CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 675

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

February 20, 1976
THIS LICENSE OR PERMIT EXPIRES

Mrs. Audrey Gilliam
LICENSEE OR PERMITTEE

Route #1, Lincoln
ADDRESS

T10N; R6E; Sec. 31; Bl. 2; Lot 7; High Ridge West Acres, 1st Addition
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

LEGAL DESCRIPTION

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. 624-1535	DATE	AMOUNT		

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 675

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

DATE: Aug 19, 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 2 ; Lot 7 ; Addition Hugh Ridge West Acres 1st. Addition
Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 2. 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. 8/19/75. Date Frwd. 8/20/75.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8-20-75. Date Frwd. 8-20-75.
ACTION: Approved ☒ Disapproved ☐
Signature: Williamsen

3. City ~~or County~~ Engineer: Date Rec'd. 8-20-75. Date Frwd. 8-20-75.
ACTION: Approved ☒ Disapproved ☐
Signature: [illegible]

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. 675

DATE: Aug. 19, 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 2 ; Lot 7 ; Addition High Ridge West Acres 1st Addition
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 [ ]; 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: 10-24-75 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 8/19/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-24-75 by: James Wavelka

2 Bedroom

Lot 7, Block 2

High Ridge West acres 1st.

$27\frac{1}{2} - 28 = \frac{1}{2}$ .5

$16 - 16\frac{1}{2} = \frac{1}{2}$ .5

$27 - 27\frac{5}{8} = \frac{5}{8}$ .625

$24 - 25 = 1$ 1

$23\frac{5}{8} - 24\frac{1}{2} = .875$

$21 - 22 = 1$

191' lateral 3' wide 0.75

40 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. 675

SPECIFICATIONS

DATE: _____

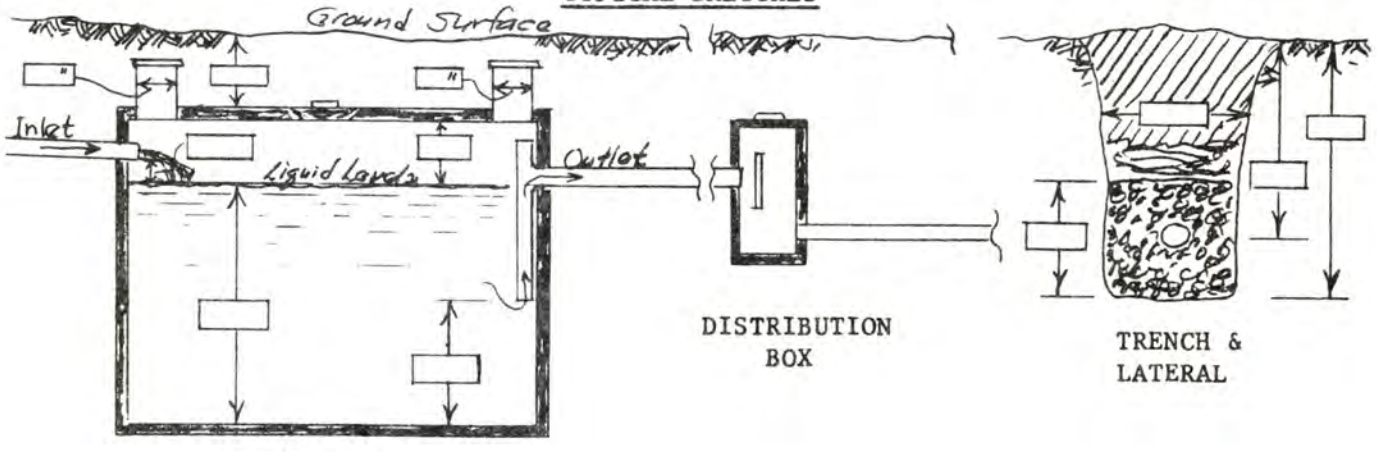
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 4 in.
3. Distance between dwelling and septic tank 89 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 750 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company Pre-Cast)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in. riser
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.

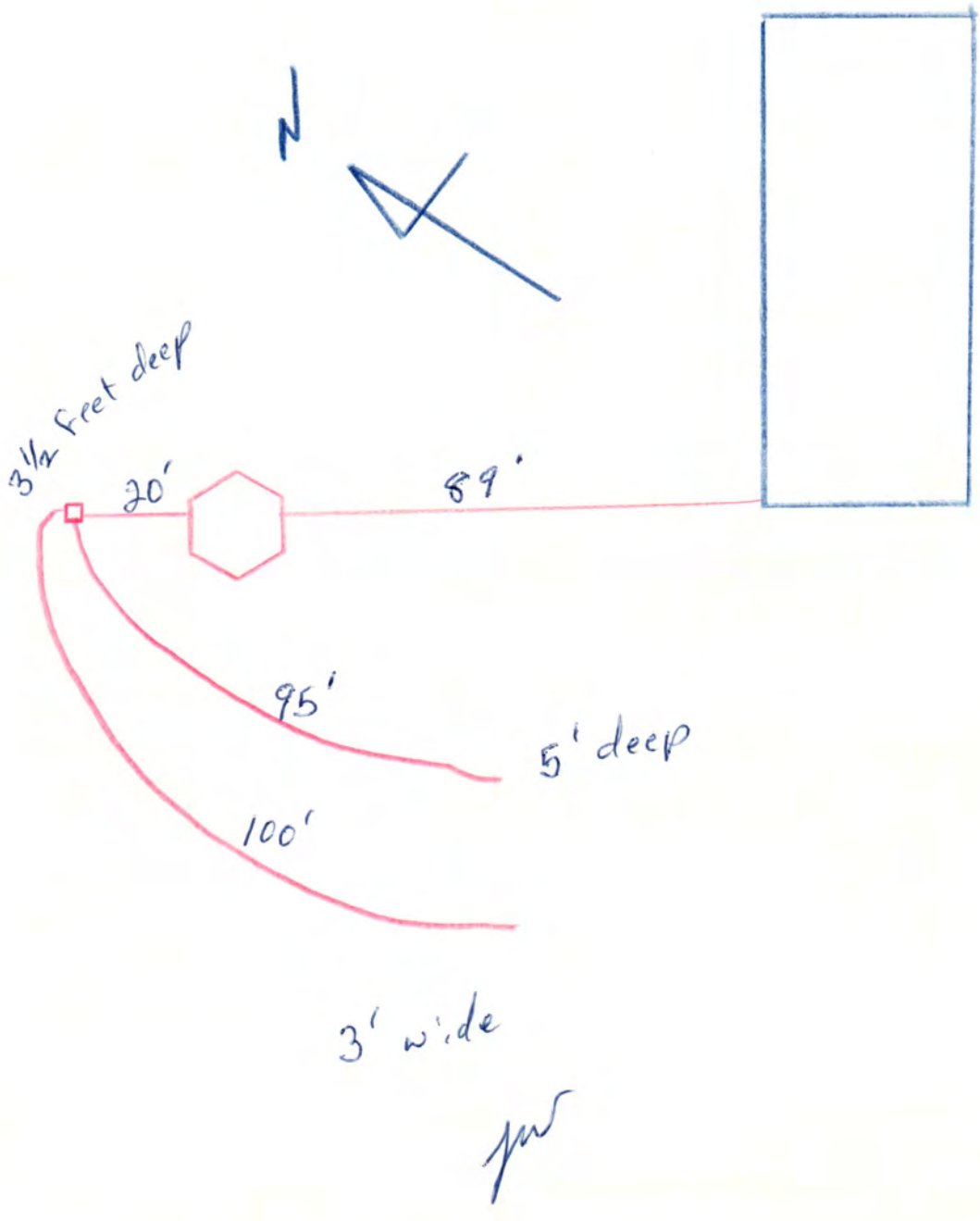
C. DISTRIBUTION BOX
1. Material Conc.; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 20 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: flexible black pipe
2. Lateral Lines: Depth below grade ___ in.
Number 2; Length of each line 95 ft
Total length of Laterals 191 ft.; 100
Slope ___ in/100 ft. Diameter of pipe 4 in.; Shape round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other plastic
Distance between lateral lines 6 ft.
3. Trench Dimensions: Depth ___ 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: 40 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
3 1/2 feet deep
20'
89'
95'
5' deep
100'
3' wide

006

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 7-26-92

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 31; BLOCK 2 HIGHRIDGE WEST ACRES

LOT 7; ADDITION 1ST; Street Address 5101 W. MULBERRY CIR

Directions to Property WEST ON "A" TO S.W. 50, SOUTH ON S.W. 50 AROUND CURVE @ MULBERRY CIR ON RIGHT

Location of Well BACK Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT AND DEBRA BROOKS	SAME	438-2622
Tenant/Buyer:	David + Pamela Finke	739 W. Sumner Circle	476-1771
Return to:			

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

Signature of Applicant David W Finke Address 739 W. Sumner CR. Lincoln NE 68522

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HEALTH DEPARTMENT USE ONLY

Date Received 7-30-92 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE _____

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8-3-92 by P.D
Bacteria	☒	☐	Provisional:	☐	Date 8-4-92 by P.D.
Nitrate <0.1 ppm	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: Recommend that the septic tank be pumped out if not done in the past two years

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Paul D Wightman DATE 8-5-92

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

.20 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832