LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97390055001

SEWAGE SYSTEM REPAIR

Issued 05/14/97
Expires 11/14/97
Revenue Code 18754

Establishment

GARY CLOSNER
T10N R8E SEC 18
BLK 4 LOT 8
11200 HOLDREGE STREET

FEES: $50.00

TOTAL $50.00

Permittee

GARY CLOSNER
11200 HOLDREGE ST
LINCOLN NE 68527

4589

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"

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

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 3-25-97

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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: Twp. 10N ; Range 8E ; Section 18 ;
Block 4 ; Lot 8 ; Addition AL Larsen subdivision
Street Address 11200 Holdrege ST

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 2
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: ADD APPROXIMATELY 200 FT OF LATERAL TO EXISTING LATERAL. WILL ALSO ADD DISTRIBUTION BOX

5. Work to be done by: Owner [ ] ; or Contractor [X], B+R PUMP SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$	1700 00
b. Labor	$	700 00
c. Other	$	
TOTAL	$	2400 00

Gary M. Cloos
Signature of Applicant (owner or lessee)

11200 Holdrege ST
Address

(Do not write below this line)

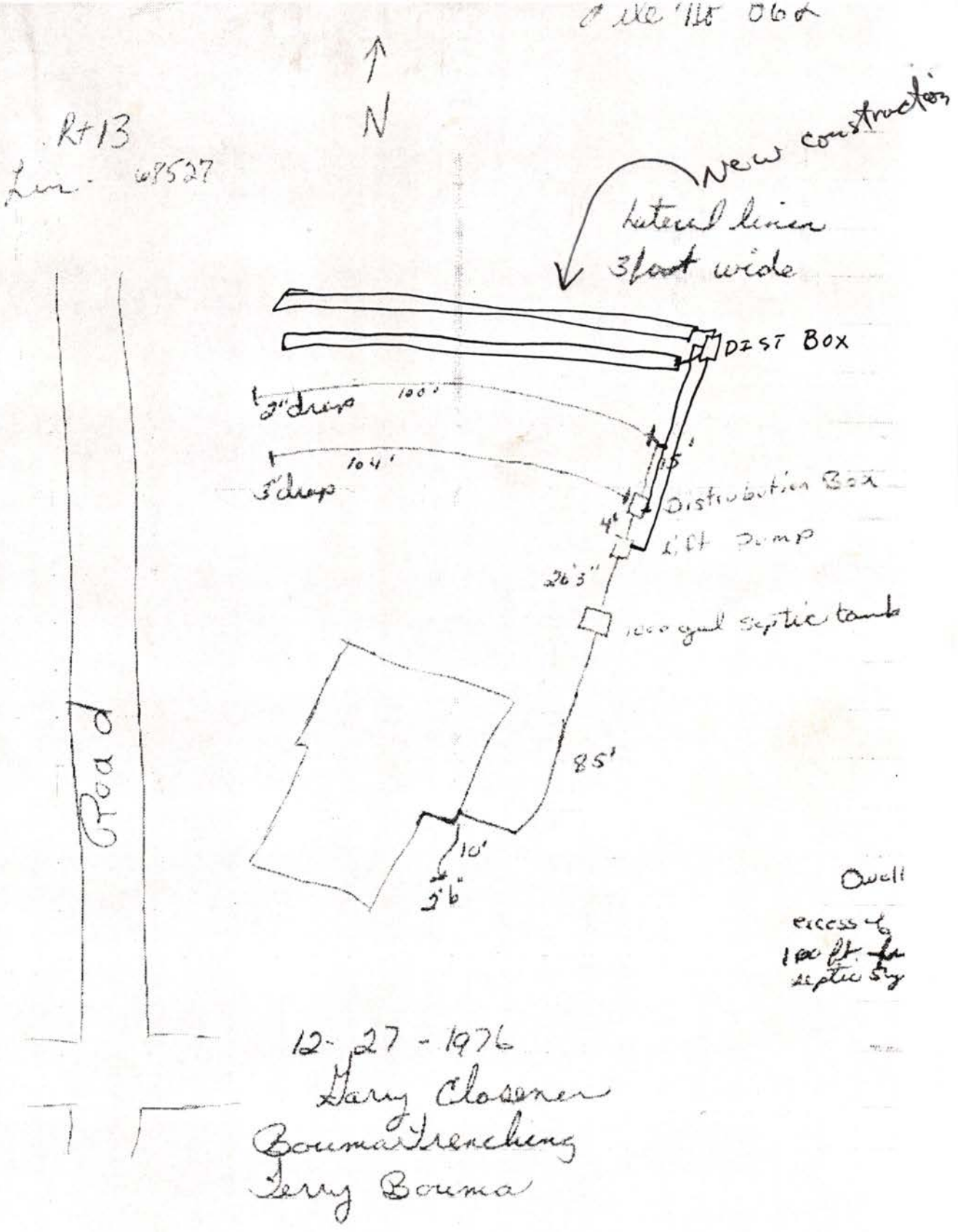
REVIEWING ACTION

1. Date Rec'd: 5/14/97 m
Filing Fee: $ 50 = #6674

2. Site Visits:
Date: 6-3-97 by: rm need [illegible]
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-10-97 by: Ron Mayeur



12-27-1976
Gary Closener
Bouma Trenching
Terry Bouma

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 862

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 22, 1976
THIS LICENSE OR PERMIT EXPIRES

Gary Closner — 5109 Gladstone, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

TION: R8E; Sec. SE¼ of SE¼ of 18; Block 4; Lot 8; Al Larsen Subdivision
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
624-1535 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH DEPARTMENT

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

INTER-DEPARTMENT COMMUNICATION

TO Charles Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE June 22, 1976

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction
File No. 862
Gary Closner, 5109 Gladstone

The Application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T1ON; R8E; Sec. SE¼ of SE¼ of 18; Block 4; Oot 8; Al Larsen Subdivision

Jerrold C. Hood, R. S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH: ch

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. 862

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. 10N; Range 8E; Section SE¼ of SE¼ of Sec. 18
Block 4; Lot 8; Addition AL LARSEN SUBDIVISION
Street Address 112 + Eldridge

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.

Mrs Gary Closner
Signature of Applicant (Owner or Lessee)

5109 GLADSTONE STREET
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/22/76. Date Frwd. 6/22/76.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/22/76. Date Frwd. 6/22/76.
ACTION: Approved ☒ Disapproved ☐
Signature: Bob Sons

3. City or County Engineer: Date Rec'd. 6/22/76. Date Frwd. _____
ACTION: Approved ☒ Disapproved ☐
Signature: Joe Bird

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. 862-B

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. 10 N ; Range 8 EAST ; Section SE 1/4 of SE 1/4 of Section 18 ; Block 4 ; Lot 8 ; Addition AL LARSEN SUBDIVISION
Street Address 112 N. HOLMRIDGE .

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).

791-5714

Mrs Gary Closner
Signature of Applicant (owner or lessee)

5109 Gladstone Street
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12/27/76 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X] ; Disapproved [ ] 12/27/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/27/76 by: Jerrold C. Hood

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. 862

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ____°

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	28"	6-10	1:30PM	6-11	2:00PM	6-11	6:00	12	6:30	11	30	1	
2	28"						6 00	12	6:30	10¼	30	1¾	
3	30"						6 10	12	6:40	11⅛	30	¾	
4	30"						6 10	12	6:40	10	30	2	
5	30"						6 15	12	6:45	9½	30	2½	
6	30"						6 15	12	6:45	10½	30	1½	

Sum of Percolation Rates 9.5
Average of Rates: 1.583
Mean of Rates: _____

Sheryl Prentice
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: To be reseen. Sizing to be made after new test.

DATE: 6-21-76

Approved Percolation Rate(s)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

James Newerka
Signature of Reviewing Official

112th & Holdrege.

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. 862

SPECIFICATIONS

DATE: _____

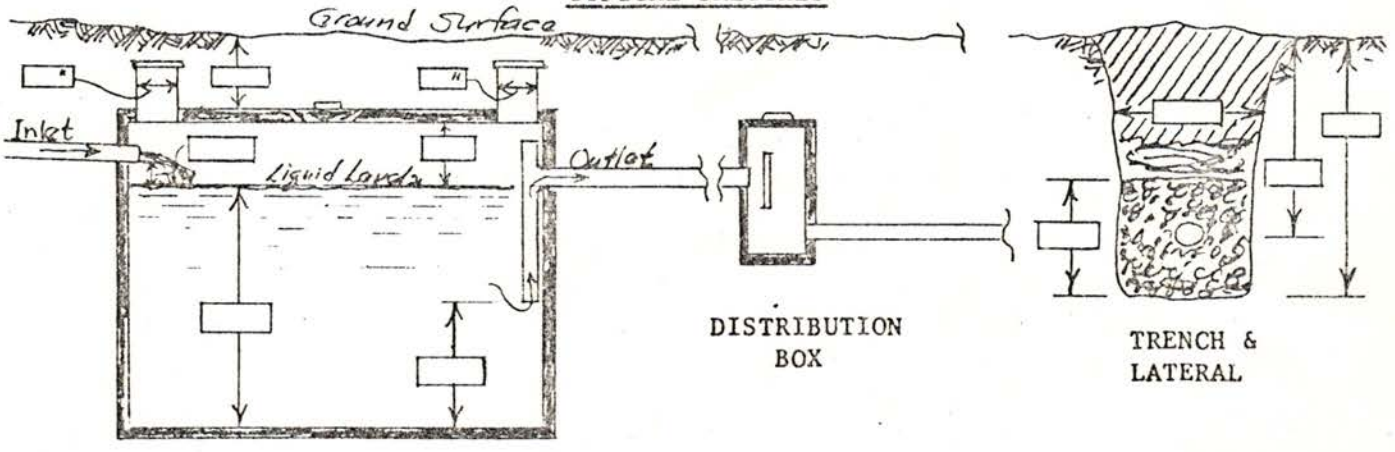
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 206 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 ___in.; Width 36 in.
4. Filter Material: _____.
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: _____minutes/inch

TYPICAL SKETCHES



Letters Rdg. by S Pontuco
Signature of Applicant

11200 Holdrege

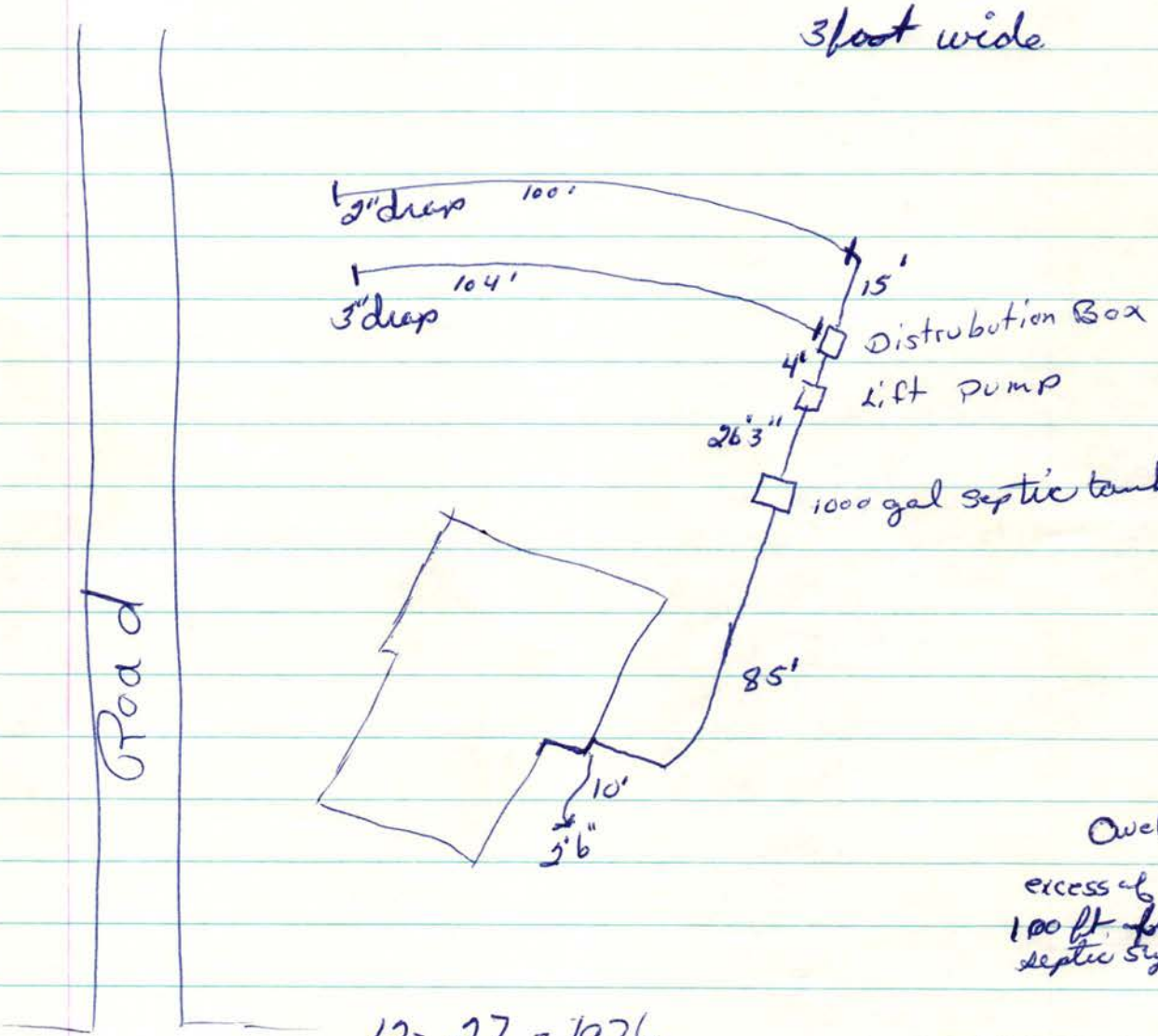
File No. 862

R+13

Lic- 68527

N

Lateral lines
3 foot wide



Owell
excess of
100 ft from
septic system

12-27-1976
Gary Claseren
Bouma Trenching
Terry Bouma

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 11200 Holdrege ST

Twp 10 Range 8 Section 18 1/4 ___ 1/4 ___ Block 4 Lot 8 Addition ___

Directions to Property ___

Location of Well NE, Hose for irrigation Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	GARY CLOSNER	11200 Holdrege ST Lincoln, NE 68527	483-7002
Tenant/Buyer:			
Return to:	FIRST Federal Lincoln	Residential Lending Division 3901 Normal Blvd Ste 100 Lincoln, NE 68506	473-6111

Signature of Applicant Gary M. Closner Address 11200 Holdrege St Lincoln, NE 68527 Date 12/8/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/10/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 12/10/93

Cass County Rural Water

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping, and checking to make sure distribution box is feeding both laterals.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ Public Supply **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

Approved by Ron Marquart, RS Date 12/17/93

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.