# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 225

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

April 15, 1972
THIS LICENSE OR PERMIT EXPIRES

Vern A. Jansky — 630 K Street
LICENSEE OR PERMITTEE — ADDRESS

T9N; Range 6E; Section 5; Block 1; Lot 4; Pioneer Estates Addition
NAME OF ESTABLISHMENT, IF ANY — LEGAL DESCRIPTION — ADDRESS

REMARKS: Non-Transferable

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

| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
|---|---|---|---|
| 624 ~~110.15~~ 1535 | 110.16 | 148.14 | 6-2 |

| 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. 225

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 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 5;
Block 1; Lot 4; Addition Pioneer Estates
Street Address _____.

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.)

Signature of Applicant (owner or lessee)

6230 K
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 11/16/71 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 10/15/71
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/16/71 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. 225

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 5; Block 1; Lot 4; Addition Pioneer Estates
Street Address _____.

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: _____ ft.

Verna Davis
Signature of Applicant (owner or lessee)

630 K
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/15/71. Date Frwd. 10/15/71. ACTION: Approved [X] Disapproved [ ] Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10/15/71. Date Frwd. 10/15/71. ACTION: Approved [X] Disapproved [ ] Signature: Chas Seale By BS

3. City Engineer: Date Rec'd. 10/15/71. Date Frwd. _____. ACTION: Approved [✓] Disapproved [ ] Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Date Applicant Notified: _____ Signature _____

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. 225

SPECIFICATIONS

DATE: _____

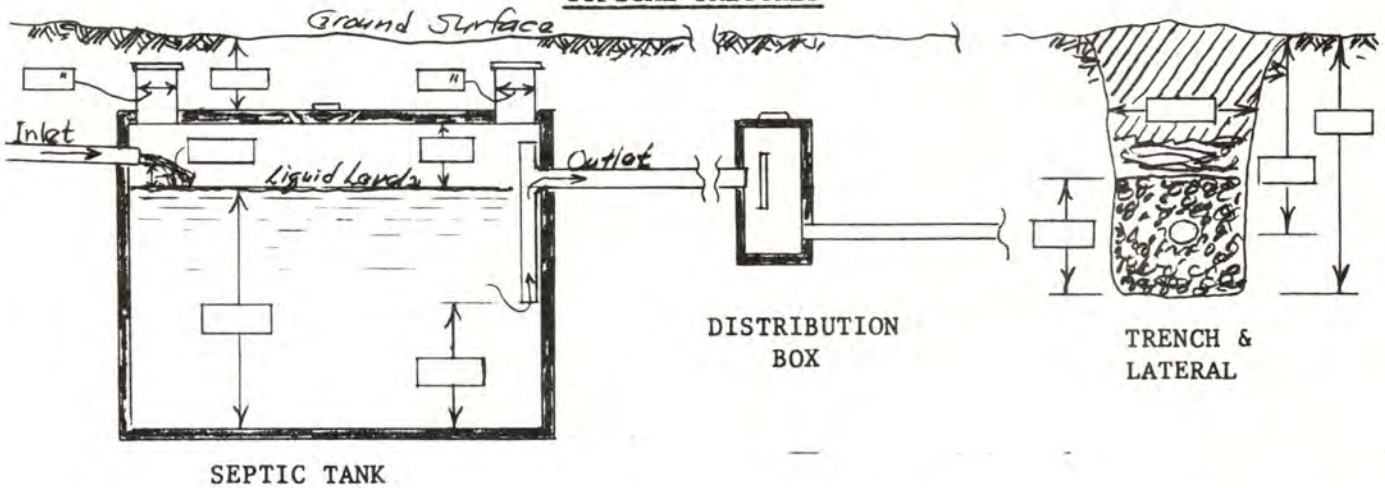
A. BUILDING SEWER:
1. Material PLASTIC Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 23½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS)
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.

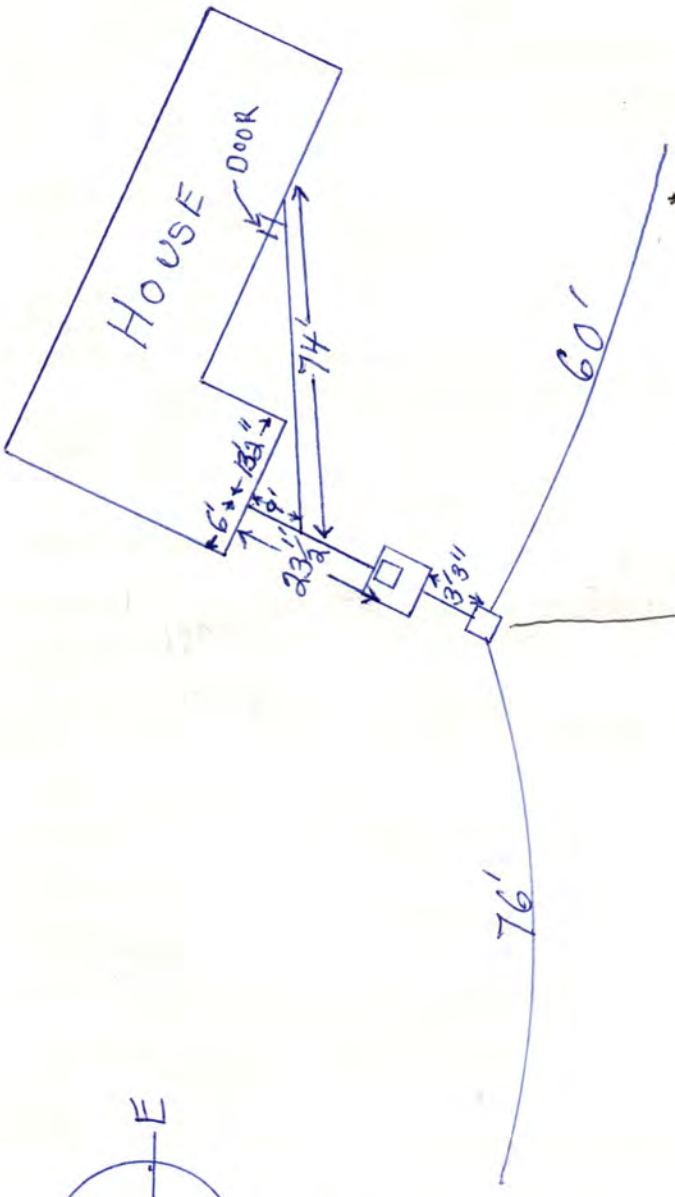
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 3'3" ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line ___ft
Total length of Laterals 136 ft.;
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ∩
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.;
Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 130 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES




Signature of Applicant




⊗ well

abandoned, but did not observe this procedure

lateral covered except for ends
lateral appeared to actually go uphill — this was caused by new lateral added
Not approved

Lew Wood said that the last two sections of half moons had been pushed upward & out of place when the gravel was dumped in.

