CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 569

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

June 27 1975
THIS LICENSE OR PERMIT EXPIRES

Jim Firestone
LICENSEE OR PERMITTEE

555 North Cotner
ADDRESS

TION: R6E: 6f 6 PM: Sec. 32-NW1/4 of NW1/4; Lot 3 I. T.
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 [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. 569

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

DATE: Dec 27 1974

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 of 6PM ; Section Sec. 32 NW¼ of NW¼
   Block ____ ; Lot P.T. ; Addition ____
   Street Address Unknown

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. Distance to public sewer: ____ ft.

[signature]
Signature of Applicant (Owner or Lessee)

555 No. Cotner
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/27/74 . Date Frwd. 12/27/74 . ACTION: Approved [ ] Disapproved [X] Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved [ ] Disapproved [ ] Signature: ____
3. City or County Engineer: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved [ ] Disapproved [X] Signature: Wilmer A. Hunt

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. 569

DATE: Dec 27 1974

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. 10 N ; Range 6E of 6PM ; Section 32 NW¼ OF NW¼ ; Block ; Lot P3I.T.; Addition .
Street Address UNKNOWN .

2. Property Use: Residential X [X]; Commercial [ ]
No. of Bedrooms 3
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).

Signature of Applicant (owner or lessee)

555 No. Cotner
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: March-14-75 by: rm
Date: March-17-75 by: rm
Date: 4-5-76 by: jw

3. Date: Approved [X]; Disapproved [ ] 12/27/74
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: March-17-75 by: Ron Maguat
4-5-76 James Mleveka

Firestone

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 569

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: Dec 21 74 to Dec 22 74. Weather: Precip. 0 Temp. 20° F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	12/21	4 30 PM	12/22	3 30 PM	12/22	3 30 PM	12"	5 30 PM	2"	30"	2 1/2	
2										7 3/4		1/2	
3										7		3/4	
4										8		1/2	
5										10		1/4	
6										8		1/2	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: December 27, 1974

Jerrold C. Hood
Signature of Reviewing Official

Road
Exit
I-80
75
O1
O2
O3
O4
O5
O6
O7

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 569

SPECIFICATIONS

DATE: _____

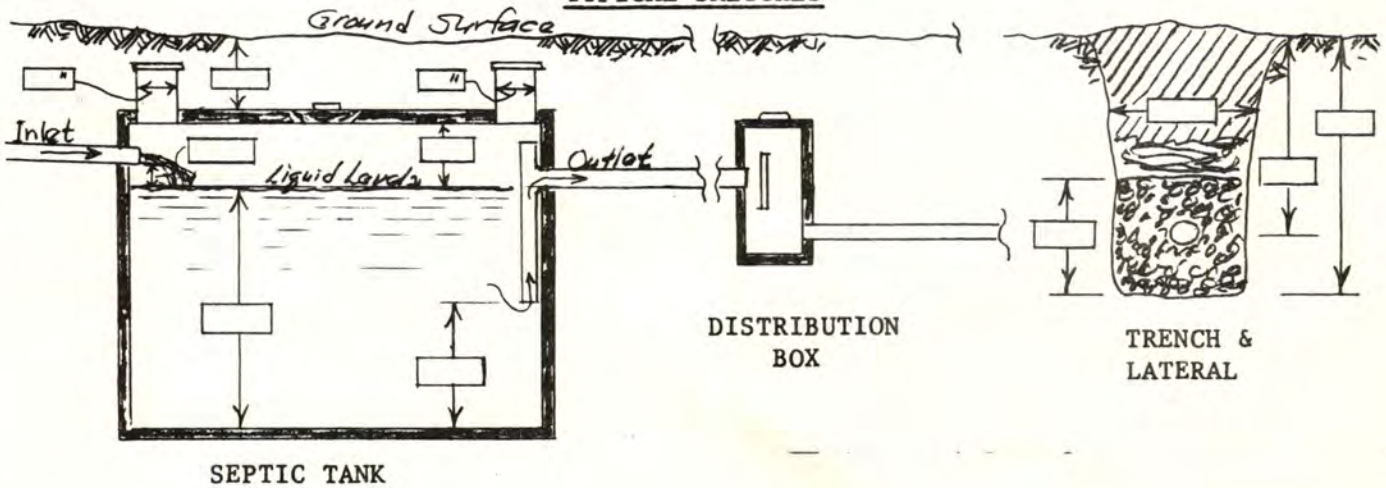
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Bre Cast Step Co) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☒
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line >50 ft.;
Stream ____ft.; Pressure Line >25 ft.;
Property Line ____ft.

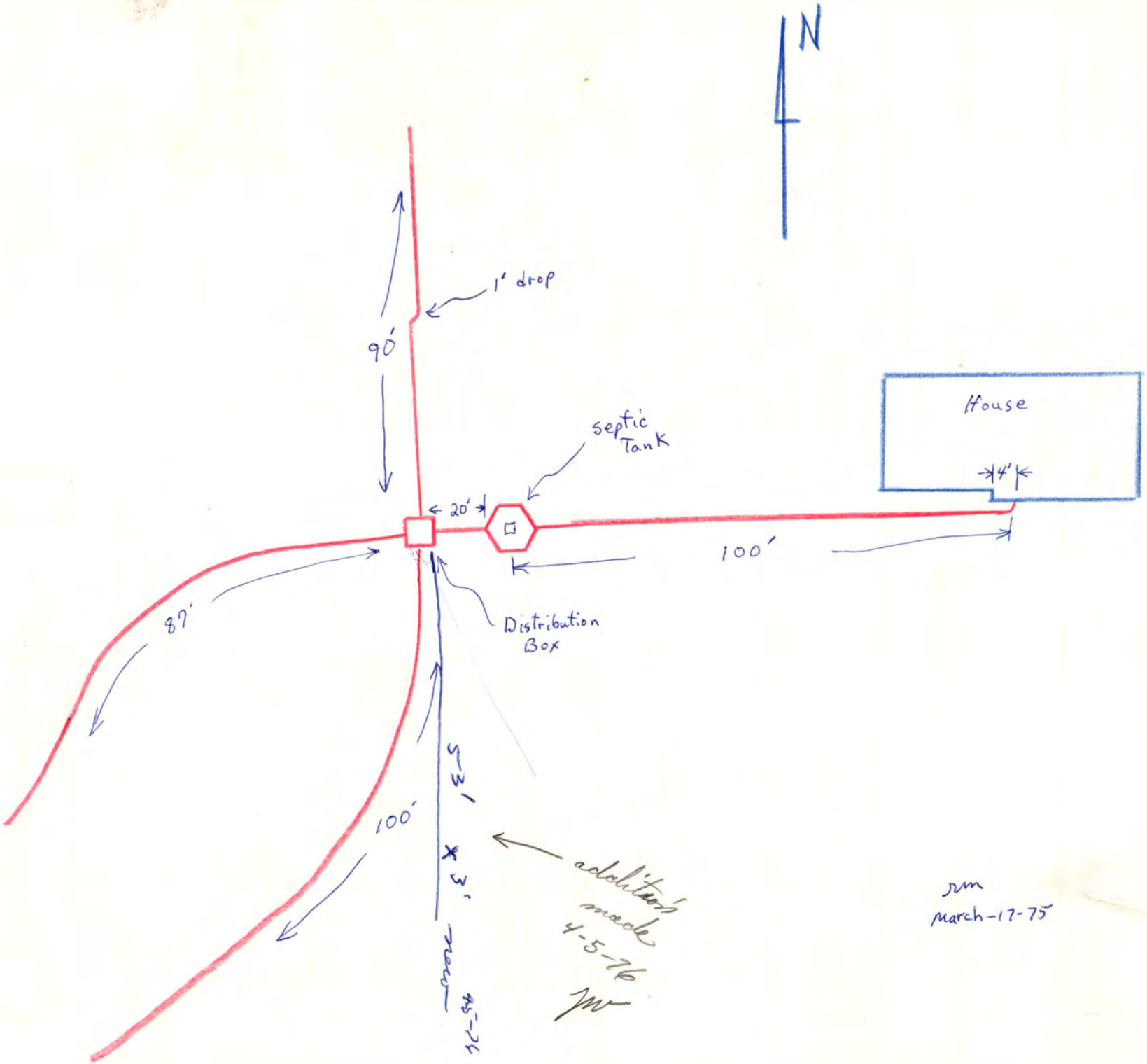
C. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Bre Cast Step Co) No ☐
3. Dimension: Length 24 in.; Width 20 in. Depth 18 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Perforated pipe
2. Lateral Lines: Depth below grade 12½ in.
Number 3; Length of each line 100 90 ft
Total length of Laterals ~~300~~ 270 ft. ~~277~~
Slope >6 in/100 ft. Diameter of pipe 21 in.; Shape Half moon
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Synthetic
Distance between lateral lines >6 ft.
3. Trench Dimensions: Depth 24-42 in.; Width ~~48~~ in 36"
4. Filter Material: road gravel.
Depth of material from trench bottom 6" in.
5. Distances To:
Well or Suction Line >100 ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 37 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
1' drop
90'
House
septic Tank
4'
20'
100'
87'
Distribution Box
100'
5-3-74
adaltion made 4-5-76
rm
March-17-75

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

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

Legal Description of Property: Street Address 3801 West A

Twp 10N Range 6E Section 32 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition LEMASTER SUBDIVISION

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed Mar 17 1975

	NAME	ADDRESS	PHONE
Present Owner:	Ray MeneFee	3801 West A Lincoln Ne	479-2502
Tenant/Buyer:	Robert Sinn / Karen Burgerd	7251 Seward Ave Lincoln Nebr 68507	464-4374
Return to:	Union Bank / Angie Belz	4732 CALVERT Lincoln Nebr 68506	488-0941 FAX 483-8154

Signature of Applicant Robert E Sinn Address 7251 Seward Ave Date 9 / 2 / 98

wk 479-2502 LINCOLN NE 68507

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9 / 2 / 98
Initials _____
Amount $150.00
Check No. 6144 ✓

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

10/12/98 by J.C.H.
10/6/98 by J.C.H.
9.24.98 m ck-o
9-25-98
10/2/98 J.C.H.

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 9 / 3 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☒ ___/ml
Nitrate	☒ <0.1 ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 9 / 14 / 98 by J.C.H. and Gerald Temple
Date 9 / 15 / 98 by J.C.H.
Date 9 / 21 / 98 by ___
9-22-98 m ck-o

Comments: NOTE: HOUSE HAS NOT BEEN OCCUPIED FOR AWHILE. BROKEN BOLT IN WELL CAP SHOULD BE REPLACED. APPEARS THAT A SEWER LINE HAS BEEN RUN FROM THE SHED TO THE SOUTH TO THE SEPTIC SYSTEM. ONE OF THE CLEAN OUTS CAP IN THIS LINE IS BROKEN AND MUST BE REPLACED. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY 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 John E Manes Date 12 / 4 / 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.

9/14/98 CLEAN OUT CAP REPLACED. J.C.H.

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

Revised/Reprint: 10-95

NEED TO SHOCK CHLORINATE WELL
12/4/98 - 2 CONSECUTIVE BACTERIA TESTS ARE ACCEPTABLE. JCH

9507 18003

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well Front of House - Covered by Tap Location: Inside ☒ Outside ☒

Location of Sewage System West of House Year Installed Dk. Probably 1975

	NAME	ADDRESS	PHONE
Present Owner:	Ralph + Esther Fraui	2801 W. "A" St 68522	477-4336
Tenant/Buyer:	Ray + Margaret Menefee	6525 Bradley Lincoln	464-3205
Return to:	Judy Halpbeck	3201 Rogers Blvd 68502	434-3600

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

Signature of Applicant Judy Halpbeck Address 3201 Rogers Blvd

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HEALTH DEPARTMENT USE ONLY

1906 Date Received 7-6-95 Received $75.00 Check ☐ Cash ☐

PRELIMINARY STATUS--DATE 7/7/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 7/7/95 by D.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 7/13/95 by D.C.H.
Nitrate O.K. APPR	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: SLIGHT DEPRESSION JUST WEST OF WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

Depression filled 7/13/95 D.C.H.

FINAL STATUS

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

APPROVED BY Donald C. Hoge R.E.H.S. DATE JULY 18, 1995

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

★ PLEASE RUSH !!!

003

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: 10-13-92

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

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 32; BLOCK ___

LOT 1; ADDITION LEMASTER SUB; Street Address 3801 W. "A" Street, Lincoln NE 68522.

Directions to Property We need to close this on or before 10-19-92.

★ PLEASE Phone us with a verbal on 10-16-92. if possible. THANK YOU!

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1975

Refinance

	NAME	ADDRESS	PHONE
Present Owner:	Ralph + Esther Eravi, Sr.	3801 West "A", Lincoln	477-4336
Tenant/Buyer:	Esther's work # 476-7578		
Return to:	Security Federal Savings	POB 80609, Lincoln NE 68501-0609	474-4444 FAX # 474-4351

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

Signature of Applicant Pamela E. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 14, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE OCTOBER 15, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10/15/92 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate <0.1 PPM	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: WELL CONDUIT IS MARGINAL, IT IS BROKEN BUT IS STILL SEATED AGAINST WELL HEAD. THERE SHOULD BE NO FARMING OVER THE SEWAGE LATERALS. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Leonald C. Wood R.E.H.S. DATE OCTOBER 19, 1992

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832