FILE #2352

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION TYPE OF LICENSE OR PERMIT	DECEMBER 25, 1986 THIS LICENSE OR PERMIT EXPIRES
B. P. V. SABATA LICENSEE OR PERMITTEE	ROUTE #6 ADDRESS
TWN: R6E: Sec 31: Bk 5: Lot 12: High Ridge Acres NAME OF ESTABLISHMENT, IF ANY	ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

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

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. 2352

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

DATE: 6-24-86

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 5 ; Lot 12 ; 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: seepage bed
20' x 15' 2 loads gravel 18" under pipe

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 1780 00	30.00 Fee

[signature]
Signature of Applicant (owner or lessee)

RR #6 Lincoln, 68522
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 6/24/86 by: J.C.H
Date: _____ by: _____
Date: _____ by: _____

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

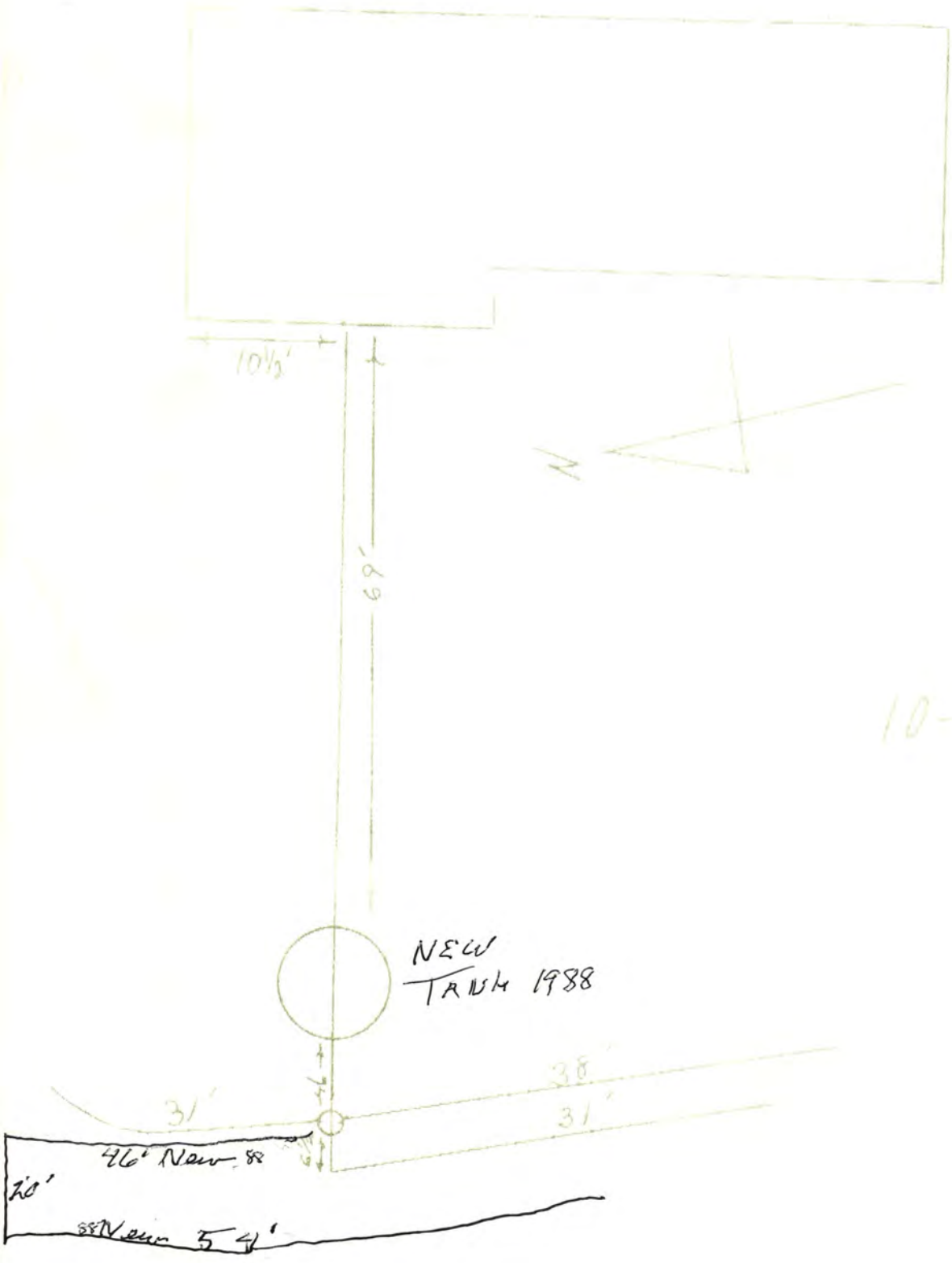
4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 1/15/98 by: J.C. Hood

* EXPERIMENTAL SYSTEM
PROVISIONAL APPROVAL

SARATA

2000 SW. 4 Th.

Gillion Estates



10-19-72

FILE NO. 260

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 24, 1972 — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — LICENSEE OR PERMITTEE

Route #6 — ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T10N; R6E; Sec. 31; Bl. 5; Lot 12; High Ridge Acres — LEGAL DESCRIPTION

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
6140135	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. 260

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 12 ; Addition HIGH RIDGE ACRES
Street Address _____.

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 Gillam
Signature of Applicant (owner or lessee)

Rt 6 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/24/72 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 4/24/72 . Signature: Gerrald C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-24-72 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 4-24-72 . Signature: Chas. Seale By BS

3. City Engineer: Date Rec'd. 4-24-72 . ACTION: Approved [✓] Disapproved [ ]
Date Frwd. _____ . Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [✓] Disapproved [ ]

Date Applicant Notified: 10-19-72 Signature James Wewerka

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. _____

DATE: April 20, 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 ~~22~~ 5 ; Lot ~~8~~ 12 ; Addition ~~HIGH~~ RIDGE ACRES
Street Address _____.

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)

Rt 6 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance 10-19-72

3. Site Visits:
Date: 10-19-72 by: jw
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 11/24/72
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-19-72 by: James Wevertsen

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. _____

SPECIFICATIONS

DATE: 4/20/72

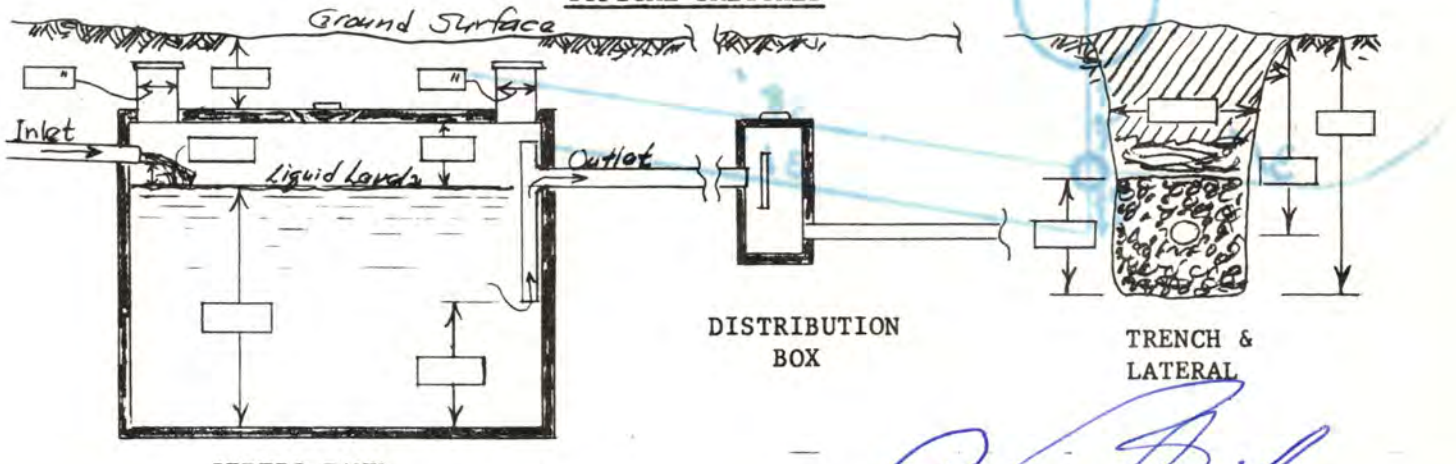
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 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 24 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

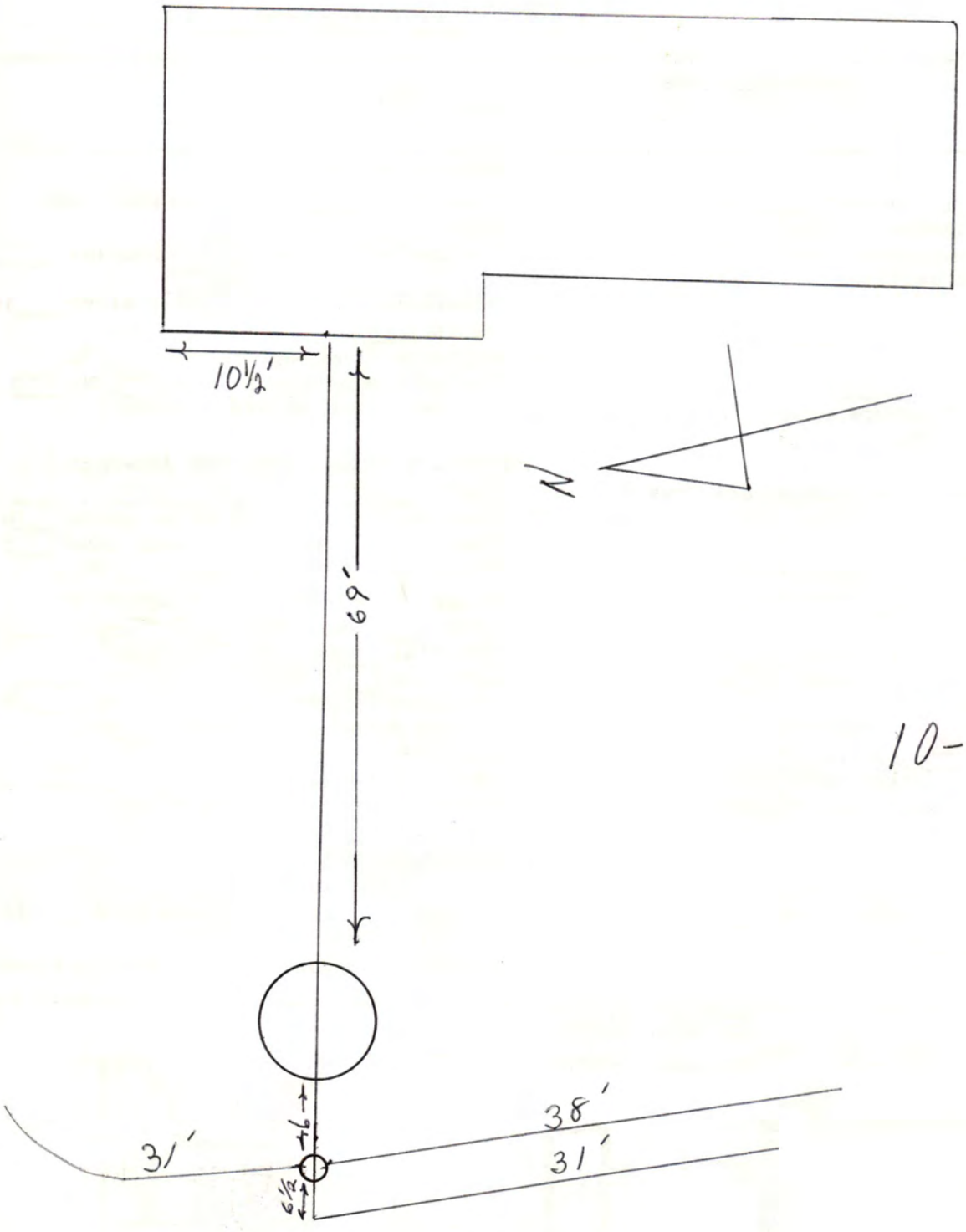
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade __in.
Number 3; Length of each line 38, 31, 31 ft
Total length of Laterals 100 ft.;
Slope 4 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 in.
4. Filter Material: Gravel.
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



Roy E. Bailey
Signature of Applicant



10-19-72

2352

We, Lawrence Helms and Deede Helms are the owners of Lot 11, Block 5, High Ridge Acres. We agree to permit laterals on Lot 12, Block 5, High Ridge Acres to be placed closer than twenty feet to the lot line. All laterals will be installed on Lot 12, Block 5, High Ridge Acres and will not extend onto our property.

Signed Lawrence A Helms Date 6-14-86

Signed Deede Helms Date 6-14-86

Subscribed and sworn to before me this 14th day of June, 1986.

Terri A. Melcher

GENERAL NOTARY - State of Nebraska
TERRI A. MELCHER
My Comm. Exp. Oct. 23, 1988

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-8000 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL - Refinancing

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: 5-10-92

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 31; BLOCK 5

LOT 12; ADDITION High Ridge Acres; Street Address 2000 SW 47th Street Lincoln

Directions to Property Turn left (south) off West A onto SW 47th, 1/2 - 3/4 mile on SW 47th, at end of Dead end road, last house (gray brick) on East side of SW 47th.

Location of Well 12 ft. SE of SE corner of garage Tap Location: Inside ☒ (kitchen) Outside ☐

Location of Sewage System West of house (front); north of driveway Year Installed Original - 43 Supplemented - 1987

	NAME	ADDRESS	PHONE
Present Owner:	Brian & Irma Sarata	RFD #6 Lincoln	438-2020
Tenant/Buyer:			
Return to:	Brian & Irma Sarata	RFD #6 Lincoln 68522	438-2020

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

Signature of Applicant Irma Sarata Address RFD #6 Lincoln, NE 68522

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 12, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 12, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 5/12/92 by LCH
Bacteria	☒	☐	Provisional:	☒	Date _____ by _____
Nitrate <0.1 ppm	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: THE SUPPLEMENT ADDED TO THE SEWAGE SYSTEM IN 1987 IS CONSIDERED EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Lerold C. Nood R.E.H.S. DATE MAY 18, 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