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

City Ordinance No. 9150 [X]
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: 2-24-94

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [X] 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. 11N ; Range 7E ; Section 27 ;
Block _____ ; Lot 25 FT ; Addition parcel #1 of Lot 25
Street Address 7801 N. 84th

2. Property Use: Residential _____ [2] ; Commercial _____ [ ]
No. Bedrooms _____ Describe _____

Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: two 25' x 2 ft wide trenches laterals installed in summer of 1990

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

6. Estimated cost of project:

a. Materials	$	under 400.00
b. Labor	$	
c. Other	$	
TOTAL	$	

Ralph E Bullock
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line) Repair permit* taken out after installation

REVIEWING ACTION

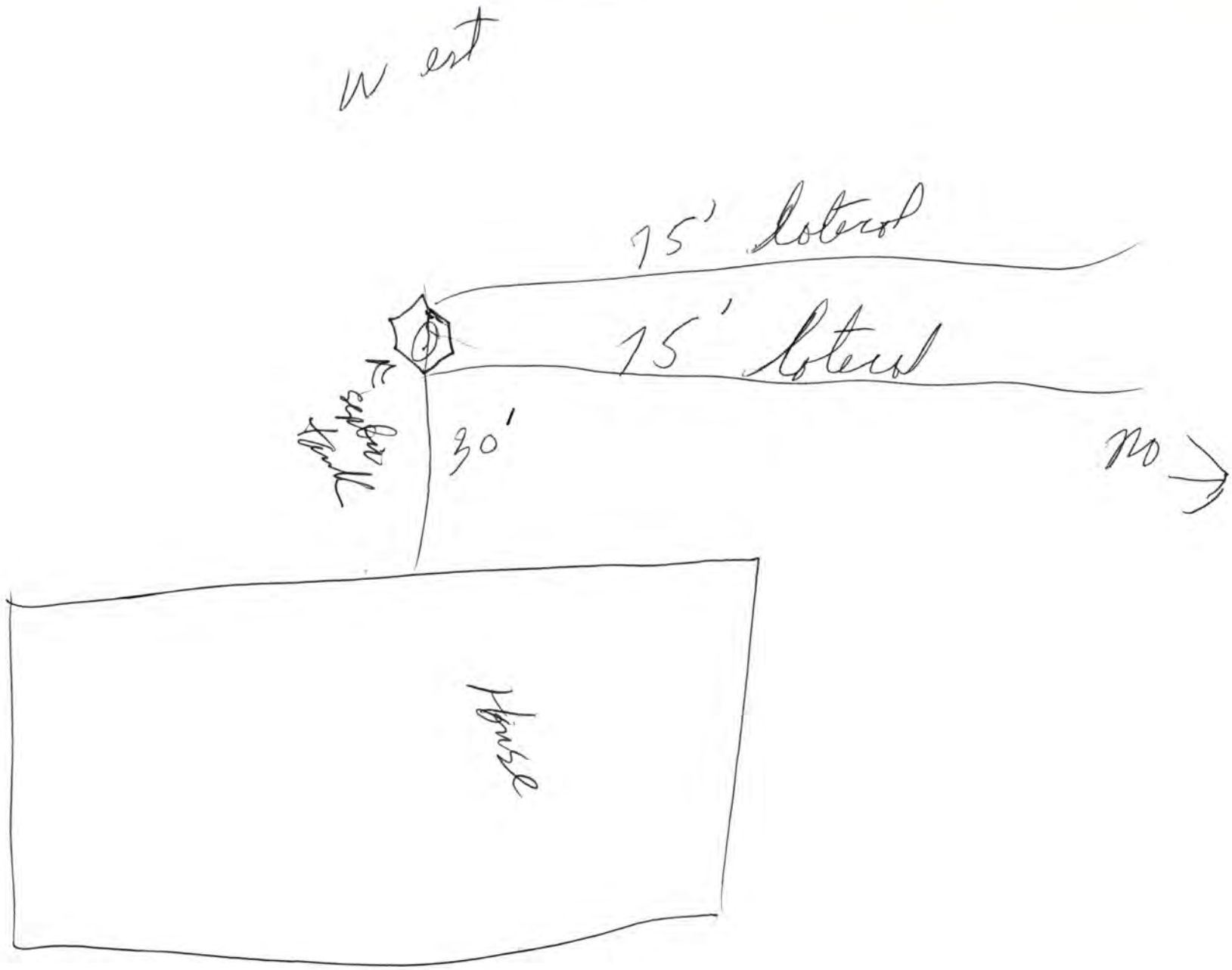
1. Date Rec'd: under 400.00
Filing Fee: $_____

2. Site Visits:
Date: 2-24-94 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [ ] ; Disapproved [ ]
by: _____

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

* this septic system is located in the floodway.


West
75' lateral
75' lateral
septic tank
30'
House

FILE NO. 319

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

August 9, 1973 — THIS LICENSE OR PERMIT EXPIRES

William Stiles — LICENSEE OR PERMITTEE

Route #3, Lincoln — ADDRESS

T11N; R7E; Sec. 27; Lot 25 — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 10.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 319

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 11; Range 7; Section 27;
Block ____; Lot 25; Addition _____;
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 2. Describe: _____

Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: _____ ft.

William Stiles
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/9/73. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 2/9/73. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 2-9-73. ACTION: Approved [ ] Disapproved [✓]
Date Frwd. _____. Signature: Chas Seale By R.S.

3. ~~City~~ Engineer: Date Rec'd. 2/9/73. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 2/9/73. Signature: A Rex Smith

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 319

DATE: Feb 9 - 73

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11; Range 7E; Section 27;
Block ____; Lot 35; Addition ____;
Street Address Rt 3 Lincoln.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

William Stile
Signature of Applicant (owner or lessee)

Rt 3 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 1/21/80 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 2/9/73
by: Jerold C. Wood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

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

C W/OI

FORM 20105-0477
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

B

FILE NO. 319

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30										30	2 3/8	
2	30										30	2 5/8	
3	30										30	1 3/4	
4	30										30	2 3/8	
5	30										30	2 1/2	
6	30										30	2 1/4	

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

_____
Signature of Person Conducting Test

Address William Steele Phone_____
Rt 3 Lenoch (Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Crete Silt Loam
Date: January 17, 1980

Approved Percolation Rate (a)
A. 13 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

C

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

FILE NO. 319

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

REVIEWING ACTION

Remarks: _____

Date: January 17, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 121 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 362 sq.ft.

Jerrold C. Hood
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: 474-1541

D

DATE: _____

FILE NO. 319

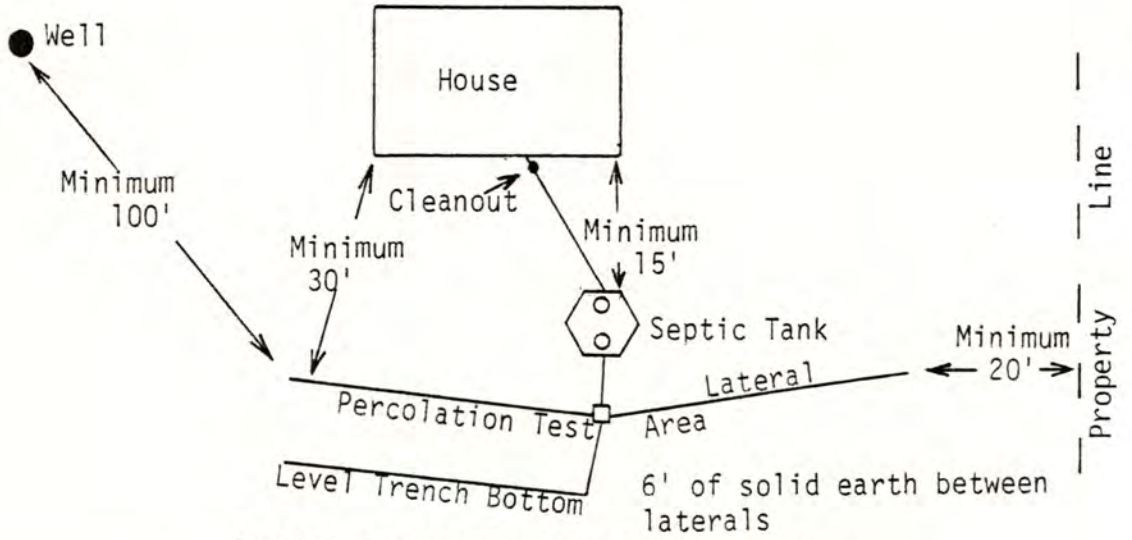
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast Iron; Diameter 4 in.
2. Distance above basement floor 2ft in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 50+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc; No. of compartments _____.
2. Capacity 1000 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 50+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Con; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 5 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 4 in.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 75, _____, _____, _____ ft.;
Total length of laterals 175 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 36 ft.;
Slope 6 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream 400 ft.; Pressure Line _____ ft.; Property Line 100 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE April 73 INSTALLER William Stiles



N

INTER-DEPARTMENT COMMUNICATION

TO: Charles Seale

DEPARTMENT: Building Inspections

ATTENTION:

CARBONS TO:

DATE: **February 9, 1973**

FROM: Jerrold C. Hood

DEPARTMENT: Health

SUBJECT: Individual Sewage System Construction
File No. **319**
William Stiles
Route #3, Lincoln

The application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T11N; R7E; Sec. 27; Lot 25.

Jerrold C. Hood, R. S., Chief
Section of General Sanitation
Division of Environmental Health

JCH: **ch**

Survey Record

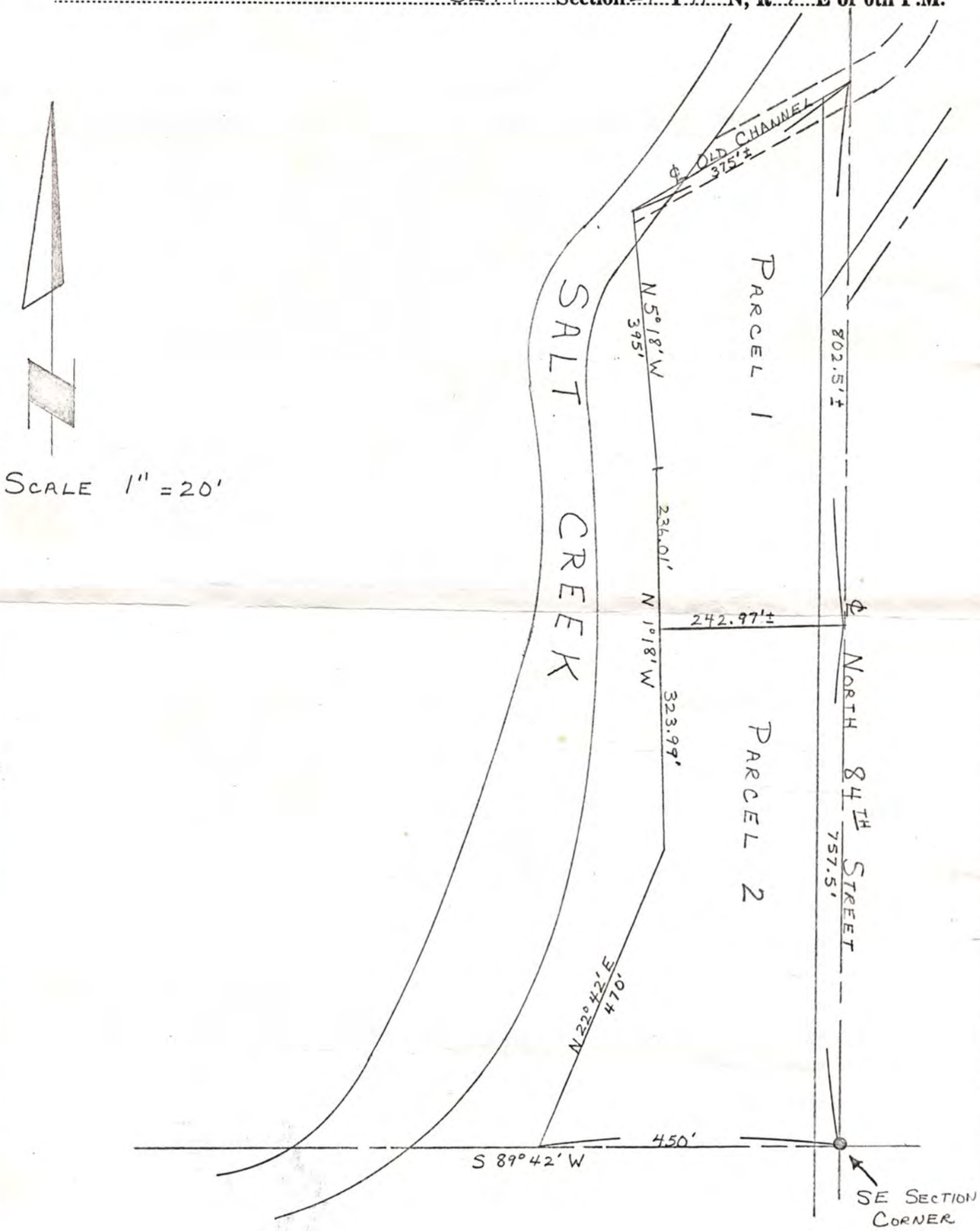
LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA

PHONE 432-3724

JOB NO.

Survey of: ADM. SUB. OF LOT 25 IN THE SE 1/4 **Section** 27 **T** 11 **N, R** 7 **E of 6th P.M.**



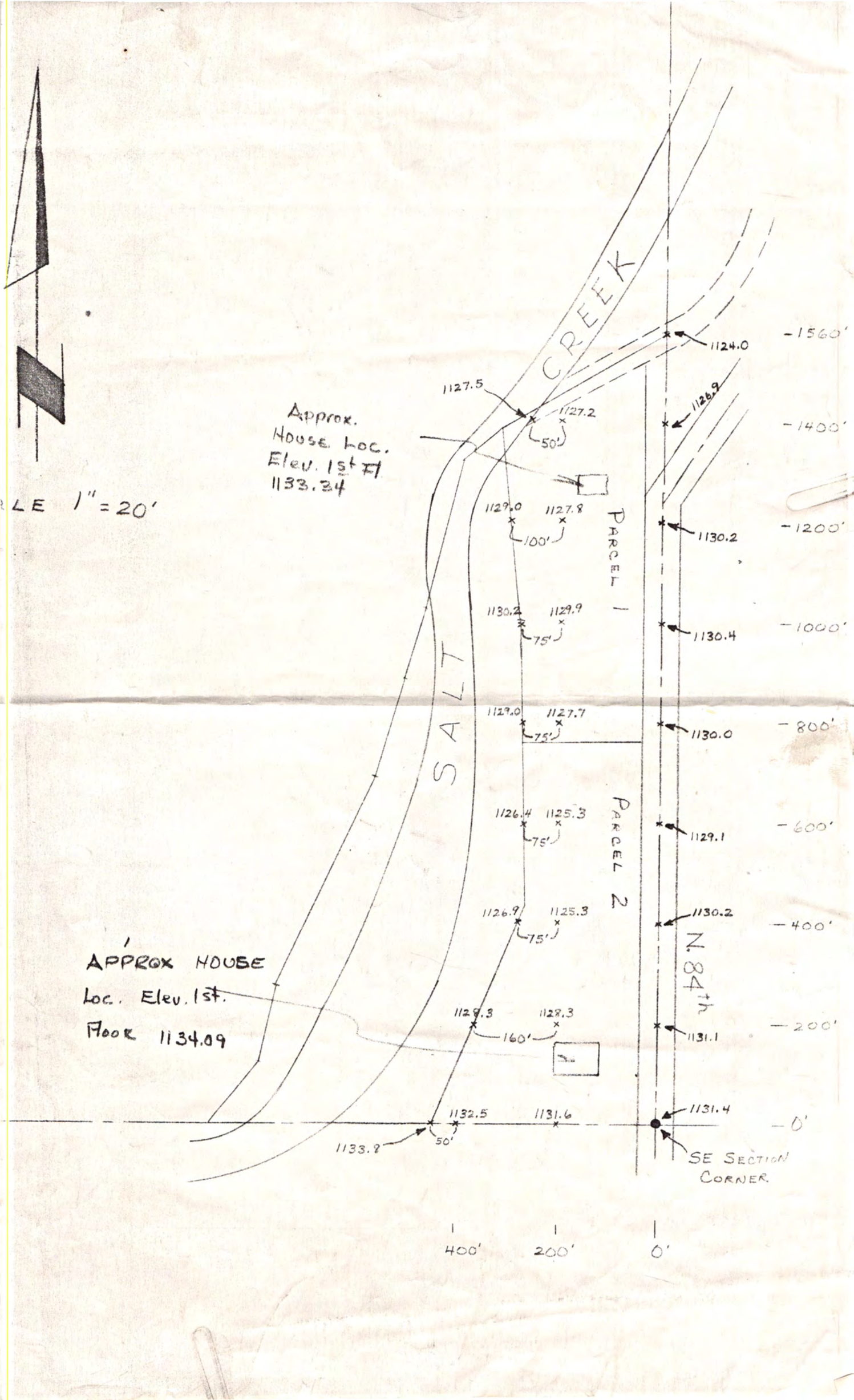
I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

Signed this 7th **day of** Feb **19** 79

Name: Robert B. Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal


SALT CREEK
PARCEL 1
PARCEL 2
Approx. House Loc. Elev. 1st Fl 1133.34
APPROX HOUSE Loc. Elev. 1st. Floor 1134.09
LE 1" = 20'
1127.5
1127.2
50'
1129.0
1127.8
100'
1130.2
1129.9
75'
1130.4
1129.0
1127.7
75'
1130.0
1126.4
1125.3
75'
1129.1
1126.9
1125.3
75'
1130.2
1128.3
1128.3
160'
1131.1
1132.5
1131.6
1131.4
1133.8
50'
SE SECTION CORNER
1124.0
1126.9
1560'
1400'
1200'
1000'
800'
600'
400'
200'
0'
N 88 4 E
400'
200'
0'

003

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.

2465

Legal Description of Property: Street Address 7801 North 84th Street

Twp 11N Range 7E Section 27 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Parcel #1

Location of Well SE of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System N of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:	call home builder		432-5943

Signature of Applicant Todd Pratt Address 1458 Garfield Date ___/___/___

Todd Pratt 474-2714

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/08/97

Initials ___

Amount 150.00

Check No. 2758

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 9/5/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: there is no record of inspection of this septic system when it was installed in 1973. There was no visible malfunction at the time of inspection. thus, a provisional approval. Recommend continuing to check septic tank every 2-3 years to see if it needs pumping ☐ See Attached Letter

FINAL STATUS * Applies only to non-flood conditions.

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

Approved by Ron Marquart RS Date 9/9/97

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

001

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 7801 N. 84th

Twp 11N Range 7E Section 27 1/4 ___ 1/4 ___ Block ___ Lot 25 Addition ___

Directions to Property ¾ mile N. on 84th from Hwy #6

Location of Well SE of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System NW of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cathleen Bullock	7801 No 84th Lincoln Ne.	464-7901
Tenant/Buyer:			
Return to:	Provident Federal Savings Bank	Att: Denise Applebee 440 So. 13th Lincoln Ne 68508-3093	

Signature of Applicant Cathleen Bullock Address 7801 No 84th Lincoln Ne. 68507 Date 2/24/94

HEALTH DEPARTMENT USE ONLY

Date Received 2/24/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 2/24/94

WATER SYSTEM:	Approved*	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒ deficiency corrected	☒ well pit	Approved ☐	Date 3/3/94 by RM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Original installation of this septic system predates county regulations. thus, a provisional approval. An additional two 75 ft subsurface beds were installed in 1990. There was no visible malfunction at the time of inspection. This septic system is located in the floodway. thus, a provisional approval. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 3/7/94

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.

* Because this well is located in the floodway, approval applies only when there is not a flood around this well.