FILE NO. 755

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

July 20, 1976 — THIS LICENSE OR PERMIT EXPIRES

Mrs. Bob Gilliam, — LICENSEE OR PERMITTEE

Route #7, Lincoln — ADDRESS

T10N; R6E; Sec. 31; Bl. 2; Lot 6; High Ridge West Acres 1st 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	
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. 755

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

DATE: 1-29-76

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 2 ; Lot 6 ; 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 Gillam
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. 1/29/76 . Date Frwd. 1/29/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 1-29-76 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☒ Signature: Tom Zaasch

3. City ~~or County~~ Engineer : Date Rec'd. 1-29-76 . Date Frwd. 1-29-76 . ACTION: Approved ☒ Disapproved ☐ Signature: Al Long

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. 755

DATE: 1-29-76

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 2 ; Lot 6 ; 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: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 1/29/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/19/76 by: Jerrold C. Hood

Lot 6, Block 2
High Ridge West Acres 1st Add

$12 - 13\frac{1}{8} = 1\frac{1}{8}$

$19\frac{1}{2}\ \ 20\frac{3}{4} = 1\frac{1}{4}$

$17\frac{3}{4}\ \ 18\frac{1}{2} = 1\frac{1}{4}$

$20\frac{1}{8}\ \ 21\frac{1}{2} = 1\frac{3}{8}$

$24\frac{3}{8}\ \ 26\frac{1}{8} = 1\frac{3}{4}$

$25\frac{1}{2}\ \ 27\frac{1}{4} = 1\frac{3}{4}$

21 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. _____

SPECIFICATIONS

DATE: _____

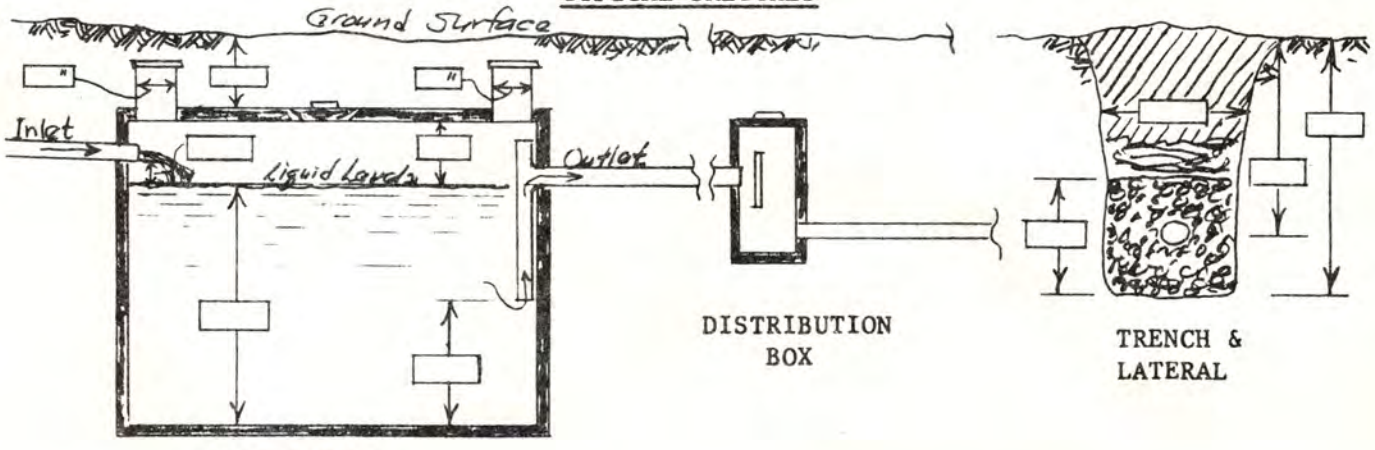
A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 45 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON ; No. of compartments 1.
2. Capacity 1000 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 18 in.
8. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

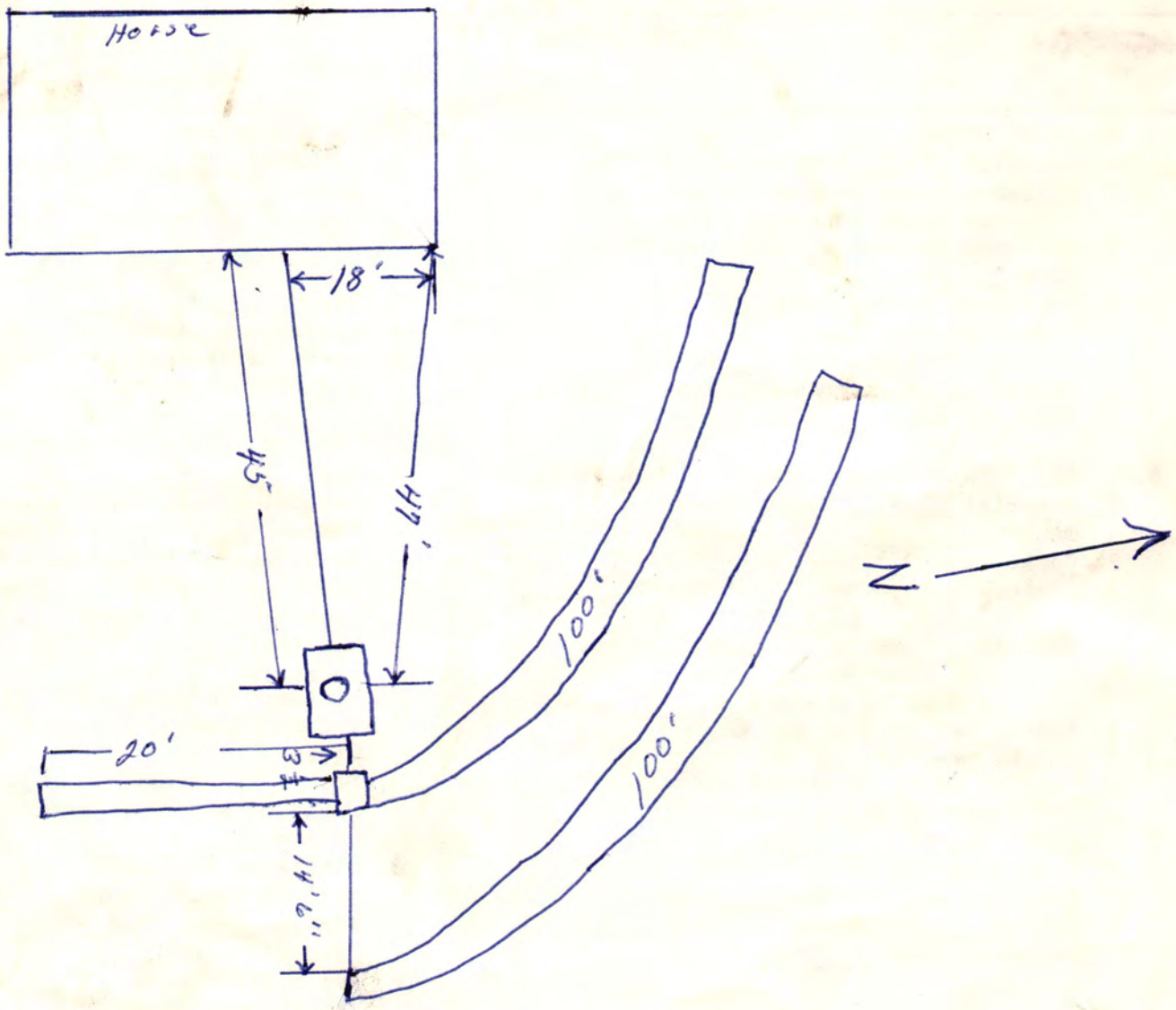
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☑, (Company PreCast) No ☐
3. Dimension: Length 18 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 3½ ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Plastic 4"
2. Lateral Lines: Depth below grade 48 in.
Number 3; Length of each line 100/20 ft
Total length of Laterals 220 ft.;
Slope 0 in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic
Distance between lateral lines 12 ft.
3. Trench Dimensions: Depth 48 in.; Width 36 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 18 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



5-19-76

Harold L Basement

5111 West Mulberry

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 5111 W Mulberry Cir. HIGH RIDGE WEST ACRES

Twp 10 N Range 6E Section 31 1/4 NE 1/4 Block 2 Lot 6 Addition First

Directions to Property west on A to SW 50th Left to Mulberry Circle right to Last house at dead end

Location of Well Back yard (west side) Tap Location: Inside ☑ Outside ☑

Location of Sewage System Front Side (Eastside) Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	LaVern & Evelyn Earnest	5111 W Mulberry Cr.	438-2770
Tenant/Buyer:	Evelyn M Earnest	5111 W Mulberry Cr.	438-2770
Return to:	Commercial Federal	5555 O St, Lincoln NE 68510 Att- Nancy Russo	473-0800

Signature of Applicant Evelyn M Earnest Address 5111 W Mulberry Cr. Lincoln NE 68522 Date 2/4/93

HEALTH DEPARTMENT USE ONLY

Date Received 02/08/93 Received $150.00 Check ☑ #1723 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/10/93

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ____

Date ___/___/___ by ____

Date ___/___/___ by ____

Comments: FROST PROOF HYDRANT IS TOO CLOSE TO WELL. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by _____ Date ____/____/____

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.