CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 219

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — March 7, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — 7120 Logan

LICENSEE OR PERMITTEE — ADDRESS

T10N; Range 6E; Section 31; Block 2; Lot 6; 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. 219

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 6; 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)
Keith Biggerstaff
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 RG

3. Dep City Engineer: Date Rec'd. 9-7-71. ACTION: Approved ☐ Disapproved ☒
Date Frwd. ". Signature: F. T. Blessing

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. 219 2,9

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 R6E; Section 31;
Block 2; Lot 2; Addition ____;
Street Address High Ridge 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 Gillcan
Signature of Applicant (owner or lessee)
Ruth Bjorkstedt

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: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 9/3/71
by: Jerrold E. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/12/72 by: Jerrold E. 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. ~~328~~ 319

SPECIFICATIONS

DATE: Oct 26, 1971

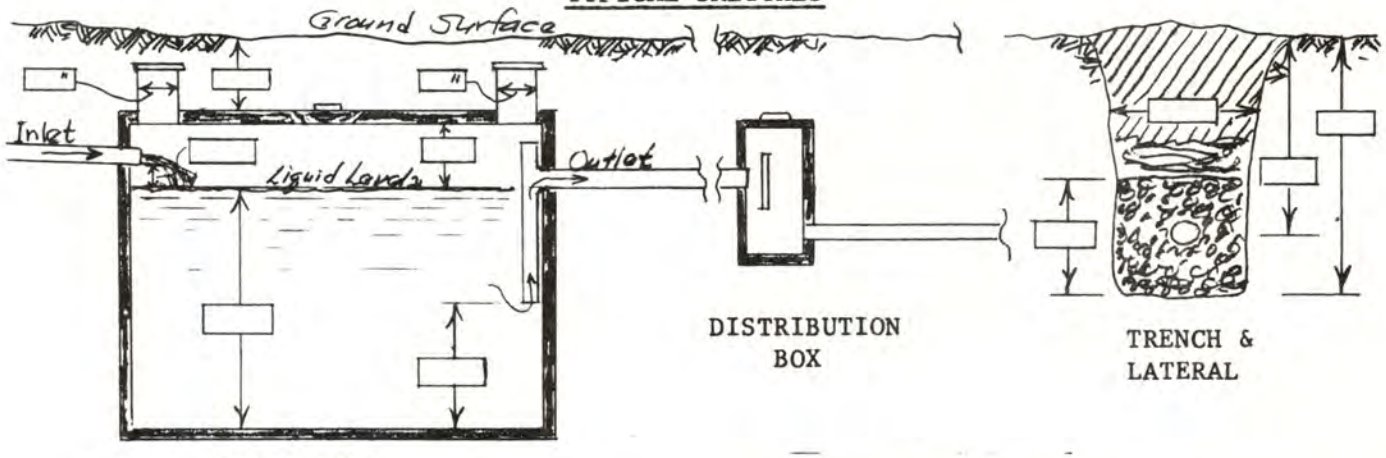
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor 14 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 48 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ~~fiber~~ No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes [X] (Company CORRUGATED FIBERGLASS
No [ ]
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 6 in.
Below Grade 24 in.
5. Inlet: Baffle [ ]; or Tee [X]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 24 in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line 32 ft.

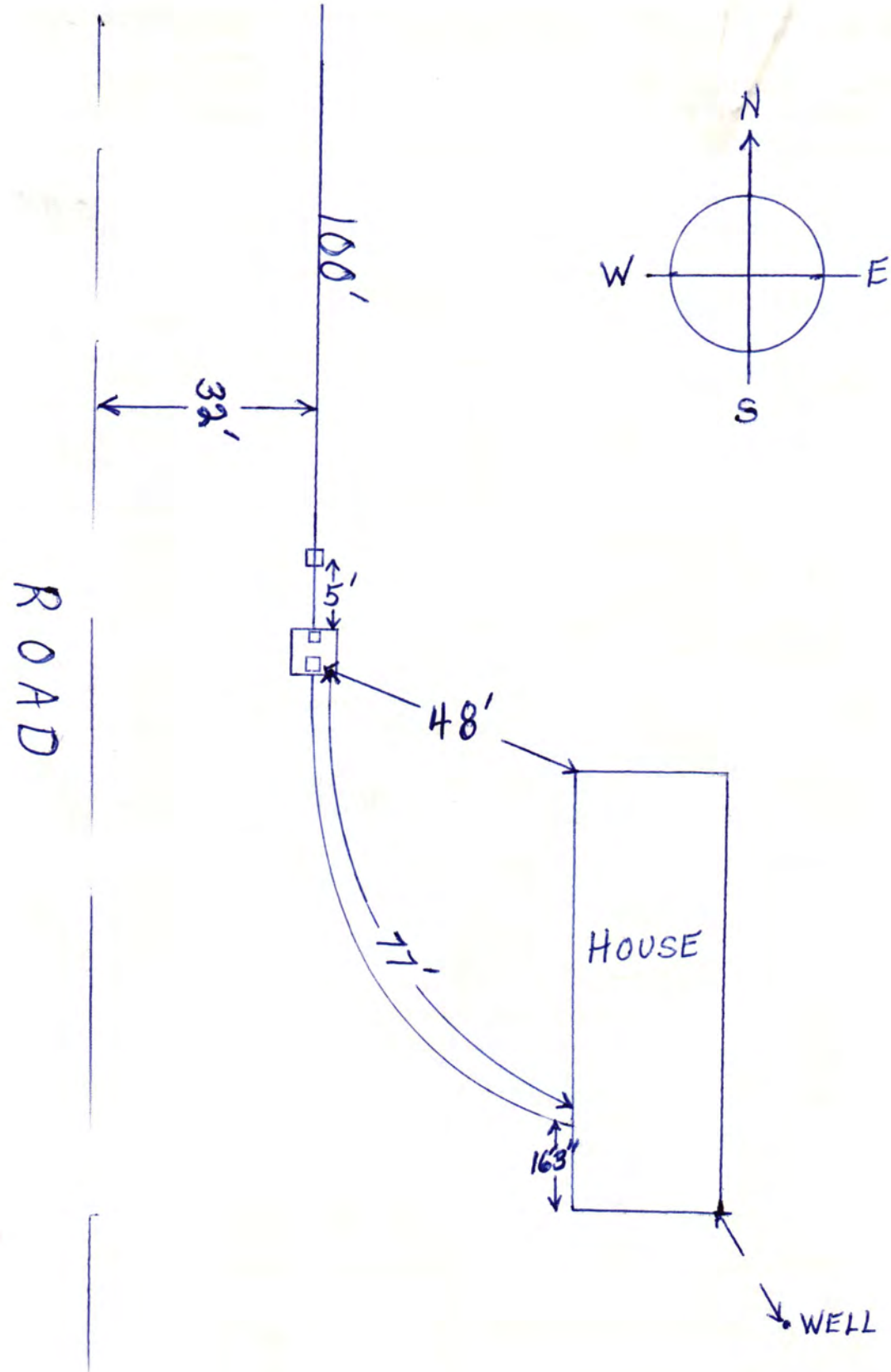
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE-CAST STEP No [ ]
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes [ ], No [X]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half round
2. Lateral Lines: Depth below grade 24 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 half round
Material: concrete [ ]; ~~fiber~~ asbestos [ ]; clay [ ]; ~~other~~ ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line 32 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Robert Gilliam
Signature of Applicant


N
W
E
S
100'
32'
5'
ROAD
48'
77'
HOUSE
16 3/4"
WELL

920127005

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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: 1/12/92

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 10N ; RANGE 6E ; SECTION 31 ; BLOCK 2

LOT 6 ; ADDITION High Ridge Acres ; Street Address 1700 S.W. 47th Street

Directions to Property West on West A Street to SW 47th Street. Turn South on SW 47th Street and proceed approximately .2 of a mile/3rd acreage on the left. White house/Red Barn

Location of Well SE Corner of House/Back Yard Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	JoAnne L. Owens/R.E. Nauslar	1700 SW 47th St.	(402)438-1730
Tenant/Buyer:			
Return to:	AMERICAN CHARTER ATTN: SUE	3930 SOUTH ST.	473-3550

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 20, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/20/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 1/20/92 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 1/21/92 by L.C.H.
Nitrate <0.1 RDA	☒	☐	Disapproved:	☐	Date 1/21/92 by L.C.H.

Comments: DEPRESSION CLOSE TO WELL. Corrected 1/21/92 L.C.H. SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Lorold E. Hood R.S. DATE JANUARY 27, 1992

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

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

010025

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
REPLACE SEPTIC TANK

Establishment

JOANNE OWENS-NAUSLAR
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 2 LOT 6
1700 SW 47 ST

Permittee

JOANNE OWENS-NAUSLAR
1700 SW 47 ST
LINCOLN NE 68522

Permit # 07390087301

Issued 05/08/07
Expires 05/08/08
Revenue Code 3157

FEES: $160.00

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#177-9806
Wed 9

07390087301

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ❒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

LCR 468

1. **Legal description of property:**
   Township 10 Range 6 1/4 ____ 1/4 ____ Section ~~36~~ 31
   Block 2 Lot 6 Addition High Ridge ACRES
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1700 SW 47TH Lincoln NE. 68522

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ❒ septic system ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair** Replace TANK

5. **Work to be done by:** ❒ owner ❒ contractor's name Wagner CONST.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name JoAnne Owens-Nauslar Address 1700 SW 47th St. Phone: 402.438.1730

Applicant Signature (owner or lessee) JoAnne Owens Nauslar

Please include the permit fee ($160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 5/8/07 REVIEW: ☑ Approved ❒ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/14/07 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

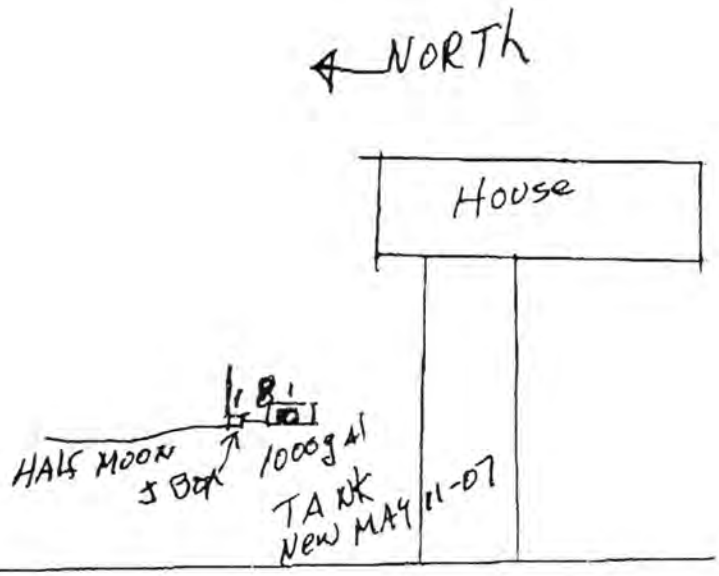
Business Office Use Only

Received: Date: 05/08/07 Amount 160.00 Check No. 5360 Initials ____

White - Division Copy Pink - Business Office Revised 9-06

JOANNE OWEN
1700 SW 47th

GAGNER CONST
432-5698



1700 SW 47