LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 94380112601

SEWAGE INSTALLATION

Issued 03/10/94
Expires 09/10/94
Revenue Code 18754

Establishment

BOB HRUSKA
T11N R8E SEC 5
LOT 10

FEES: $150.00

TOTAL $150.00

Permittee

BOB HRUSKA
12501 ADAMS ST
LINCOLN NE 68527

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: $_____

FILE NO._____

DATE: 3-7-94

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. 11N ; Range 8E ; Section 5 ;
   Block _____ : Lot #10 I.T. : Addition _____
   Street Address PENDING

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: NONE ft. WASTE STABILIZATION POND

BOB HRUSKA
12501 ADAMS
LINCOLN NE
68527

466-3733

Signature of Applicant (Owner or Lessee)

12501 ADAMS LINCOLN 68527
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/7/94 . Date Frwd. 3/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/8/94 . Date Frwd. 3/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Kay Lyon

3. City or County Engineer : Date Rec'd. 3/8/94 . Date Frwd. 3/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Terry Uhrdall

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-16-94 by: mm need fence
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-26-94 By: Ron Morgan

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

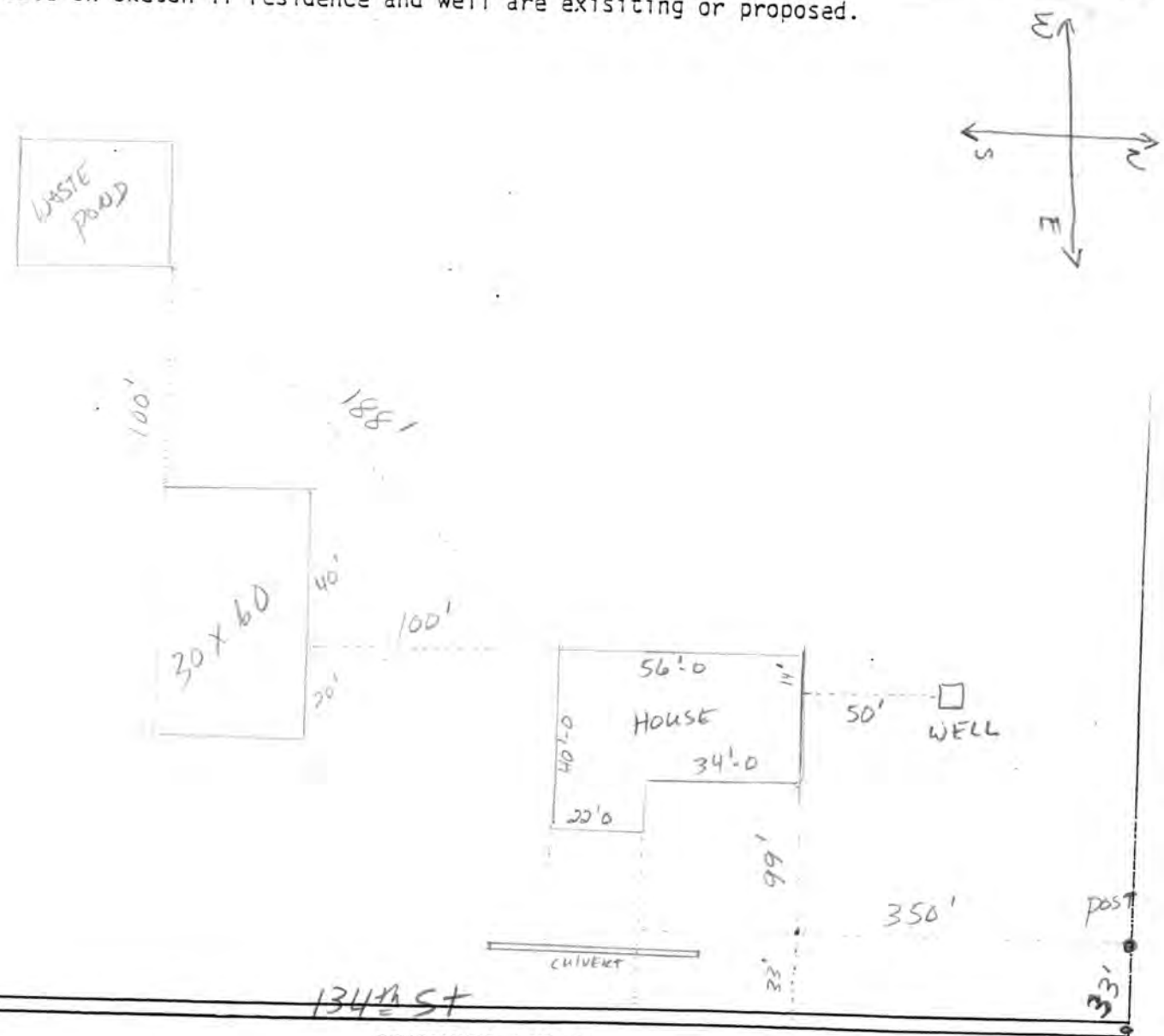
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

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. _____

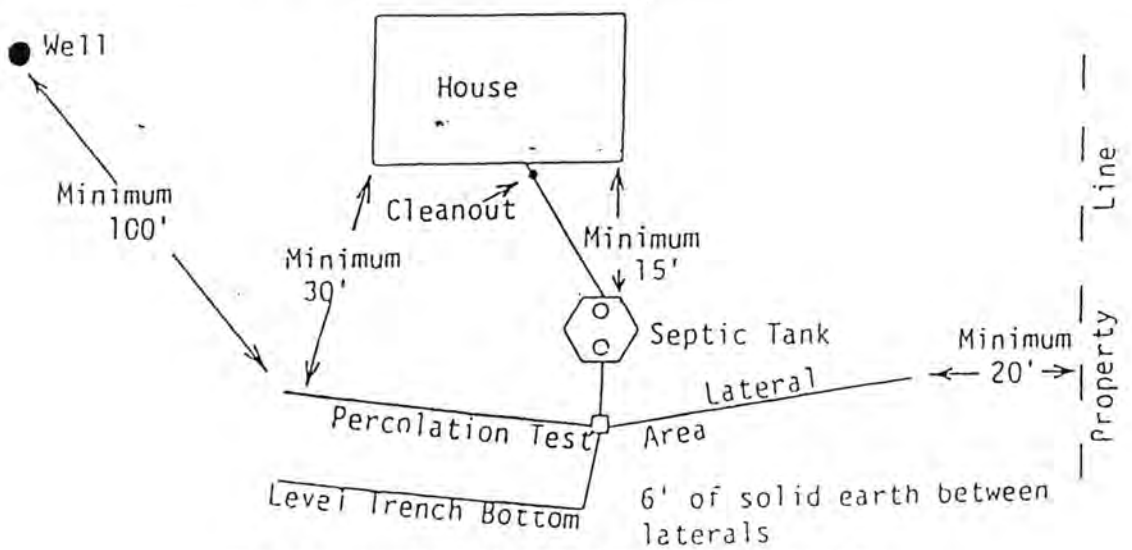
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SDR-26; Diameter 4 in.
2. Distance above basement floor 4 ft in., or below basement floor ___ in.
3. Distance between dwelling and septic tank ___ ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line 150'+ 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

BOB Huska

Dietz Plumbing Waverly

Official Survey Record

Lancaster County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
6120 South 58th Street - Suite "A" - Lincoln, Nebraska 68516
Phone (402) 434-2686
FAX (402) 434-2687

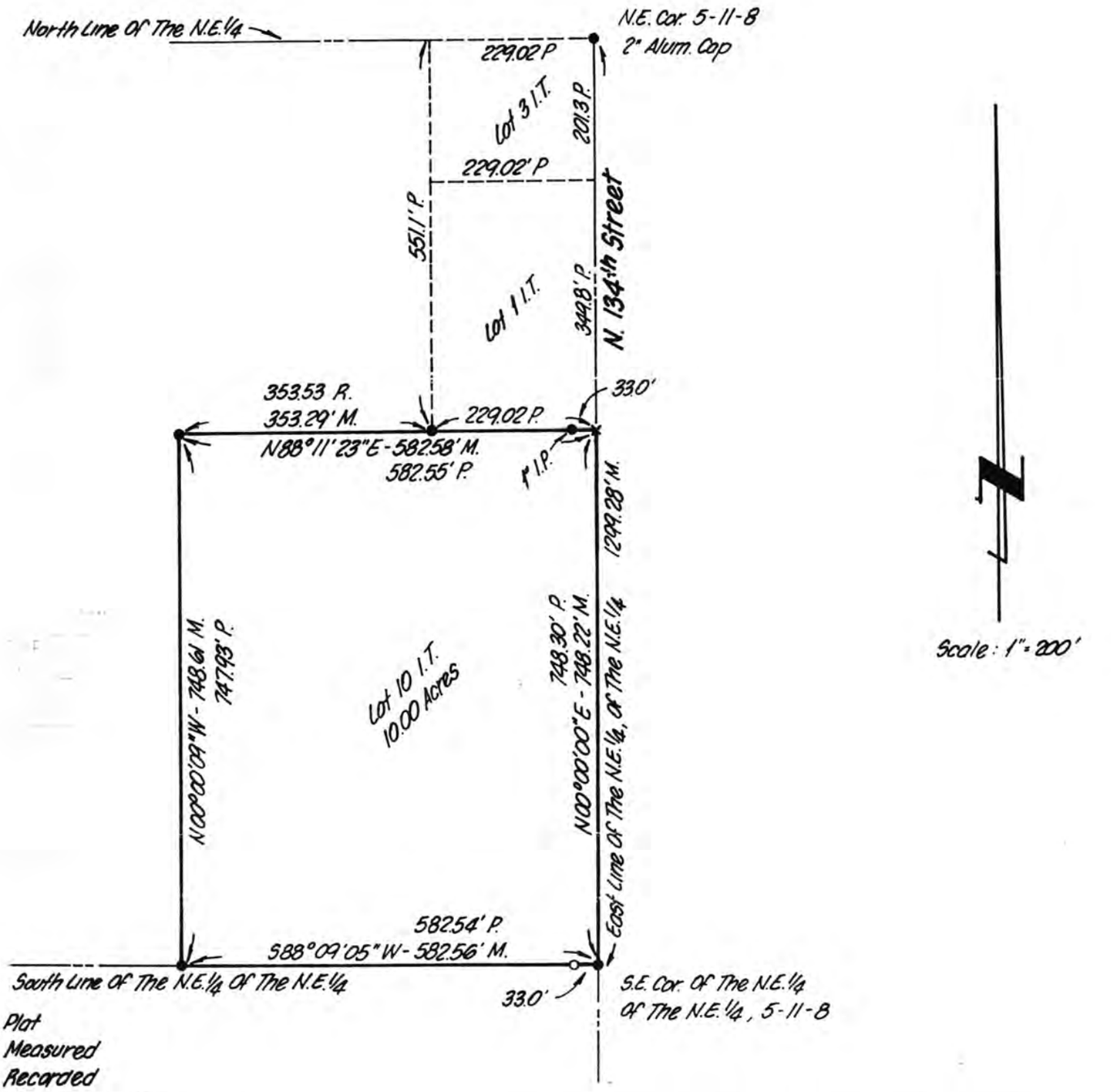
Sheet 1 of 1

Survey of Lot 10, Irregular Tracts, In The Northeast Quarter, Of The Northeast Quarter,

Section 5 T 11 N, R 8 E of the 6th P.M.

Job No. 19683

December 30, 1993



P. = Plat
M. = Measured
R. = Recorded
× = Concrete Nail
o = Set 1"x24" Iron Pipe

● = Monuments Found ¾" Iron Pipe

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 6th day of January, 1994

NAME Dennis D. Simonds

DENNIS D. SIMONDS

Surveyor's License
Nebraska L.S. 343

REGISTERED PROFESSIONAL LAND SURVEYOR
LS-343
STATE OF NEBRASKA
(SEAL)

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

Legal Description of Property: Street Address 14701 N 134th

Twp 11N Range 8E Section 5 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property ¼ So of 134th & Raymond Rd

Location of Well NE of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System SW of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Robert Hruska	14701 N 134th	786-2510 560-2510 cel
Tenant/Buyer:	SAME		
Return to:			

Signature of Applicant [signature] Address SAME Date 2/1/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 2/01/99
Initials RW
Amount 150.00
Check No. 8429

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/1/99

P6850-11

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: water level in lagoon rather high. May have to build up top of dikes to prevent overflow.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart RS Date 2/4/99

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: 10-95

Lincoln-Lancaster County Health Department

7-19 94 017

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 14701 N. 134th

Twp 11 Range 8E Section 5 1/4 ___ 1/4 ___ Block ___ Lot 10 Addition ___

Directions to Property 1/4 south of 134th - RAYMOND RD

Location of Well EAST of HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System S.W. of HOUSE Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	BOB HRUSKA	12501 ADAMS LINCOLN NE 68527	466-3733
Tenant/Buyer:	BOB HRUSKA	"	"
Return to:	BOB HRUSKA	"	"

Signature of Applicant [signature] Address 12501 ADAMS LINCOLN NE 68527 Date 7/20/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/22/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 7/26/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date 7/22/94 by RM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate*	☒ 9.0 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments:

* 9.0 is approaching the 10ppm limit. It may be wise to periodically test this drinking water for nitrate.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 8/1/94

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.