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: 475-6221)

FILE NO. _____

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

DATE: _____

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 31;
Block 1; Lot 2; Addition Hyperion
Street Address RT 6

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

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

4. Description of proposed alteration, extension or repair: lift station & 100' collector cleanout

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1349.50

Melvin White
Signature of Applicant (owner or lessee)

RT 6
Address

(Do not write below this line)

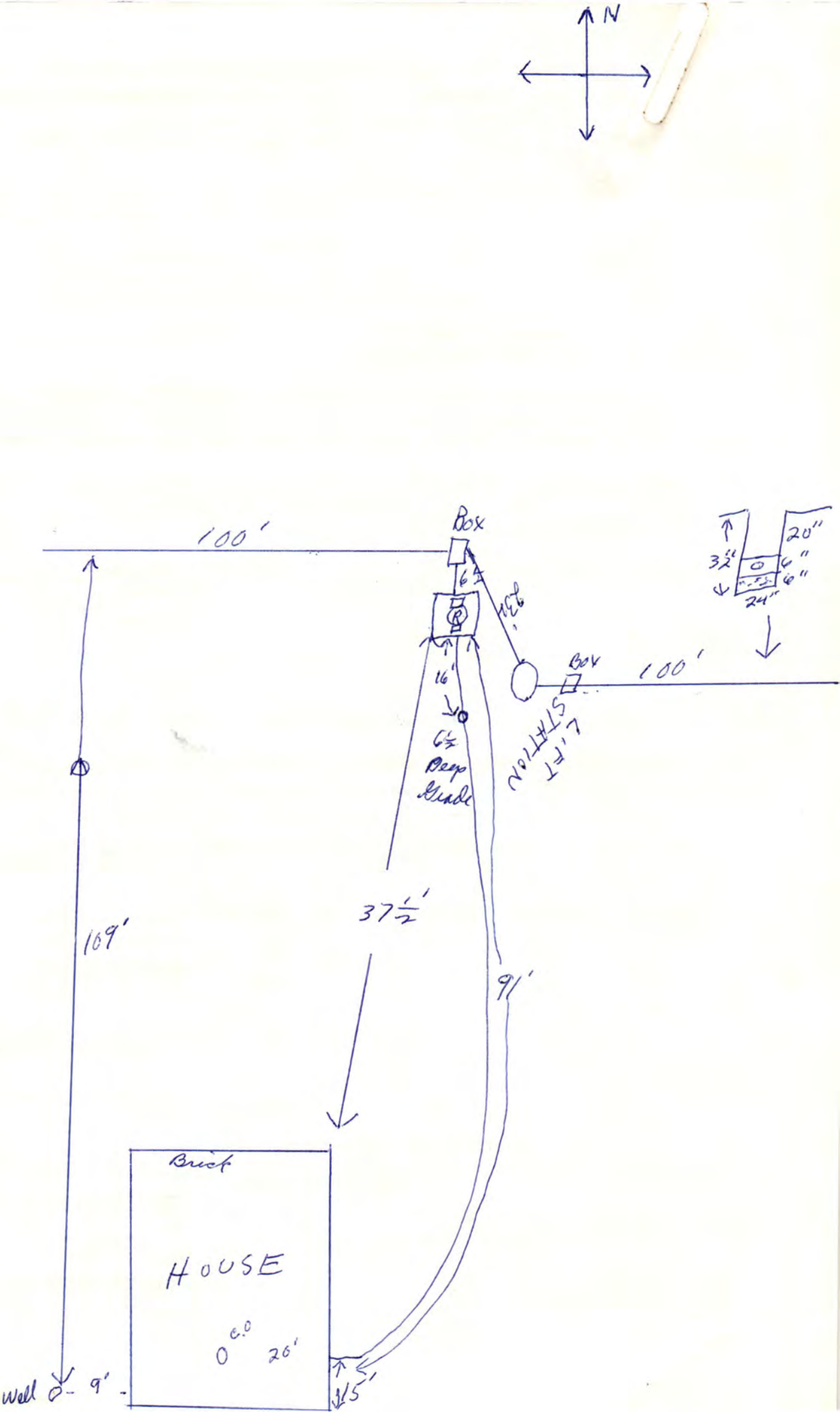
REVIEWING ACTION

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

2. Site Visits:
Date: 3-9-76 by: jw
Date: 3-10-76 by: jw
Date: 3-11-76 by: jw

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-11-76 by: James Wheeler


N
100'
Box
6½'
12½'
16'
6½' Deep Grade
Box
100'
L.FT STATION
3½"
20"
6"
6"
24"
109'
37½'
91'
Brick
HOUSE
0 C.O 20'
Well 9'
5'
1½'

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 252

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 12, 1972 — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — LICENSEE OR PERMITTEE

Route #6 Lincoln — ADDRESS

T10N; R6E; Sec. 31; Block 1; Lot 2; Highridge Acres Add. — 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
624110.15 1535	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. 252

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. 10N; Range 6E; Section 31;
Block 1; Lot 21; Addition _____;
Street Address Highridge Acres

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.

Robert Dillman
Signature of Applicant (owner or lessee)
by Roger Bailey
Rt 6, Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/11/72. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 4/12/72. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 4/12/72. Signature: Charles Seale By RN

3. City Engineer: Date Rec'd. _____. ACTION: Approved [ ] Disapproved [ ]
Date Frwd. 4-12-72. Signature: [illegible]

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. 252

DATE: April 11, 1972

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. 10N; Range 6E; Section 31;
Block 1; Lot 2; Addition ____;
Street Address Highridge Acres.

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

Robert Gilliam
Signature of Applicant (owner or lessee)
by Roger Bailey

Rt 6, 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: 7/24/72 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 4/11/72
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/24/72 by: Jerrold C. Hood

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

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

FILE NO. 252

SPECIFICATIONS

DATE: April 11/72

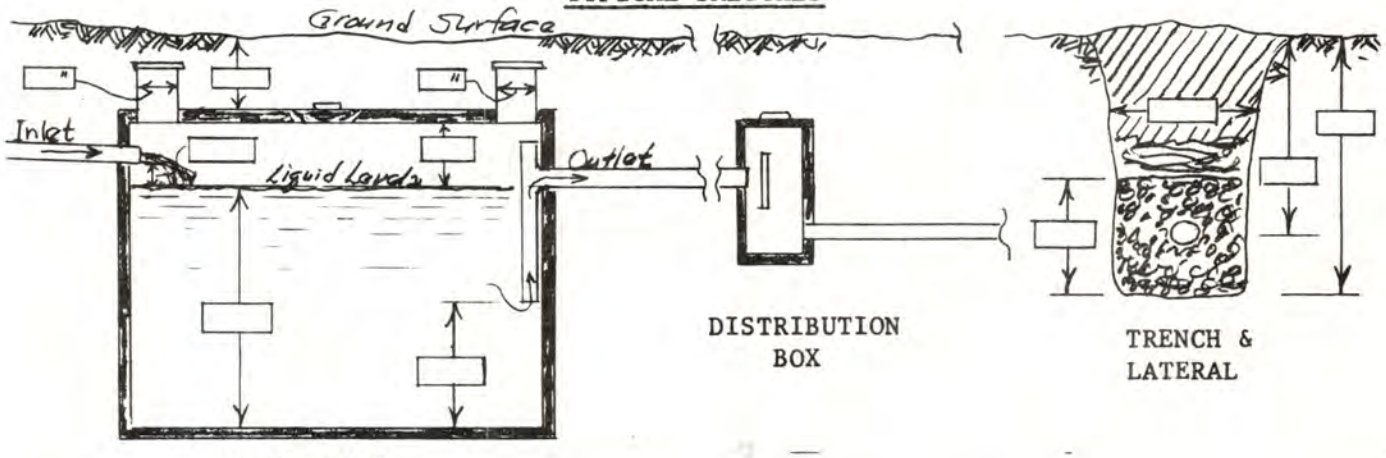
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank ___ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS) No ☐
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. ___in.
Below Grade 24 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line 109 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line ___ft.

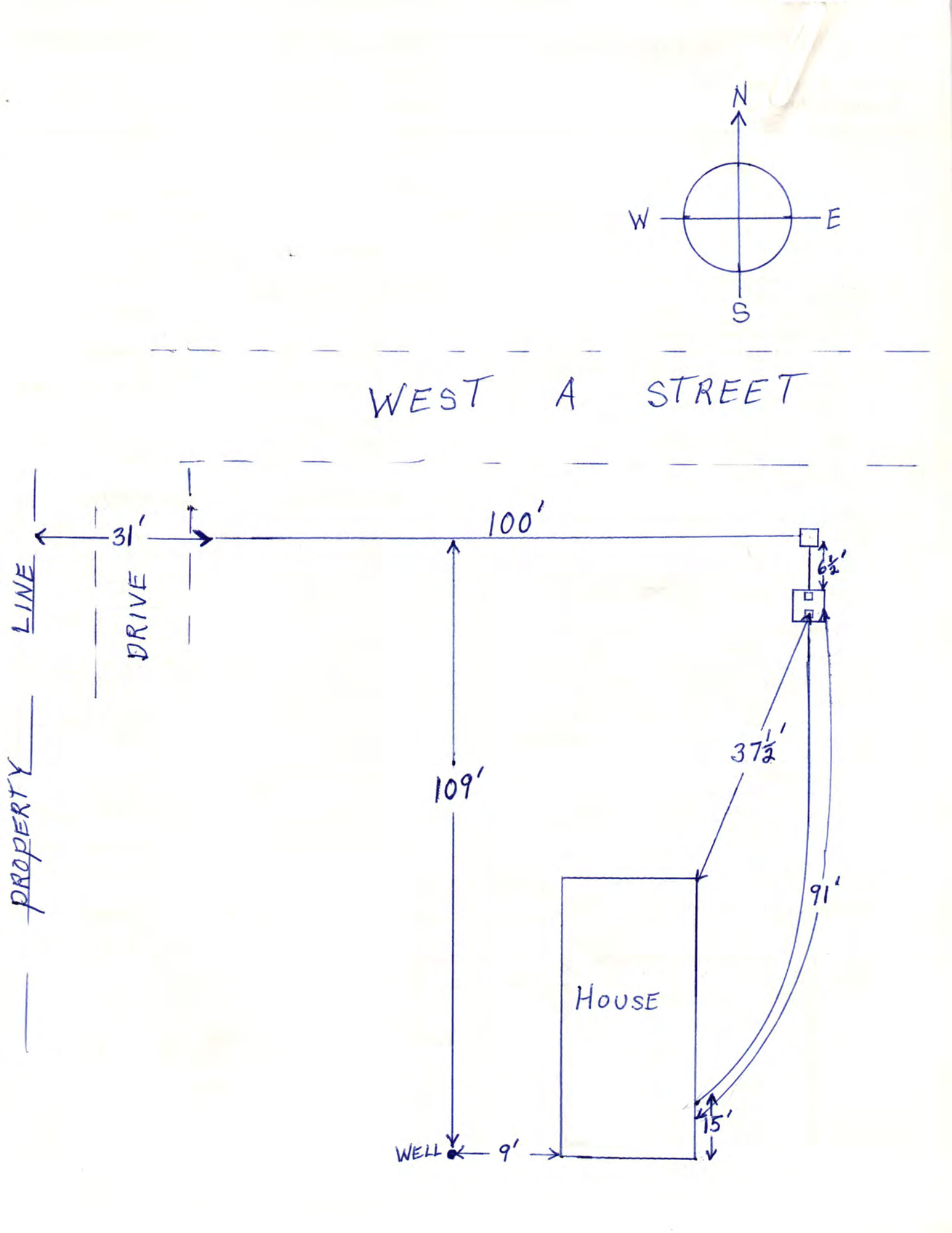
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 6½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF Round
2. Lateral Lines: Depth below grade 16 in.
Number 1; Length of each line 100 ft
Total length of Laterals 100 ft.;
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape —
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 60 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 109 ft.;
Stream — ft.; Pressure Line 109 ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WEST A STREET
31'
100'
DRIVE
PROPERTY LINE
6½'
37½'
109'
91'
HOUSE
15'
WELL
9'

017

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.

449

Legal Description of Property: Street Address 4101 W. 'A' St.

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition High Ridge Acres

Directions to Property _____

Location of Well Southwest of home next to water softener Tap Location: Inside ☑ Outside ☐ new tap in April 1992

Location of Sewage System Northeast of home Year Installed New laterals Feb 1976

	NAME	ADDRESS	PHONE
Present Owner:	Melvine & Irene White	4101 W. A.	438-3810
Tenant/Buyer:	Marla J. Brick	823 Charleston	477-5087
Return to:	Nebraska Title ~~5635 O' st~~	5635 O' st Lincoln, NE Suite 101 68510	486-4900

Please leave message for buyer when plan to inspect - if she is not home already

Signature of Applicant Marla Brick with pinspection Address 823 Charleston Lincoln, NE 68508 Date 8/13/97

SHIRLEY LAPIONTE 434-3500 430-4626 CELL

CAPITAL TITLE 4645 NORMAL BLVD SUITE 150 LINCOLN, NEBR. 68506

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	08/15/96	Date	___/___/___
Initials	no	Case No.	
Amount	$ 150.00	Initials	
Check No.	# 1005		

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/18/97

9/8/97 by J.C.H

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date 8/19/97 by J.C.H
Bacteria	☒ 0 /ml	☒ ___ /ml	Provisional ☐	Date 8/25/97 by J.C.H
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date 9/3/97 by J.C.H

Comments: WELL CAP IS BROKEN. HOLE IN AIR VENT SCREEN. Well repaired 8/19/97 J.C.H. SELLER INDICATES SEPTIC TANK WAS PUMPED 2 YEARS AGO.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/10/97

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

~~GO AFTER HOAK MONDAY~~