LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys [illegible] Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 94390039901

Issued 06/23/94
Expires 12/23/94
Revenue Code 18754

Establishment
ED LYMAN

LINCOLN NE 68502

FEES: $50.00

TOTAL $50.00

Permittee
ED LYMAN
RR0006
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 6-22-94

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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. 10N; Range 6E; Section 31;
Block 5; Lot 5; Addition High Ridge Acres
Street Address _____

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: see map

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ over $400

If total cost is less than $400.00, no fee

Ed Lyman
Signature of Applicant (owner or lessee)

RFD #6
Address

(Do not write below this line)

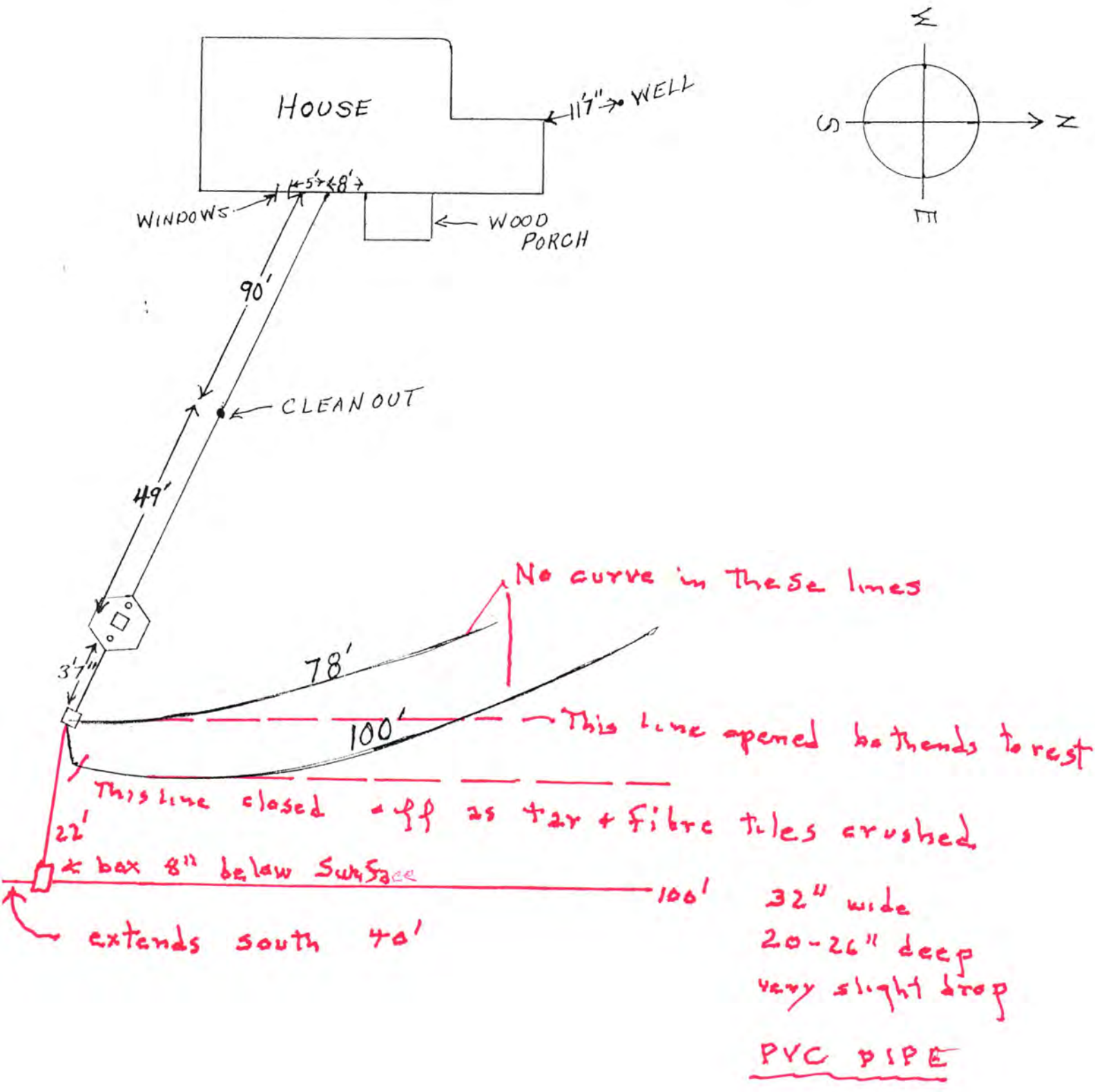
REVIEWING ACTION

1. Date Rec'd: 6-22-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 6-22-94 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-27-94 by: Ron Maynard


HOUSE
11'7" WELL
5'
8'
WINDOWS
WOOD PORCH
90'
CLEAN OUT
49'
3'7"
78'
100'
No curve in these lines
This line opened by hands to rest
This line closed off as tar + fibre tiles crushed
22'
± box 8" below surface
100'
extends south 40'
32" wide
20-26" deep
very slight drop
PVC PIPE
E
S
W
N

FILE NO. 89

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

July 29, 1969 — THIS LICENSE OR PERMIT EXPIRES

Daniel Brown by Harold C. Stranathan — LICENSEE OR PERMITTEE

2263 "Y" Street — ADDRESS

T 10N; R 6E; Section 31; Blk. 5; Lot 5; High Ridge Addition — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143 110.1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
14996	JN29	30.00

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 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. 89

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 5; Lot 5; Addition High Ridge add
Street Address _____.

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

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

4. Distance to public sewer: _____ft.

Daniel Brogan
x By Harold C. Strandberg
Signature of Applicant (owner or lessee)

2263 J Lincoln Nebr 68503
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/29/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 1/29/69. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 1/29/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 1/29/69. Signature: Chas. Seale By Bob Klemm

3. City Engineer: Date Rec'd. _____. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 1-29-69. Signature: _____

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. 89

DATE: January 29, 1969

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 5; Lot 5; Addition Highland Ridge add
Street Address _____.

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.)

Daniel Brown
Donald C. Shanahan
Signature of Applicant (owner or lessee)

2263 J Lincoln Nebr 68503
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 5/28/69 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 1/29/69
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/28/69 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. 89

SPECIFICATIONS

DATE: _____

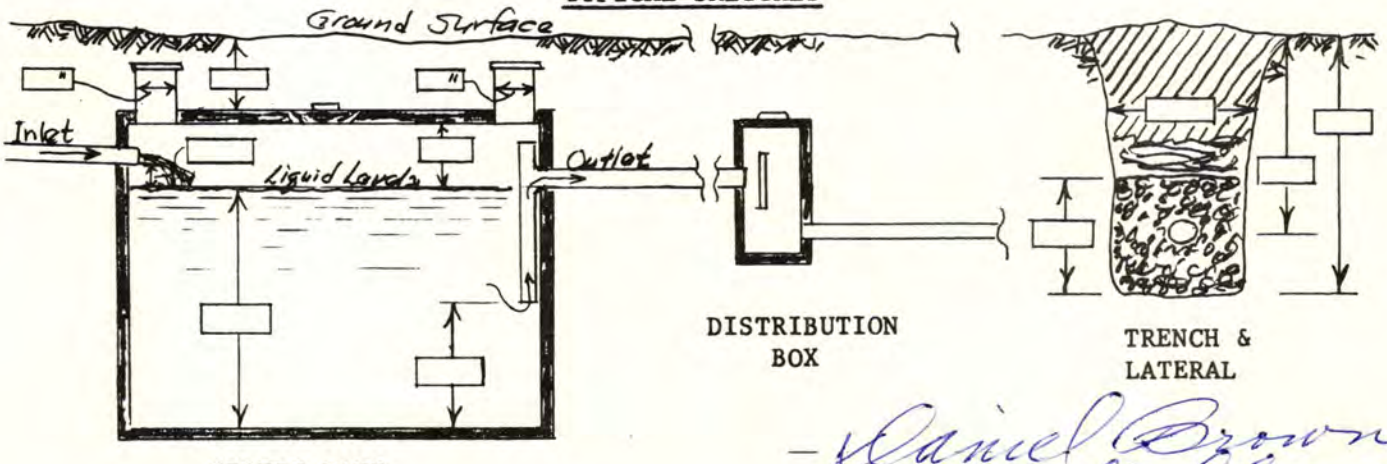
A. BUILDING SEWER:
1. Material TILE; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 136 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line 150+ ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

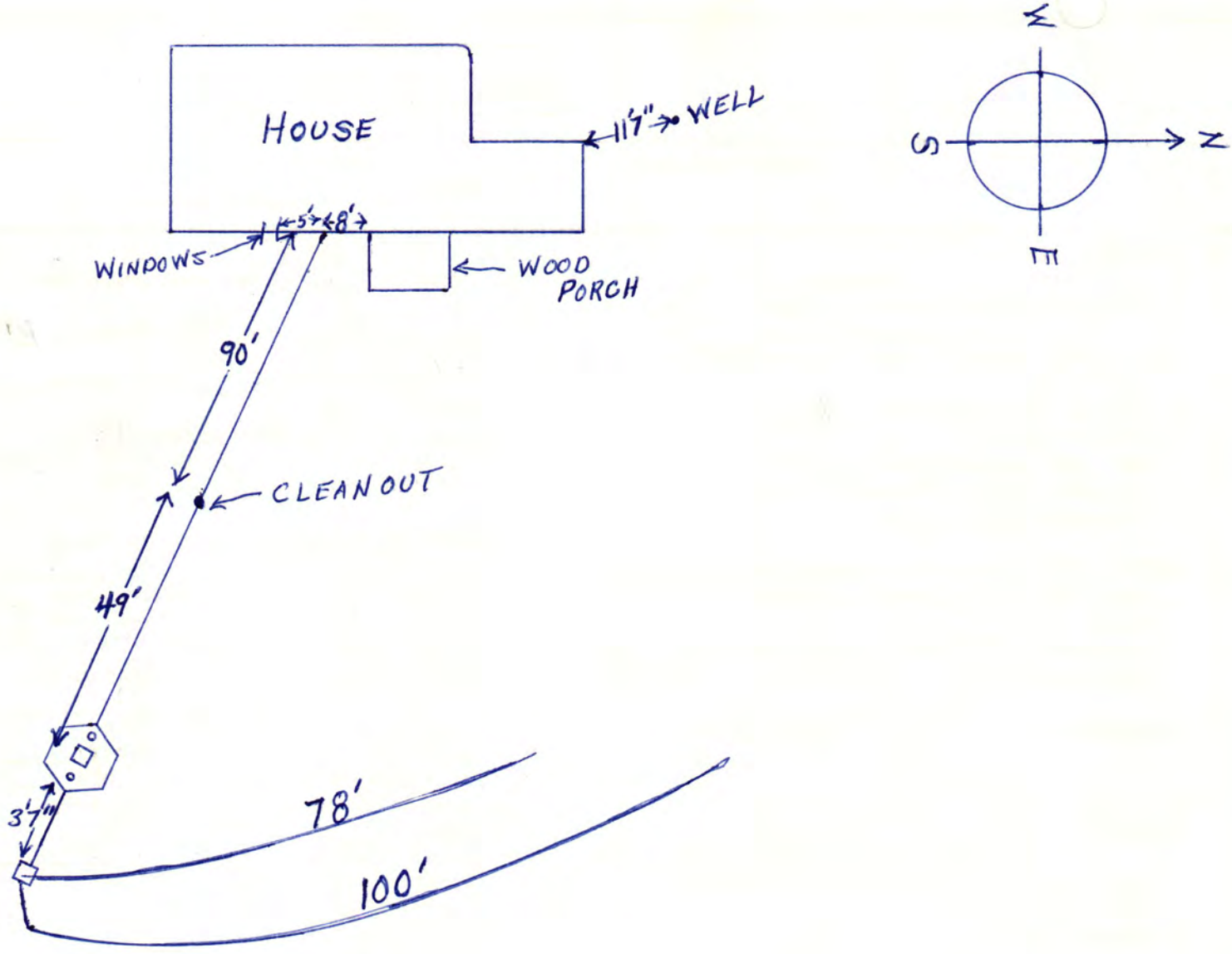
C. DISTRICTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 3½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 78' ft ÷100
Total length of Laterals 178 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Daniel Brown
By Harold Shandhan
Signature of Applicant


HOUSE
11'5" WELL
5'
8'
WINDOWS
WOOD PORCH
90'
CLEAN OUT
49'
3'7"
78'
100'
N
S
E
W

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

High Ridge Acres B15 Lt 5

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 2000 W. Peach Circle

Parcel ID 10-31-205-005-000 (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property W. VAN DORN OR W A ST. TO SW 40TH. THEN TO PEACH ST. WEST TO W. PEACH CIRCLE, SOUTH TO PROPERTY

Location of Well NW CORNER, BY GARAGE Tap Location: Inside ☒ Outside ☒

Location of Sewage System 5.6 of house ~~from Eastin Pumping pumped by~~ Year Installed 1969 Raised system 6-2004

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Elvina Lyman	2000 W Peach Cir. 68522	432 3443
Tenant/Buyer:	Mike Reis	1431 SW 27th 68522	432 1577
Return to:	Mike Reis	1031 SW 27th Lincoln 68522 Cliff Ridge	432 1577 402-434-3605 (Fax)

Signature of Applicant Mike Reis Address 1431 SW 27th Lincoln, NE 68522 Date 7/22/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/23/04 Amount $200.00 Check No. 2615 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/26/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: 7/26/04 - See attached letter

9/13/04 Well repairs completed — Water samples meet standards

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Smith Date 9/13/04

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