FILE NO. 1428

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 10, 1970 — THIS LICENSE OR PERMIT EXPIRES

Donald R. Hughes — LICENSEE OR PERMITTEE

6610 Plumwood Lane, Lincoln, NE 68516 — ADDRESS

T9N, R6E, Section 9, Addition South Coddington — NAME OF ESTABLISHMENT, IF ANY

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	
SERIAL NO. 018754	DATE	AMOUNT		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1428

DATE: 10-9-78

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 6E ; Section 9 ;
   Block ____ : Lot ____ : Addition ~~Plagmeier Estate~~ SEE ATTACHED
   Street Address South Coddington

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe ____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Distance to public sewer: ____ ft.

Donald L Hughes
Signature of Applicant (Owner or Lessee)

6610 Plumwood Lane
Address
Lincoln Ne.

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/10/78. Date Frwd. 10/10/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/10/78. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary A. Thurwood

3. City or County Engineer: Date Rec'd. 10-10-78. Date Frwd. 10-10-78. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn D Bartels

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 12-5-78 by: RM *
Date: 12-7-78 by: RM *
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-4-79 By: Donald Wagner

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* ~~Not Issued~~

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 9.
Property Dimensions: 285.15 ft. x 763.96 ft. Area: 5.001 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-4 to 10-5. Weather: Precip. 0 Temp. 65°.

OWNER: DONALD R. HUGHES

Address: 6610 PLUMWOOD

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10-4	7 00	10-5	6 25	10-5	6 25	14½	10 25/10-5				
2	36	10-4	7 15	10-5	6 25	10-5	6 25	10½	10 25/10-5				
3	36	10-4	7 30	10-5	6 30	10-5	6 30	22½	10 30/10-5				
4	36	10-4	7 45	10-5	6 35	10-5	6 35	21	10 35/10-5				

Donald R Hughes
Signature of Person Conducting Test

Address 6610 Plumwood Lane Phone 483-6263

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 9, 1978

Approved Percolation Rate (a)
A. 480 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

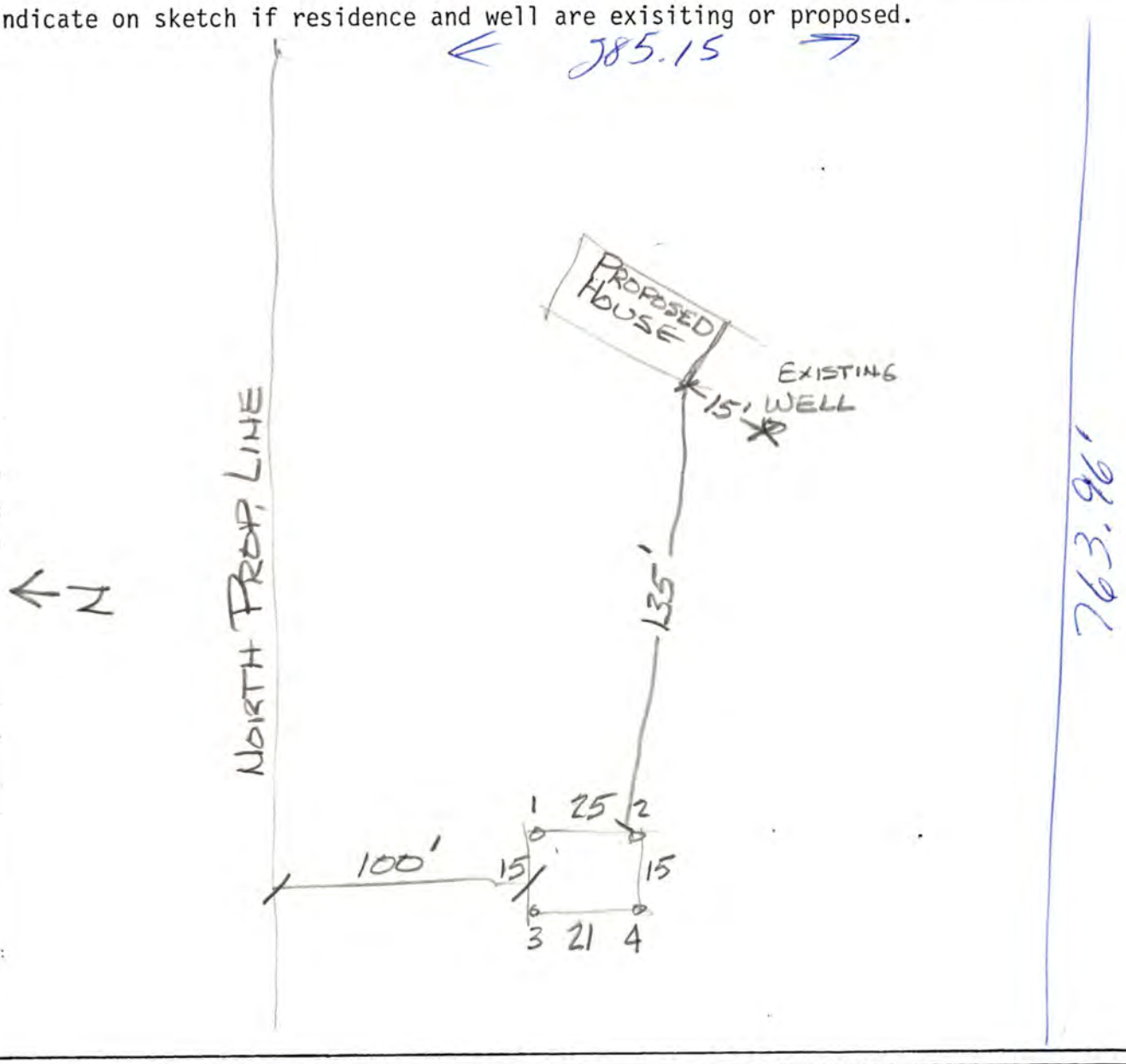
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: Lagoon indicated

Date: October 9, 1978

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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
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D

DATE: 12-26-78

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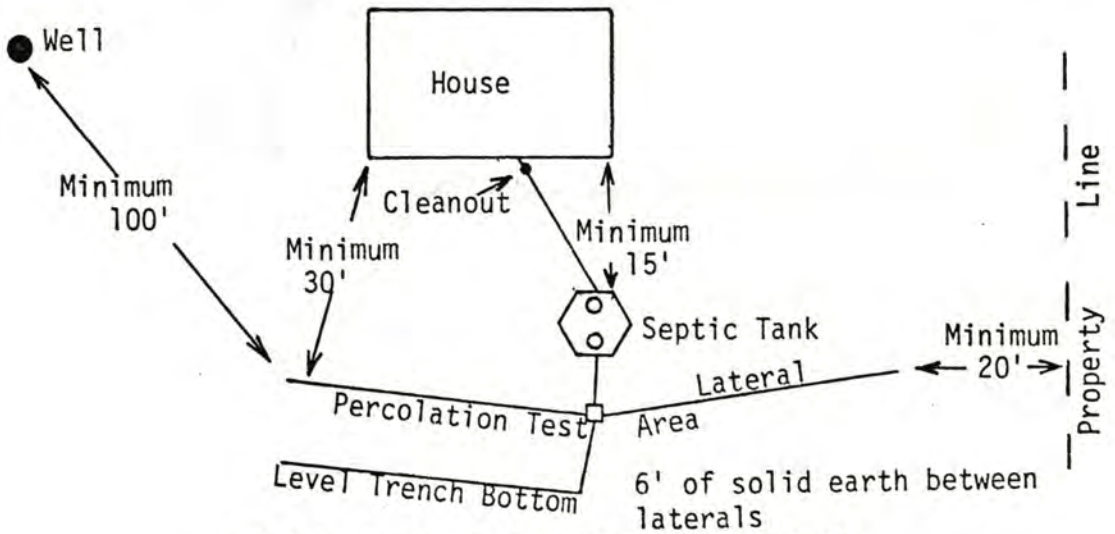
SPECIFICATIONS AS BUILT Dan Hughes T9N, R6E, Section 9 Odd South

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling ~~and septic tank~~ and Lagoon 165 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 115 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 ____; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐
(Company ____)
3. Distance from Septic Tank ____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number ____; Length of each line ____, ____, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width ____ ft.;
Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: ____
Depth of Material ____ in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 12-26-78 INSTALLER Raymond Gilbert

