FILE NO. 129

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 22, 1969 — THIS LICENSE OR PERMIT EXPIRES

Siegfried Pikschus — LICENSEE OR PERMITTEE

2263 Y Street — ADDRESS

T 9N; R 6E; Section NE¼ 3, Lot 91 I. T. (200 West Calvert)

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	110.16	148.14	6-2

1970

SERIAL NO.	DATE	AMOUNT

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-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 129

DATE: 10/21/69

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 6E; Section NE¼3;
Block _____; Lot 9 I.T.; Addition _____;
Street Address 200 West Calvert

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Siegfried Pitschus
Signature of Applicant (owner or lessee)

4263 "Y" Street
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 1/5/70 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 10/21/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/5/70 by: Jerrold C. Hood

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 129

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N ; Range 6E ; Section NE¼ 3 ;
Block ____; Lot 91 I.T.; Addition _____;
Street Address 200 West Calvert .

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

Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: Unknown ft.

Siegfried Pikenhue
Signature of Applicant (owner or lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/21/69. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 10/22/69. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. _____. Signature: Charles Seals By PD.

3. City Engineer: Date Rec'd. 10-22-69. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. 10-22-69. Signature: J. L. Blevins

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 129

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: 753 ft. x 317.60 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: Siegfried Pikscher
Address 200 West Calvert

Dates of Tests: 10-20 to 10-21. Weather: Precip. NO Temp. 60 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	10-20	9	10-20	1	10-21	9	6	930	5¼	30	¾	40-1¾
2	30	"	9	"	1	"	9	6	9 30	5	30	1	60- 2
3	30	"	9	"	1	"	9	6	9 30	5	30	1	60- 2
4	30	"	9	"	1	"	9	6	9 30	5	30	1	60- 2
5	30	"	9	"	1	"	9	6	9 30	4¾	30	1¼	60- 2½
6	30	"	9	"	1	"	9	6	930	4¾	30	1¼	40 - 2½

Sum of Percolation Rates _____
Average of Rates: 60 - 2 3/4
Mean of Rates: 29 - 1"

Signature of Person Conducting Test

Address 2525 R
Phone: 435-3321

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: October 21, 1969

Gerrold C. Hoob
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 129

SPECIFICATIONS

DATE: 10/21/69

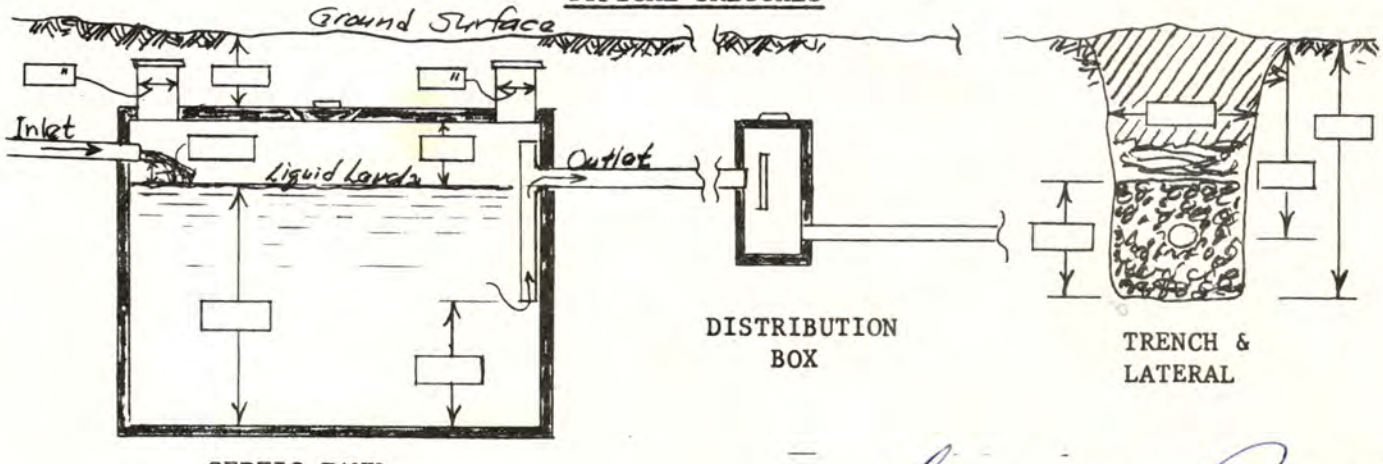
A. BUILDING SEWER:
1. Material Clay / ; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream 50 ft.; Pressure Line 50 ft.;
Property Line 20 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 59 in.
3. Factory Built: Yes [X] (Company Pre-cast) No [ ]
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade 8 in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line 50 ft.;
Stream 50 ft.; Pressure Line 50 ft.;
Property Line 20 ft.

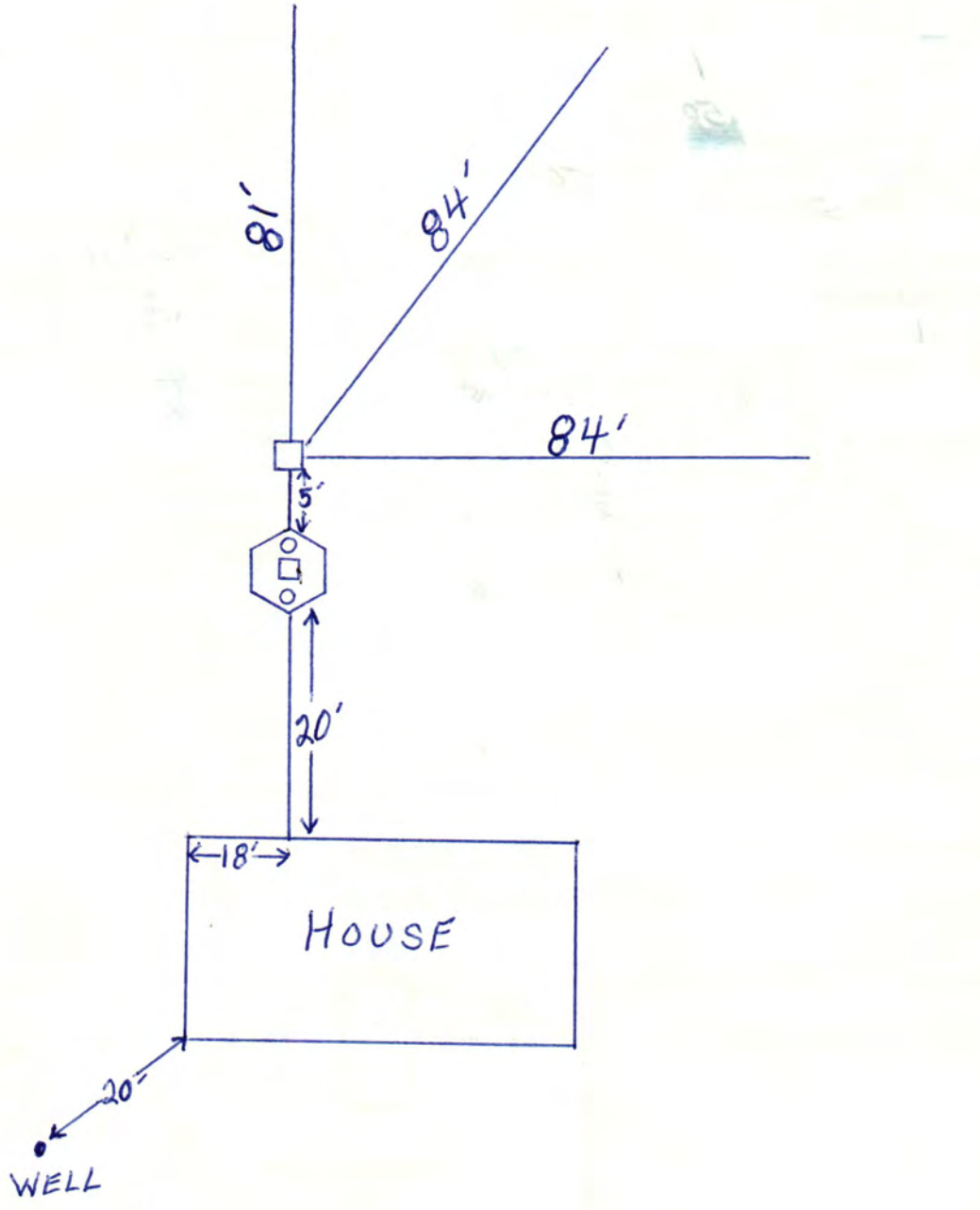
C. DISTRICTION BOX
1. Material Cement; No. available outlets 6.
2. Factory Built: Yes [X], (Company Pre-cast) No [ ]
3. Dimension: Length 18 in.; Width 12 in. Depth 9 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes [X], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Road gravel & Orangeburg
2. Lateral Lines: Depth below grade 32 in. Number 3; Length of each line ___ ft Total length of Laterals 250 ft.; Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape circle Material: concrete [ ]; fiber asbestos [X]; clay [ ]; other ___ Distance between lateral lines 6 ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: Road gravel. Depth of material from trench bottom 22 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream 100 ft.; Pressure Line 50 ft.
Property Line 20 ft.
6. Percolation Rate: 29-1 minutes/inch

TYPICAL SKETCHES



Siegfried Pikschus
Signature of Applicant


N
W
E
S
81'
84'
84'
5'
20'
18'
HOUSE
20'
WELL

COL1 2/1/00 000207001 1of

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.

LCR 4254

Legal Description of Property: Street Address 200 West Calvert

Twp 9N Range 6E Section 3 1/4 NW 1/4 Block ___ Lot 9 Addition ___

Directions to Property ___

Location of Well S.W. Corner of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System N. Side of House Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	Ernie Weyeneth	Unit 32 3901 S. 27th Lincoln Nebr 68502-5703	423-4223
Tenant/Buyer:	Mark Tritch	2341 Shepard St Milford, Nebr. 68405	761-3444
Return to:	Mark Tritch	Same	

Signature of Applicant Mark Tritch Address 2341 Shepard St Milford, Nebr Date 1/19/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 01/19/00
Initials ___
Amount 150.00
Check No. 10485

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/24/00

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 2/1/00 by CH
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: TWO BOLTS MISSING OUT OF WELL CAP. WELL CAP LOOSE. ONE OF SEPTIC SYSTEMS THREE LATERALS APPEARS TO GO UNDER BUILDING TO THE NORTH. 2/1/00 Bolts in cap. CH. No evidence of malfunction of the septic system. However a septic lateral under a building will decrease the effectiveness of that lateral. Hence approval is provisional. If the septic tank has not been pumped recently it should be checked to see if it is needed. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 2/3/00

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