CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 23

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

April 4, 1968.
THIS LICENSE OR PERMIT EXPIRES

Donald Magee
LICENSEE OR PERMITTEE

Rt. 8, Lincoln, Nebraska
ADDRESS

(Lazy Acres)
NAME OF ESTABLISHMENT, IF ANY

9N; R 6E; Section 14; Block 2; Lot 8
Legal Description
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
01971	OCT 5 67	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. 23

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; Lazy Acres
Block 2; Lot 8; 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: _____ ft.

Donald Magee
Signature of Applicant (owner or lessee)

Rt 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/4/67. Date Frwd. 10/5/67.
ACTION: Approved ☑ Disapproved ☐
Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10/5/67. Date Frwd. 10/5/67.
ACTION: Approved ☐ Disapproved ☐
Signature: L F Spahn

3. City Engineer: Date Rec'd. 10/5/67. Date Frwd. 10/5/67.
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. 23

DATE: 2 Oct 67

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; Sagg Acres
Block 2; Lot 8; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [✓]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [✓]; 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.)

Donald Mayer
Signature of Applicant (owner or lessee)

Rt 8
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved X; Disapproved ___: ____
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/27/67 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. 23

PROPERTY WHERE SOIL TESTED: LOT 8 BLOCK 2 Lazy Acres
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: 300 ft. x 400 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: Robert Phelps
Address _____

Dates of Tests: 22 Sept to _____. Weather: Precip. None Temp. 70 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)
A	36	22/9/67	12:00	6:00	6hr	22/9/67	5:40	30	552	29	12	1	12 min per in
B	36	22/9/67	12:00	6:00	6hr	22/9/67	5:40	30	554	29	14	1	14 min per in

Donald Magee
Signature of Person Conducting Test

Address Rt 8
Phone: 483 9099

Sum of Percolation Rates _____
Average of Rates: 13
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Appears O.K.

DATE: October 4, 1967

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ 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. 23

SPECIFICATIONS

DATE: 2 Oct 67

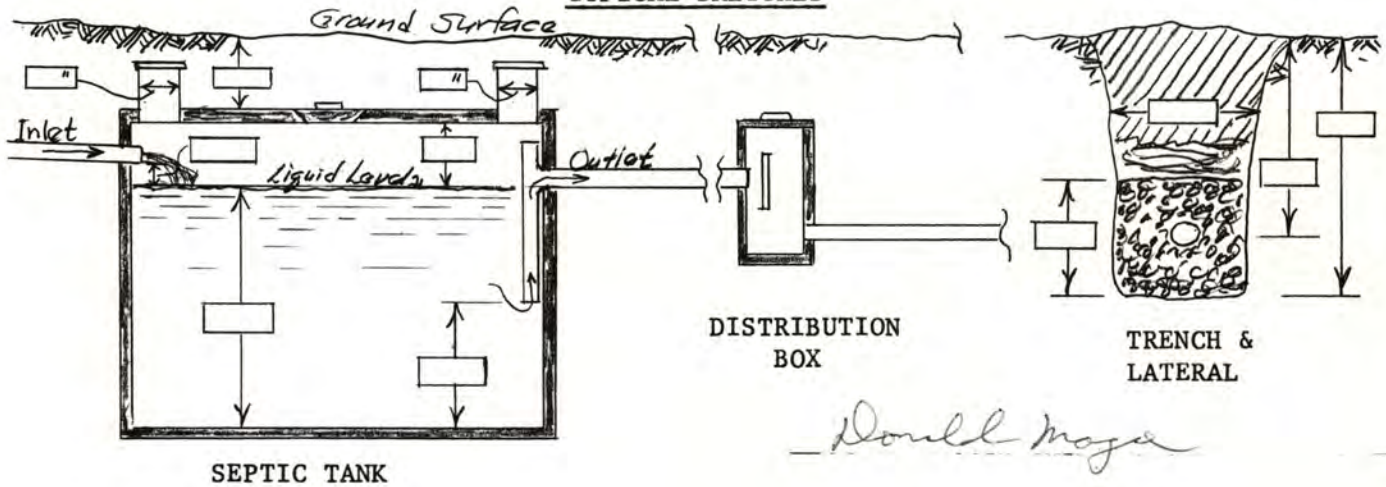
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 100 ft.;
Stream 0 ft.; Pressure Line 0 ft.;
Property Line 50 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Tube Steel; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes [X] (Company Corrugated)
No [ ]
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. 4 in.
Below Grade 12 in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [ ]
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 2 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream 0 ft.; Pressure Line 0 ft.;
Property Line 50 ft.

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

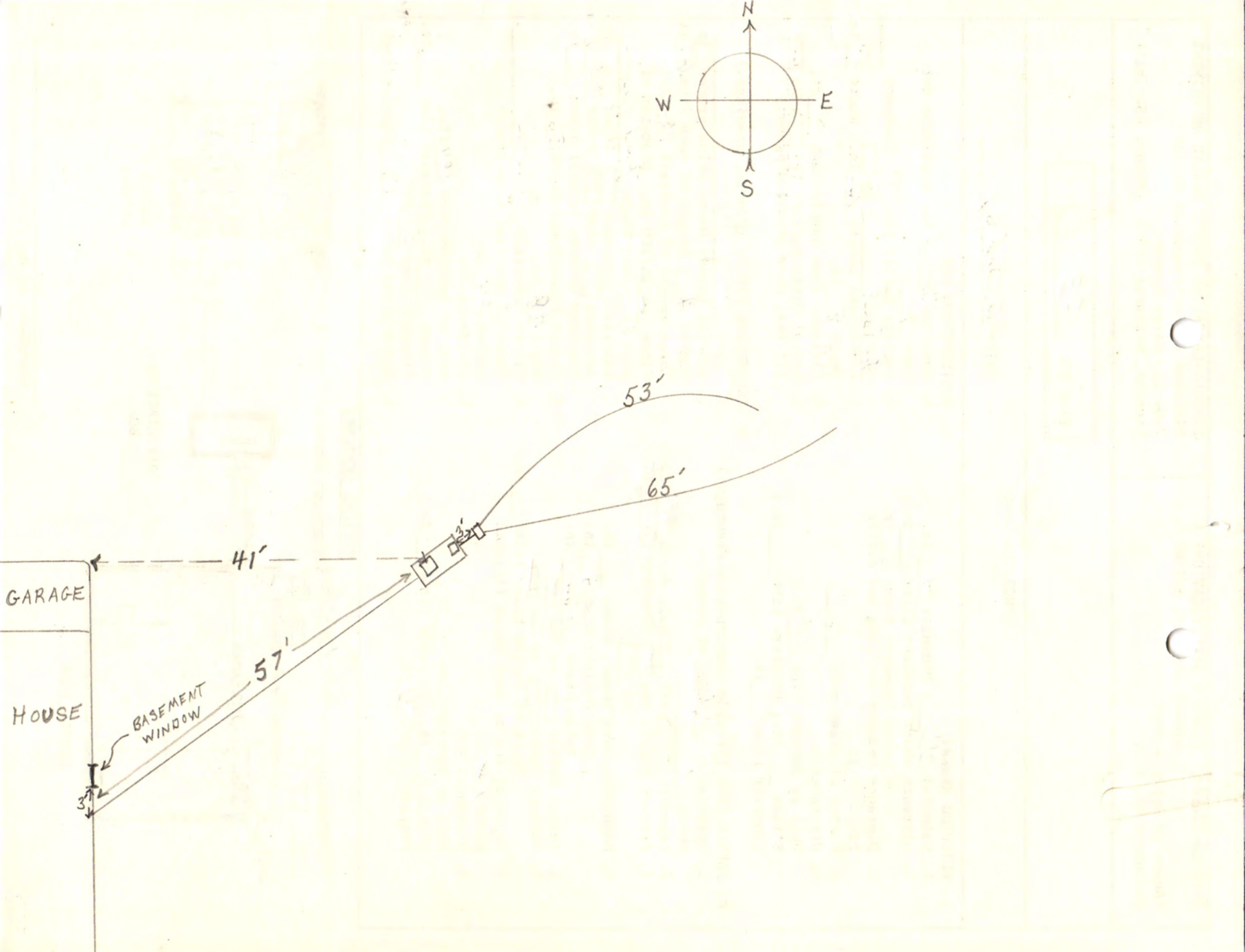
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Moon
2. Lateral Lines: Depth below grade 18 in. Number 2; Length of each line 60 ft Total length of Laterals 120 ft.; Slope 2 in/100 ft. Diameter of pipe 16 in.; Shape ___
Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other Fiber Glass
Distance between lateral lines 0 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Pea Gravel.
Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line 0 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 50 ft.
6. Percolation Rate: 13 minutes/inch

TYPICAL SKETCHES



Donald Moya

Signature of Applicant


N
W
E
S
53'
65'
41'
GARAGE
HOUSE
57'
BASEMENT WINDOW
3'