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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 4-17-96

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 4 ; Lot _____ ; Addition HIGH RIDGE WEST ACRES
Street Address 1601 S.W. 50th St. Lincoln NE 68522

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: Replace sewer line from house to septic tank ~~Install~~ with out side clean out

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

6. Estimated cost of project:

a. Materials	$	100 00
b. Labor	$	
c. Other	$	
TOTAL	$	

Douglas O Fuller
Signature of Applicant (owner or lessee)

1601 S.W. 50th Lincoln NE 68522
Address

477-4489

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 4/16/96 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/17/96 by: J.C. Wood

FILE NO. ____

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 20, 1974 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #6 Lincoln — ADDRESS

T10N; R6E; Sec. 31; Bl. 4; Lot 1; High Ridge West Acres — 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	
624-1535 110.15	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-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. 401

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

DATE: Mar. 20, 1974

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. 10N ; Range 6E ; Section 31
Block 4 ; Lot 1 ; Addition High Ridge West Acres
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.

Mrs. Bob Gilliam
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. 3/20/74 . Date Frwd. 3/21/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 3-21-74 . Date Frwd. 3-21-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Chas Seale by Bob Skinner

3. City or County Engineer : Date Rec'd. 3/21/74 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Rex Amen

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. 401

DATE: Mar. 20 1974

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. 10N ; Range 6E ; Section 31 ; Block 4 ; Lot 1 ; Addition High Ridge West Acres
Street Address _____.

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

Mrs. Bob Gillam
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. Site Visits:
Date: 5-24-74 by: James Weverka
Date: _____ by: _____
Date: _____ by: _____

3. Date: 3/20/74 Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-24-74 by: James Weverka

3 bed.

Lab 1 Blk 4

1.	1 3/4	2	2	2	2 1/4	3
2.	1 1/2	1 5/8	1 7/8	1 3/4	2	2 7/8
3.	1 3/8	1 1/2	1 3/4	1 1/2	1 7/8	2 1/2
4.	1 1/4	1 3/8	1 1/2	1 1/4	1 3/8	2
5.	7/8	1 1/8	7/8	1	1 1/8	1 1/2
6.	3/4	7/8	5/8	1/2	7/8	1

14 min/in

3 bed.

Lab 1 Blk 2

1.	2 1/2	2	5	3	4 1/4	2
2.	2	1 7/8	4 7/8	2 3/4	4	1 7/8
3.	2	1 3/4	4 1/2	2 1/4	3 3/4	1 3/4
4.	1 1/2	1 1/4	2	1 3/4	2	1 1/4
5.	1	7/8	1 1/2	1 3/8	1 1/2	7/8
6.	3/4	5/8	1 1/8	1	1	3/4

21 min/in.

3 bed

Lab 2 Blk 4

1.	5	4 1/4	2 1/2	2	2 1/4	3
2.	4 7/8	4	2 1/4	1 3/4	2	2 3/8
3.	4 1/2	3 3/4	2	1 5/8	1 3/4	2 1/2
4.	4 1/4	2 1/2	1 1/2	1	1 1/4	1 3/4
5.	3 7/8	2	1 1/4	3/4	7/8	1 3/8
6.	2 5/8	1 1/2	7/8	1/2	5/8	1

15 min/in

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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. 401

SPECIFICATIONS

DATE: _____

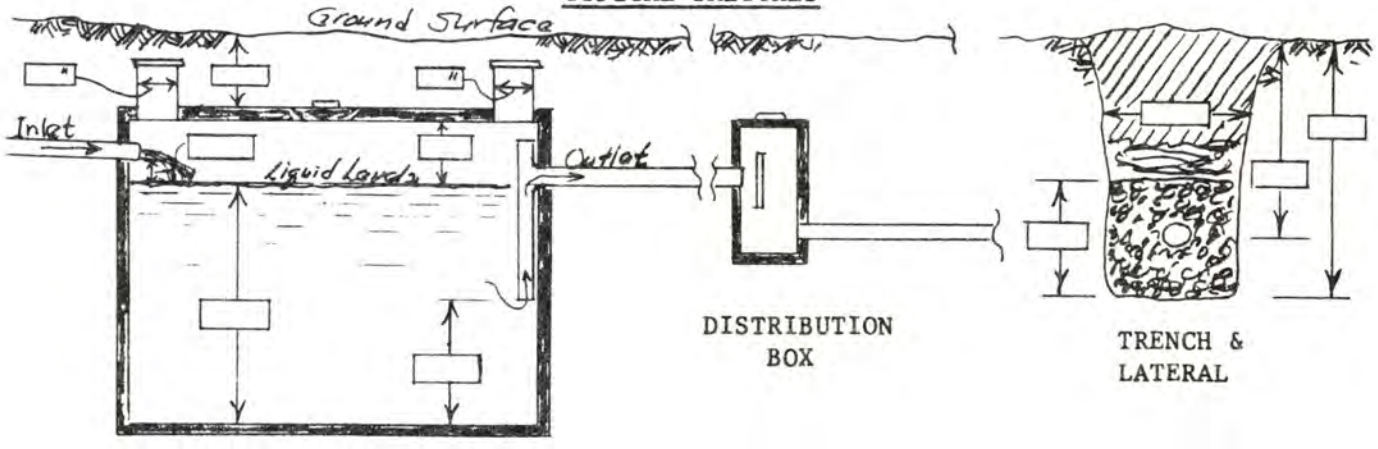
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 83 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 20 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Pre Cast)
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.

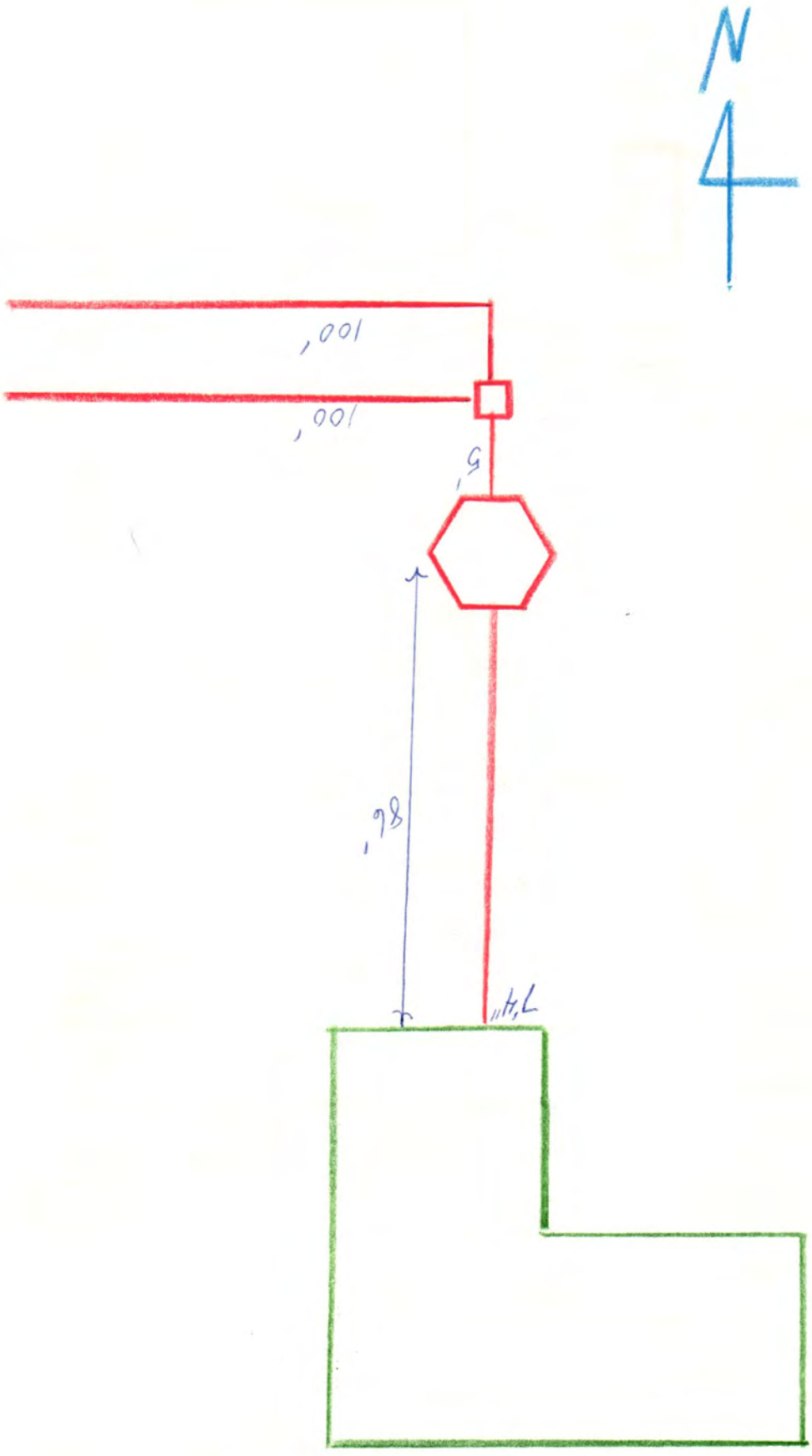
C. DISTRICTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre Cast) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated black pipe
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 186 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other plastic
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 48 in.; Width 36 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: 14 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


N
,001
,001
,5
,98
11,4

014

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL Refinance

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: 2-26-92

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 31; BLOCK 4

LOT 1; ADDITION HIGH RIDGE WEST ACRES; Street Address 1601 S.W. 50th St. Lincoln NE 68522

Directions to Property come out West "A" St. to S.W. 50th, then South 1/4 mile. West side of S.W. 50th

Location of Well South 20ft from house Tap Location: Inside ☒ Outside ☐

Location of Sewage System North 75 ft from house Year Installed 1974 (approx.)

	NAME	ADDRESS	PHONE
Present Owner:	Douglas D. Finke	1601 S.W. 50th	477-4489
Tenant/Buyer:		Lincoln NE 68522	
Return to:	owner		

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

Signature of Applicant Douglas D Finke Address 1601 S.W. 50th

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 26, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/27/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 2/27/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 2, 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