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. 784-C

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

DATE: Apr 5 -76

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. 7N ; Range 6E; Section 14
   Block 17 ; Lot 1-7 ; Addition PRINCETON
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Norma Brashier for Princeton CMA Church
Signature of Applicant (Owner or Lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/5/76. Date Frwd. 4/5/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 4/5/76. Date Frwd. 4/5/76. ACTION: Approved ☒ Disapproved ☐ Signature: Bob Sons
3. City or County Engineer: Date Rec'd. 4/5/76. Date Frwd. 4/5/76. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

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. 784-C

DATE: Apr 5 - 76

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. 7N ; Range 6E ; Section 14 ; Block 17 ; Lot 1-7 ; Addition PRINCETON .
Street Address _____.

2. Property Use: Residential _____ ☐ ; Commercial _____ ☐
No. of Bedrooms _____ Describe: _____
Other Use CHURCH ☐
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).

Norm Berghin for Princeton CMA Church
Signature of Applicant (owner or lessee)

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 9-21-76 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 4/5/76
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-21-76 by: James Wevarka

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. 784-C

SPECIFICATIONS

DATE: Apr 5-76

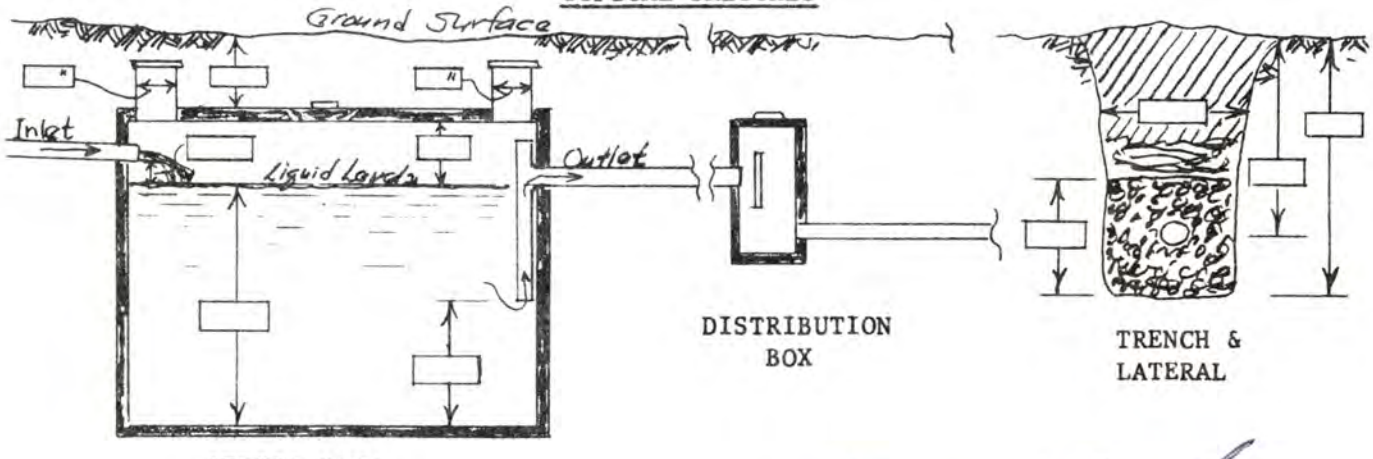
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLAS; 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: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 160 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 48 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



Norma Berglund
Signature of Applicant

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. 784-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7; Range 6
Section & ¼ Sect. 14
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: C+M A CHURCH
Address PRINCETON NEBR.

Dates of Tests: MAR 31 to APR 1. 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)
1	30	3/1	10:00	4/1	10:00	4/1	1:35	13 3/4	2:05	14 7/8	30	1 1/8	
2	"	"	"	"	10:00	"	"	9 1/2	"	10 1/2	"	1	
3	"	"	"	"	"	"	"	10 1/2	"	11 1/4	"	3/4	
4	"	"	"	"	"	"	"	9 1/2	"	10 1/4	"	3/4	
5	"	"	"	"	"	"	"	9 1/2	"	10	"	1/2	
6	"	"	"	"	"	"	"	8 3/4	"	9	"	1/4	

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

Norma Benton
Signature of Person Conducting Test

Address 5126 Benton
Phone: 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 5, 1976

Jerrold C. Hood
Signature of Reviewing Official

PROJECT ADDRESS PRINCETON CHURCH

PLAN CHECK REPORT NO. _____ PAGE 1 of _____

City of Lincoln
NEBRASKA

DEPARTMENT OF BUILDING & SAFETY

CHECKED BY	REVIEWER NO.	DATE	APPLICABLE CODE
J. HOOD		MAY 10, 1991	

ZONING	OCCUPANCY	TYPE OF CONSTRUCTION

REMARKS:

IMPORTANT

RETURN THIS REPORT WITH TWO SETS OF CORRECTED PLANS.

THE CORRECTIONS NOTED BELOW ARE REQUIRED TO BE MADE TO THE PLANS PRIOR TO ISSUANCE OF A PERMIT.

PLEASE INDICATE UNDER EACH ITEM NUMBER WHERE THE CORRECTION IS MADE BY PLAN SHEET NUMBER OR PLAN DETAIL NUMBER.

ITEM	CORRECTION OR COMMENT
	NOTE: MAKE SURE GUTTERS AND DOWNSPOUTS DO NOT DUMP OUT ONTO SEPTIC LATERAL FIELD BE SURE TO KEEP PARKING OFF OF SEPTIC LATERAL FIELD. AM SATISFIED AS TO WHERE LATERAL FIELD IS LOCATED.

X Approved ___ Denied ___ Plans Incomplete ___ No Review Req'd.

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. 784-C

SPECIFICATIONS

DATE: _____

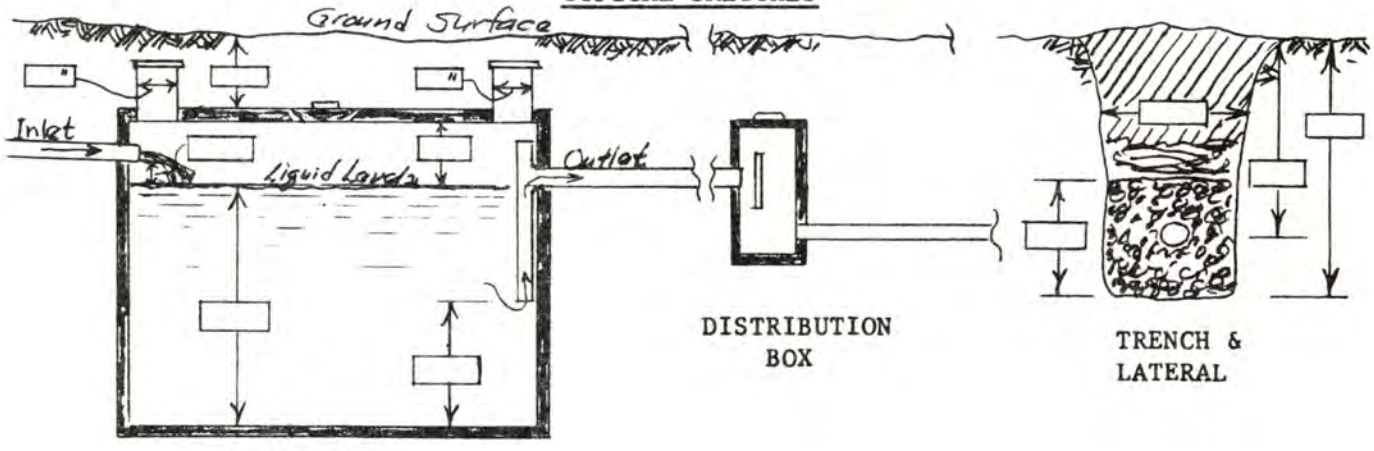
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBER GLASS; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company ORRA GLASS
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: HALF ROUND
2. Lateral Lines: Depth below grade 48 in.
Number 3; Length of each line 54 ft
Total length of Laterals 162 ft.;
Slope ____in/100 ft. Diameter of pipe 12 in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 6 ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom 16 in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 784-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

October 3, 1976 — THIS PERMIT EXPIRES

Norm Berghim for Princeton Church — ISSUED TO

Princeton, NE — ADDRESS

T7N; R6E; Sec. 14; B11 17; Lot 1-7; — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

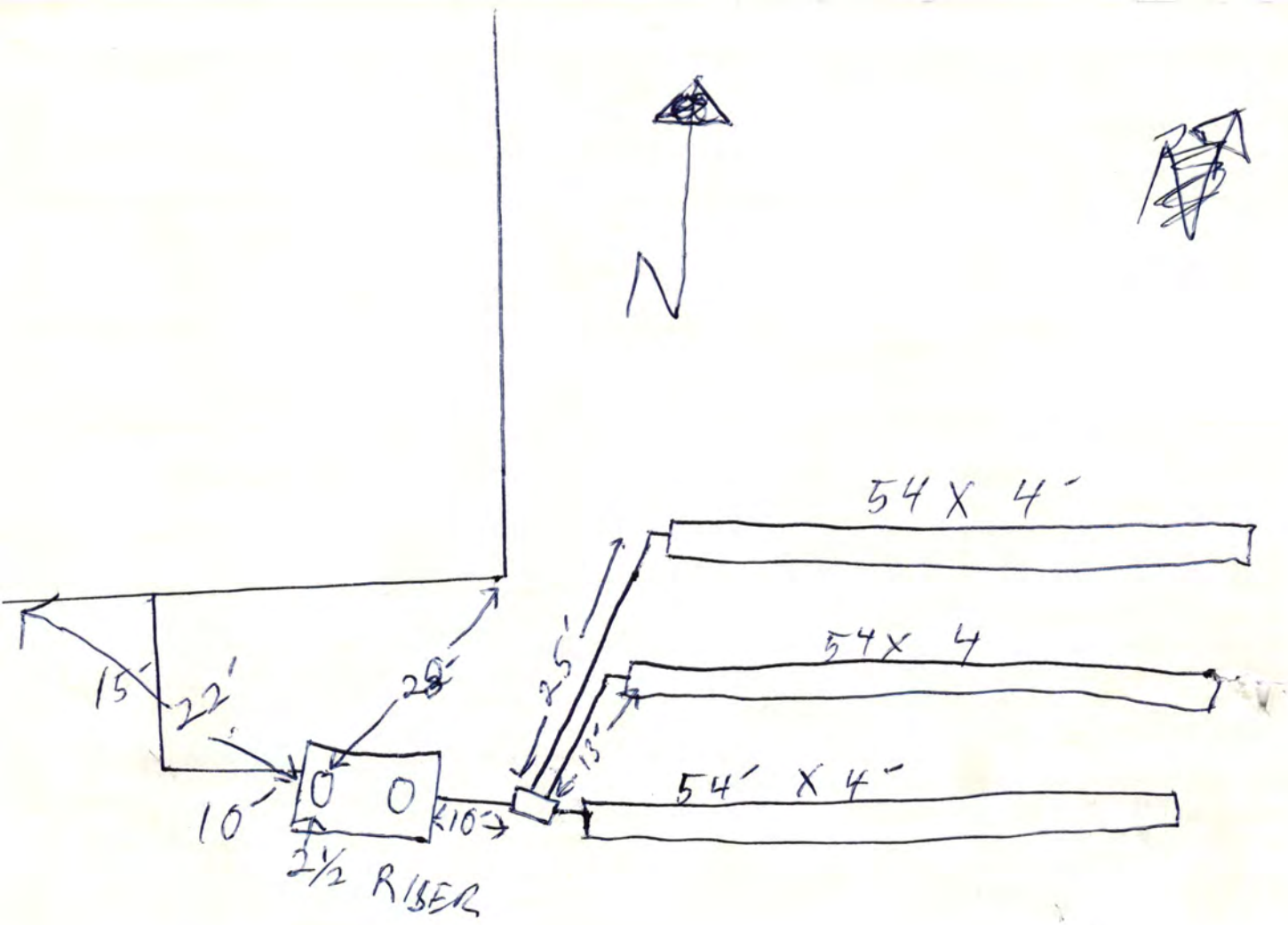
PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30100	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832



Norm Bergman
Lot. 21-76