CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 602

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 22, 1975 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #7 — ADDRESS

T10N; R6E; Sec. 31 ; Bl. 2; Lot 12; 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	
110.15	110.16	148.14	6-2	
SERIAL NO. 624-1535	DATE	AMOUNT		

APPLICATION

34961 #2275 30.00 -

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. 602

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

DATE: April 22, 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 12 ; Addition High 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. Audrey 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. 4/22/75 . Date Frwd. 4/22/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. 4-22-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H. Upperman

3. City ~~or County~~ Engineer : Date Rec'd. 4-22-75 . Date Frwd. 4-22-75 . 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. 602

DATE: April 22 - 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 12 ; Addition High Ridge Wesh. 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 [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. Audrey Gillam
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: 10-7-75 by: jwt+rm
Date: oct-27-75 by: rm
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 4/22/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: oct-27-75 by: Ron Magenheimer

Lot 12, Block 2
High Ridge West acres 1st add.

1 11
10 1/2

2 10 3/8
10

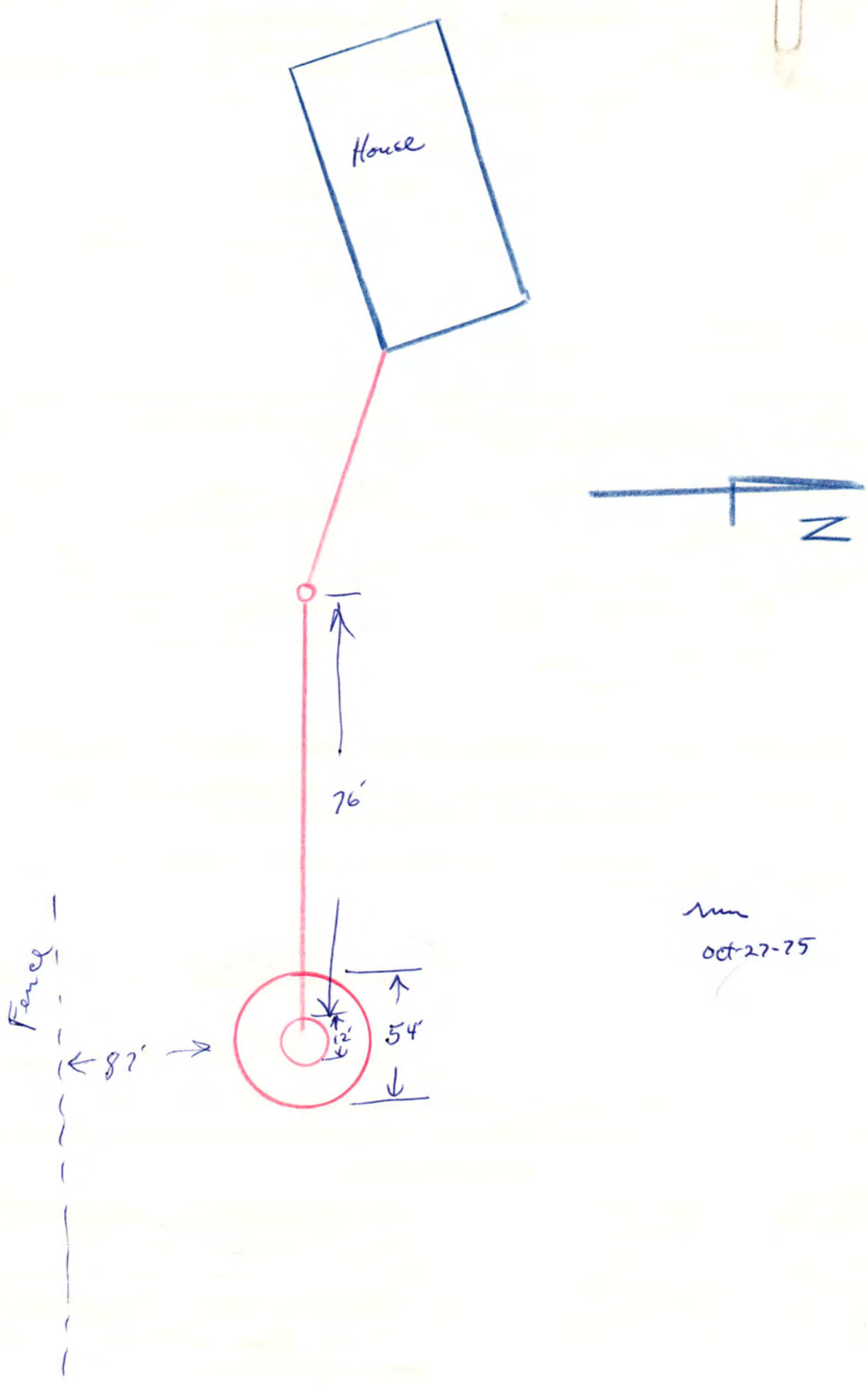
3 10 5/8
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Failure

4 9 7/8
9 5/8

5 10 1/4
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6 9 3/8
9



Oct-27-75

AUG 2 0 2003

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

Inspection of Well and Lagoon

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

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

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5101 West Vista Circle

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 2 Lot 12 Addition High Ridge West

Directions to Property South on SW 50th St to the corner of W. Vista

Location of Well Don't Know Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House Year Installed ____

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Burdon & Jeane Gaston	5101 West Vista Circle	476-6269
Tenant/Buyer:	David & Barbara Bryan	330 W. Chancelor Dr	477-1704
Return to:	David & Barbara Bryan		(Fax)

Signature of Applicant David E Bryan Address 330 W. Chancelor Dr Lincoln, NE 68521 Date 08/22/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/27/03 Amount $200.00 Check No. 3519 Initials ____

DATA ENTRY Date ___/___/___ Case No. ____ Initials ____

PRELIMINARY STATUS--By Doug Smith **DATE:** 8/28/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 1.2 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ____

Date ___/___/___ by ____

Date ___/___/___ by ____

Comments: ____

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Smith Date 10/15/03

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00