FILE NO. 582

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

T10N; R6E; Sec. 31; Bl. 1; Lot 3; High Ridge West Acres1st Add. — 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

SERIAL NO.	DATE	AMOUNT
624-1535		

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. 582

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

DATE: Mar. 6

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 1 ; Lot 3 ; Addition High Ridge West Acres 1st Addition
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. #7 Lincoln
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. 3/6/75 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H. Simmons

3. City ~~or County~~ Engineer : Date Rec'd. 3-6-75 . Date Frwd. 3-6-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Al Amy

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. 582

DATE: Mar. 6, 1975

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 1 ; Lot 3 ; Addition High Ridge West Acres 1st Addition
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 Gilliam
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-11-75 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: 3/6/75 Approved [X]; Disapproved [ ]
by: Jerrold C. Hoe

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: July-11-75 by: Ron Marquart

2nd 1900 SW 50th

1 $15\frac{1}{8}$ / $14\frac{1}{8}$ = 1 — 1

2 $14\frac{5}{8}$ / $13\frac{7}{8}$ = $\frac{3}{4}$ — .75

3 $15\frac{1}{8}$ / $13\frac{7}{8}$ = $1\frac{1}{4}$ — 1.25

4 $11\frac{5}{8}$ / $10\frac{5}{8}$ = 1 — 1

5 $10\frac{5}{8}$ / $9\frac{7}{8}$ = $\frac{3}{4}$ — .75

Y 3 3=266
Y 3 4=200

6 $14\frac{1}{2}$ / $13\frac{3}{4}$ = $\frac{1}{2}$ — .5

Lot 3, Block 1, High Ridge West 1st addition
34 min/in acre 0.875

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: _____

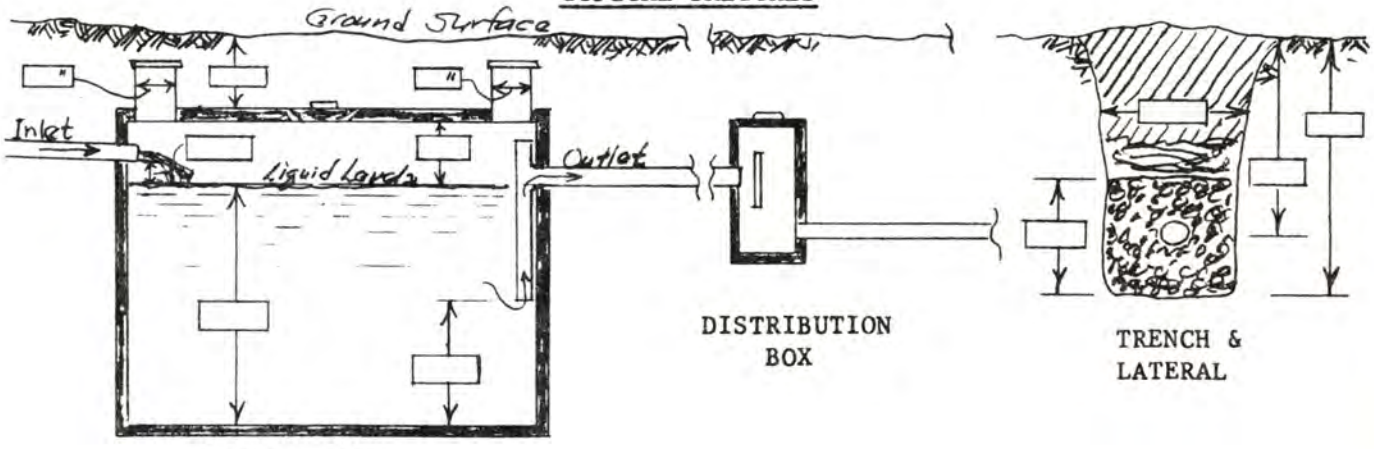
A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 152 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 28' ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments _____.
2. Capacity 1000gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (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 12 in.
8. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

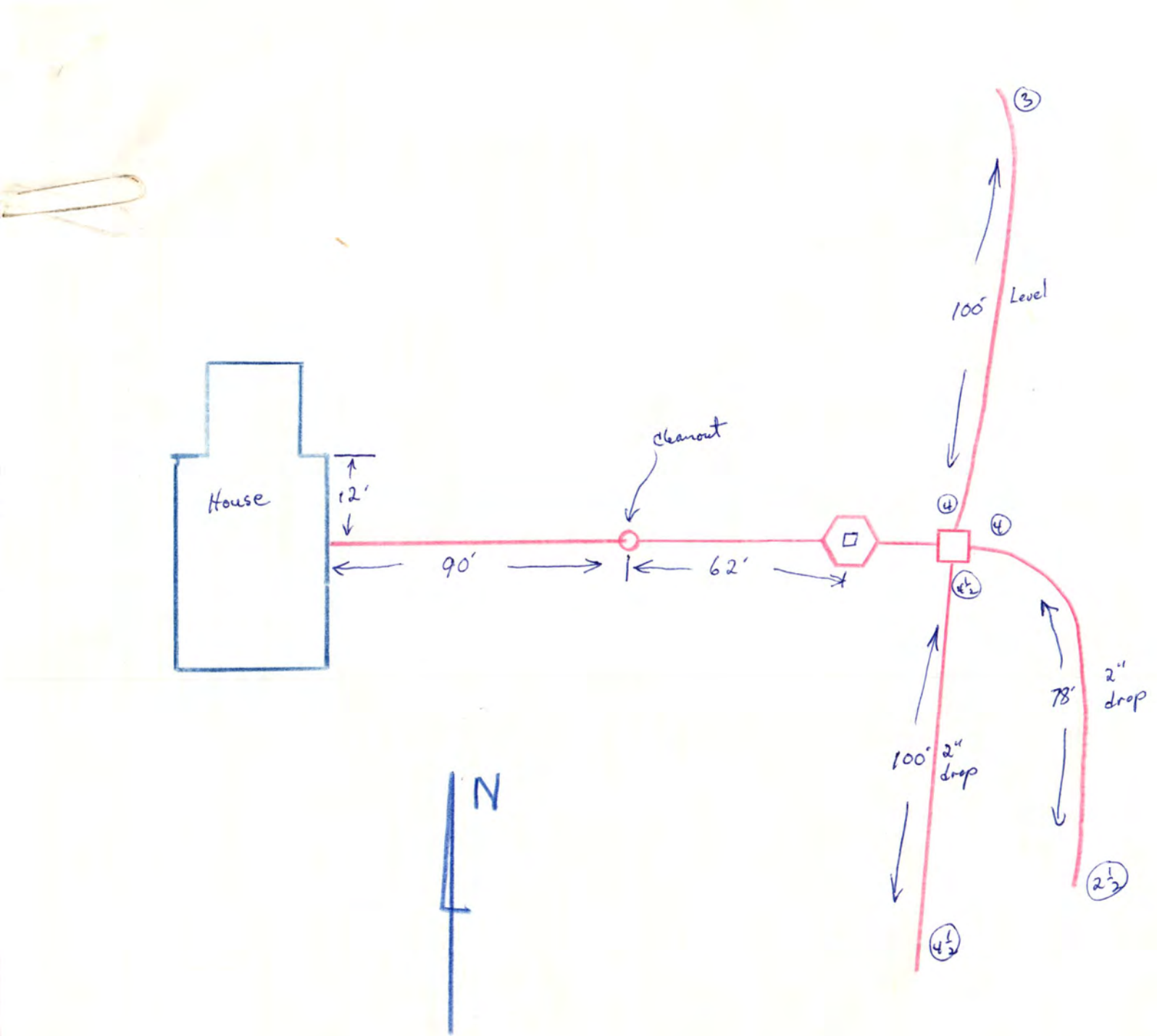
C. DISTRICTION BOX
1. Material Concrete; No. available outlets _____.
2. Factory Built: Yes [X], (Company pre-cast _____) No [ ]
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 11 ft.
5. Serial Distribution: Yes [ ], No [X]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade 30 in.
Number 3; Length of each line 100 ft
Total length of Laterals 278 ft.; 100 78
Slope 4 in/100 ft. Diameter of pipe 4" in.; Shape perforated
Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines 6+ ft.
3. Trench Dimensions: Depth 2½-4 feet
Width 36 in.
4. Filter Material: gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 34 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


House
12'
90'
cleanout
62'
100'
Level
3
4
4
4½
100'
2"
drop
78'
2"
drop
2½
4½
N

011

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

3417

Legal Description of Property: Street Address 1900 S.W. 50th 1st Addition

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition High Ridge West

Directions to Property West A Street to S.W. 50th South on S.W. 50th to top of Hill, East Side of road

Location of Well between E side of garage + clothesline Tap Location: Inside ☐ Outside ☐

Location of Sewage System Stem pipe marking Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Ted Christie	2722 Cherry Way Parker Colorado 80138	303-840-2996
Tenant/Buyer:	Deere + Co.	P.O. Box 9109 Moline, Ill 61266	309-748-6535 420-5567
Return to:	Sally Peterson/Woodsboro	3737 So. 27th Lincoln, NE 68502	402-434-3500 CELL 430-2700 FAX 434-3510

Signature of Applicant Sally Peterson for Deere + Co. Address 3737 So. 27th Lincoln, NE 68502 Date 8/21/97

HEALTH DEPARTMENT USE ONLY

Date Received 08/21/98 Received $150.00 Check ☑ Cash ☐ #3046

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 8/22/97

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☒	Approved ☒	Date 8/26/97 by J.C.H.
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ____
Nitrate	☒ <0.1 ppm	☐ ____ ppm	Disapproved ☐	Date ___/___/___ by ____

Comments: ELECTRIC PLATE MISSING OFF OF WELL HEAD. NEED BOLT WHERE THE SEPTIC LATERAL HAVE SUBSIDED SHOULD IN WELL CAP BE FILLED IN WITH DIRT TO PREVENT WATER FROM STANDING ON LATERALS. WELL CORRECTED 8/26/97 J.C.H. See Attached Letter ☐

FINAL STATUS 11/21/97 Laterals filled in ok. J.C.H.

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Gerald C. Hood R.E.H.S. Date 8/27/97

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.

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☑

DATE: 7 Nov 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☑ Evaluation of the Individual Water Supply
☑ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 10N ; Range 6E ; Section 31 ;
Block 1 ; Lot 3 ; Addition High Ridge West Acres 1st Addition.
Street Address 1900 S. W. 50th.
Directions on how to get to property West on A street to SW 50th then South on SW 50th (Gray two story) Barn also (Loft used)
Location of well North east of house.
Where is tap: Inside ☐ Outside ☑.

NAME ADDRESS PHONE
Present Owner: Vacant James Oosting — Flagstaff AZ (work in west of Lincoln)
Tenant:
Lending Agency: Send to Commercial Federal 16th & South

(Do not write below double lines)

Health Department: Date Received 11-7-79
Received $45.00 Check ☑ Cash ☐
Site Visits: Date 11/13/79 by J.C.H
Date ____ by ____
Date ____ by ____

Todd Christie
Signature of Applicant
112 Shelter Inc
Address
Edmond, OK
73034

PRELIMINARY STATUS -- DATE 11/13/79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval ____.

☐ See Attached Letter.

FINAL APPROVAL -- DATE 11/14/79

Water System ☒ . Sewage Disposal System ☒ .

BY Gerald C. Hook

Form Number 20215-0878