FILE #2588

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 30, 1988 — THIS LICENSE OR PERMIT EXPIRES

DENNIS HAGNER — LICENSEE OR PERMITTEE

4500 W. PEACH — ADDRESS

LINCOLN, NE 68522

T10N; R6E; Sec 31; Bk 2; Lot 7; High Ridge Acres; — NAME OF ESTABLISHMENT, IF ANY

4500 W. Peach — ADDRESS

REMARKS: NON TRANSFERABLE NON-TRANSFERABLE

| PERMIT | ACCOUNTING NUMBER | TOTAL |
|---|---|---|
| $ 30.00 | 018754 | $ 30.00 |

Valid Receipt Only if Machine Receipted In This Space

Serial No. | Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

OCT 2 3 1987

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. 2588

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

DATE: 10-29-87

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 2 ; Lot 7 ; Addition High Ridge Acres Lancaster Co.
Street Address 4500 W. Peach Lincoln

2. Property Use: Residential Res ☒; Commercial N/A ☐
No. Bedrooms 2
Describe N/A
Other Use ☐
Describe

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

4. Description of proposed alteration, extension or repair: CHANGE TO LAGOON SYSTEM.

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

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ 900 | 00 |

Dennis Wagner
Signature of Applicant (owner or lessee)

4500 W. Peach Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11/13/87 by: J.C.H. need drawing
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 220

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 7, 1972
THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam
LICENSEE OR PERMITTEE

7120 Logan
ADDRESS

TION; Range 6E; Section 31; Block 2; Lot 7; High Ridge 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 |
|---|---|---|---|
| 624 ~~110.15~~ 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. 220

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 R6E; Section 31;
Block 2; Lot 7; Addition _____;
Street Address High Ridge Acres

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

Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: 2 mi ft.

Robert Williams
Signature of Applicant (owner or lessee)
Biggs Intoth
7120 Logan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/3/71. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 9/6/71. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9-6-71. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 9-6-71. Signature: Charles Seale By RS

3. Dp City Engineer: Date Rec'd. 9-7-71. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. " . Signature: J. L. Fleming

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. 220

220

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 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 2; Lot 7; Addition _____;
Street Address High Ridge acres

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bed Rooms 2 Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; 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)
Ruth Biggerstaff

7120 Logan
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: 11/10/71 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐: 9/3/71
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/12/71 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. 220

## SPECIFICATIONS

DATE: _____

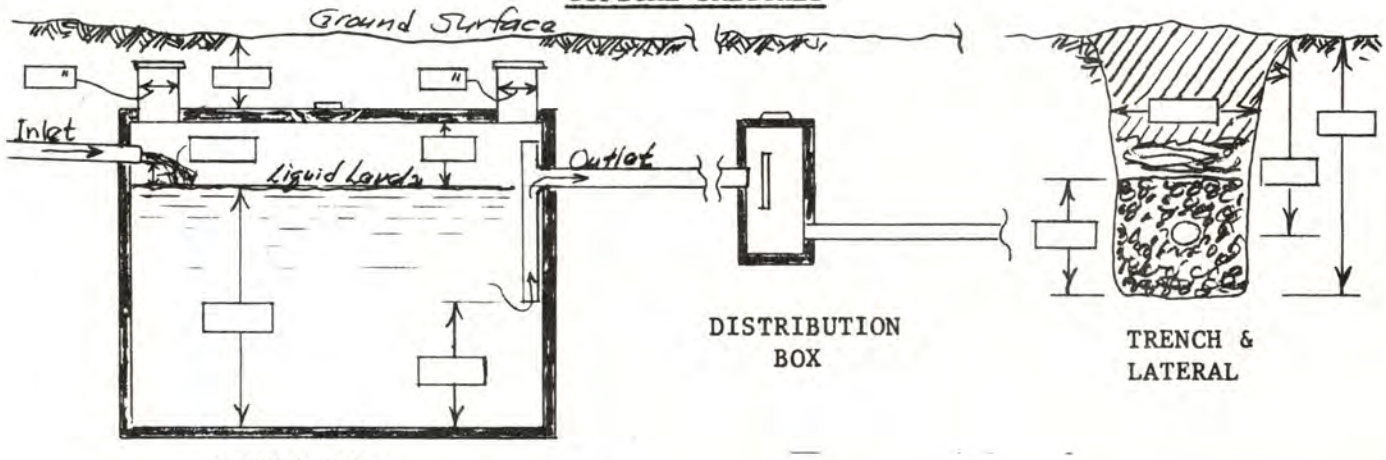
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 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 30 in.
8. Distances To:
Well or Suction Line 100 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 ____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 ____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




_____
Signature of Applicant

# 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

We close on House on June 20th need Before that. Thanks

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 4500 Lo. West Peach Lincoln ne 68522

Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp____Range____Section____1/4____1/4____Block 2 Lot 7 Addition High ridge Acres

Directions to Property _____

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

Location of Sewage System north of House Year Installed _____

Site Hazards (dogs, etc.) _____

Cell # 525-0826

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Dave + Shelia Meerman | 4500 West Peach Lincoln ne 68522 | 525-0826 |
| Tenant/Buyer: | Loren + Colleen Prasek | 623C Lincoln, ne 68502 | 475-5091 |
| Return to: | Loren + Colleen Prasek 525-2879 | 623C Lincoln, ne 68502 | 475-5091 (Fax) |

Signature of Applicant Colleen Prasek Address 623C Lin Ne Date 6/12/03

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 06/12/03 Amount 200.00 Check No. 6386 Initials JS

**DATA ENTRY** Date____/____/____ Case No._____ Initials_____

**PRELIMINARY STATUS--By** Doug Meek **DATE:** 6/13/03

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☒ |
| Bacteria | ☐____/ml | ☐____/ml |
| Nitrate | ☒0.2 ppm | ☐____ppm |

| **SEWAGE SYSTEM** | |
|---|---|
| Approved | ☐ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**

Date____/____/____by____

Date____/____/____by____

Date____/____/____by____

Comments: Well cap is not secured and sealed – Bacteria samples not collected – Weed (thistles) must be removed from inside and outside of lagoon dike. No trespassing sign needed on lagoon fence. See Attached Letter ☐ Lock on gate may be missing.

**FINAL STATUS**

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

Approved by_____ Date____/____/____

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