CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. [illegible]

INDIVIDUAL [illegible] SYSTEM CONSTRUCTION — October 21, 1970

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Victor Larson — 6244 Walker Street

LICENSEE OR PERMITTEE — ADDRESS

T 9N; R 6E; Section 14; Block 1; Lot 3 - Lazy Acres — ADDRESS

NAME OF ESTABLISHMENT, IF ANY

(Legal Description)

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	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. _____

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 21; Lot 3; Addition _____;
Street Address Lazy Rivers.

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: None ft.

Roger Bailey for Victor Larson
Signature of Applicant (owner or lessee)

6244 Walker
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/21/70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4/21/70. Signature: Jerrold C. Hoak

2. Supt. Bldg. Insp.: Date Rec'd. 4-21-70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 4-21-70. Signature: Chas Lentz by Bob Simms

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 4-21-70. 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. _____

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; Section 14;
Block 1; Lot 3; Addition _____;
Street Address 1420 Acres.

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.)

Roy Bailey for Victor Larson
Signature of Applicant (owner or lessee)

6244 Walker
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: 6/17/70 by: LCH&HD
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 6/21/70
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/17/70 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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N
Section & ¼ Sect. 14
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 Lazy Acres

Dates of Tests: May 12 70 to May 13 70. Weather: Precip. ____ Temp. 80 F.

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				
Hole 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	40	5/12/70	6:00 PM	5/13/70	6:00 PM	5/13/70	6:00 PM	36	30	33½	30'	2½	
2	40	"	"	"	"	"	"	"		25	"	11	
3	40	"	"	"	"	"	"	"		30½	"	5½	
4	40	"	"	"	"	"	"	"		31	"	8	
5	40	"	"	"	"	"	"	"		28	"	8	
6	40	"	"	"	"	"	"	"		34		2	

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

Signature of Person Conducting Test
Address 4131 Clifford Dr
Phone: 489 5482

1" every 6 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 6 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 14, 1970

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. _____

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 25 ft.
4. Number of clean-outs 0.
5. Distances To:
   Well or Suction Line 100 ft.;
   Stream — ft.; Pressure Line — ft.;
   Property Line 60 ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material Fiber Glass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 52 in.
3. Factory Built: Yes [X] (Company Concrete Fiber Glass) No [ ]
4. Manholes: Over Inlet; diam. 12 in.
   Over Outlet; diam. — in.
   Below Grade 24 in.
5. Inlet: Baffle [ ]; or Tee [X]
6. Outlet: Baffle [ ]; or Tee [X]
   Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
   Well or Suction Line 140 ft.;
   Stream — ft.; Pressure Line — ft.;
   Property Line 50 ft.

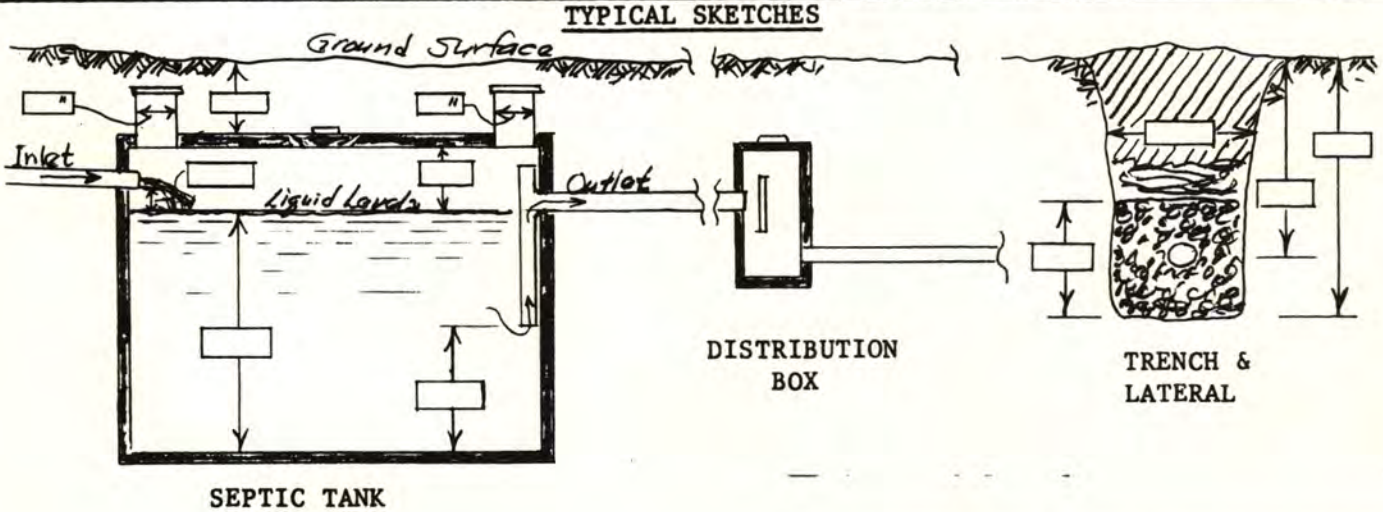
C. DISTRICTION BOX

1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes [X], (Company Pre cast) No [ ]
3. Dimension: Length 16 in.; Width 10 in. Depth 12 in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes [ ], No [X] (If yes, show detailed plans.)

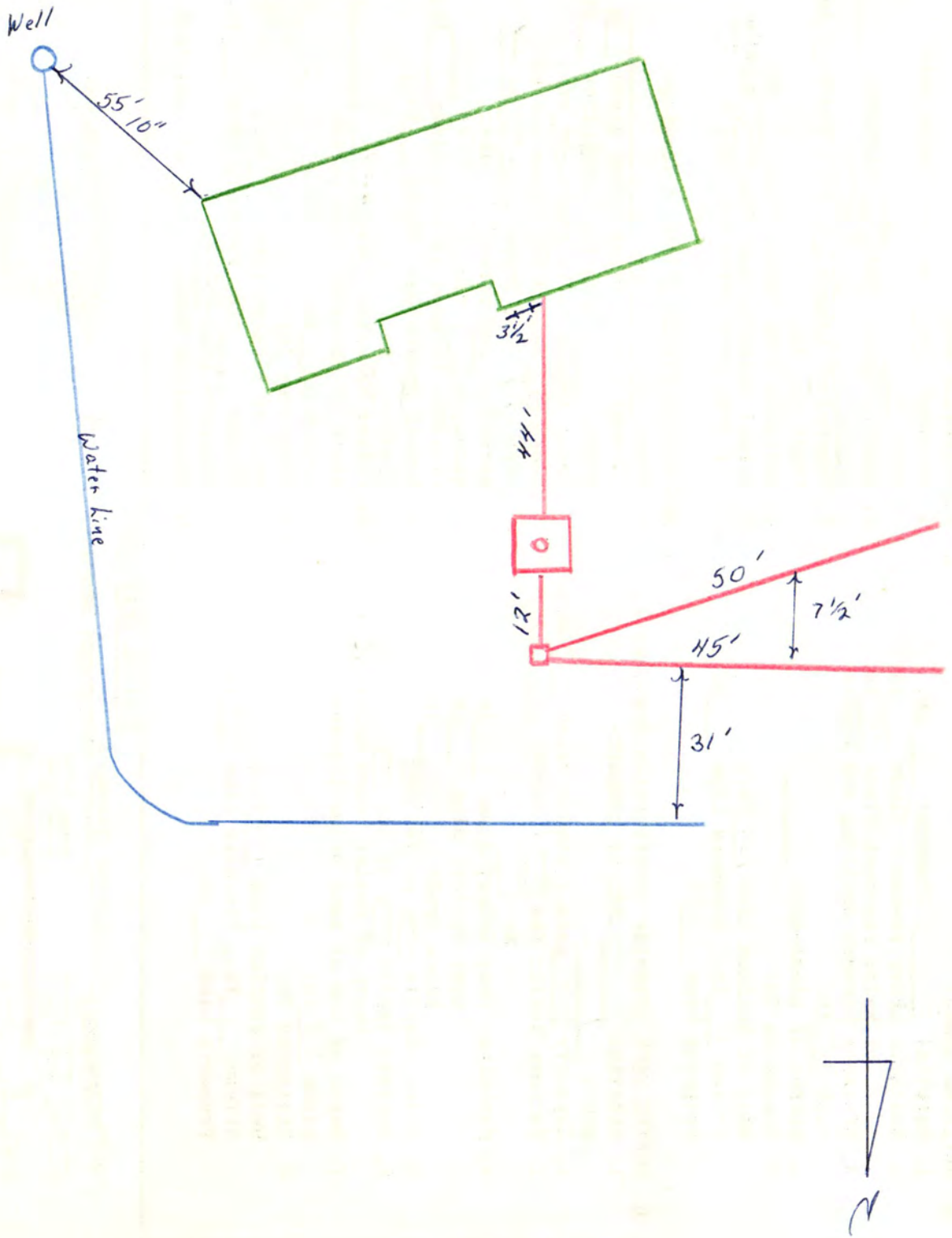
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: Half Round
2. Lateral Lines: Depth below grade 15 in. Number ___; Length of each line ___ ft Total length of Laterals ~~144~~ 194 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape Half Round Material: concrete [ ]; (fiber) asbestos [ ]; clay [ ]; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ___ in.; Width ~~48~~ 42 in.
4. Filter Material: Gravel. Depth of material from trench bottom ___ in.
5. Distances To:
   Well or Suction Line 180 ft.;
   Stream — ft.; Pressure Line — ft.
   Property Line 40 ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


Well
55' 10"
3½'
14'
12'
50'
7½'
45'
31'
Water line

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: 5-1-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply
☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 6E ; Section 14 ;
Block 1 ; Lot 2, 3 & 4 ; Addition Lozy Acres Add .
Street Address 3 Mockingbird Lane
Directions on how to get to property South 14, to joint opposite the Memorial Cemetery - turn
Location of well
Where is tap: Inside ☐ Outside ☒ 55 in front & NW of house

	NAME	ADDRESS	PHONE
Present Owner:	Mrs E.L. Knoffa[illegible]berger (Brick home - attached tile to garage)	3 Mockingbird Lane SE 9 yr old.	
Tenant:			
Lending Agency:	1st Federal S&L, Betty Moore - downtown office		

(Do not write below double lines)

Health Department: Date Received 5/1/79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 5-3-79 by jm
Date ____ by ____
Date ____ by ____

cc: Virginia K McCall
Signature of Applicant 483-4445
4601 'O' St 489-6581
Address
Gibson Realty Downtown

PRELIMINARY STATUS -- DATE 5-3-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval

☐ See Attached Letter.

FINAL APPROVAL -- DATE 5-4-79

Water System ☒ . Sewage Disposal System ☒ . BY Ken Wagner

Form Number 20215-0878

002

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: 6-15

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

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 14; BLOCK 1

LOT 2,3,4; ADDITION LAZY ACRES; Street Address 3 Mockingbird Lane. Lincoln

Directions to Property Contact Borrower

Location of Well Contact Borrower Tap Location: Inside ☐ Outside ☐

Location of Sewage System " Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	David Kiple	3 Mockingbird Lane, Lincoln	423-6608
Tenant/Buyer:	same		
Return to:	FCMC. Attn: Rick Stumpf	Box 81231 Lincoln NE 68501	434-4570

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

Signature of Applicant Rick Stumpf Address Box 81231 Lincoln 68501

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HEALTH DEPARTMENT USE ONLY

Date Received 6/16/93 Received $150.00 ✓ Check ☑ #18121 Cash ☐

PRELIMINARY STATUS--DATE 6/17/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria 0	☒	☐
Nitrate 0.2ppm	☒	☐

SEWAGE SYSTEM:
Approved: ☐
Provisional: ☒
Disapproved: ☐

SITE VISIT:
Date 6/17/93 by J.C.H
Date _____ by ____
Date _____ by ____

Comments: CANNOT FIND A PERMIT ON THE ADDITION MADE TO THE ORIGINAL SEWAGE SYSTEM HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 28, 1993

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
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120

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