FILE NO. 966

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

May 17, 1977
THIS LICENSE OR PERMIT EXPIRES

Jerry Hruska — 2942 North 45 Street, Lincoln, NE 68504
LICENSEE OR PERMITTEE — ADDRESS

T11N; R7E; Section 20; East 362' of the N 842.34 of the NW¼ of the NE¼
NAME OF ESTABLISHMENT, IF ANY — ADDRESS
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
42682	1674	30.00		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health APPLICATION

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

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. 966

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

DATE: _____

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. 11 North; Range 7E; Section 20
East 362' of the North 842.34 ft of the N.W 1/4 of the N E 1/4
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential ☑; Commercial ☐
No. of Bedrooms 4. Describe: _____
Other Use ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Jerry Hunsaker
Signature of Applicant (Owner or Lessee)

2942 No. 45
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/16/76. Date Frwd. 11/16/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-17-76. Date Frwd. 11-17-76. ACTION: Approved ☐ Disapproved ☒ Signature: Williamson

3. City or County Engineer: Date Rec'd. 11/17/76. Date Frwd. 11/17/76. ACTION: Approved ☐ Disapproved ☐ Signature: Joe Bud

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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 Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 966

DATE: _____

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. 11 North; Range 7 East; Section 20 East 360' of the North 842.34 of the NW ¼ of the NE ¼; Block _____; Lot _____; Addition _____.
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 4
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-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).

Jerry Kwasko
Signature of Applicant (owner or lessee)

2942 No. 45
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: Aug-77 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: 11/4/76 Approved [X]; Disapproved [ ]
by: Jerrold C. Hoob

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-26-77 by: Ron Magnuson

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 475-6221)

FILE NO. 9166

PROPERTY WHERE SOIL TESTED:
Location: Township 11 North; Range 7E East
Section & ¼ Sect. ____
Property Dimensions: 362' ft. x 842.34 ft.
Area: 7.3 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Jerry Hruska
Address 2942 No. 45

Dates of Tests: 11-6-76 to 11-7-76. 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				
Hole 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)
4 Holes	36"	11-6	2:00	11-7	6:00	11-7	1:30	6"	4:30 min	0		6"	
Result	the Same												
		11-15	4:30	11-15	6:00	11-15	1:30	6	1:30	4"	180	2"	

Jerry Hruska
Signature of Person Conducting Test

Address 2942 No. 45
Phone: 464-1207

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. ____ min./inch
B. ____ min./inch
C. ____ min./inch

DATE: ____

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 [X]
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. 9666

SPECIFICATIONS

DATE: _____

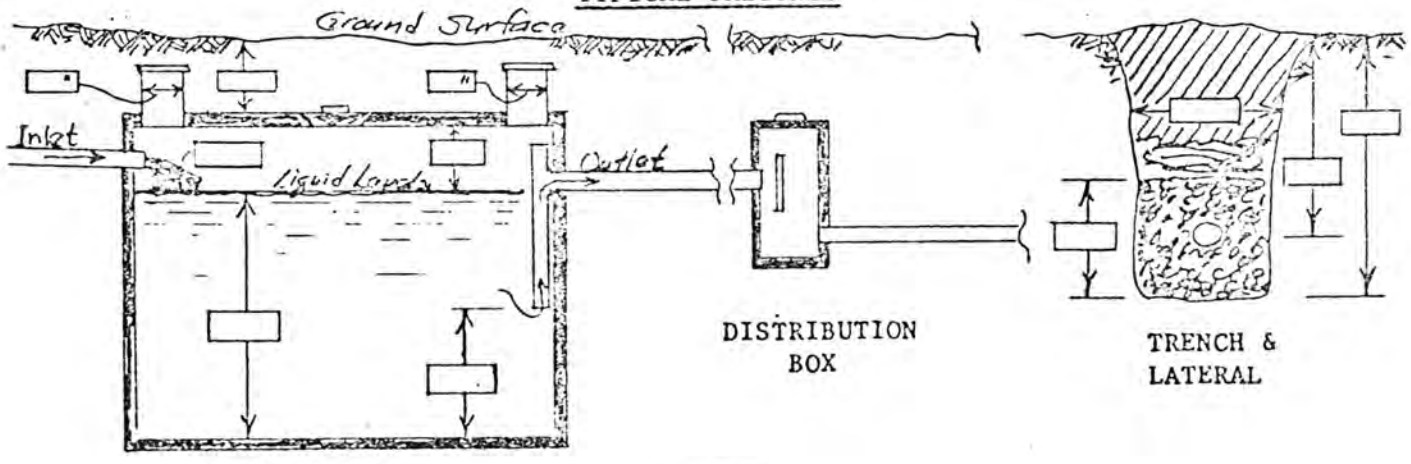
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes [ ] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____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 ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes [ ], (Company _____) No [ ]
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 125 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 36 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

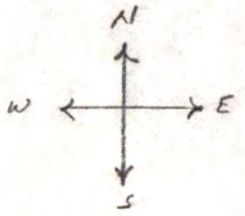
TYPICAL SKETCHES

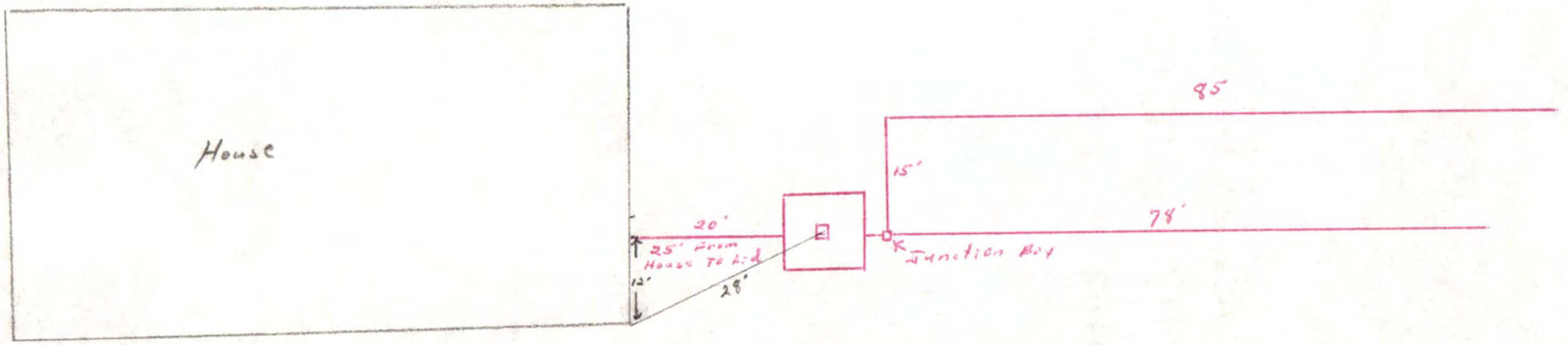


SEPTIC TANK

_____
Signature of Applicant

5201 Bluff Rd
Septic system (Red)





OCT 26 1977

INTER-DEPARTMENT COMMUNICATION

TO Charlie Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE November 17, 1976

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction - File No. 966

Jerry Hruska

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; Section 20; E 362' of the N 842.34 of the NW¼ of the NE¼.

Jerrold C. Hood, R.S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH: kv

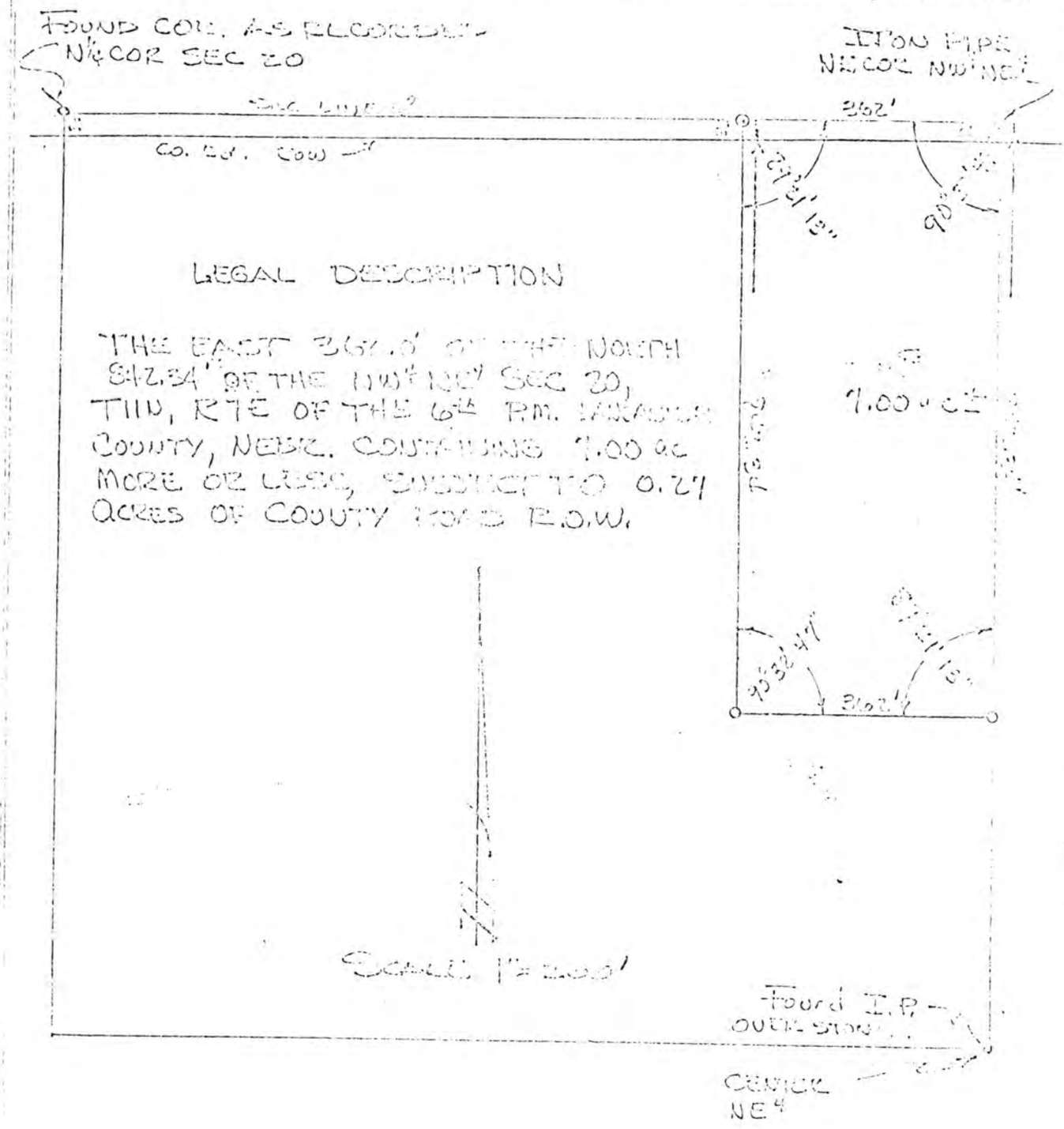
Survey Record

[illegible] COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS -- LINCOLN, NEBRASKA PHONE 432-3724

Survey of: ADJACENT TRACT [illegible]

NW¼ NE¼ Section 20 T. 11 N, R. 7 E of 6th P.M.



I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat is true and correct to the best of knowledge.

Signed this [illegible] day of [illegible] 19[illegible]

Name: [illegible]

Surveyor's license No. L.S. 352

Land Surveyor's Seal

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 5/21/90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 ~~150.00~~

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 20; BLOCK ____

LOT 8; ADDITION _____; Street Address 5201 Bluff Road, Lincoln, NE.

Directions to Property Hwy 77, or 56th Street, North to Bluff Road (City dump will be on the right), turn left & go in 1st gate

Location of Well south of greenhouse 8' Tap Location: Inside ☒ Outside ☒

Location of Sewage System east of house; south of dog pen; above ground Year Installed '76 approx.

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Judy Florer	5201 Bluff Rd., Lincoln, NE.	467-3166
Tenant/Buyer:	Robert & Mary Ann Frye	Star Route 78, Box 171 Bassett NE. 68714	684-3332
Return to:	Ellen Walsh High, Home Real Estate, 3910 South Ste., Lincoln 68506		488-4663

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

Signature of Applicant Ellen Walsh High Address HOME REAL ESTATE 3910 SOUTH STREET LINCOLN, NE. 68506

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 25, 1990 Received $75.00 ~~$150.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-1-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-1-90 by mm
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisional Approval: ☐

APPROVED BY Ron Mayhew DATE 6-11-90

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