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: 9-7-94

The undersigned hereby applies for a permit to ALTER ☒, 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 6E ; Section 14 ;
Block 6 ; Lot 5+6 ; Addition Riverside Add
Street Address 1101 Virginia St.

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

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

4. Description of proposed alteration, extension or repair: New Sewer line, tank, 100 ft lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Sinteh Service.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	Over $100

Mr. or Mrs Dean McCoy
Signature of Applicant (owner or lessee)

9661 South 163rd Ave.
Address
Omaha, NE 68136

(Do not write below this line)

REVIEWING ACTION

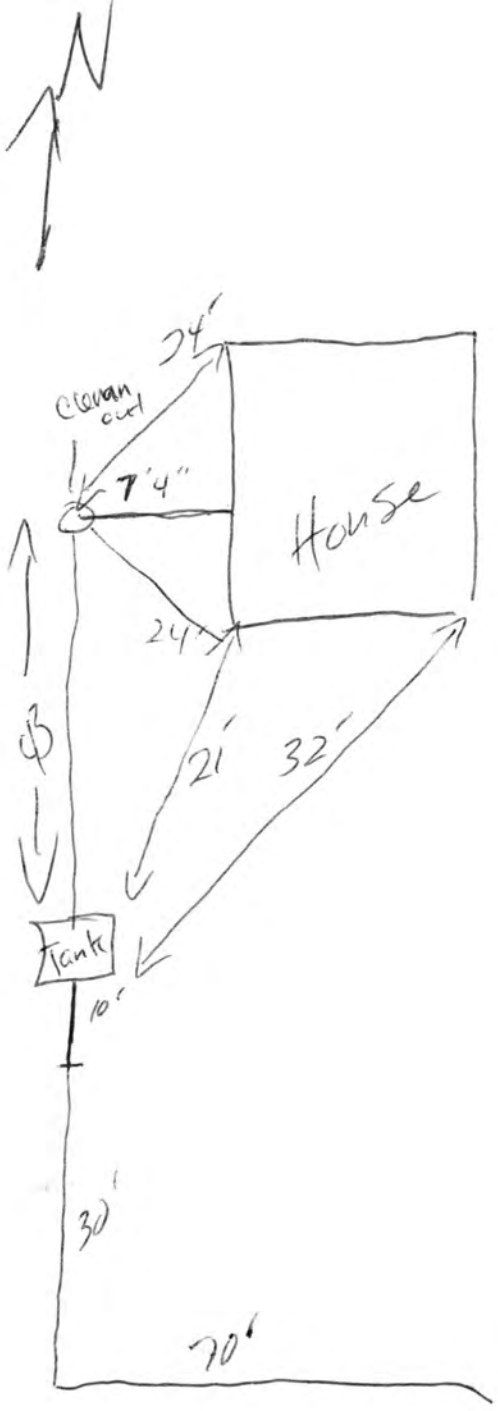
1. Date Rec'd: 9-7-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-7-94 by: Ron Maynard *
Date: _____ by: _____
Date: _____ by: _____

3. Installed in Flood Plain
Date: Approved ☐ ; Disapproved ☒
by: Ron Maynard

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

* Septic system was reinstalled within the boundaries of the property. Previous system was off property to the west. Note that Urban Kennebec complex soil has a 4-6 ft high seasonal water table


24'
Caravan out
7'4"
House
24'
21'
32'
Tanks
10'
30'
70'

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 1101 Virginia St

Parcel ID 11 - 14 - 404 - 003 - 000 (i.e. 99-99-999-999-999)

Twp 10 Range 6 Section 14 1/4 ___ 1/4 ___ Block 6 Lot 5+6 Addition Riverside Add

Directions to Property In Lincoln go North on Fourteenth Street Turn left on Virginia

Location of Well None Tap Location: Inside ☐ Outside ☐

Location of Sewage System Rear of House Year Installed ___

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Chad/Joleen Holthus	522 W. Lakeshore Dr	440-7989
Tenant/Buyer:			
Return to:	Adam McNeil	6240 NW 2nd CR E 231	438-7980 (Fax) 30

FAX ATTN: MARY SEARCY → 436-3399

Signature of Applicant [signature] Address 5901 No 27th St Date 7/9/01

440-7989 for access inside

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/10/01 Amount 200.00 Check No. 2025 Initials CW

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 7/10/01

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 7/16/01 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS City Water

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

Approved by Paul Drotzmann Date 7/16/01

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

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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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 1101 VIRGINIA STREET LINCOLN-68508
Twp 10 Range 6 Section 14 1/4 ___ 1/4 ___ Block 6 Lot 5+6 Addition RIVERSIDE ADDITION
Directions to Property 1101 Virginia

Location of Well CITY WATER Tap Location: Inside ☐ Outside ☐
Location of Sewage System SOUTH OF THE HOUSE Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Tom and Jodi Day	1101 Virginia	477-1145
Tenant/Buyer:	Chad Holthus		438-5000(W)
Return to:	Tom and Jodi Day	1101 Virginia St.	

Signature of Applicant Jodi Day Address 1101 Virginia Lincoln, NE 68508 Date 9/13/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 09/14/99
Initials ts
Amount 150.00
Check No. 4701

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 9/14/99

WATER SYSTEM: Public Supply

	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM

Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits
Date 9/15/99 by RM
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Original sewage treatment system for this home predates regulations. In 1994 the system was moved from the neighbor's property onto 1101 Virginia St. property. This reconstruction did not receive a permit or approval by the local Health Dept. because of high groundwater and being within the floodplain. There was no visible malfunction at the time of inspection. Thus a provisional approval. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS
WATER SYSTEM: Approved ☐ (Lincoln Water System) **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☑

Approved by Ron Marquart R.S. Date 9/15/99

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

SOUTHWICK SEWER & DRAIN

Brad Southwick
17201 S. 72nd Street
Hickman, NE 68372

Inspector: Brad Southwick Telephone #: 475-2462 2768

Owner/Transferee: Joan Weeks (Fax #475-~~5626~~)

Address: 1101 Virginia St. Lincoln, Ne 68508

GENERAL INFORMATION

1.) Age of house: Unknown (old)
2.) Number of bedrooms: 2
3.) Was the property vacant at the time of this evaluation?
[] yes. If yes, for how long: _____
[X] no. If no, number of occupants: _____
4.) Are you aware if there has ever been a back-up in the house?
[X] yes If yes, please explain: _____
[] no
5.) Age of system: 5-6yrs
6.) Date the system was last pumped: 1998
7.) Location of the system on the property: South of House

ON-SITE WASTE SYSTEM INFORMATION

1.) Type of system:

[X] Septic tank
[] Septic tank with effluent holding tank and pump
[] Cesspool
[] Other: _____

Type of drainage area:

[X] 1 Leaching trench ~~(est)~~
[] __ Drywell
[] __ Seepage pit(s)
[] Sand mound system
[] Unknown

2.) Approximate depth of tank below grade: 15"
3.) Is there a garbage disposal hooked-up to the system?
[] yes [] no [X] unknown
4.) Is there a gray-water run-off or drainage system?
[] yes. If yes, please give location: _____.
[X] no
5.) Is any part of the system below a deck, pool, or driveway?
[] yes. If yes, please give detail: _____
_____.
[X] no
6.) If the system has an effluent holding tank and pump, does it have an alarm function?
[] yes. If yes, does it operate properly? [] yes [] no
[X] no



EVALUATION PROCEDURES

(check the appropriate boxes)

YES	NO	
[X]	[ ]	Located, accessed, and opened the tank cover.
[ ]	[X]	Introduced waste/water into system at 3-4 gpm for 20-30 minutes. No one at home
[X]	[ ]	Opened 4" inspection port between house and tank to check for standing water and/or debris.
[ ]	[X]	Pumped out tank, listening for back-flow into the tank from the outlet pipe. 1998
[ ]	[X]	Inspected the condition of the tank (for cracks, leaks, deterioration, or damage) and baffles/tees after the tank was pumped. 1998
[X]	[ ]	Properly closed the tank cover. Graded and reseeded the disturbed ground.
[X]	[ ]	Probed the drainage area to determine its location and to check for excessive moisture, odor, and/or effluent.
[ ]	[X]	Determined approximate distance between well casing and soil absorption system. Approximate distance: _____

Is the distance between the well casing and soil absorption system within local code requirements?
[ ] yes [ ] no

Please explain all "no" answers: _____

CONCLUSIONS/OPINIONS

1.) Overall condition of the system:
[ ] Acceptable
[X] unacceptable
Sewage above ground near end of Lateral (area is 18' south & 12' East of SE corner of garage)

2.) Type and size of tank:
[X] Concrete [ ] Steel
[ ] Other: _____
Capacity: 1000 gallons.
Is it adequately sized for the house? [X] yes [ ] no

3.) Condition of the tank, lid, and baffles/tees:
[X] Acceptable
[ ] Unacceptable
Used when system pumped & checked in 1998

4.) Explain necessary repairs with estimated costs to correct:
There is a need for additional lateral. Cost is unknown as we need to find out from Lincoln Lancaster Health Dept what they will allow for repairs.

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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 1101 Virgina Street, Lincoln, NE 68508

Twp 10N Range 6E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property North 14th St. to Virginia Street

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Seller is deceased		
	Please contact Realtor, Sue Fox-Emrich 432-4673		
Tenant/Buyer:	Raymond E Myers and Kathleen S Wait	2545 Theresa Lot E 1 Lincoln NE 68521	
Return to:	~~Commercial~~ Federal Mortgage ATTN Mary Sejkora 1314 O St, Suite 210, Lincoln NE 68508		

Signature of Applicant [signature] Address 3550 S Lincoln NE 68508 Date 4/22/94

HEALTH DEPARTMENT USE ONLY

Date Received 04/28/94 Received $150.00 Check ☑ #502482 Cash ☐

PRELIMINARY STATUS--By R. Margvart **DATE:** 5/2/94

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Installation of this septic system predates city/co regulations. This Dept has no record of a permit or inspection of this sewage disposal system. thus a provisional approval. According to the drawing of this system it may be that some of the components of this septic system may be on the property. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margvart, R.S. Date 5/10/___

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.

* this septic system is located in the Salt Creek flood plain.

APPLICATION FOR EVALUATION
OF
INDIVIDUAL WATER SUPPLY & SEWAGE TREATMENT SYSTEM

HOME PHONE: 402 464-0422

WORK PHONE: 402 438 3540

BUYERS NAME: RAYMOND E. MYERS AND KATHLEEN S WAIT

ADDRESS: 1101 Virginia Street, Lincoln NE Lancaster
(Street Address - City - State - Zip Code) (County) of property to be inspected.

LENDING AGENCY: Commercial Federal Mortgage

MAILING ADDRESS: 5555 O Street, Lincoln NE 68510

TYPE of LOAN: _____ Conventional _____ FHA __X__ VA _____ Other

LEGAL DESCRIPTION OF PROPERTY: Riverside Addn, Blk 6, Lots 5 and 6 LLCN

DIRECTIONS TO PROPERTY: N 14th ST TO VIRGINA ST

Seller is deceased - ~~owner~~ one-owner house not all information is available.

RESULTS OF EVALUATION SHOULD BE SENT TO: Commercial Federal Mortage, 1314 O Street, Suite 210, Lincoln NE 68508 ATTN: Mary Sejkora

If appointment for inspection is to be made with someone other than the buyer, please specify name & telephone number: SUE FOX-ENRICH 432-4673

$100 INSPECTION FEE MUST BE INCLUDED WHEN SUBMITTING THIS FORM

- -

FOR HEALTH DEPARTMENT USE ONLY

Receipt # _____ Assigned to _____ Date _____

Water Sample Results

Before Well Bacteria _____ After Well Bacteria _____

Improvement Nitrate _____ Improvement Nitrate _____

- -

DIRECTIONS: Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA as all blanks must be filled in. If you have any questions concerning completion of this form, please call (402) 471-2541 for assistance.

INFORMATION DESCRIBES: _____ Existing Well _____ Proposed Well

WATER SUPPLY - PART A:

1. In the event of poor water quality, is rural or municipal water available?
_____ Yes _____ No Distance from the house _____

2. Direction of surface drainage: _____ to _____
Direction of underground water flow: _____ to _____
Distance to groundwater table: _____ feet.

3. Well Site: Distance of well from house foundation _____ ft; sewer line ____; nearest building foundation (excluding home) _____ ft; septic tank _____; disposal field _____; seepage pit _____; cesspool _____ ft; barnyard _____ ft; other possible sources of pollution _____ ft.

Are there any abandoned (old, unused) wells on the property? ____Yes ____No

Distance from other abandoned water wells _____ ft; other active wells _____ ft; heat pump injection well _____ ft.

4. Well Construction: Type of well: _____Driven ____Bored ___Dug ___Drilled Well casing diameter ____inches: Total well depth ____ft.: Type of casing steel - plastic - concrete - other_____: Depth of casing _____ft.: Casing watertight to depth of ____ft.: Approximate yield ____gallons per minute: Exterior space around casing sealed with _____cement - ____puddled clay - ____ordinary backfill - ____gravel.

Does the well have a well platform: yes or no. If yes, what type of material? ___wood - ____cement - ____other
Length:____ft. - Width____ft. - Thickness_____inches

Is well in a well pit? yes or no
Is well equipped with a sanitary well seal? yes or no
Is well equipped with pitless adaptor or pitless unit? yes or no
Year well installed _____

5. Does well have recent history of repair or insufficient supply? yes or no
If yes, please explain _____

6. List water quality sample results, if any, for previous years. Bacteria ____ (date)____ Nitrate _____ (date)_____ Other_____ (date)_____

7. Do surrounding neighbor's wells have high nitrate? yes - no - unknown

WASTEWATER TREATMENT SYSTEM - PART B

Information describes X existing wastewater system _____ proposed wastewater system

1. Are individual wastewater treatment systems customary in the neighborhood? (yes) or no

2. Is there a sewer line discharging to the surface? yes or (no)

3. Are all household wastewater and waste routed through the septic system? yes or no If no, explain yes

4. Primary treatment consists of: X septic tank ___cesspool ____other

Septic Tank Information: (A septic tank is a watertight tank other than inlet and outlet ports)

Distance from nearest foundation 20 ft. distance to highest level of groundwater table ___ft.
unknown

Material: X concrete ____fiberglass ___steel ____plastic ____other
Total liquid capacity _____ gallons unknown
Capacity of inlet compartment ___gallons Inside dimensions: length___ft. width___ft. depth____ft.
Has the septic tank been properly maintained by pumping and cleaning periodically? (yes) - no - unknown Does septic require pumping to ground surface? yes or no (Pumped once 5 yrs. ago)

Cesspool Information (A cesspools in a non-watertight tank or excavation)

Inside diameter ___ft. Depth ___ft. Lining material_____
Liquid capacity____gallons Number of cesspools ____ Does the cesspool require pumping to ground surface? yes or no

5. Secondary treatment consists of: ___perforated pipe disposal field ___half-moon disposal field ____mound system ____leeching pits ___other

Total length of disposal field lines ___ft. Number of lines ___ Length of each line ____ft. Trench width ____inches Depth to bottom of trench ____inches.

Type of filter material is: ____broken stone ___gravel ___other
Depth of filter material in trench ___inches
Slope of distribution line _____ inches per 100 feet
Top of filter material covered with: ___untreated bldg. paper ___other material

Is system located in non-traffic area? yes or no Years system installed_____
Have there been any problems with the system? yes or no If yes, describe

---

Leeching Pits. Number of pits____ Outside diameter____ft. Depth____ft.
Lining material_____

PART C

1. Number of bedrooms in house 2 Does home have: no garbage grinder (disposal) yes clothes washer no heat pump which uses water no water conditioner or softner

2. Soil absorption rate: one inch in ____ minutes Source: ____own determination ____Soil Conservation Services X Other unknown

3. On an 8½ x 11 paper provide an overall illustration of the homesite. Show the distances between existing or proposed home, well and sewage disposal system, and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well with 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Five approximate slope of land.

   If this is a proposed new well and/or sewage treatment system, refer to the attached San 1800 and San 1700 forms for pertinent information. Plans for the new systems must be approved prior to installation.

*For new sewage disposal systems only
**Include Soils Interpretive Information as provided by Soil Conversation Service.

I hereby request the Division of Drinking Water and Environmental Sanitation, Nebraska Department of Health, to perform an on-site evaluation of the water supply and sewage treatment system on the above property. The best of my knowledge, the above statements are correct.

4-18-94
Date

Sue Fox Emrich (Realtor)
Signature of person preparing this application

PLEASE RETURN FORM AND $100 EVALUATION FEE TO:

NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF DRINKING WATER &
ENVIRONMENTAL SANITATION
301 CENTENNIAL MALL SO.
PO BOX 95007
LINCOLN, NE 68509

LINCOLN LANCASTER COUNTY HEALTH DEPT
2200 ST MARY'S AVE
LINCOLN NE 68502

NOTE: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION!
ON-SITE EVALUATION WILL BE INITIATED 2 TO 3 WEEKS AFTER RECEIPT OF PROPERLY COMPLETED FORM.

Would you like a Nebraska State Health Department Sanitarian to assist in planning and approved new well? yes or no (No fee is required for this assistance)

Would you like a State Health Department Sanitarian to assist in planning an approved new wastewater treatment systems? yes or no (No fee is required for this assistance)

FOR USE BY HEALTH DEPARTMENT REVIEWING THIS APPLICATION

Based on the information reported hereon and other available information, it is the opinion of this Department that this individual water supply, upon completion of final bacteriological and chemical testing and on-site evaluation.

__ Should be a sanitary safe domestic water supply

__ Has high nitrate levels which render water supply unsafe. See attached letter

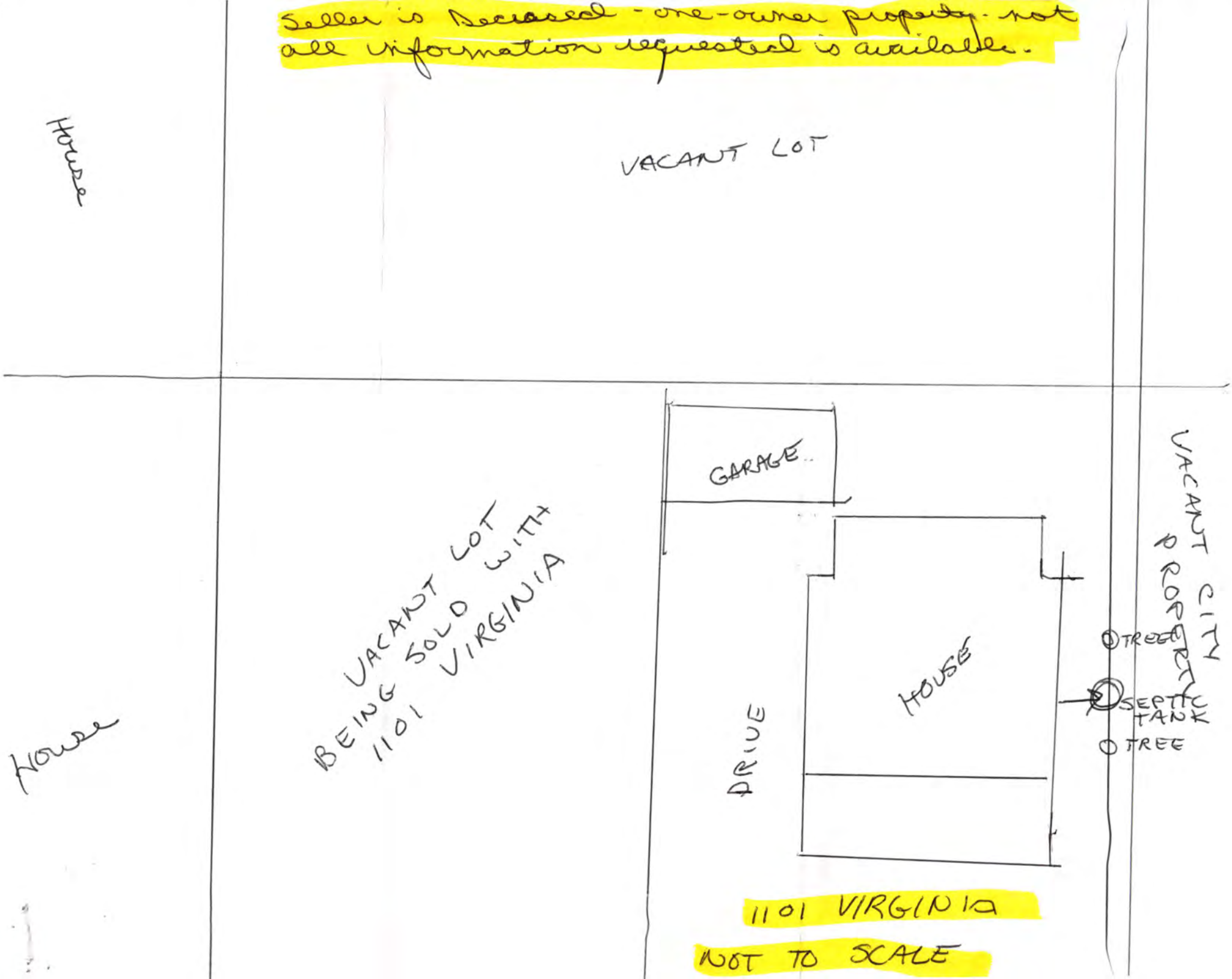
__ Requires some modification to become a sanitary safe domestic water supply. See attached letter.

Based on the information reported hereon and other available information including an on-site evaluation, it is the opinion of this Health Department that this wastewater treatment system.

__ Should function satisfactorily and is not likely to create an insanitary condition if properly maintained.
__ Was working properly at the time of evaluation, but may require future improvements. See attached letter.
__ Requires some modification to function satisfactorily and/or to not create an insanitary condition. see attached letter.

Date _____ Name of Sanitarian _____ Position _____

Seller is deceased - one-owner property - not all information requested is available.



1101 VIRGINIA

NOT TO SCALE