LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380116501

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

Establishment
SHELLE SMITH
T11N R5E SEC 14
11950 NW 84 STREET

FEES: $150.00

TOTAL $150.00

Permittee
SHELLE SMITH
8900 NW 70 ST
MALCOLM NE 68402

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-10-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N; Range 5E; Section NW¼ 14;
   Block _____: Lot _____: Addition about 21 Acres
   Street Address 11950 NW 84 Street

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____

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

4. Distance to public sewer: _____ ft.

Sheela Smith
Signature of Applicant (Owner or Lessee)

8900 NW 70 Malcolm, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/11/94. Date Frwd. 5/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/11/94. Date Frwd. 5/11/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blaugh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-10-94 by: mm need fence. contact
Date: 4-19-95 by: mm
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-19-95 By: Lon Mazgnant

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 471-7800

D

DATE: _____

FILE NO. _____

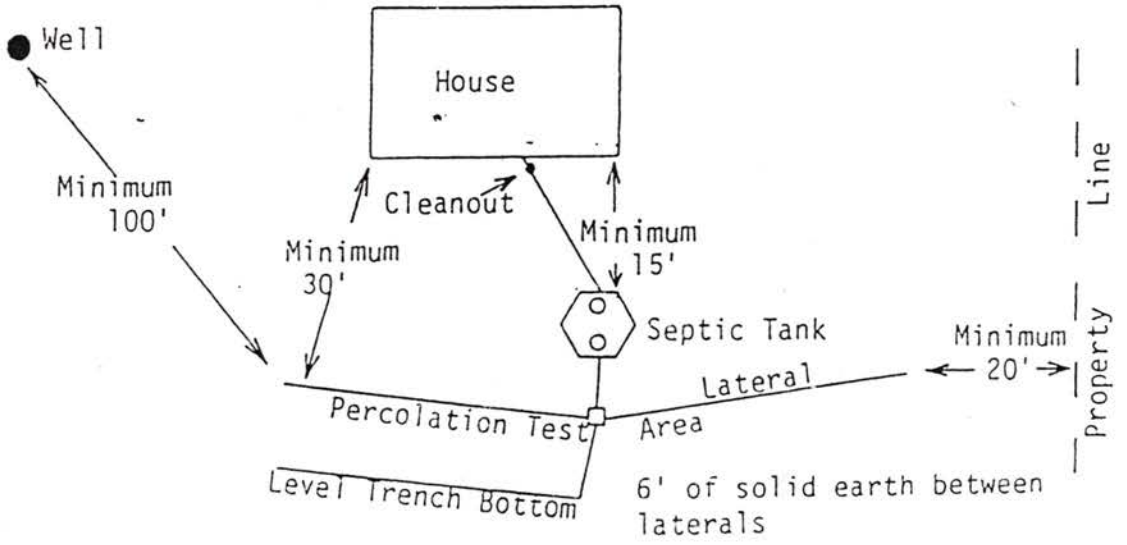
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 24" PVC; Diameter 4" 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.

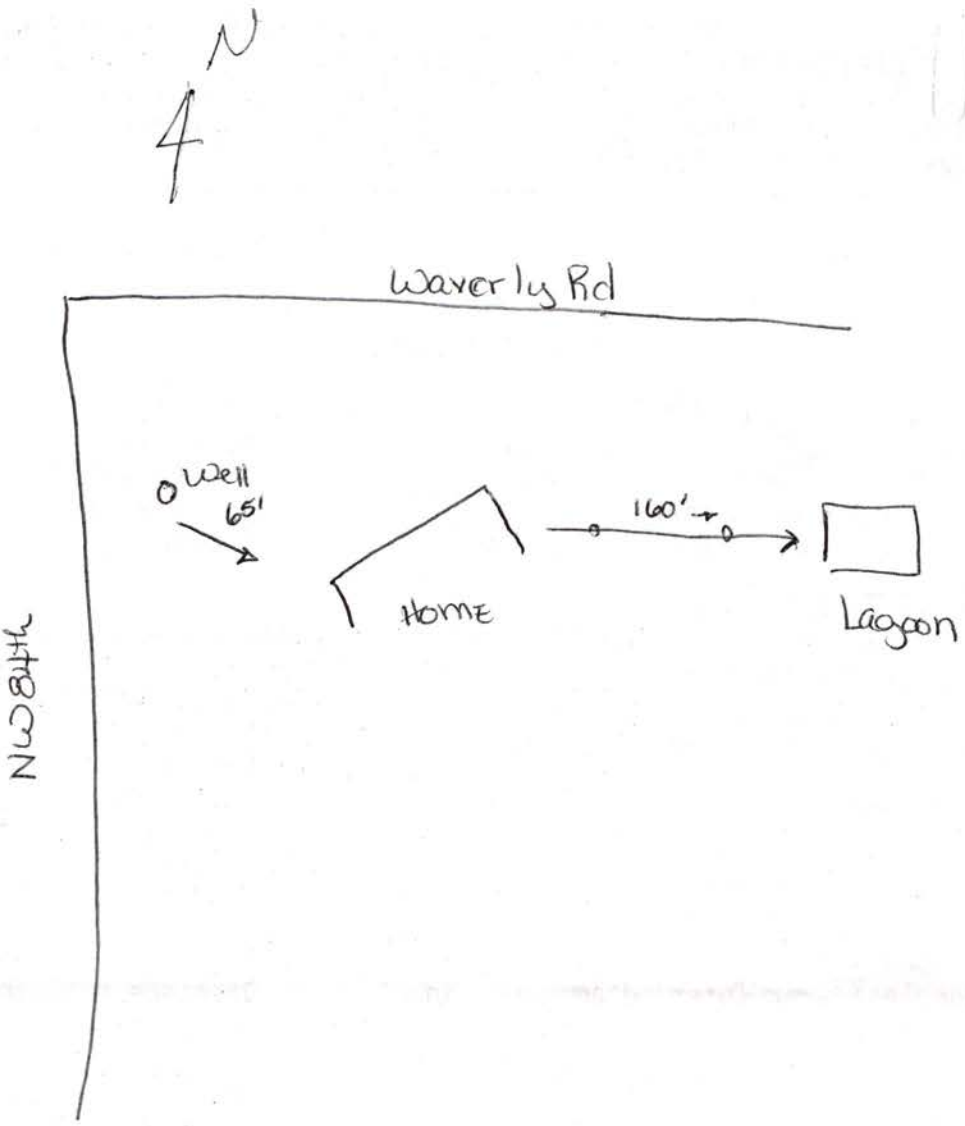
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Waverly Rd
Well
65'
160'
Home
Lagoon
NW 84th

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 11950 NW 84

Twp 11 N Range 5E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property NW 84th & Waverly Rd. 1st house South on E. side

Location of Well N of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System E of house Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Shelli M. Smith	11950 NW 84 Malcolm, Ne	796-9553
Tenant/Buyer:			
Return to:	Cornhusker Bank FAX 434-2229	5555 So. St. Lincoln, NE 68506	

Signature of Applicant Shelli Smith Address 11950 NW 84 Malcolm, Ne 68402 Date 4/19/95

HEALTH DEPARTMENT USE ONLY

Date Received 4/19/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Morgan **DATE:** 4/19/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 7.1 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Morgan Date 4/25/95

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.