LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1077-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

December 14, 1977
THIS PERMIT EXPIRES

Craig Watson 3915 H Street, Lincoln, NE 68510
ISSUED TO ADDRESS

T8N, R6E, Section 9 E½ of NW¼
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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. 1077-C

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

DATE: June 13, 1977

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 6E ; Section 9 East 1/2 of NW 1/4
   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 ☐

4. Distance to public sewer: ____ ft.

Craig Watson
Signature of Applicant (Owner or Lessee)

3915 H Lincoln 489-8447
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/13/77 . Date Frwd. 6/14/77 . ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. [illegible] . Date Frwd. 6-21-77 . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 6-21-77 . Date Frwd. 6-21-77 . 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._____

DATE: June 13th

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 6E ; Section Sec 9 E½ of NW¼ ; 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 ☐

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).

Craig Water
Signature of Applicant (owner or lessee)

3915 H Lincoln 489-8447
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 10-21-77 by: RM
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 11/3/77
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: by:

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: June 13

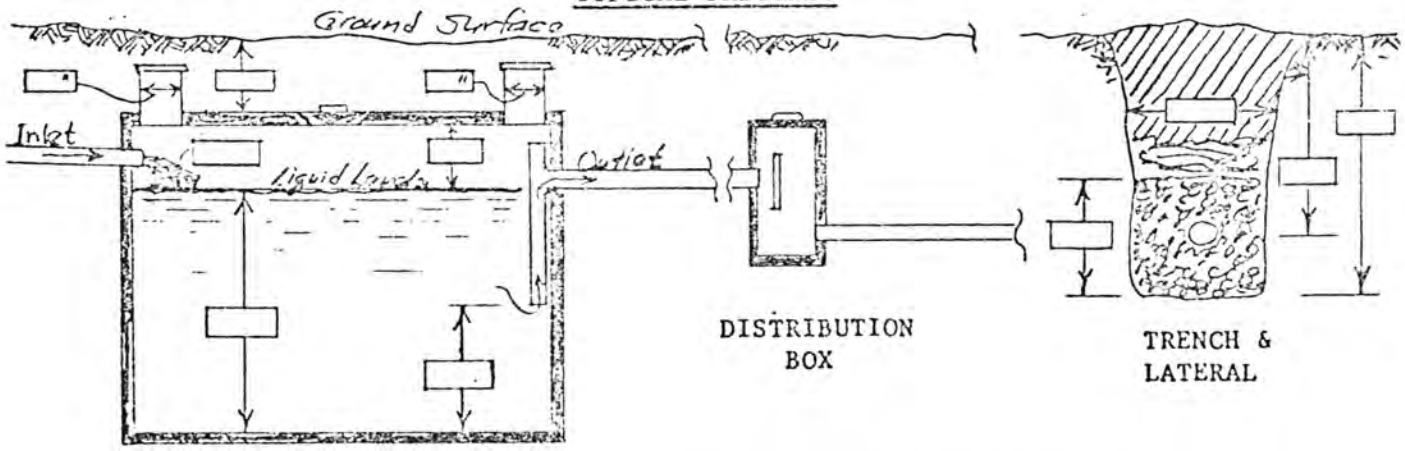
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 160 ft.; 214
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. (36)
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

DISTRIBUTION BOX

TRENCH & LATERAL

Craig Watson
Signature of Applicant

FORM HD- 43(73) SOIL ADSORPTION 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: Owner: Craig Watson

Location: Township 8N ; Range 6E
Section & ¼ Sect. E½ of NW¼ Sec 9 Address 3915 H Lincoln Nebr.

Property Dimensions: ___ ft. x ___ ft.
Area: 80 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: June 11 & 12 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)
		6/11		6/12		6/12	11:00	6"	11:30		30		
1										4 3/4		1¼	
2										½		5½	
3										2¾		2¼	
4										4 3/4		1¼	
5										5		1	
6										5½		½	
7										5½		½	
8										5½		½	
9										4¾		1¼	

John Stahmer
Signature of Person Conducting Test

Address 401 Teakwood Dr.
Phone: 489-2510

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

(Do not write below this line)

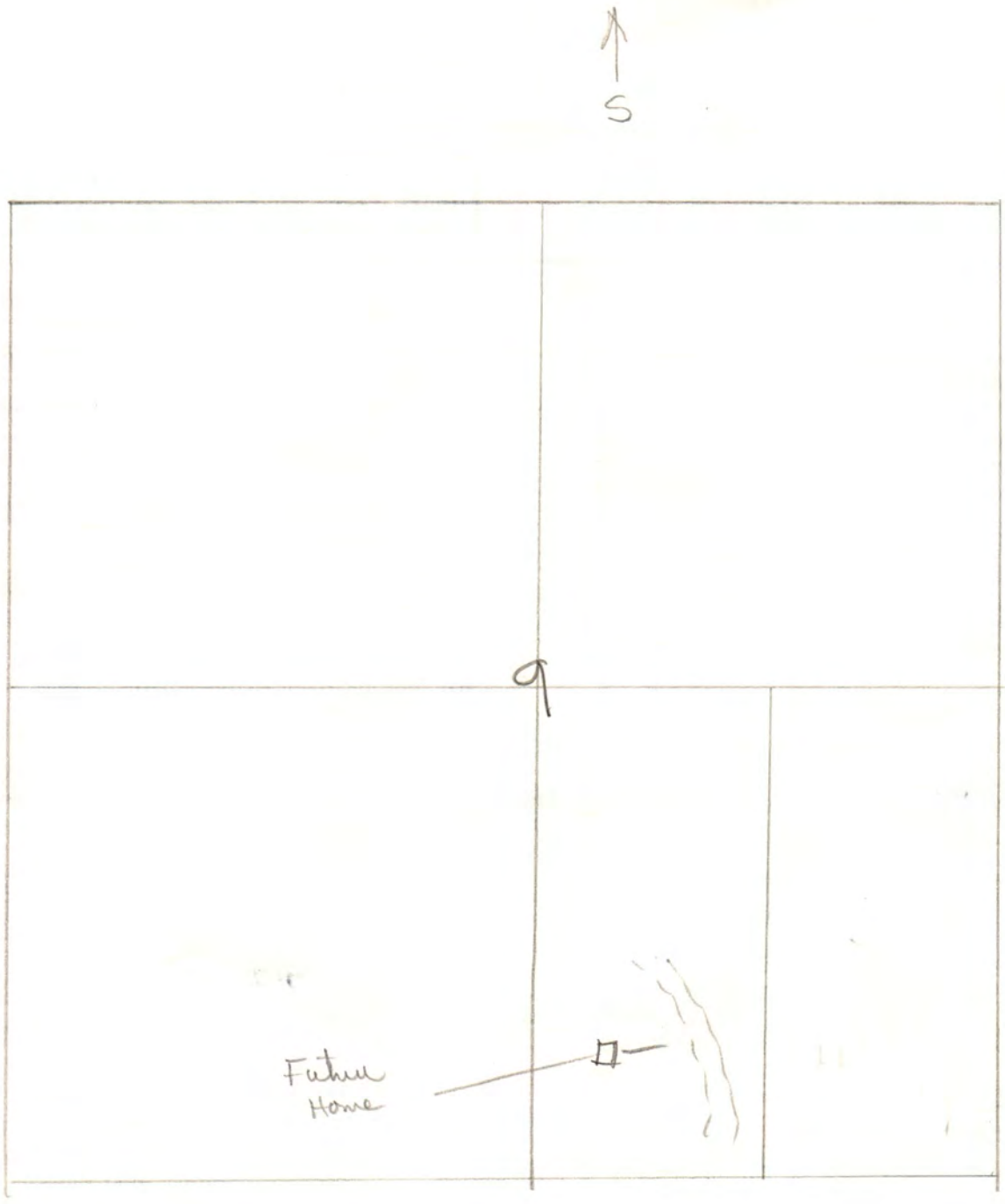
REVIEWING ACTION

REMARKS: Wymore silty clay loam (S.C.S.)

DATE: June 14, 1977

Approved Percolation Rate(s)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


S
Future
Home