CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 45

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

October 15, 1968
THIS LICENSE OR PERMIT EXPIRES

C. M. Roberts
LICENSEE OR PERMITTEE

1640 South 58th Street
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T 9N; R 6E; NE 1/4 of Sec. 9
ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
12811 MR15		30.00

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-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. 45

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 9;
Block ____; Lot ____; Addition ____;
Street Address ____.

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

Other Use ____ ☒
Describe: PRIVATE HORSE CLUB

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

4. Distance to public sewer: OVER 300 ft.

C. McRoberts
Signature of Applicant (owner or lessee)

1640 1058
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/15/68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4/15/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4/15/68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4/16/68. Signature: R. L. Hopkins

3. City Engineer: Date Rec'd. ____. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4-15-68. 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. 45

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

Owner: _____
Address _____

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

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ___F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36	4/10-8	7:30 AM	4-11-8	8:30 AM	4/11/8	9:00 AM						
2	36	4-10-8	"	"	"								
3	36	4-10-8	"	"	"								
4	36	4-10-8	"	"	"								
5	36	4-10-8	"	"	"								
6	36	4-10-8	"	"	"								
7	36	4-10-8	"	"	"								
8	36	4-10-8	"	"	"								

L. M. Roberts
Signature of Person Conducting Test

Address 1640 to 58 Lincoln
Phone: 489-2547

Sum of Percolation Rates 1.43/in
Average of Rates: 30/1 in
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

REMARKS: Appears as might be expected

DATE: _____

Approved Percolation Rate(s)
A. ~~[illegible]~~ min./inch
B. 30/1 in min./inch
C. _____ min./inch

Jerrold C. Hood
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. 45

SPECIFICATIONS

DATE: April 15, 1968

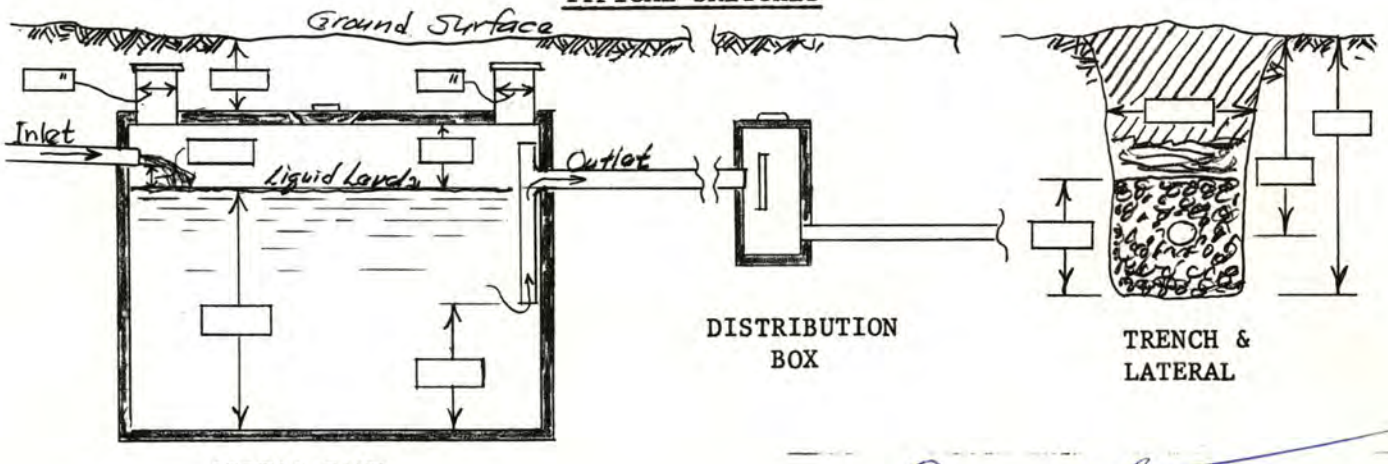
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line 160 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONC.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
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 4 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 200 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line 160 ft.

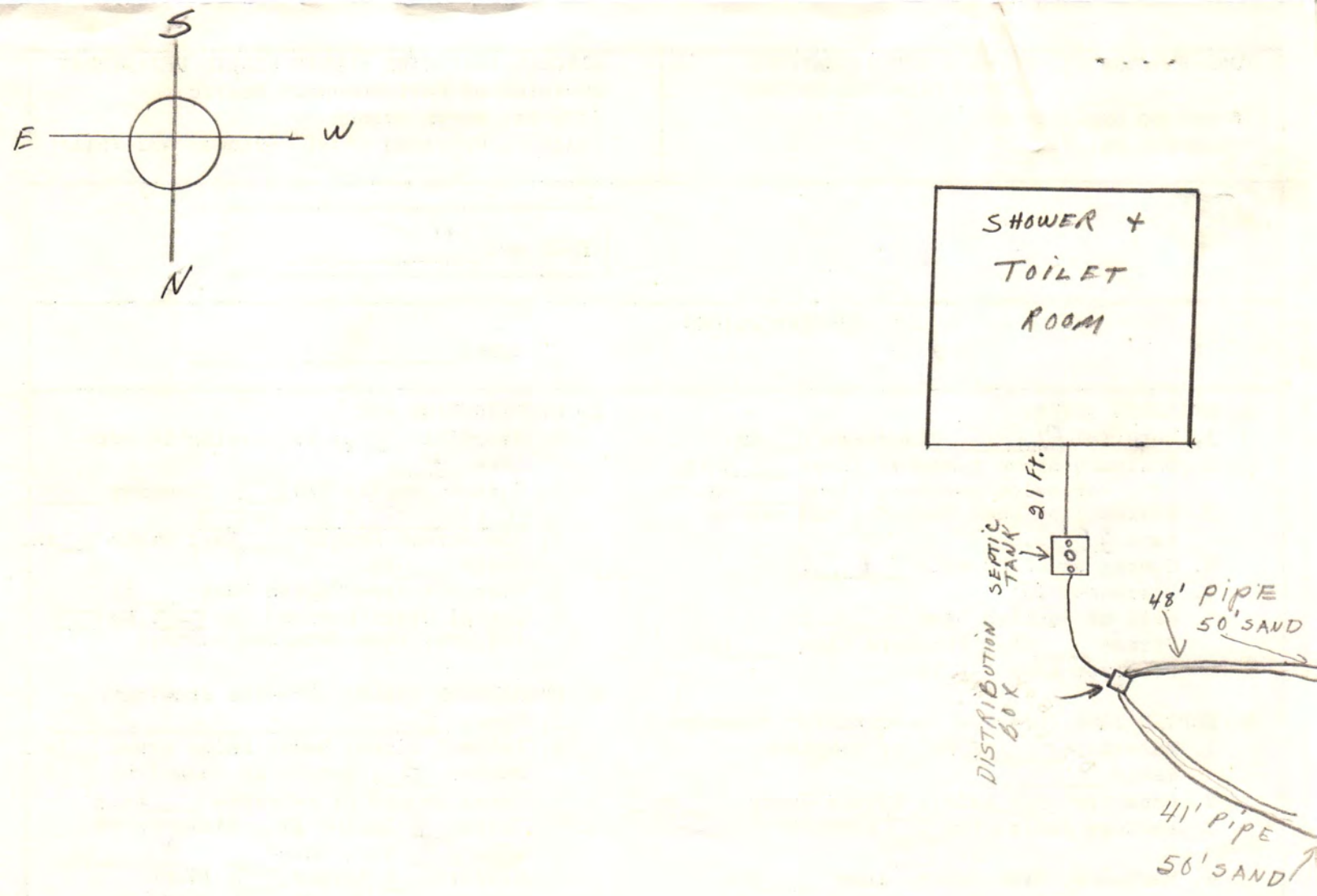
C. DISTRIBUTION BOX
1. Material CONC; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank ___ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF ROUND
2. Lateral Lines: Depth below grade 36 in. Number 2; Length of each line 50 ft Total length of Laterals 100 ft.; Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines 15 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 200 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line 160 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



C. M. Roberts
Signature of Applicant



Final Inspection

5-6-68

Bob Sayers - M. Brown

Laterals 3 ft deep
4' wide

2 stools
1 urinal
1 sink (kitchen)
2 handwashing sinks
3 floor drains

200 people once a month