# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit No. 96390050101

SEWAGE SYSTEM REPAIR

Issued 05/03/96
Expires 10/03/96
Revenue Code 18754

Establishment

DEANNA HANSEN
T10N R6E SEC 31
HIGH RIDGE WEST BLK 5 LOT 1

FEES: $50.00

TOTAL $50.00

Permittee

DEANNA HANSEN
1801 SW 50 ST
LINCOLN NE 68522

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"**

001731

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: 4/25/96

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 5; Lot 1; Addition High Ridge West Acres
Street Address 1801 SW 50th

2. Property Use: Residential Yes ☒; Commercial _____ ☐
No. Bedrooms 5 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Build waste stabilization Pond

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

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ 600 | 00 |
| b. Labor | $ 300 | 00 |
| c. Other | $ 200 | 00 |
| TOTAL | $ 1100 | 00 |

Deanna Hansen
Signature of Applicant (owner or lessee)

1801 SW 50th Lincoln NE 68522
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 04/24/96
Filing Fee: $ 50.00 #7306

2. Site Visits:
Date: 6/12/96 by: J.C.H. Needed more gravel cover and end caps + Drawing
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/16/96 by: Jerrold Hood

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED: High-Ridge West Acres Block 5 lot 1

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4/30/96 to 5/2/96. Weather: Precip. _____ Temp. 42°.

OWNER: Deanne Hansen

Address: 1801 SW 50th, Lincoln Ne 68522

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | Results | |
| | | Start | | End | | Start | | | End | | | | |
| Hold No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Water Level (in.) | Time (Hr./ Day) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 28" | 4/30 | 4:58 | 4/30 | 9:05 | 5/2 | 6:03 | 16 3/4" | 10:03 | 20 7/8" | 240 | 4 1/8" | |
| 2 | 28" | 4/30 | 4:58 | 4/30 | 9:05 | 5/2 | 6:04 | 17 1/8" | 10:04 | 22 3/4" | 240 | 5 5/8" | |
| 3 | 28" | 4/30 | 4:58 | 4/30 | 9:05 | 5/2 | 6:05 | 17 1/4" | 10:05 | 20 3/8" | 240 | 3 1/8" | |
| 4 | 28" | 4/30 | 4:59 | 4/30 | 9:06 | 5/2 | 6:05 | 17 1/4" | 10:05 | 21 7/8" | 240 | 4 5/8" | |
| 5 | 28" | 4/30 | 4:59 | 4/30 | 9:06 | 5/2 | 6:06 | 16 3/4" | 10:06 | 19 3/4" | 240 | 3" | |
| 6 | 28" | 4/30 | 5:00 | 4/30 | 9:06 | 5/2 | 6:07 | 16 3/8" | 10:07 | 19 1/8" | 240 | 2 3/4" | |
| 7 | 28" | 4/30 | 5:00 | 4/30 | 9:07 | 5/2 | 6:08 | 17" | 10:08 | 19 3/4" w/ refill | 240 | 7 3/4" | |
| | | | PM | | PM | | AM | | AM | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Paul J Ahlberg
Signature of Person Conducting Test

Address 1801 SW 50th Lincoln, Ne Phone 402-438-2967

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

①

| | | | | |
|---|---|---|---|---|
| 6:03 = 16 3/4" | 7:33 = 18 | 9:03 = 19 1/2" | | |
| 6:33 = 17 1/8 | 8:03 = 18 3/8 | 9:33 = 20 | | |
| 7:03 = 17 1/2 | 8:33 = 18 7/8 | 10:03 = 20 7/8" | 7/8 | 34 |

②

| | | | | |
|---|---|---|---|---|
| 6:04 = 17 1/8" | 7:34 = 20" | 9:04 = 21 3/4" | | |
| 6:34 = 18 1/2 | 8:04 = 20 1/2" | 9:34 = 22 1/4" | | |
| 7:04 = 19 1/4 | 8:34 = 21 1/4" | 10:04 = 22 3/4" | 1/2 | 60 |

③

| | | | | |
|---|---|---|---|---|
| 6:05 = 17 1/4" | 7:35 = 18 1/4" | 9:05 = 19 1/4 | | |
| 6:35 = 17 5/8 | 8:05 = 18 1/2" | 9:35 = 19 5/8 | | |
| 7:05 = 18 | 8:35 = 19. | 10:05 = 20 3/8 | 1/4 | 24 |

④

| | | | | |
|---|---|---|---|---|
| 6:05 = 17 1/2" | 7:35 = 19 1/8" | 9:05 = 20 7/8" | | |
| 6:35 = 18 1/8" | 8:05 = 20" | 9:35 = 21 3/8" | | |
| 7:05 = 18 5/8" | 8:35 = 20 1/2 | 10:35 = 21 7/8" | 1/2 | 60 |

⑤

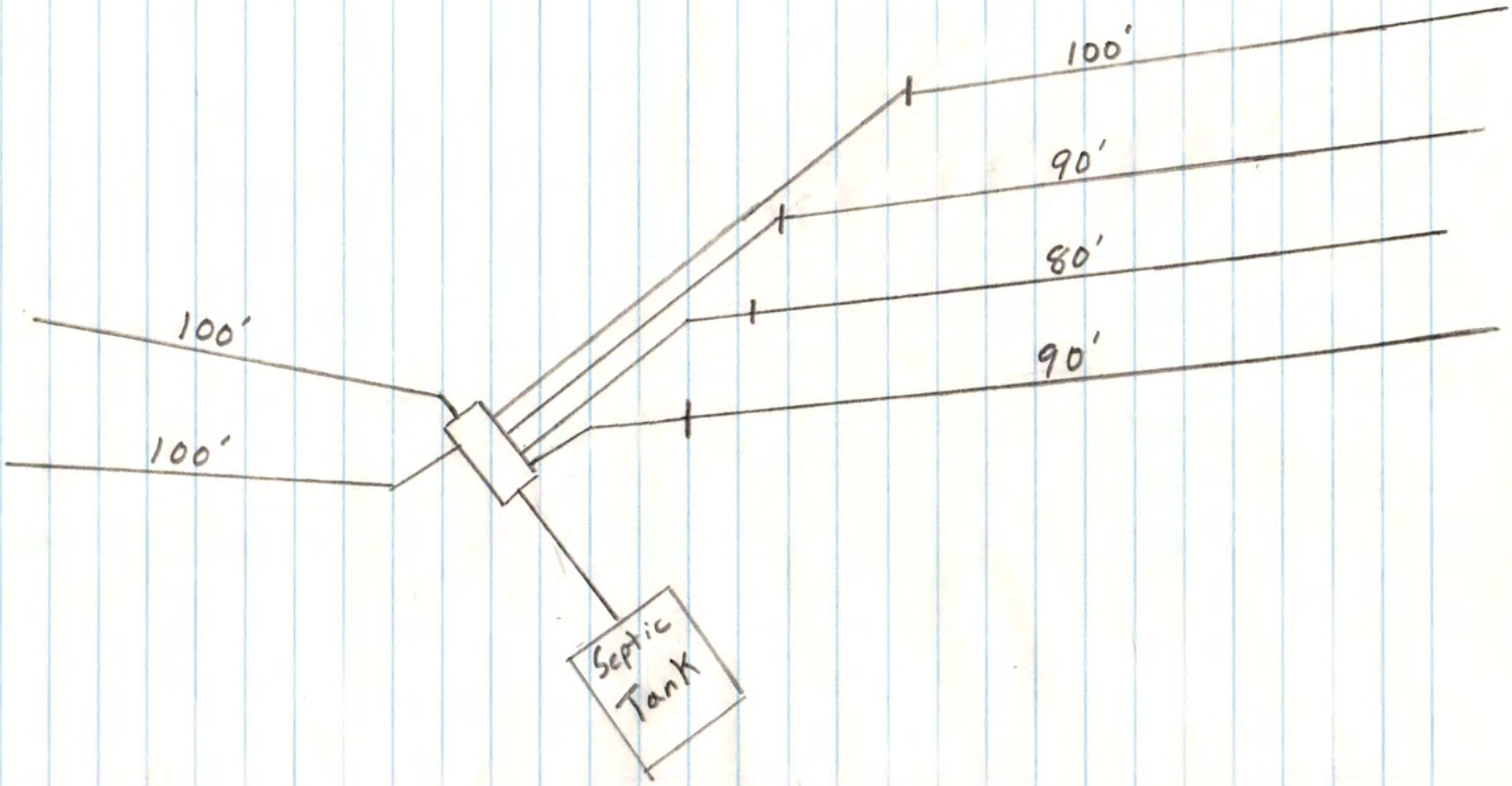
| | | | | |
|---|---|---|---|---|
| 6:06 = 16 3/4" | 7:36 = 17 5/8" | 9:06 = 18 7/8" | | |
| 6:36 = 17 1/8 | 8:06 = 18" | 9:36 = 19 1/8" | | |
| 7:06 = 17 3/8 | 8:36 = 18 1/2 | 10:36 = 19 3/4" | 3/8 | 48 |

⑥

| | | | | |
|---|---|---|---|---|
| 6:07 = 16 3/8" | 7:37 = 17 1/4" | 9:07 = 18 1/8 | | |
| 6:37 = 16 3/4" | 8:07 = 17 1/2" | 9:37 = 18 5/8" | | |
| 7:07 = 17" | 8:37 = 17 7/8" | 10:37 = 19 1/8" | 1/2 | 60 |

⑦

| | | | | |
|---|---|---|---|---|
| 6:08 = 17" | 7:38 = 20 1/8 | 9:08 = 23" - Hole empty | | |
| 6:38 = 18 1/8" | 8:08 = 21 | 9:38 = 17" | | |
| 708 = 19 1/8" | 8:38 = 22 | 10:38 = 17 3/4" | 3/4 | 40 |


100'
90'
80'
90'
100'
100'
Septic Tank

FILE NO. 581

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 6, 1975 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #7, Lincoln — ADDRESS

TION; R6E; Sec. 31; Bl. 5; Lot 1; High Ridge West Acres [redacted]d. — 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 |
|---|---|---|---|
| 110.15 | 110.16 | 148.14 | 6-2 |

624-1535

| 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. 581

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

DATE: Mar. 6, 1975

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 5 ; Lot 1 ; Addition High Ridge West Acres
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Mrs. Bob Gilkison
Signature of Applicant (Owner or Lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/6/75. Date Frwd. 3/6/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. 3/4/75. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H. Benner
3. City ~~or County~~ Engineer: Date Rec'd. 3-6-75. Date Frwd. 3-6-75. ACTION: Approved ☒ Disapproved ☐ Signature: M. Smig

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._____

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 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 5 ; 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 Gillespie
Signature of Applicant (owner or lessee)

Rt. #7 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: July-17-75 by: mt&w
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ] 3/6/75
by: Jerrold E. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: July 17-75 by: Lon Mangum
Tim Weberka

Lot 1, Block 5 2 bedroom
High Ridge West acres

1 $13\frac{3}{8}$ $12\frac{3}{4}$ 3 $\frac{5}{8}$

2 $19\frac{1}{4}$ $18\frac{3}{4}$ 3 $\frac{1}{4}$

3 $18\frac{1}{2}$ $17\frac{7}{8}$ 3 $\frac{1}{4}$

4 19 $18\frac{1}{4}$ 3 $\frac{3}{4}$

5 $12\frac{1}{4}$ $11\frac{1}{2}$ 3 $\frac{3}{4}$ .5625

6 $12\frac{1}{4}$ $11\frac{1}{2}$ 3 $\frac{3}{4}$ 53 min/inch

435-8911

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

## SPECIFICATIONS

DATE: _____

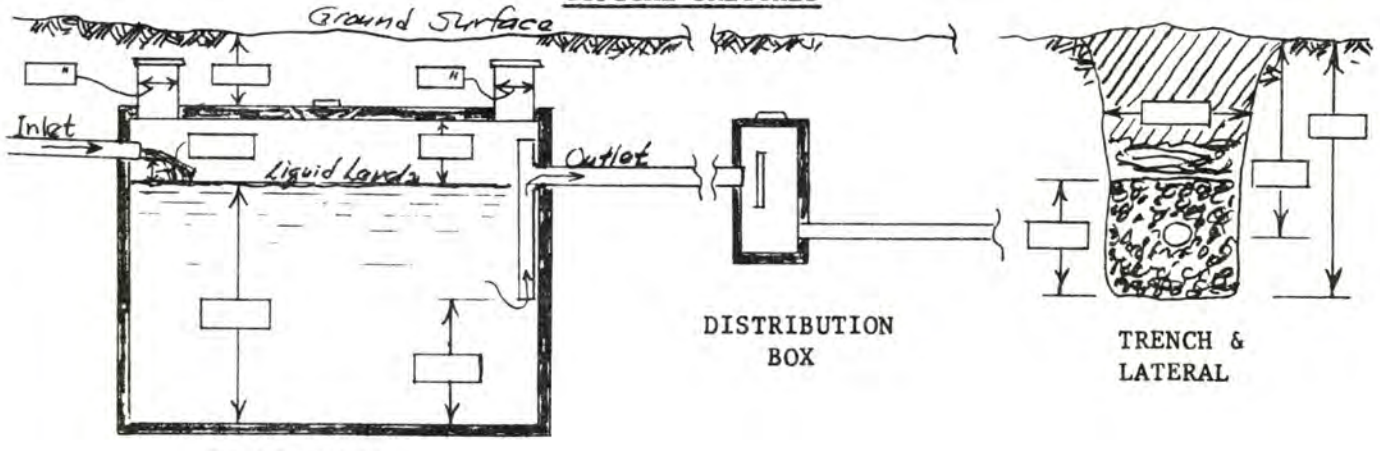
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

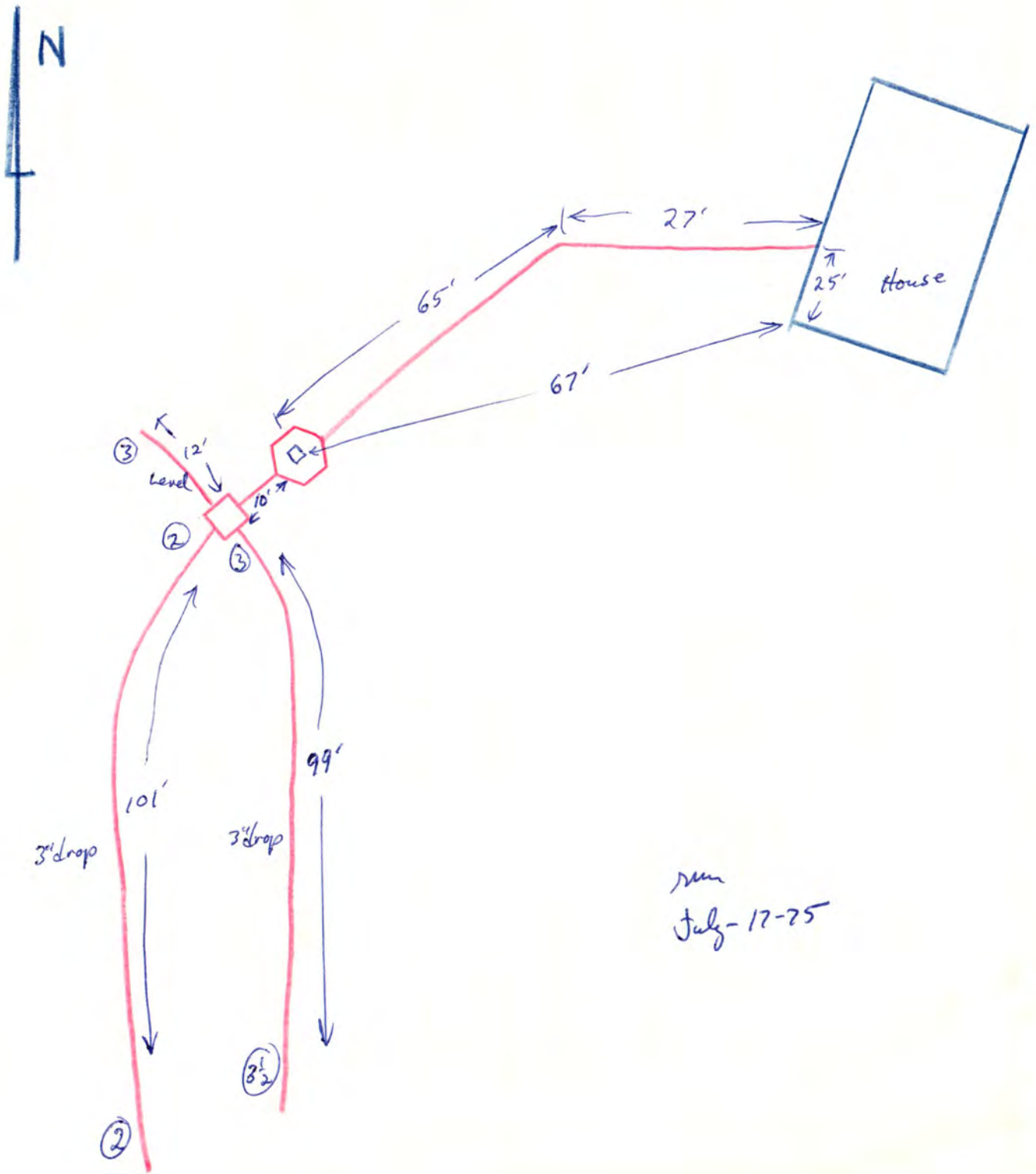
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes [ ], (Company _____
_____ No [ ]
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated
2. Lateral Lines: Depth below grade __in.
Number 3; Length of each line 100 ft
Total length of Laterals 212 ft.; 100 12
Slope ____in/100 ft. Diameter of pipe 4" 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




July-17-75

NOV 6 1998

98 1119016 rdf

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Old CR 510 New CR 3842

Legal Description of Property: Street Address 1801 SW 50th

Twp 10N Range 6E Section 31 1/4 1/4 Block 5 Lot 1 Addition High Ridge West Acres

Directions to Property West A to SW 50th, turn S – corner lot

Location of Well Front yard Tap Location: Inside ☒ Outside ☒

Location of Sewage System fenced in pasture area right behind house Year Installed 1974 laterals redone in 96

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Paul & Deanna Rutledge | 1801 SW 50th 68522-8714 | 438-2964 or 474-8502 (w) |
| Tenant/Buyer: | | | |
| Return to: | Captol Title Attn: Lila | P.O. Box 6577 Lincoln NE 68506 | 434-3720 |

Signature of Applicant Chris Rudd Address 1004 Washington St Lincoln 68502 Date 10/21/98

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 11/9/98 Received $150.00 Check ☒ # 4242 Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 11/10/98

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ____ /ml |
| Nitrate | ☒ <0.1 ppm | ☐ ____ ppm |

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

**Additional Site Visits**

Date 11/17/98 by J.C.H

Date ___/___/___ by ____

Date ___/___/___ by ____

**Comments:** SOIL IS TOO SATURATED TO KNOW IF SEPTIC SYSTEM IS FUNCTIONING OR NOT. COME BACK ON DRIER DAY.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 11/17/98

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.

P-4873-11

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1801 SW 50th Lincoln
Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 5 Lot 1 Addition High Ridge West Acres
Directions to Property ___

Location of Well Front yard Tap Location: Inside ☒ Outside ☒
Location of Sewage System back yard - Septic tank located by barbed wired fence along pasture near gate. Year Installed 1975-?

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Deanna K Hansen | 1801 SW 50th Lincoln NE 68522 | 438-2964 474-8502 (work) |
| Tenant/Buyer: | | | |
| Return to: | Karen Harm First Federal | Lincoln 135 North Cotner Lincoln NE 68505 | 473-6111 |

Signature of Applicant Deanna Hansen Address 1801 SW 50th Lincoln NE 68522 Date 4/3/96

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 04/04/96 Received $150.00 ✓ Check ☒ #7272 Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 4/8/96

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☒ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ <0.1 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**
Approved ☐
Provisional ☐
Disapproved ☒

**Additional Site Visits**
Date 4/16/96 by LCaff
Date ___/___/___ by ___
Date ___/___/___ by ___

**Comments:** SEPTIC SYSTEM IS LEAKING OUT MUST BE CORRECTED WHETHER GOING FOR A LOAN OR NOT. WELL NEEDS A NEW CAP AND A COVER PLATE ON ELECTRICAL CONDUIT. See Attached Letter ☐
Well corrected 4/16/96 LCH Sewage Corrected 6/24/96 LCH

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/24/96

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.