FILE NO. 340

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

TYPE OF LICENSE OR PERMIT

January 5, 1974

THIS LICENSE OR PERMIT EXPIRES

Alvin G. Mares

LICENSEE OR PERMITTEE

869 North 45th Street

ADDRESS

T9N; R6E; Sec. 14; Block 2; Lot #1; Lazy Acres Addition

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
624-1535 110.15	110.16	148.14	6-2

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-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. 340

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 14;
Block 2; Lot #1; Addition LAZY ACRES
Street Address Mockingbird Lane East

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.

Alvin H. Mares
Signature of Applicant (owner or lessee)

869 No 45
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/5/73. Date Frwd. 7/5/73.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Nead

2. Supt. Bldg. Insp.: Date Rec'd. 7/5/73. Date Frwd. ____.
ACTION: Approved ☒ Disapproved ☐
Signature: Charles Seale By RD

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

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

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. 340

DATE: _____

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~~ 6E; Section 14;
Block 2; Lot #1; Addition LAZY ACRES
Street Address Mockingbird Lane East

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.)

Alvin L. Davies
Signature of Applicant (owner or lessee)

869 No. 45
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: 4/9/74 by: L.C.H.
Date: 4/9/74 by: L.W.
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]; 7/5/73
by: Jerrold C. Hood M.D.

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: 7-5-73 Serial 28709

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/9/74 by: Jerrold C. Hood

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. 340

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
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: _____
Address _____

Dates of Tests: 7/3/73 to 7/4/73. Weather: Precip. 0" Temp. 70 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"	7/3	6 PM	7/4	10 AM	7/4	10 AM	12	11 30	9	30M	1	
2	11	11	11	11	11	11	11	11	11	9½	11	1½	
3	11	11	11	11	11	11	11	11	11	9	11	1½	
4	11	11	11	11	11	11	11	11	11	10½	11	1½	
5	11	11	11	11	11	11	11	11	11	9½	11	1½	
6	11	11	11	11	11	11	11	11	11	10½	11	1½	

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

Robert D Johnson
Signature of Person Conducting Test

Address 426 NW 13TH
Phone: 432 3595

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 5, 1973

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. 340

SPECIFICATIONS

DATE: _____

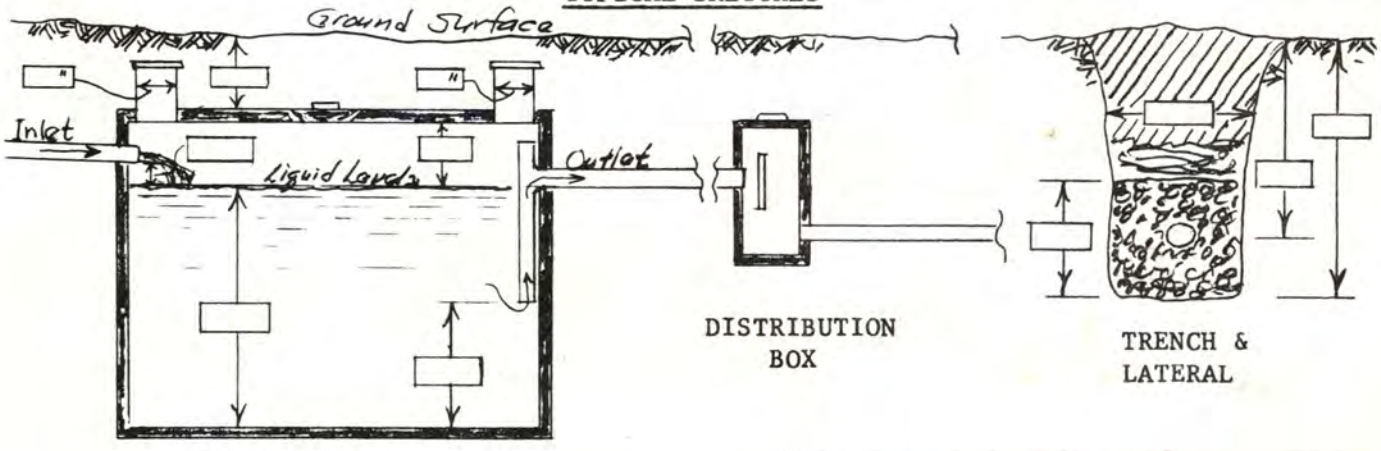
A. BUILDING SEWER:
1. Material CAST IRON; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 49' ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ___ft.;
Stream — ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONCRETE; 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 ___ft.;
Stream — ft.; Pressure Line ___ft.;
Property Line ___ft.

C. DISTRICTION BOX
1. Material CONCRETE, 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 54" ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

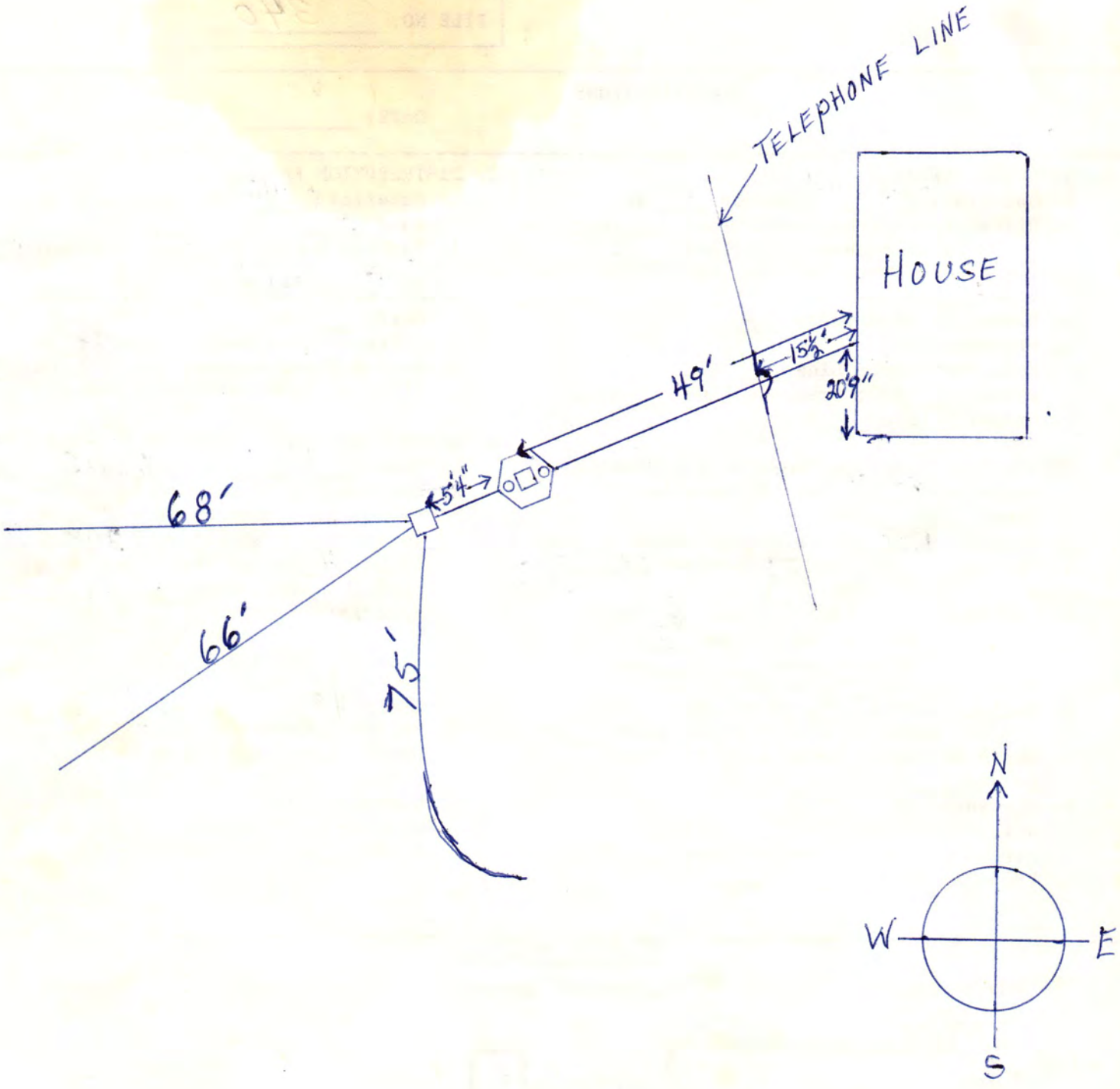
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 208 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
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



SEPTIC TANK

Signature of Applicant


TELEPHONE LINE
HOUSE
49'
15½'
20'9"
5'4"
68'
66'
15'
N
W
E
S