LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390039001

Issued 05/24/94
Expires 11/24/94
Revenue Code 18754

Establishment
CHARLES EIGHMY
T11N R6E SEC 35
CUMBERLAND HEIGHTS LOT 30
500 FLETCHER AVE

FEES: $50.00

TOTAL $50.00

Permittee
CHARLES EIGHMY
500 FLETCHER AV
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

Ron Marquart 441-8030

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

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

DATE:_____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Cumberland Heights Lot 30
Twp. 11N; Range 6E; Section 35;
Block_____; Lot_____; Addition_____
Street Address 500 Fletcher Ave

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 2 Describe_____
Other Use ☐
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: 2 new laterals

5. Work to be done by: Owner ☐; or Contractor ☒, Larry Svitak
Contractor's Name

6. Estimated cost of project:
a. Materials $_____
b. Labor $_____
c. Other $_____
TOTAL $_____
More than $400

Charles Eighmy
500 Fletcher
Lincoln, NE 68521

Charles Eighmy
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

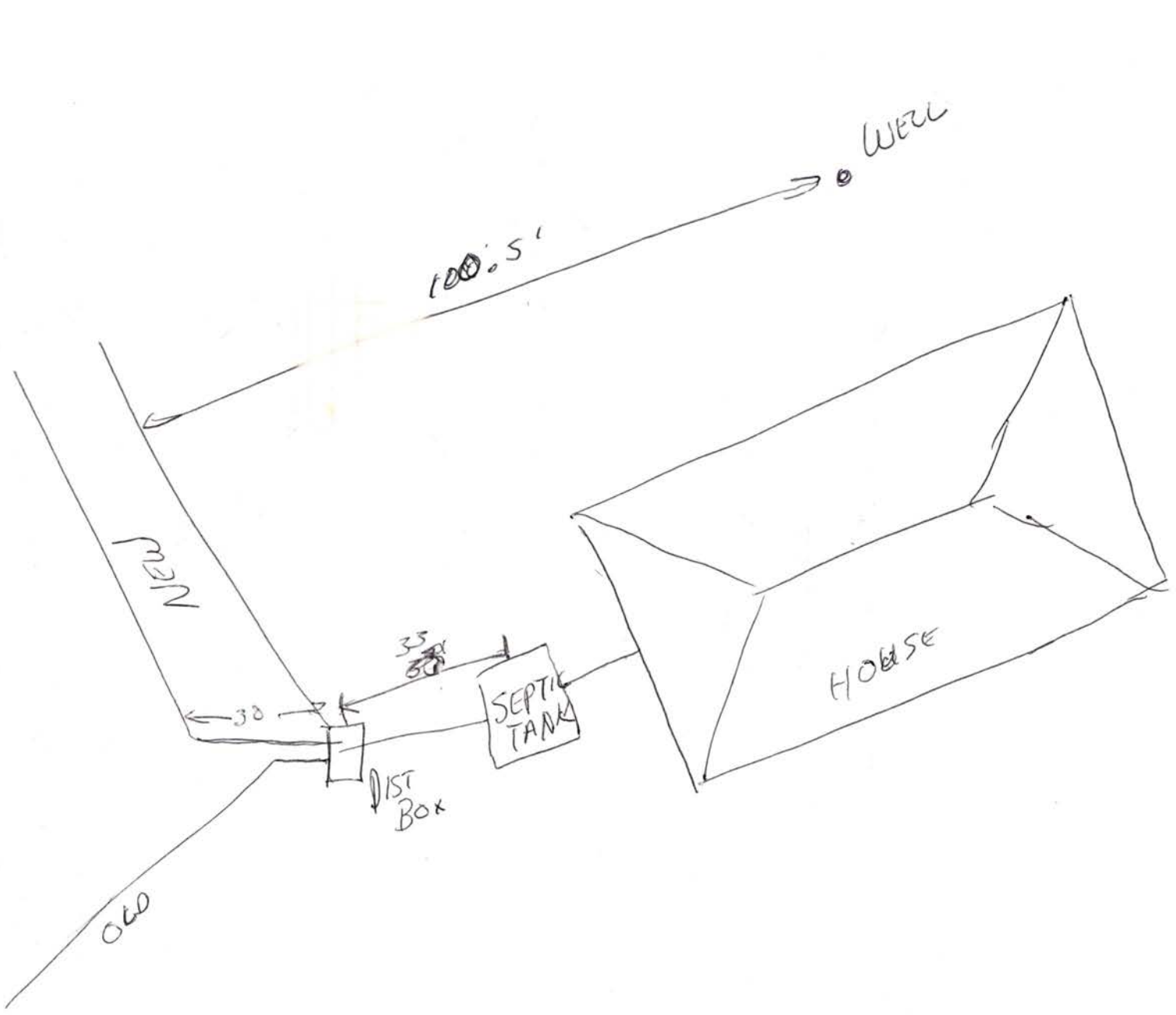
REVIEWING ACTION

1. Date Rec'd: 5-19-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 5-19-94 by: jm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Ron Marquart

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-3-94 by: Ron Marquart


N
WELL
100.5'
NEW
35
30
SEPTIC TANK
DIST BOX
HOUSE
OLD

INTER-DEPARTMENT COMMUNICATION

TO	**Charles Seale**	DATE	**October 17, 1977**
DEPARTMENT	**Superintendent of Building Inspections**	FROM	**Jerrold C. Hood, R.S.**
ATTENTION		DEPARTMENT	**Health**
CARBONS TO		SUBJECT	**T11N, R6E, Section 35, Lots 30, 31, 32, Addition Cumberland Heights Charles Clapper**

The Health Department has been approached by E and L Construction to approve an existing individual sewage disposal system for a new house to serve Mr. and Mrs. Charles Clapper on property described as Lots 30, 31, and 32, Cumberland Hieghts Addition in Section 35, T11N, R6E. The Health Departmeht has agreed to this provided the present septic system is replaced by a larger tank that meets the present code. E and L Construction has informed the Health Department on the morning of October 17, 1977, that this will be done.

If there are any questions, please contact the Health Department.

JCH:kv

FORM HD-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance 9150

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

FILE NO. _____

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 6E; Section 35;
Block ____; Lots 30,31,32; Addition CUMBERLAND HEIGHTS
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ADD DISTRIBUTION BOX AND 50 FOOT OF ORANGEBURG LATERAL

5. Work to be done by: Owner ☐; or Contractor ☒, SINTEK DUMPING SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	150.00

Signature of Applicant (owner or lessee)

for Clapper RT 5
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $_____

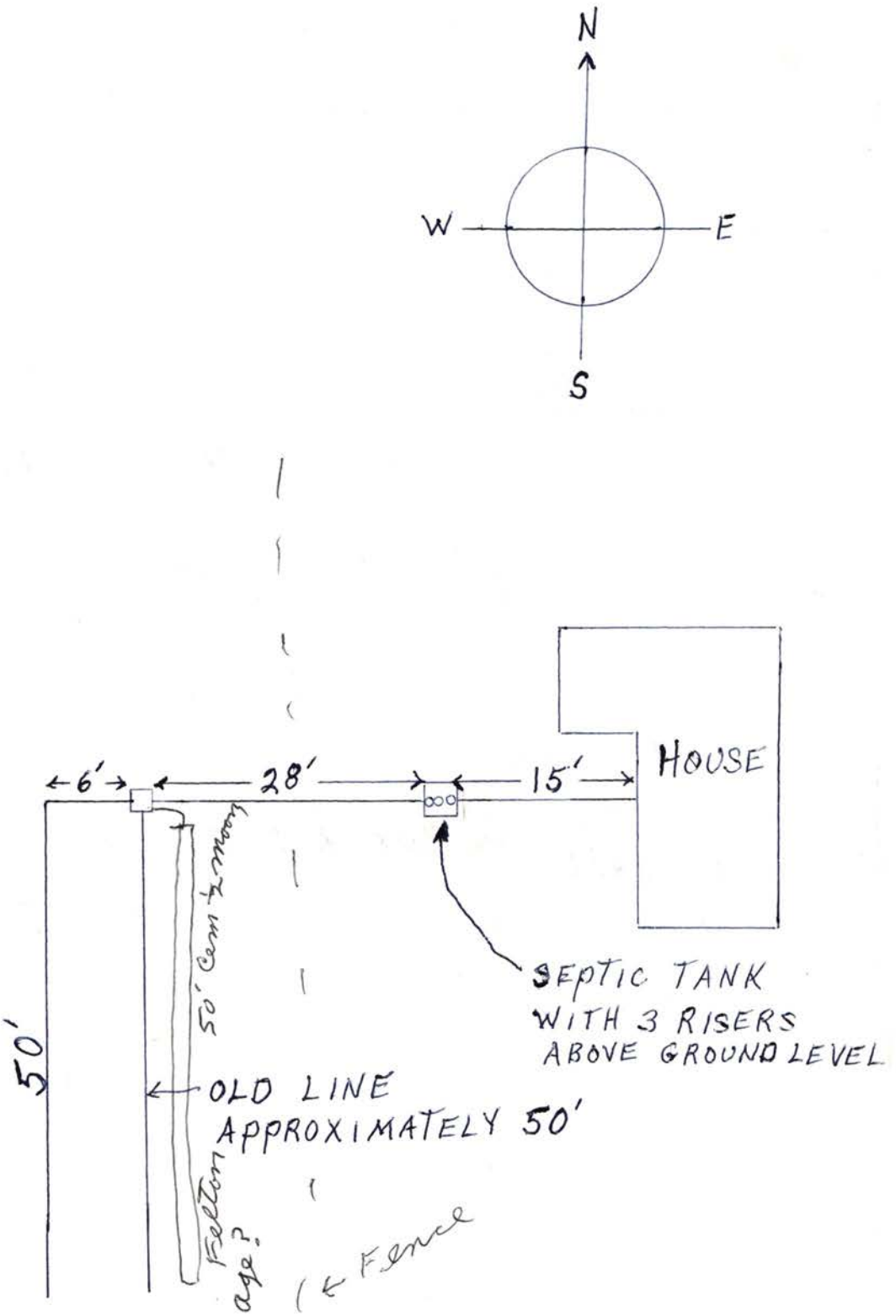
2. Date Site Clearance: _____

3. Site Visits:
Date: 9/10/71 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/10/71 by: J. C. H.


N
W
E
S
HOUSE
6'
28'
15'
50'
50' Corn + Beans
OLD LINE
APPROXIMATELY 50'
Fallow
age?
Fence
SEPTIC TANK
WITH 3 RISERS
ABOVE GROUND LEVEL

FILE NO. W-8

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 8, 1983 — THIS LICENSE OR PERMIT EXPIRES

CHARLES L. CLAPPER RT. #5 500 FLETCHER AVENUE LINCOLN NE

LICENSEE OR PERMITTEE — ADDRESS

T11N, R6E, SECTION 35, ADDITION CUMBERLAND HEIGHTS SW

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE NEW

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 45.00	$	$	$	$45.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
019851	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
64343	JUN 10 /83	45.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 45.00

FILE NO. W-8

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ■ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 11N: Range 6E: Section 35
   Block _____: Lot _____: Addition CUMBERLAND HEIGHTS 5W
2. Well use: Residential ■ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well Home

Charles L. Klepper
Signature of Applicant (owner or lessee)

Rt 5, 500 Fletcher Ave
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 6/8/83. Date Frwd. 6/10/83. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 6/10/83. Date Frwd. 6/10/83. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 6/10/83. Date Frwd. 6/10/83. Action: Approved ☒ Disapproved ☐ Signature: Jerome L. Obrist

REMARKS OR REASONS FOR DISAPPROVAL
OLD WATER WELL ABANDONED

Site Visits:
Date: 7/18/83 by J. C. H.
Date: 8-1-83 by rm d-O
Date: 12-13-83 by rm
12-20-83 rm
12-27/83 rm

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☒

INSTALLATION FINAL WRITTEN APPROVAL
Date: JANUARY 13, 1984 By: J. C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-8

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 35 T. 11 R. 6 Block ____ Lot ____ Addition Cumberland Heights 5th

Owner Charles D. Clapper Address Rt 5, Lincoln, Ne 68521

LOG OF WELL	
	Description
Depth Ft. to	
0 - 2	Top Soil
2 - 42	Tan clay
42-48	Brown clay
48-64	Tan Clay
64-177	Blue clay
177-193	Gravel - med. fine Sand
193-200	Blue Clay

WELL COMPLETION RECORD

Drilling Method: Rotary Mud

Depth (from ground level), Ft. 200

Date Completed 6-23-83

Casing: Length, Ft. 180 ; Dia.In. 5"

Wall Thickness, Inc. ____ ; type PVC 200

Screen: Length, Ft. 20' Dia.In. 5"

Type PVC , slot Size .030

Drop Pipe: Length, Ft. 160 Dia.In. 1¼

Water Level, Surface to top of water, Ft.:

Static 135 , Pumping ____

Yield: 20 ggm, Measured ☑ , Est. ☐

Chlorination Completed Yes ☑ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Blue Valley Drilling
(Signed)

Address Blue Rapids, Ks 66411

Date ____

REMARKS NITRATE LEVEL < 0.1
BACTERIA O.K

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.

