#1769

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 21, 1981
THIS LICENSE OR PERMIT EXPIRES

Michael J. Smith 2442 Norman Lincoln, NE 68502
LICENSEE OR PERMITTEE ADDRESS

T9N, R6E, Section SW¼ 9, Lot 8 Irregular Tract
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
57151	[illegible]	60.00

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

FILING FEE: $ 60.00

FILE NO. 1769

DATE: _____

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 SW¼ SEC 9 ;
   Block _____ : Lot 8 I.T. : Addition _____
   Street Address 2401 W. CLAIRE
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

EXPERIMENTAL SYSTEM

Michael J Smith (OWNER)
Signature of Applicant (Owner or Lessee)

2441 NORMAN RD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/21/81 . Date Frwd. 4/21/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/21/81 . Date Frwd. 4/21/81 . ACTION: Approved ☐ Disapproved ☐ Signature: Rodger Harris
3. City ~~or County~~ Engineer : Date Rec'd. 4-21-81 . Date Frwd. 4-21-81 . ACTION: Approved ☒ Disapproved ☐ Signature: M Long

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-11-83 by: JMM
Date: 8-12-83 by: JMM
Date: _____ by: _____

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

Experimental

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-23-84 By: Ron Maynard

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPOR
(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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section SW¼. Sec 9
Property Dimensions: 556 ft. x 391 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-15-81 to 4-16-81 . Weather: Precip. 0 Temp. HIGH 65 LOW 30

OWNER: MICHAEL J SMITH

Address: 2441 NORMAN RD

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"	4/15	8AM	4/16	9AM	4/16	9:30AM	6"	1:30PM	4½"	240	1½"	160/1
2	36"	4/15	8AM	4/16	9AM	4/16	9:30AM	6¾"	1:30PM	3¼"	240	3½"	68.6/1
3	36"	4/15	8AM	4/16	9AM	4/16	9:30AM	7¼"	1:30PM	3"	240	4¼"	56.47/1
4	36"	4/15	8AM	4/16	9AM	4/16	9:30AM	7¼"	1:30PM	5½"	240	1¾"	137/1
5	36"	4/15	8AM	4/16	9AM	4/16	9:30AM	7½"	1:30PM	4¾"	240	2¾"	87/1
6	36"	4/15	8AM	4/16	9AM	4/16	9:30AM	6¾"	1:30PM	3¾"	240	3"	80/1

Sum of Percolation Rates: 589/1
Average of Rates: 98/1
Mean of Rates: 108/1

Michael J Smith
Signature of Person Conducting Test

Address 2441 NORMAN RD Phone 423-2216

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: April 21, 1981

Approved Percolation Rate (a)
A. 87 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

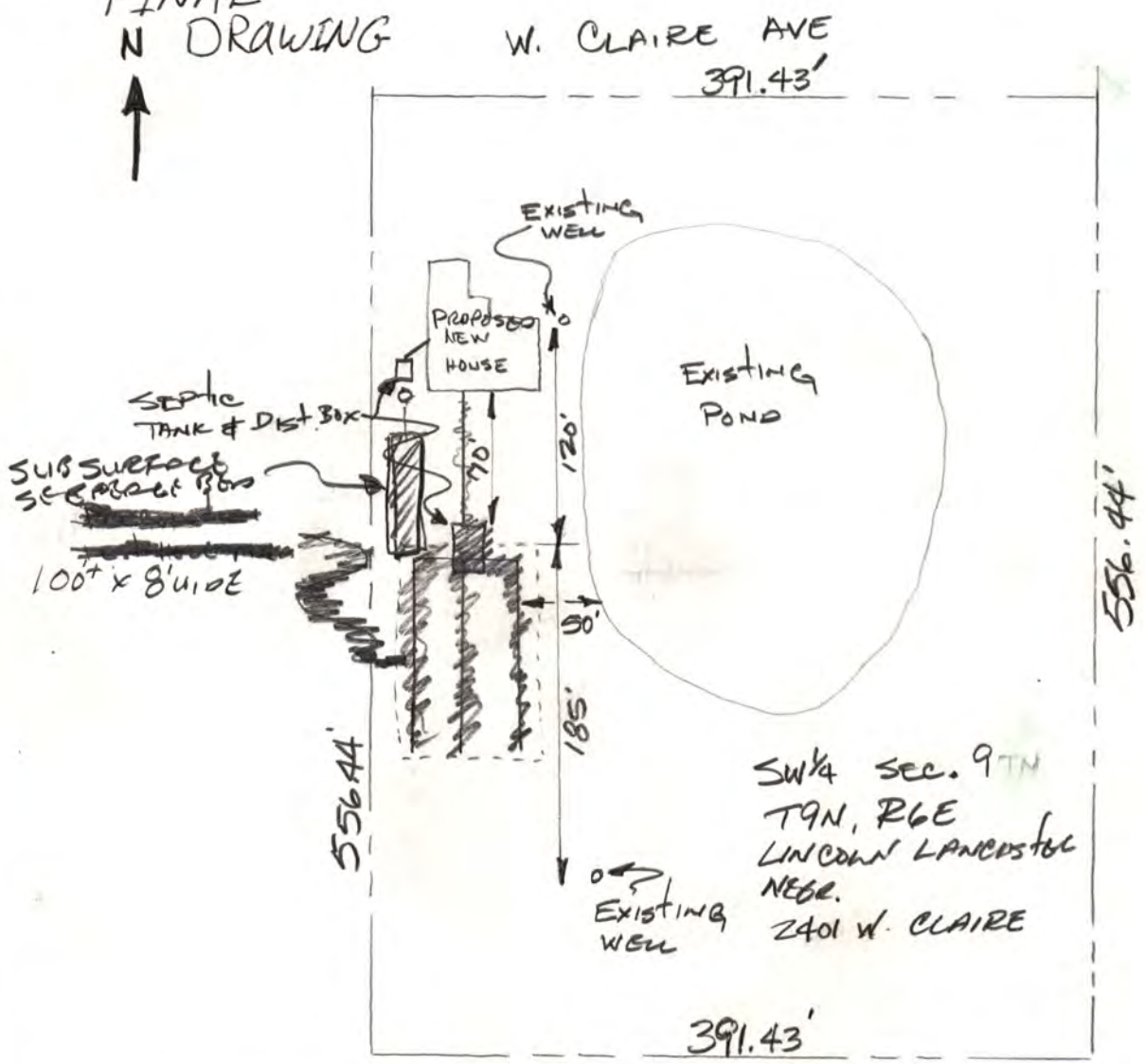
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: Draw final drawing on C sheet.

Date: April 21, 1981

Minimum Design Requirement
1. Capacity of Septic Tank 1000 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2-6-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION SW¼ 9; BLOCK —

LOT 8IT; ADDITION _____; Street Address 2401 WEST CLAIRE

Directions to Property SOUTH 1.2 MILES ON CODDINGTON FROM PIONEER PARK - WEST ½ MILE ON W. CLAIRE - (SOUTH SIDE OF ROAD)

Location of Well IN FRONT Tap Location: Inside ☐ Outside ☐

Location of Sewage System DRAINS TO SOUTH Year Installed 1981

	NAME	ADDRESS	PHONE
Present Owner:	MICHAEL SMITH	1542 So 1st WORK	475-8087
Tenant/Buyer:	JACK MORRIS	2121 CALVERT	
Return to:	HOME REAL ESTATE - DONNA HINKLEY	225 NO COTNER	467-4663

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Donna Hinkley Address 225 No Cotner 68505

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 6, 1991 Received $150.00 Check ☒ Cash ☐

FRONT WELL ONLY

PRELIMINARY STATUS--DATE 2/8/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 2/8/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: PROVISIONAL APPROVAL ON SEWAGE SYSTEM SINCE IT IS OF AN EXPERIMENTAL VARIETY. SYSTEM IS NOW 6 YEARS OLD. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE FEBRUARY 13, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832