CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

File no. 1081

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 16, 1978
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Edwin H. Mertens — Rural Route 1, Lincoln, NE 68502
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 10, Lot 26 I.T.
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	
624-1535	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
45603 JN 167		30.00 -		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1081

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-11-77

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

1. Legal description of property: Twp. ~~9~~ 9N Range 6E ~~0~~ ; Section ~~6~~ 10
Block ____; Lot 26 I.L.; 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: ½ mile ft.

Edwin H Mertens
Signature of Applicant (Owner or Lessee)

RR 1 Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/16/77. Date Frwd. 6/16/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hook

2. Supt. Bldg. Insp.: Date Rec'd. 6-16-77. Date Frwd. 6-16-77. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 6/16/77. Date Frwd. 6/16/77. ACTION: Approved ☒ Disapproved ☐ Signature: Joe Bird

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1081

DATE: 6-12-77

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N; Range 6E; Section 10; Block ____; Lot 261; Addition ____.
   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. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Edwin J Mathews
Signature of Applicant (owner or lessee)

RR 1 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; ____
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 9-20-77 by: jw
   Date: ____ by: ____
   Date: ____ by: ____

3. Date: 6/16/77 Approved [X]; Disapproved [ ]
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 9-20-77 by: James Wenck

FORM HD-43 (73) SOIL ABSORPTION TEST DATA REPORT
(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)

FILE NO. 1081

PROPERTY WHERE SOIL TESTED:
Location: Township 9N : Range 6E
Section & ¼ Sect. 10
Property Dimensions: 223 ft. x 199 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: Edwin & Mertens
Address: RR1

Dates of Tests: 6/13/77 to 6/14/77. Weather: Precip. ____ Temp 85

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30"	6/13	4:PM	6/13	8:00 PM	6/14	4:00 PM	6"	7:30	Empty	30	3¼	
2	30"	6/13	4:00	6/13	8:00	6/14	4:00	6"	7:30	2	30	3	
3	30"	6/13	4:00	6/13	8:00	6/14	4:00	6"	7:30	3	30	2	
4	30"	6/13	4:00	6/13	8:00	6/14	4:00	6"	7:30	5½	30	2½	
5	30"	6/13	4:00	6/13	8:00	6/14	4:00	6"	7:30	empty	30	1	
6	30"	6/13	4:00	6/13	8:00	6/14	4:00	6"	7:30	1½	30	2	

Edwin & Mertens
Signature of Person Conducting Test
Address RR1 Lincoln Nebr
Phone 423-5388

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam (S.C.L.) Rather fast rate

DATE: June 16, 1977

Approved Percolation Rate (a)
A. 16 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1081

SPECIFICATIONS

DATE: _____

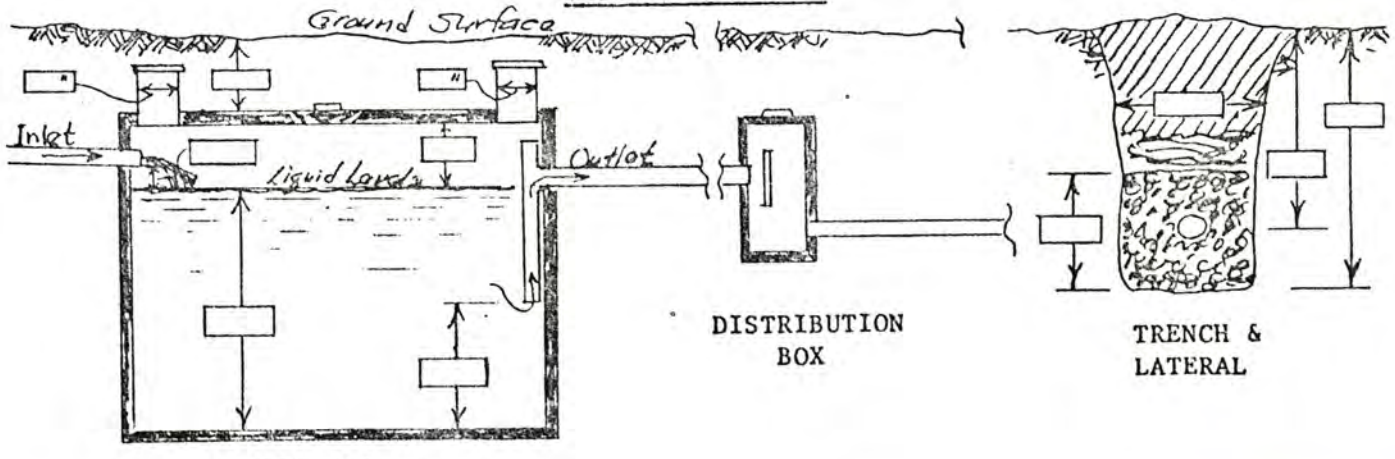
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) 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: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 146 ft.; 194
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in. 36
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

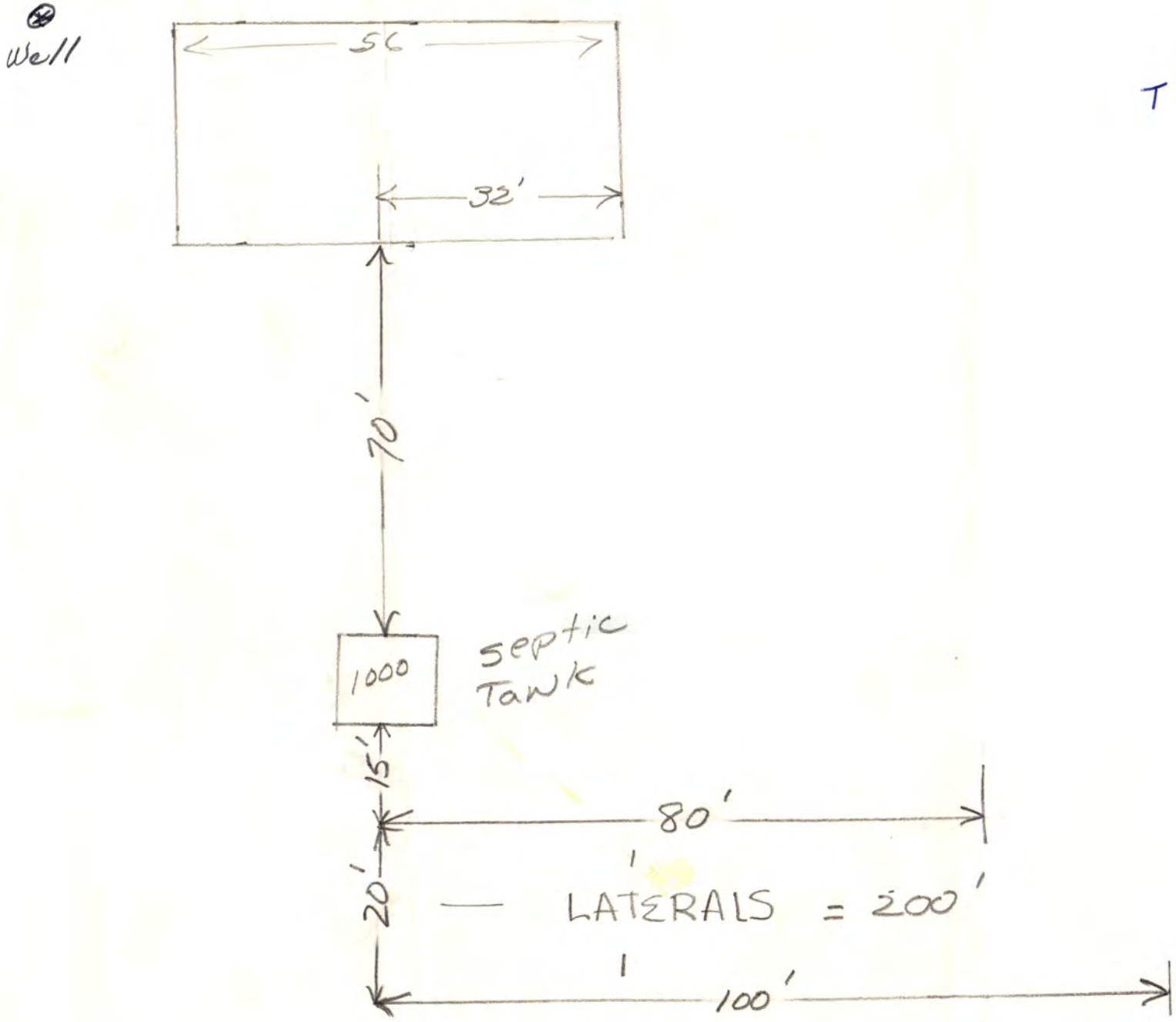


Signature of Applicant

Mertens 4901 SW 64th St

RECD SEP 20 1977

T 9N R6E Sec 10



009

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: 8/19/92

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

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 10; BLOCK ___

LOT 26; ADDITION _____; Street Address 4901 SOUTH FOLSOM ST.

Directions to Property _____

Location of Well SIDE ~~BACK~~ YARD Tap Location: Inside ☐ Outside ☐

Location of Sewage System BACK YARD Year Installed 1980

	NAME	ADDRESS	PHONE
Present Owner:	WILLIAM MERTENS	4901 SOUTH FOLSOM	423 5320
Tenant/Buyer:	ARTHUR ROST	5034 KNOX LINCOLN	466 8884
Return to:	ARTHUR ROST	5034 KNOX 68504	466 8884

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

Signature of Applicant Arthur H Rost Address 5034 KNOX

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 19, 1992 Received $150.00 Check ☒ Cash ☐

Coliform 0
Nitrate 11.1 - recheck, with Thereverse osmosis water 6

PRELIMINARY STATUS--DATE 8/26/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8/26/92 by JK
Bacteria	☒	☐	Provisional:	☐	Date 9/25/92 by L.C.H.
Nitrate	☒	☒ 11.1	Disapproved:	☒	Date _____ by ___

Comments: Solids present on tank lid. Letter sent
Nitrate test results were 11.1 Limit is 10. 8-31-92. Reviewed water test results w/
mr Rost on phone 9-1-92. 9-9-92 - Checked Riser Lids to the top See Attached Letter ☒
of tank. 9-10-92 - Visited via phone - left message for Rost re: results. Left w/ Kathy
L.C.H.

FINAL STATUS (With reverse osmosis)

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

APPROVED BY Leonard C. Hood R.E.H.S. DATE SEPTEMBER 25, 1992

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

436-332