FILE NO. 325

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 1, 1973 — THIS LICENSE OR PERMIT EXPIRES

Don Cotton — LICENSEE OR PERMITTEE

3260 South 31st Street — ADDRESS

T9N; R6E; Section 9. — 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
110.15	110.16	148.14	6-2

624-1335

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. _____

DATE: May 1, 1973

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 9;
Block _____; Lot _____; Addition _____;
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.)

Donald Claramma Cotton
Signature of Applicant (owner or lessee)

3260 So 31 St
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: 10/18/73 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 5/1/73
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/18/73 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. 325

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 9;
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.

Donald Clarence & Cattau
Signature of Applicant (owner or lessee)

3260 So 31 St
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/1/73. Date Frwd. 5/2/73.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood M.D.

2. Supt. Bldg. Insp.: Date Rec'd. 5-2-73. Date Frwd. 5-7-73.
ACTION: Approved ☐ Disapproved ☒
Signature: Thos. Seale By Bob Skinner

3. City Engineer: Date Rec'd. 5-2-73. Date Frwd. 5-7-73.
ACTION: Approved ☐ Disapproved ☐
Signature: [illegible]

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N R6E
Section & ¼ Sect. 9
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: DONALD COTTON
Address _____

Dates of Tests: 4/29/73 to 5/1/73. Weather: Precip. 0 Temp. 50 F.
Rain day and night before.

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	4/29				5/1	10:22	6	10:52	5½	30	½	60
2	30	4/29				5/1	10:26	6	10:56	5⅜	30	⅜	80
3	30	4/29				5/1	10:29	6	10:59	5½	30	½	60
4	30	4/29				5/1	10:32	6	11:02	5⅜	30	⅝	48
5	30	4/29				5/1	10:35	6	11:05	5¼	30	¾	40
6	24	4/29				5/1	10:37	6	11:07	5	30	1	30

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

Gerrold C. Hood R.S.
Signature of Person Conducting Test

Address 2200 St. Mary's Ave
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: I believe there is better soil in the area and an attempt to find and utilize it should be made.

DATE: May 1, 1973

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood R.S.
Signature of Reviewing Official

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township T9N R6E Sec 9
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Don Cotton
Address _____

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

Dates of Tests: 9-19-73 to 9-20-73. Weather: Precip. Some Temp. 83 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	36					9-20	2:50	16 1/4	3:20	16 1/2	30	1/4	
2	36					9-20	2:50	16 1/2	3:20	17	30	1/2	
3	36					9-20	2:50	24 1/4	3:20	25 1/4	30	1	
4	36					9-20	2:50	21 1/8	3:20	21 1/2	30	3/8	
5	36					9-20	2:50	20	3:20	22 1/4	30	2 1/4	
6	36					9-20	2:50	21	3:20	21 1/4	30	1/4	

James Wevedka for Health Dept
Signature of Person Conducting Test

Sum of Percolation Rates _____
Average of Rates: .7708/30
Mean of Rates: _____

Address 4301 "D"
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 9-24-73

_____
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. _____

SPECIFICATIONS

DATE: _____

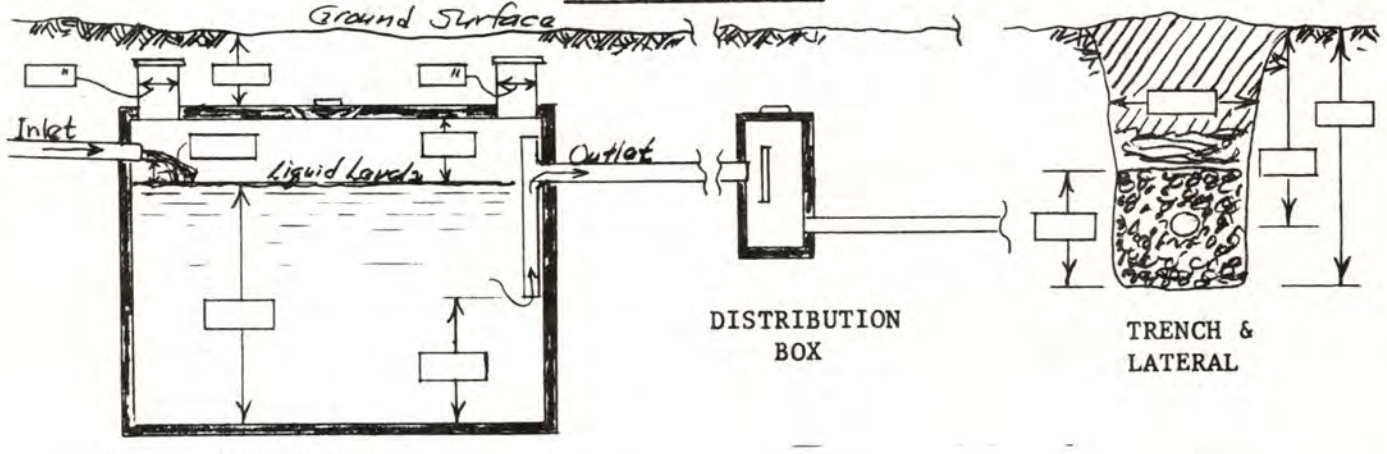
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 628' ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 50+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line 20+ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 100+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line 20+ ft.

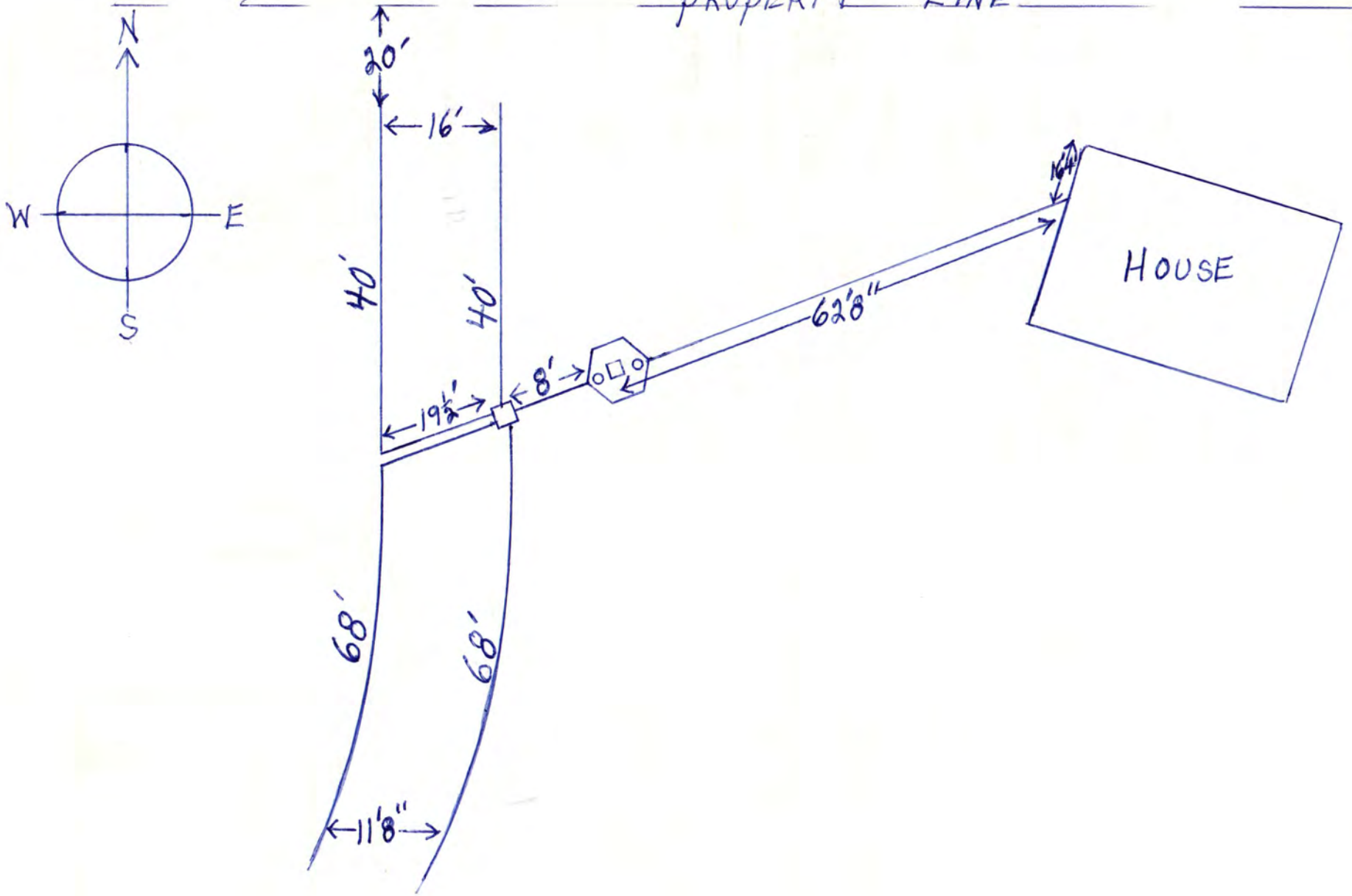
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 4; Length of each line ___ft Total length of Laterals 200 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream — ft.; Pressure Line — ft.
Property Line 20 ft.
6. Percolation Rate: 40 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


PROPERTY LINE
N
W
E
S
20'
16'
40'
40'
16½'
8'
19½'
62'8"
HOUSE
68'
68'
11'8"

Lincoln-Lancaster County Health Department

P5252-17
P5612-16

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.

Legal Description of Property: Street Address 4301 SW 12th Lincoln, NE 68523

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

Directions to Property South of Burnham Road to end of lane.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	(Mrs) Clorameller Cotton	4301 SW 12th Lincoln, NE 68523	423-0804
Tenant/Buyer:	David Asper	1100 Evergreen Dr. Lincoln, NE 68510	483-4716 home 486-7803 work
Return to:	David Asper	1100 Evergreen Dr. Lincoln, NE 68510	

Signature of Applicant David A. Asper Address 1100 Evergreen Drive Lincoln NE 68510 Date 12/08/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 12/11/98
Initials JS
Amount 150.00
Check No. 4441

DATA ENTRY

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 12/14/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☒ ~~present~~ /ml Corrected
Nitrate	☒ 3.8 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits

Date 12/21/98 by [illegible] cl2>2.0
Date 12/22/98 by [illegible]
Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart RS. Date 12/29/98

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