FILE NO. 404

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 21, 1974 — THIS LICENSE OR PERMIT EXPIRES

Arthur Wiechert — LICENSEE OR PERMITTEE

Route #1, Lincoln — ADDRESS

T9N; R6E; Sec. 15; R. R. #1 — 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

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 404

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 15 N½ NW¼
Block ____; Lot ____; 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 [ ]; Other [X] LAGOON

4. Distance to public sewer: 7970 ft.

Arthur Wuebbet
Signature of Applicant (owner or lessee)

RR 1 Lincoln Neb 68502
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/21/74. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 3/21/74. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3-21-74. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 3-21-74. Signature: Chas Seal By Bob Stamm

3. City Engineer: Date Rec'd. 3-21-74. ACTION: Approved [ ] Disapproved [X]
Date Frwd. ____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]
Date Applicant Notified: ____ Signature ____

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 NW Corn NE NW¼ S15-9-6 Owner: _____
Section & ¼ Sect. _____ Address _____
Property Dimensions: ____ft. x ____ ft.
Area: 80 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: 3-18-74 to 3-19-74. Weather: Precip. 0 Temp. 45 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	36	3-18	4:00	3-19	4:00	3-19	4:00	6	8:00	5 5/8	30	3/8	
2	36	3-18	4:01	3-19	4:01	3-19	4:01	6	8:01	5 1/2	30	1/2	
3	36	3-18	4:02	3-19	4:02	3-19	4:02	6	8:02	5 9/16	30	1/16	
4	36	3-18	4:03	3-19	4:03	3-19	4:03	6	8:03	5 9/16	30	1/16	
5	36	3-18	4:04	3-19	4:04	3-19	4:04	6	8:04	5 1/2	30	1/2	
6	36	3-18	4:05	3-19	4:05	3-19	4:05	6	8:05	5 5/8	30	3/8	
7	36	3-18	4:06	3-19	4:06	3-19	4:06	6	8:06	5 9/16	30	9/16	
8	36	3-18	4:07	3-19	4:07	3-19	4:07	6	8:07	5 1/2	30	1/2	

Jim Wiechert
Signature of Person Conducting Test

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

Address Route # 1 Lincoln 68502
Phone: 475.7743

(Do not write below this line)

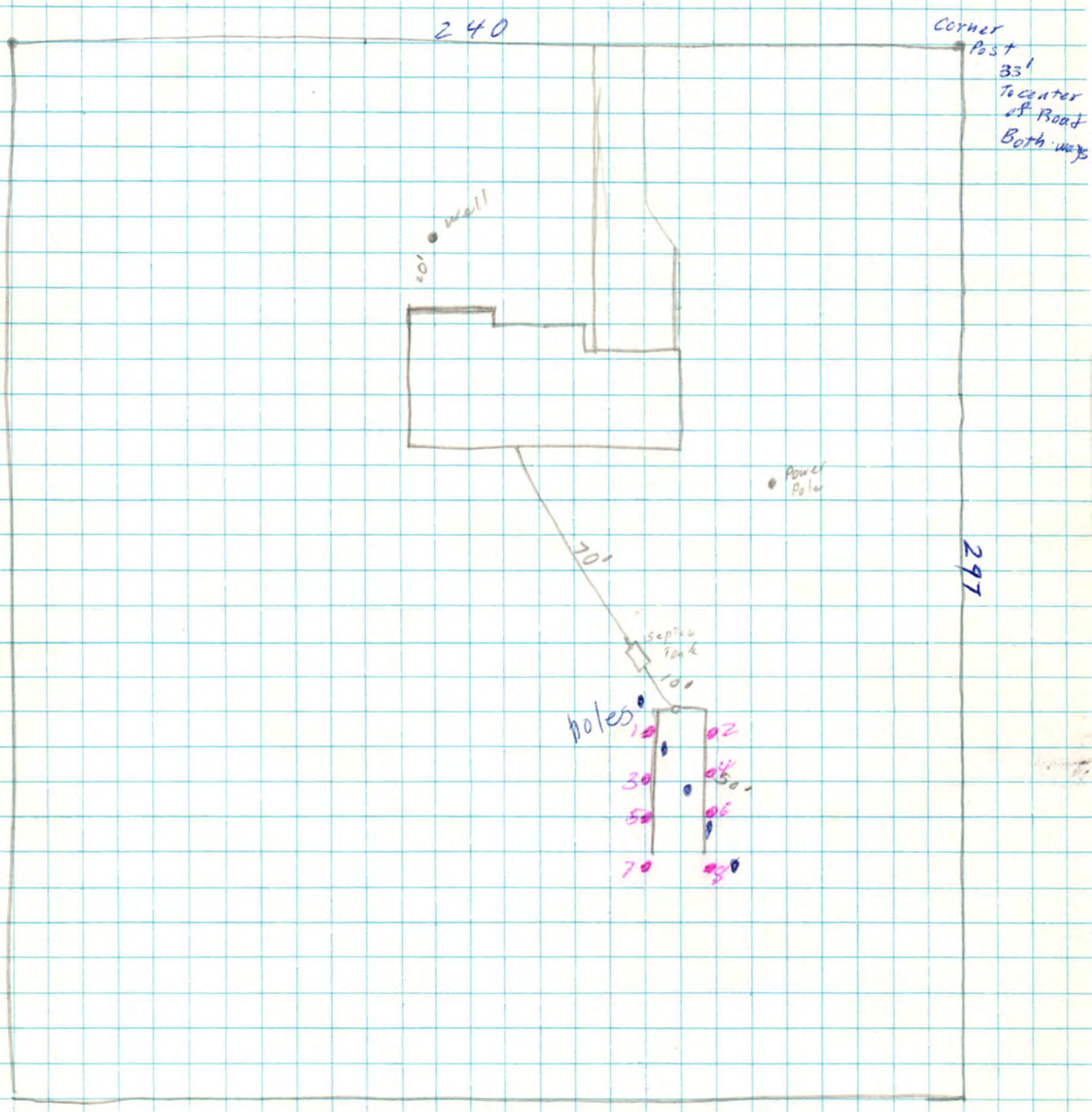
REVIEWING ACTION

REMARKS: Not an acceptable average.

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

DATE: March 21, 1974

Gerrold C. Hood
Signature of Reviewing Official


240
Corner Post
33' To Center of Road Both ways
Well
10'
Power Pole
70'
297
Septic Tank
10'
holes
1
2
3
4
5
6
7
8
50'

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: _____

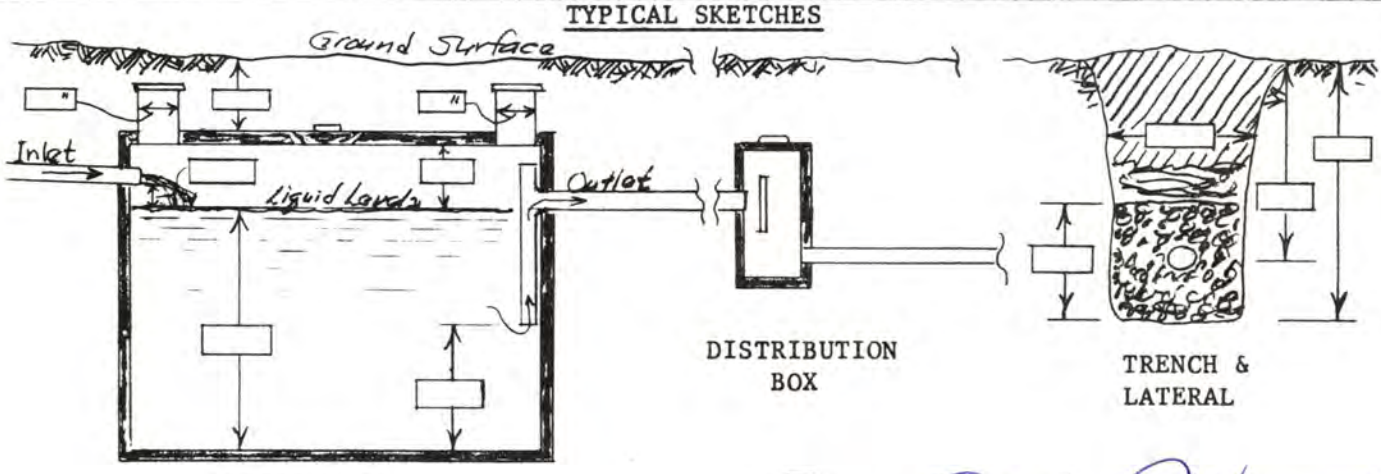
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 126 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line 70 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____. Precast Concrete
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes [X] (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 24 in.
8. Distances To:
Well or Suction Line 126 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line 70 ft.

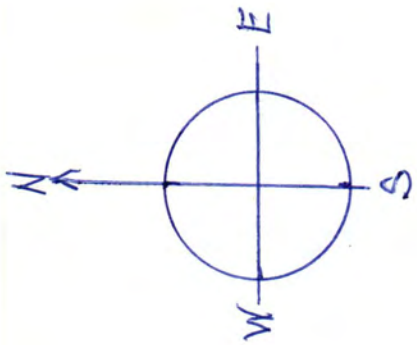
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes [ ], (Company _____)
No [ ]
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank ___ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

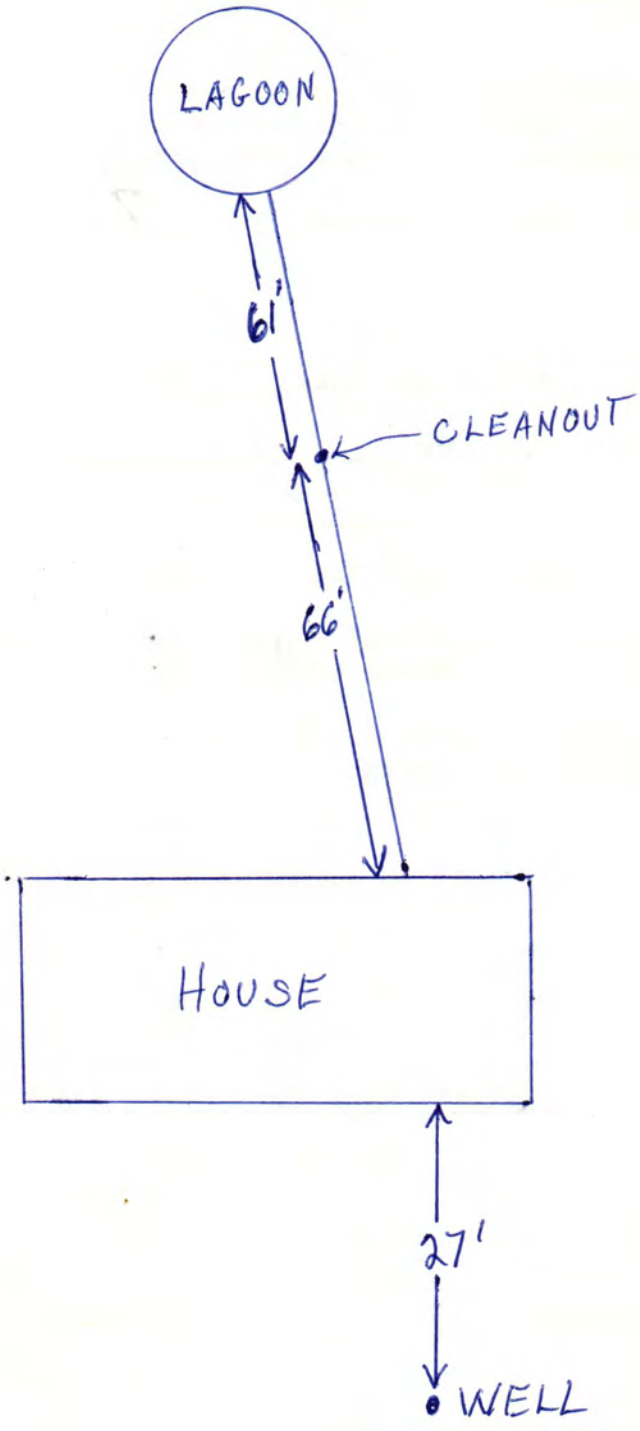
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ___; Length of each line ___ft Total length of Laterals ___ft.; Slope ___in/100 ft. Diameter of pipe ___ in.; Shape _____ Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other _____ Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___in.; Width ___in.
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



Arthur Wrecht
Signature of Applicant


E
N
S
W


LAGOON
61'
CLEANOUT
66'
HOUSE
27'
WELL

960923 013

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5700 SW 12th St (68523)

Twp 9 Range 6 Section 15 1/4 NW 1/4 Block ___ Lot 12 Addition ___

Directions to Property SW 12th & old Cheney

Location of Well West of house to South Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon East of house fenced Year Installed 94

	NAME	ADDRESS	PHONE
Present Owner:	Marjorie & Jim Wiechert	5700 SW 12th	423-5259
Tenant/Buyer:			
Return to:	Kim Marie Schrader-Eberspacher	Home RE 3910 South St Lincoln NE 68506	430-9019

Signature of Applicant Evelyn Atkinson Address 1425 SW 15th Lincoln NE 68522 Date 8/22/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/23/96
Initials JC.H.
Amount $150.00
Check No. 1878

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 8/27/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.0 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 9/4/96 by PD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Lagoon needs signs, lock on gate, vegetation removed. Mound Soil around well

See Attached Letter ☐

9-4 Depression filled. Sample collected 9-11-96 Lagoon problems corrected

FINAL STATUS

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

Approved by Paul Drotzmann Date 9/11/96

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95