CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1348

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 27, 1978

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Paul Van Gillern — 5850 Gletcher, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T10N, R8E, Section 30 N½ of SE¼

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE (REPAIR)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

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
HEALTH

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

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

Gary Ernst
700 S 112th
Lincoln, Nebr

FILE NO. 1348

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

DATE: _____

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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 30 N½ of SE¼
   Block _____; Lot 2; Addition _____
   Street Address _____

2. Property Use: Residential [X]; No. Bedrooms 3
   Commercial [ ]; Describe _____
   Other Use [ ]; Describe _____

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

4. Description of proposed alteration, extension or repair: Install septic system was lagoon

5. Work to be done by: Owner [ ]; or Contractor [X], Paul Swan Gillespie
   Contractor's Name

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

Paul Swan Gillespie
Signature of Applicant (owner or lessee)

5850 Fletcher Ave.
Address

(Do not write below this line)

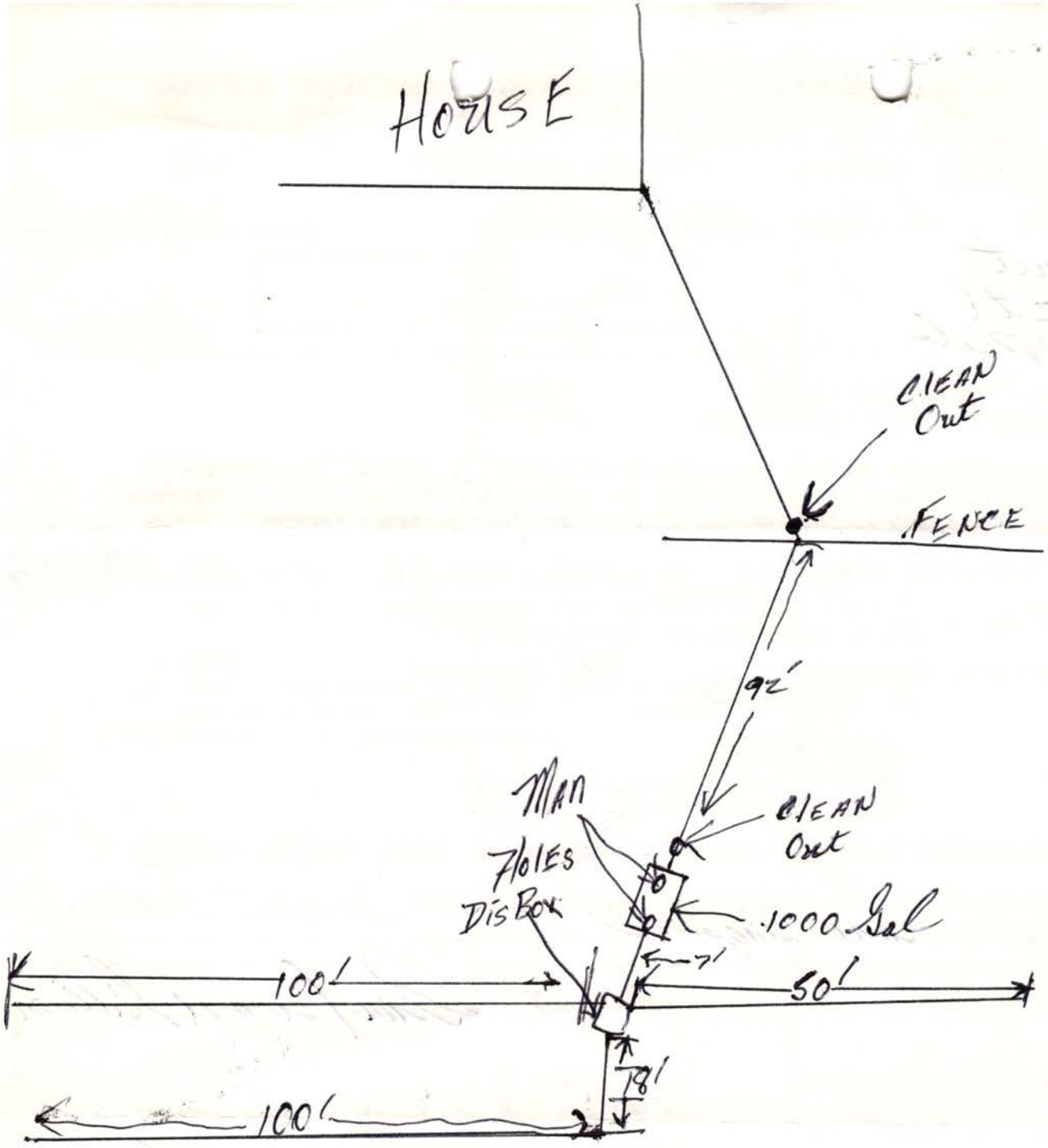
REVIEWING ACTION

1. Date Rec'd: _____
   Filing Fee: $15.00

2. Site Visits:
   Date: _____ by: _____
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
   by: Jerrold C. Hoob

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 6-28-78 by: James Waechter


HOUSE
CLEAN Out
FENCE
92'
MAN
HOLES
DIS BOX
CLEAN Out
1000 Gal
7'
100'
50'
7'
100'

FILE NO. 454

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 19, 1976
THIS LICENSE OR PERMIT EXPIRES

Gary Ernst — Route #2
LICENSEE OR PERMITTEE — ADDRESS

TION, R8E, Section 30, Lot 2, N½ of SE¼; Lagoon
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	
110.15 024-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
3/650	JUN 3 74	30.00 Med

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 ☒
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._____

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

DATE: 9-15-75

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 NE¼ SE¼
   Block_____; Lot 2; Addition_____
   Street Address 700 So 112

2. Property Use: Residential ✓ ☐; Commercial_____ ☐
   No. of Bedrooms 3. Describe:_____
   Other Use_____ ☐
   Describe:_____

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

4. Distance to public sewer: 3Mi ft.

Signature of Applicant (Owner or Lessee)

R.R. 700 So 11th
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/19/75. Date Frwd. 9/19/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: Date Rec'd. 9/22/75. Date Frwd. 9/22/75. ACTION: Approved ☒ Disapproved ☐ Signature: Walter Williamsen
3. City or County Engineer: Date Rec'd. 9/22/75. Date Frwd. 9/22/75. ACTION: Approved ☒ Disapproved ☐ Signature: For Al Imig

REMARKS OR REASONS FOR DISAPPROVAL_____

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

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
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: _____ to _____. Weather: Precip. _____ Temp. ___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)

on file with Jerry Hood

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

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._____

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 ; Range 8 ; Section NE¼ SE¼ _____; Block_____; Lot ✓ ; Addition_____.
Street Address_____.

2. Property Use: Residential ✓ ☐ ; Commercial_____ ☐
No. of Bedrooms 3 Describe:_____
Other Use_____
Describe:_____

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

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)

_____
Address

(Do not write below double line)

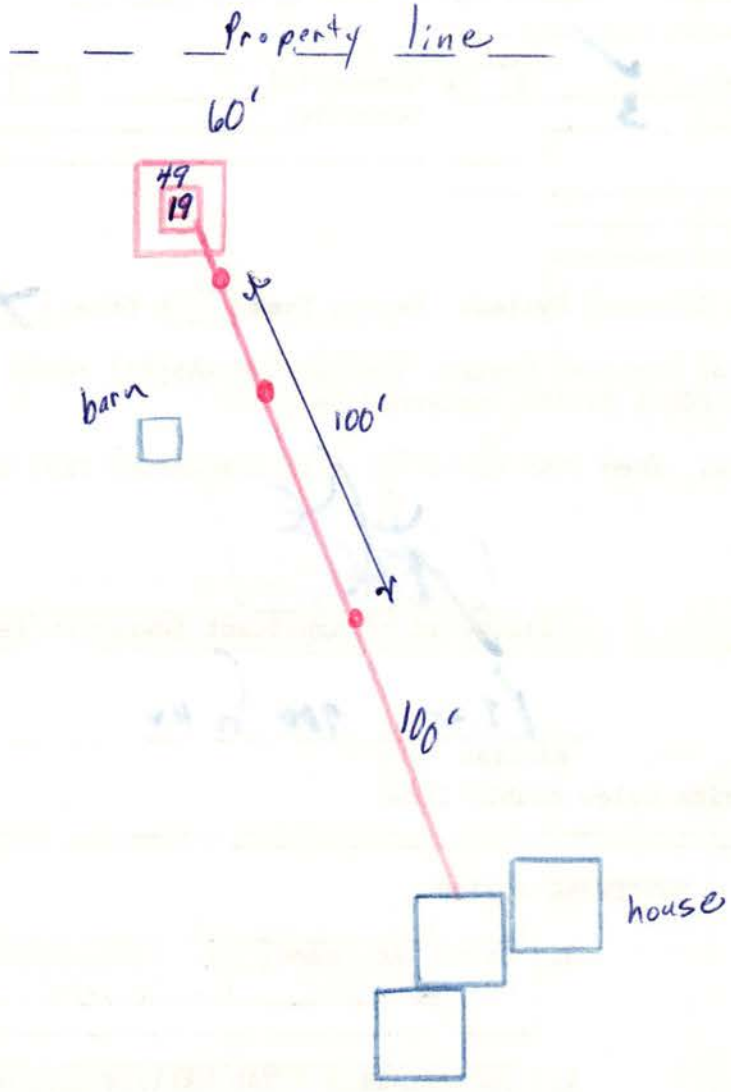
REVIEWING ACTION

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

2. Site Visits:
Date: 10-17-75 by: jw
Date: 10-20-75 by: jw
Date:_____ by:_____

3. Date: Approved ☒ ; Disapproved ☐ 10/19/75
by: Jerrold E. Hood

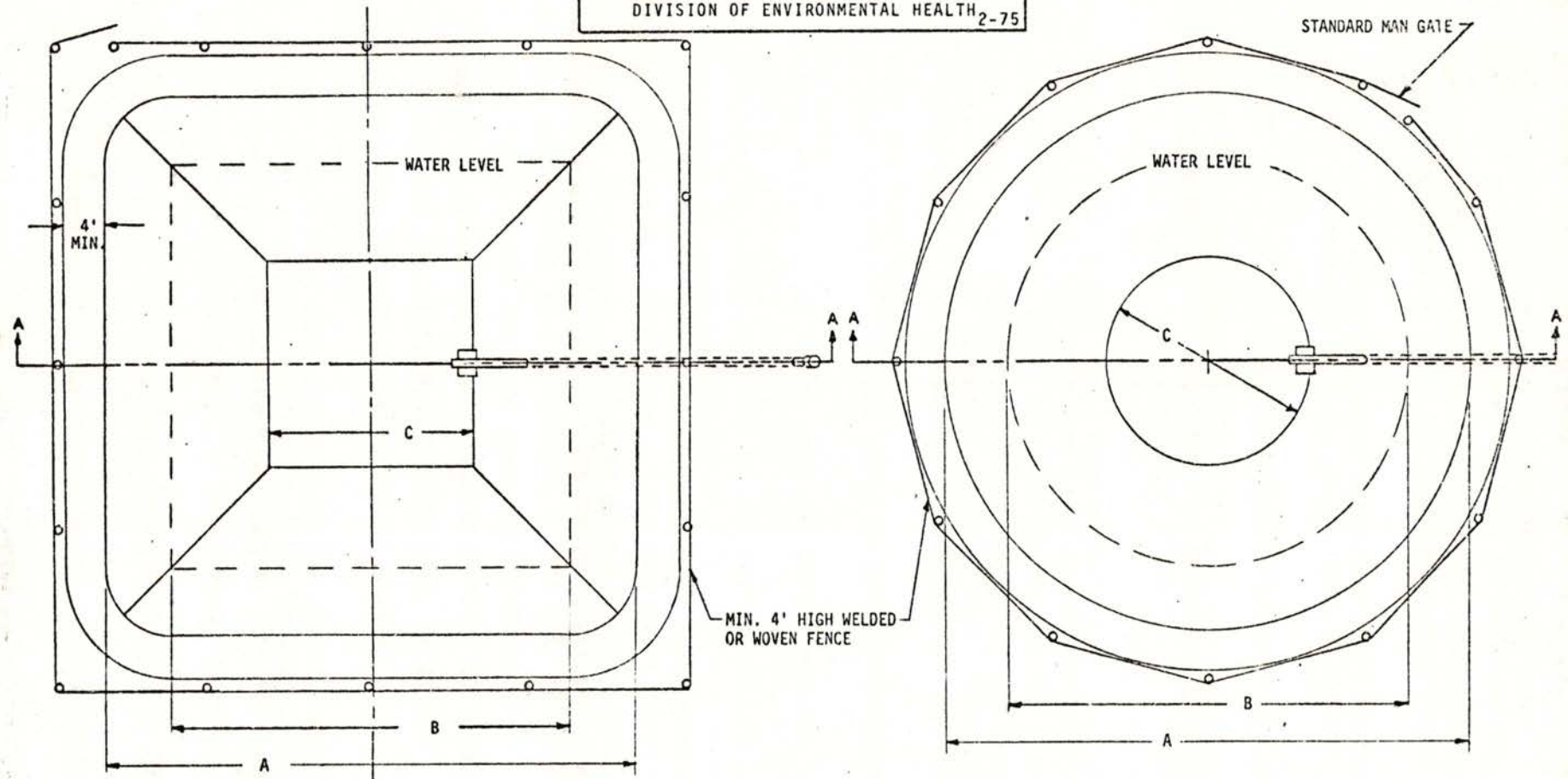
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-20-75 by: James Wewerka

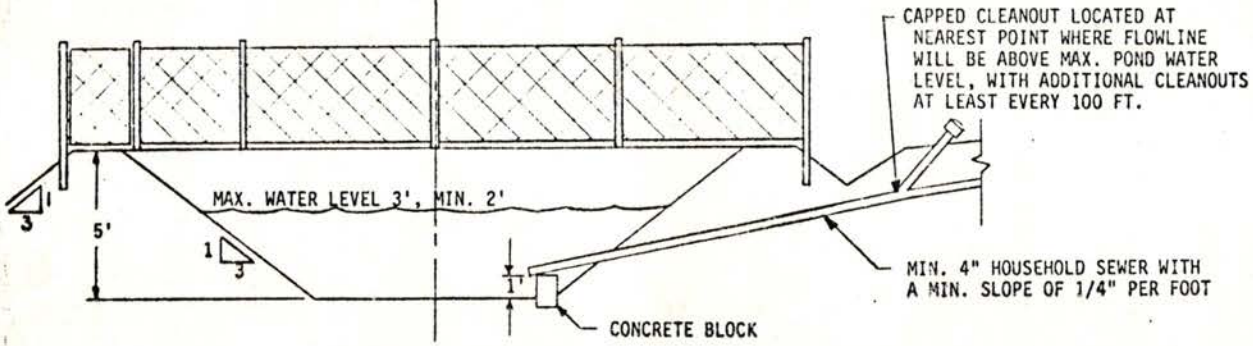


10-20-75

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT _____

HD-46(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 700 So 112th St

Twp 10N Range 7E Section ___ 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Between P Street and O Street on 112th

Location of Well Southwest of house by garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of trailer by garage Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Gary Ernst	700 So 112th St	
Tenant/Buyer:	Bob Bowman	1700 Yankee Hill Rd	423-0324
Return to:	Carl Kuehl	Home Sweet Estate 2555 So 70th St Lincoln, NE 68506	

Signature of Applicant Carl Kuehl Address 2555 So 70th St Date 3/17/00

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 3/16/00
Initials ___
Amount $150.00
Check No. 14627

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

PRELIMINARY STATUS--By John Chism **DATE:** 3/22/___

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ .6 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 3/22/00 by JC
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: If the tank has not been pumped recently it should be checked to see if it is necessary. INSPECTED SYSTEM. NO visible EVIDENCE OF surface discharge

See Attached Letter ☐

FINAL STATUS

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

Approved by John Chism Date ___/___/___

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.

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

Revised/Reprint: 10-95