LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1044-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 3, 1977 — THIS PERMIT EXPIRES

Carleton Flynn — ISSUED TO

Route 1, Mulberry Lane, Denton, NE 68339 — ADDRESS

T8N, R5E, Section 17, Bl. 4, Lot 1, Elsner Lakeside Estates — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health — ISSUING OFFICER

2832

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

NAME _____ DATE _____

Elsabar Fishtales Sinclair

Depth of holes 1½ feet deep

test started at 11:00 AM 5-2-77

TIME	DESCRIPTION OF ACTIVITY	CODE	HOURS
	#1 7½ 7¼ ¼		2:00-2:30
	#2 5⅞ 5⅜ ½		
	#3 7⅛ 6⅞ ¼		
	#4 6⅝ 6¼ ⅜		
	#5 9⅝ 9¼ ⅜		

96 min/sin

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. 1044-C

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

DATE: 4-22-77

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. 8N ; Range 5E ; Section 17
Block 4 ; Lot 1 ; Addition ELSNER LAKESIDE ESTATES
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 ☐

4. Distance to public sewer: 5 mi ft. GOPHER MOUND SYSTEM

Carleton G Flynn
Signature of Applicant (Owner or Lessee)

RT 1 Mulberry Lane
Address
Denton 68339

no easement on platted street

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/3/77 . Date Frwd. 5/3/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5-3-77 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer : Date Rec'd. 5/3/77 . Date Frwd. 5/3/77 . 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. 1044C

DATE: 4-29-77

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. 8N ; Range 5E ; Section 17 ; Block 4 ; Lot 1 ; Addition ELSNER LAKESIDE ESTATES.
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 ☐ GOPHER MOUND SYSTEM

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).

Carleton G Flynn
Signature of Applicant (owner or lessee)

Rt 1 Mulberry Lane
Address
Denton 68339

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 6-28-77 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 5/3/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: 6-30-77 by: James Werelius

Experimental system only provisional approval. To be replaced by approved system if malfunction occurs.

	#1	#2	#3	#4	#5	#6
9:40	18 3/4	20 1/2	22 3/4	21 3/4	22 1/2	20 1/4
	1/2	1/2	1/4	1/2	0	1
10:10	19 1/4	21	23	22 1/4	22 1/2	21 1/4
	0	1/2	1/2	1	1/4	1/2
10:40	19 1/4	21 1/2	23 1/2	23 1/4	22 3/4	21 3/4
						1

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 474-1541)

FILE NO. 1044-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 N: Range 5 E
Section & ¼ Sect. 17
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 x ; Clay Loam ; Sandy Clay

Owner: Carleton G. Flynn
Address: RT 1 - Mulberry Lane Denton 68339
Lot 1 Block

Dates of Tests: 4-28-77 to 4-29-77. Weather: Precip. NO Temp. 75

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				
Hold 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	18"	4-28	1PM	4-28	5:P	4-29	3P	6	4P		1Hr.		
2	18"	↓	↓	↓		↓	↓	↓	↓		↓		
3	18"												
4	18"												
5	18"									4½		1½	
6	18"												

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

Smith Sew Co. Danny Cooley
Signature of Person Conducting Test

Address 2425 Lost
Phone 475-4486

(Do not write below this line)

REVIEWING ACTION

REMARKS: Burchard-Nodaway Complex

DATE: May 3, 1977

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

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. _____

SPECIFICATIONS

DATE: _____

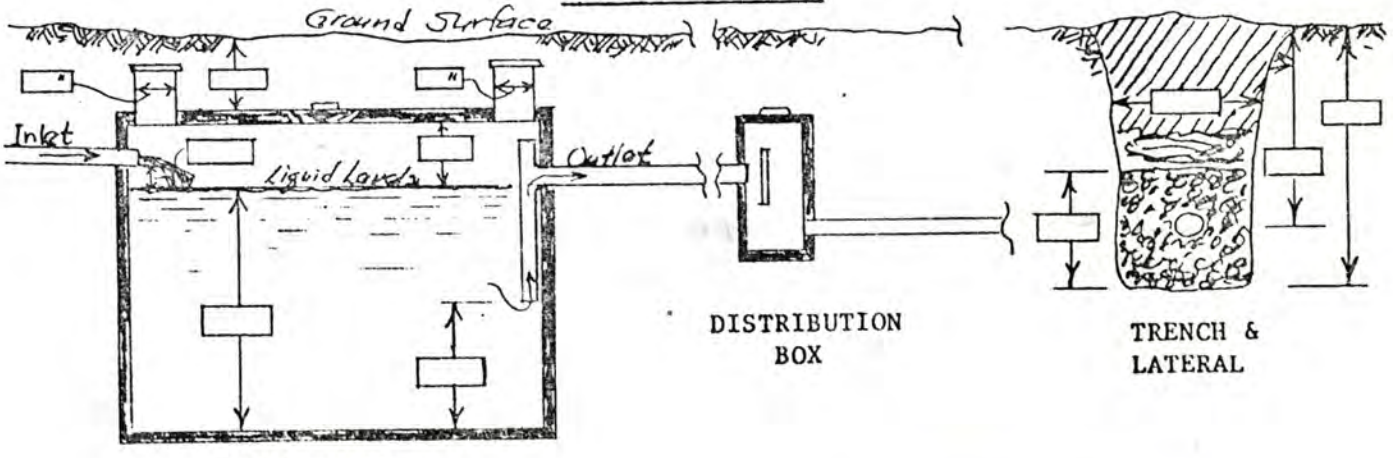
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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. DISTRICTION 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: PERFORATED PIPE
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals ____ft.; Slope ____in/100 ft. Diameter of pipe 4 in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ___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



SEPTIC TANK

_____
Signature of Applicant

(NOTE.) Measurements
To center of TANK

