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. 500-C

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

DATE: _____

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. 11 N ; Range 7E ; Section NW 4
Block 1 ; Lot 1 ; Addition EL-DE ACRES
Street Address RFD 3

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.

Gary Hodgin
Signature of Applicant (Owner or Lessee)

6950 J Lincoln Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8-7-74 . Date Frwd. 8-7-74 . ACTION: Approved ☐ Disapproved ☒ Signature: James Wevelberg

2. Supt. Bldg. Insp.: Date Rec'd. 8-8-74 . Date Frwd. 8-8-74 . ACTION: Approved ☐ Disapproved ☐ Signature: W W

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 8-8-74 . ACTION: Approved ☐ Disapproved ☐ Signature: Walter Hoppe

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 ☐
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. 500-C

DATE: _____

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. 11; Range 7; Section NW 4; Block 1; Lot 1; Addition EL-DE ACRES.
Street Address RED 3.

2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 3
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).

Harry Hodgins
Signature of Applicant (owner or lessee)

6950 "Y" Lincoln Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 8-7-74
Filing Fee: $ 30.00

2. Site Visits:
Date: 9-27-74 by: jw
Date: 10-3-74 by: jw
Date: 10-30-75 by: jw+rm+bl
10-31-75 jw+rm

3. Date: Approved ☒; Disapproved ☐
by: James Weverka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-75 by: James Weverka

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and 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. 500-C

PROPERTY WHERE SOIL TESTED:
Location: Township 11; Range 7
Section & ¼ Sect. NW 4
Property Dimensions: ____ft. x ____ ft.
Area: 4.7 acres. (Attach sketch of property showing hole location).

Owner: Harry Hobgin
Address 6950 Y Lincoln Nebr

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

Dates of Tests: 6-7-74 to 6-8-74. Weather: Precip. Dry Temp. 100°F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36	7/7	6:25	7/7	10:25	7/8	9:55	1'	10:25	11 5/8"	30	3/8"	30/3/8"
2	24	7/7	6:30	7/7	10:30	7/8	10:00	1'	10:30	11 3/8"	30	5/8"	30/5/8"
3	24	7/7	6:35	7/7	10:35	7/8	10:05	1'	10:35	11"	30	1"	30/1"
4	36	7/7	6:40	7/7	10:40	7/8	10:10	1'	10:40	11¼"	30	¾"	30/¾"
5	36	7/7	6:45	7/7	10:45	7/8	10:15	1'	10:45	11⅛"	30	½"	30/½"
6	36	7/7	6:50	7/7	10:50	7/8	10:20	1'	10:50	11¼"	30	¾"	30/¾"

Harry Hobgin
Signature of Person Conducting Test

Address 6950 Y
Phone: 464-4998

Sum of Percolation Rates 3 3/8"
Average of Rates: ¾"
Mean of Rates: ¾"

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 8-7-74

James Weverka
Signature of Reviewing Official

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. 500-C

SPECIFICATIONS

DATE: _____

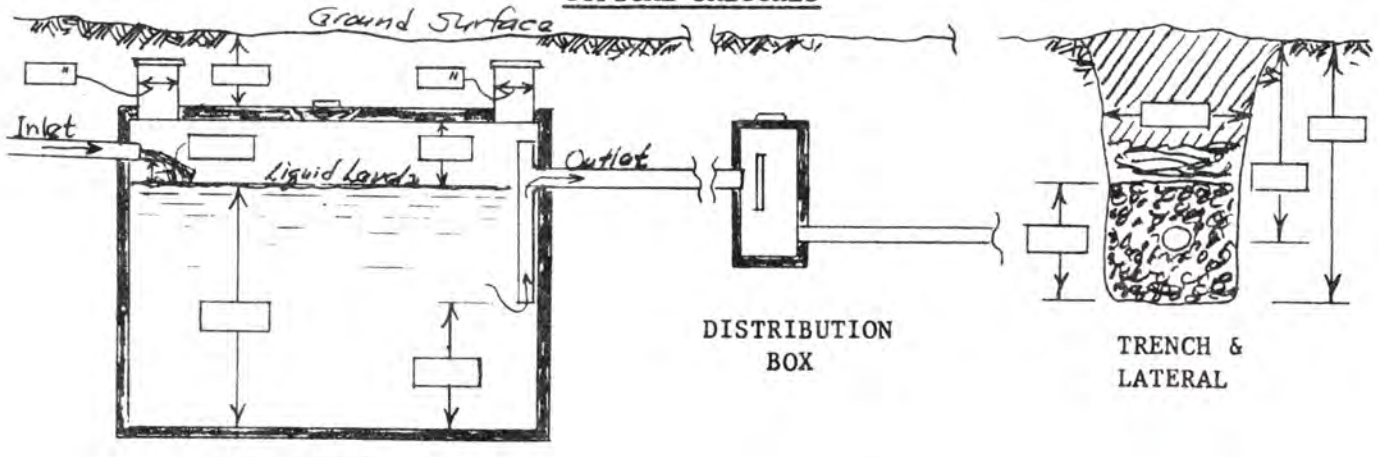
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Pre-Cast)
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 ___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.

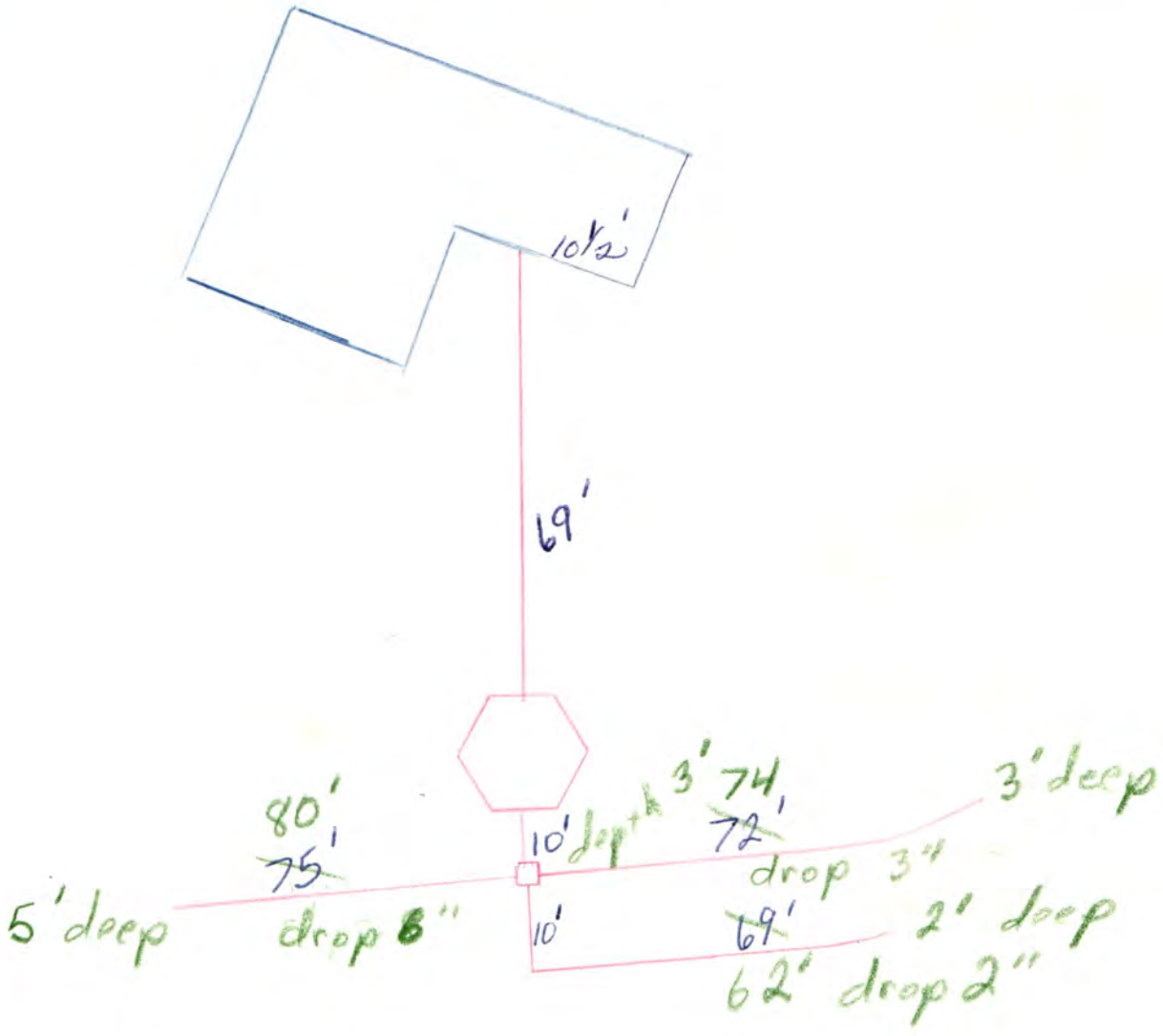
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 10' ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon Small
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line 75 ft 72' 75' 69' Total length of Laterals 215 ft.; Slope ____ in/100 ft. Diameter of pipe ____ in.; Shape ____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 40 in.; Width 48 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



jw

9-27-74

small half moons were being laid

N

Corrections made in green

10-30-75

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

Close 5/31/01

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 5701 RAYMOND ROAD

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

Twp 11 N Range 7E Section 4 1/4 ___ 1/4 ___ Block 1 Lot 1 Addition EL-DE ACRES

Directions to Property NO. on 77 TO RAYMOND ROAD, RIGHT, 2.00 RT, BACK of VINYL RANCH W/ OUTBUILDING

Location of Well West on to North (50yds

Tap Location: Inside ☐ Outside ☒

Location of Sewage System ____ Year Installed ____

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	RON SKODA SR.	201 NO. 148TH ST 68527	560-0949
Tenant/Buyer:	TIM & SUE GREINER	204 SO. 2ND CERESCO, NE 68017	665-2062
Return to:	BOB TALLICHET	2821 SO. 79TH LINCOLN, NE 68506	430-8255 323-8222 (Fax)

Signature of Applicant Susan Greiner Address 204 SO. 2ND CERESCO, NE 68017 Date 5 / 3 / 01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5 / 4 / 01 Amount 200.00 Check No. 2904 Initials ____

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

PRELIMINARY STATUS--By Ron Masament **DATE:** 5 / 7 / 01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 5 / 8 / 01 by RM

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Masament RS Date 5 / 10 / 01

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.

5-8-01 Bar O Edit O P17119-72

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

Revised/Reprint: 9-00