1824

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

MARCH 2, 1982
THIS LICENSE OR PERMIT EXPIRES

PATRICK CHAMPOUX 624 WEST HIGH LINCOLN, NE 68522
LICENSEE OR PERMITTEE ADDRESS

T9N, R6E, SECTION 3, LOT 76
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
58647	AM 31	60.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1824

DATE: 7-29-81

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

1. Legal description of property: Twp. 9N ; Range 6E ; Section 3 ;
   Block ____ : Lot SUB 76 : Addition ____
   Street Address 4220 SW 12th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2 story

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

4. Distance to public sewer: _____ ft.

Patrick W. Clampaus
Signature of Applicant (Owner or Lessee)

624 W. High
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/28/81. Date Frwd. 8/31/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/31/81. Date Frwd. ____. ACTION: Approved ☐ SEE NOTE Disapproved ☐ Signature: Gary N. Stewart

3. City ~~or County~~ Engineer: Date Rec'd. 8-31-81. Date Frwd. 8-31-81. ACTION: Approved ☒ Disapproved ☐ Signature: Al Ludwig

REMARKS OR REASONS FOR DISAPPROVAL approval of subdivision permit is required, Chap. 5.

Site Visits:
Date: 10-20-81 by: JMN
Date: ____ by: ____
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-10-81 By: JMN Nelson

FORM 20105-0477
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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 3.
Property Dimensions: _____ ft. x _____ ft. Area: 1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-12 to 7-13. Weather: Precip. 0 Temp. 100.

OWNER: Pat Clampaup

Address: 624 W. High

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-12	3:00PM	7-12	10:00	7-13	7:45AM	28½	8:15	28¼	30	2½	
2	32"	7-12	3:00PM	"	10:00	"	"	28⅛	"	28⅔	"	3/4	
3	36"	7-12	3:00PM	"	10:00	"	"	32⅜	"	31¾	"	3	
4	33"	7-12	3:00PM	"	10:00	"	"	27⅞	"	27½	"	3½	
5	34"	7-12	3:00PM	"	10:00	"	"	29¼	"	29⅛	"	3	
6	36"	7-12	3:00PM	"	10:00	"	"	28⅝	"	27⅞	"	½	

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

Pat Clampaup
Signature of Person Conducting Test

Address 624 W. High Phone 475-5532

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a) 512 ft²
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: July 31, 1981

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

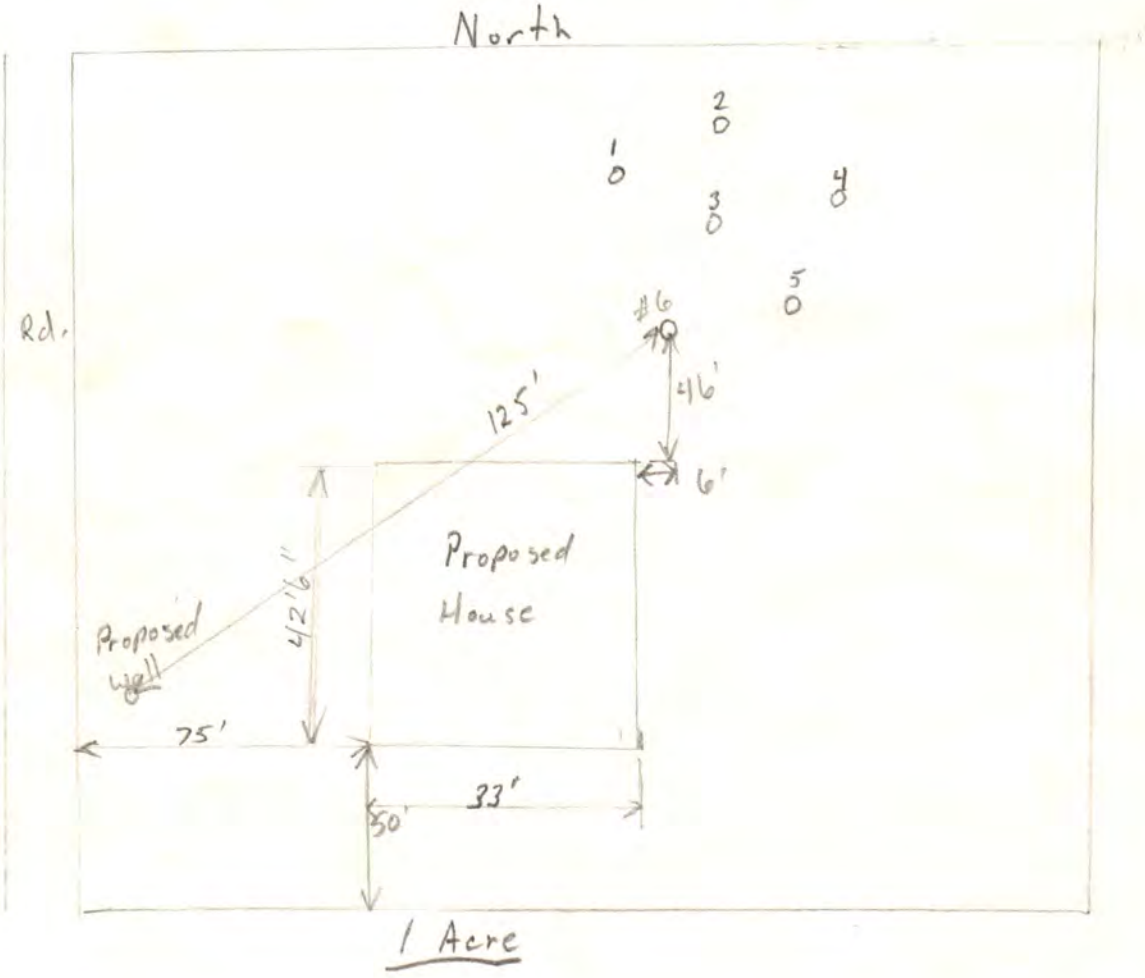
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

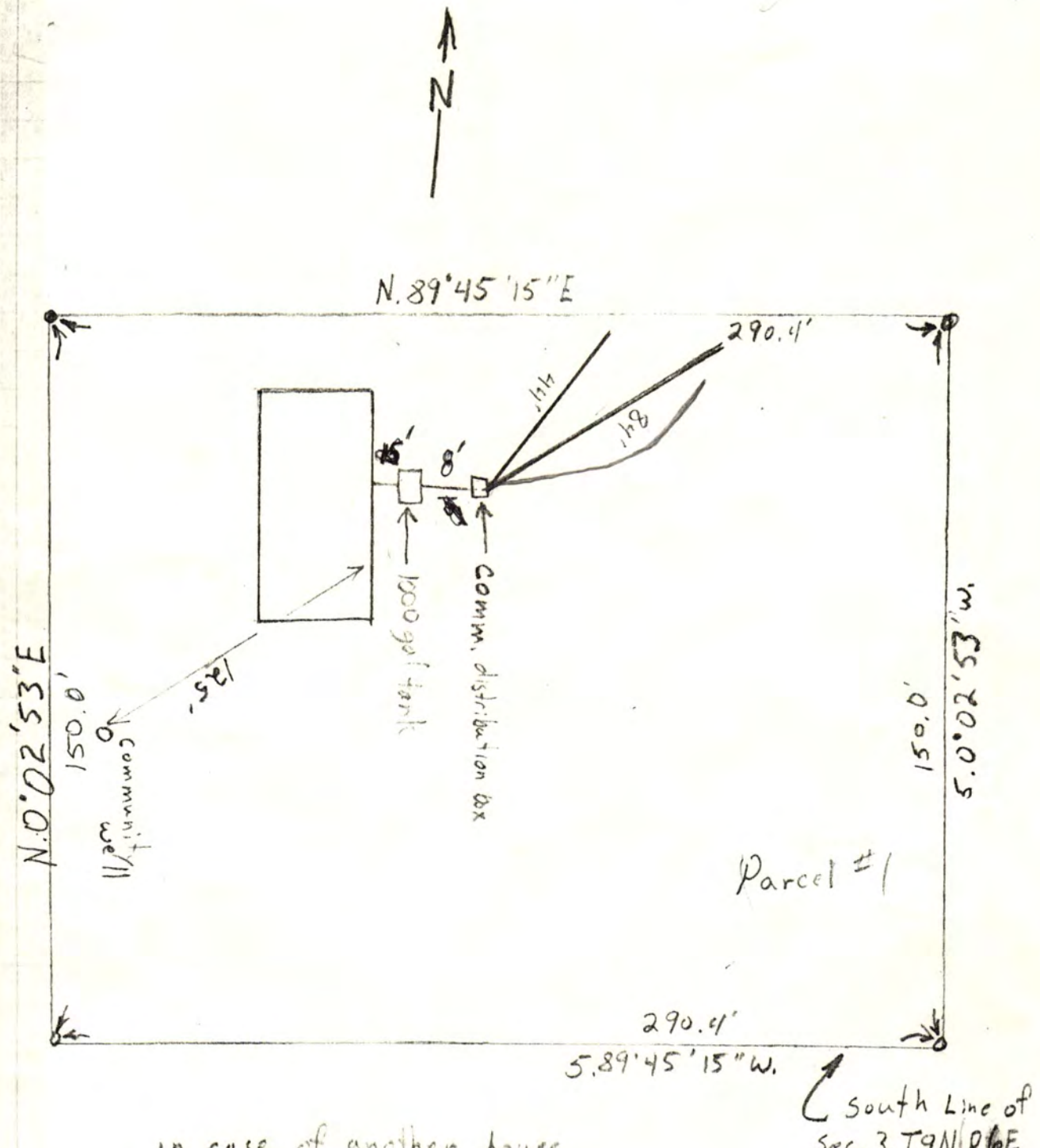
Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official



in case of another house sharing our septic system a lift pump will be used

Pat & Joyce

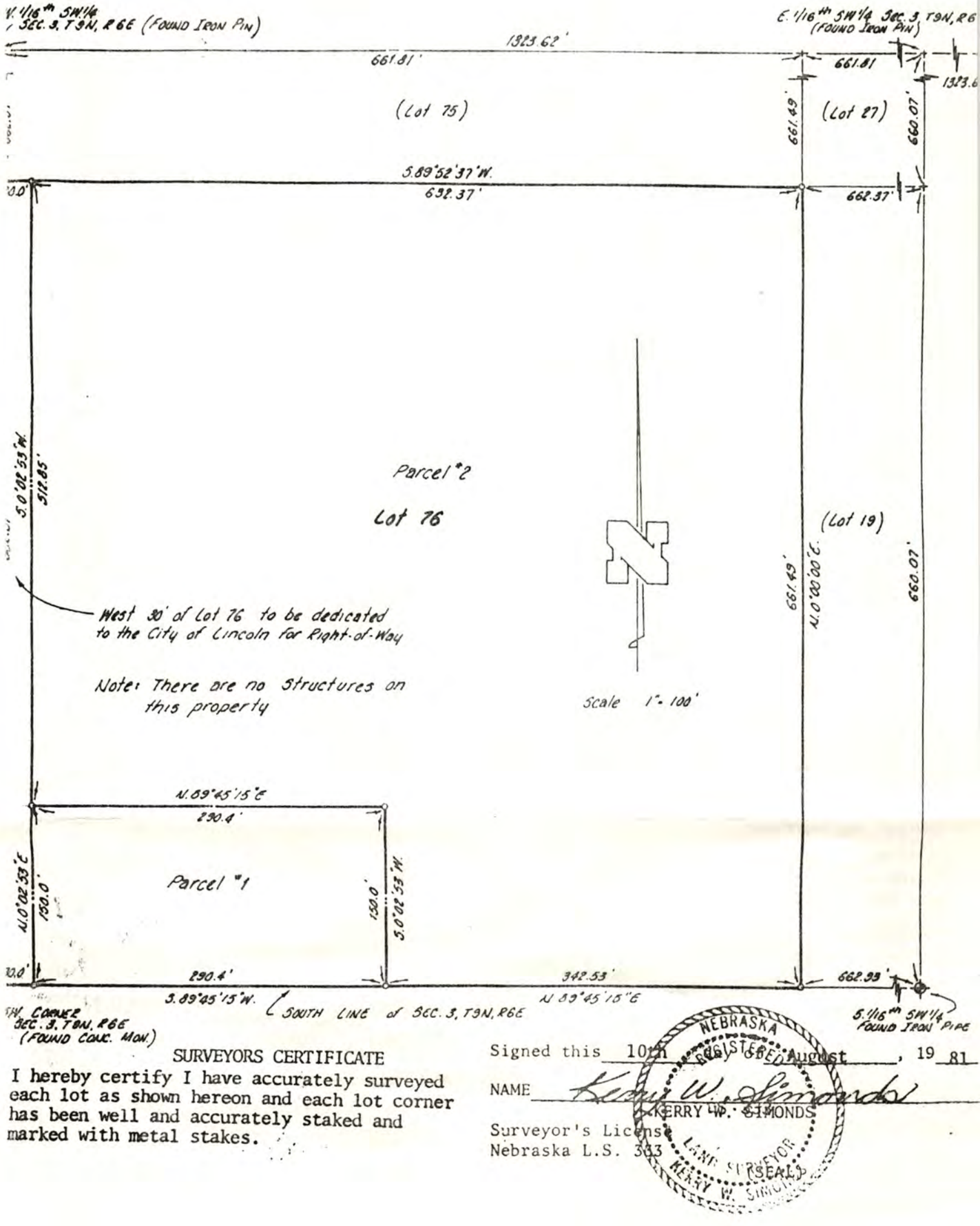
Official Survey Record

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Survey of Administrative Subdivision of Lot 76 of Irregular Tracts in the Southwest Quarter of the Southwest Quarter of the Southwest Quarter Section 3 T 9 N, R 6 E of the 6th P.M.

Job No. 2762 Date August, 1981



SURVEYORS CERTIFICATE

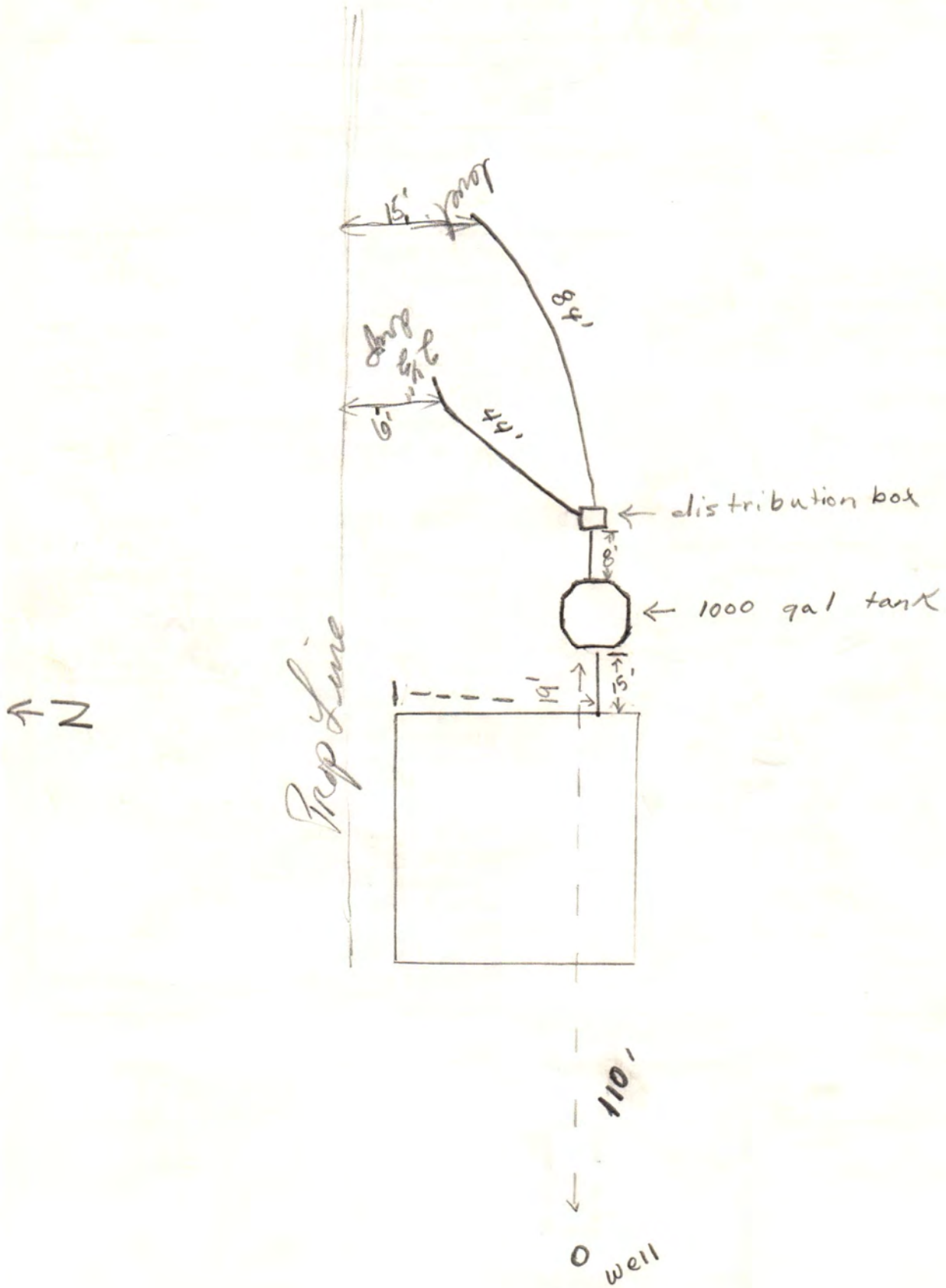
I hereby certify I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

Signed this 10th day of August, 1981

NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License
Nebraska L.S. 383

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS (SEAL)


15'
house
80'
pump
1½"
60'
42'
distribution box
8'
1000 gal tank
15'
15'
Prop Line
N
110'
well

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)

4220 SW 12th

Bouwens Plumbing

FILE NO. _____

SPECIFICATIONS

DATE: 10/20/81

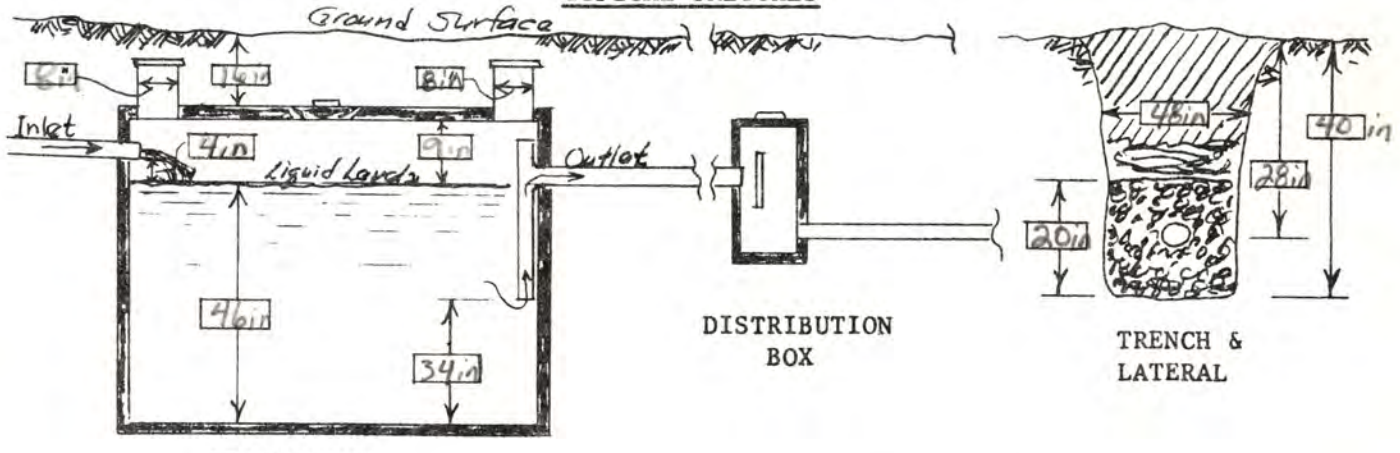
A. BUILDING SEWER:
1. Material CAST IRON Diameter 4 in.
2. Distance above basement floor 60 in.; or below basement floor — in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 95 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — 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 Co.)
No ☐
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Below Grade 16 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 16 in.
8. Distances To:
Well or Suction Line 110 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

C. DISTRICTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast Step Co No ☐
3. Dimension: Length 21 in.; Width 13 in. Depth 13 in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: C-Crete Drain tile
2. Lateral Lines: Depth below grade 20 in.
Number 2; Length of each line 44 ft
Total length of Laterals 128 ft.; 984
Slope — in/100 ft. Diameter of pipe 48 in.; Shape half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other —
Distance between lateral lines 76 ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: road gravel.
Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line 145 ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant