date___/___/___by___
Bacteria	☒ 0.0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 0.4 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: See attached letter

See Attached Letter ☒

FINAL STATUS

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

Approved by Ron Mayfield, RS Date 7/23/03

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2/27/91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 33; BLOCK ___

LOT None assigned yet; ADDITION _____; Street Address 1600 SW 112

Directions to Property SW 112th & FA & First House South on East Side

Location of Well Near House Lot Boy on door Cap will be needed Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Roger Stewart	9200 SW 112th	4756009
Tenant/Buyer:	None		
Return to:	Lee DeJonge	165 Wedgewood	~~489~~ 4376800

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Lee DeJonge Address 165 wedgewood (ID)

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 7, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/7/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 3/7/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 3/8/91 by J.C.H.
Nitrate	☒	☐	Disapproved:	☒	Date 3/14/91 by J.C.H.

Comments: NEED WARNING SIGNS ON LAGOON. NEED CATAILS KILLED OUT IN LAGOON. LAGOON NEEDS MORE WATER. IN GROWING SEASON See Attached Letter ☐

LAGOON FENCE IS TOO SHORT (BY 6") BUT WAS ACCEPTED BY HEALTH DEPARTMENT AT TIME OF ORIGINAL INSPECTION SO NO CHANGES REQUIRED.

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE MARCH 15, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

3/14/91 WARNING SIGNS UP BUT I WOULD HAVE PUT THEM ON OPPOSITE SIDES RATHER THAN ALL ON ONE SIDE.