CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1075

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

May 31, 1978
THIS LICENSE OR PERMIT EXPIRES

Arthur Wiechert — Route 1, Lincoln, NE 68502
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 15 N½ NW¼
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
44949 JN1	77	30.00

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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1075

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 4-6-77

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

1. Legal description of property: Twp. 9N ; Range 6E ; Section 15 N½ NW¼
   Block _____; Lot _____; Addition _____
   Street Address 6000 SW 12th

2. Property Use: Residential _____ [X] ; Commercial _____ [ ]
   No. of Bedrooms 2 . Describe: Farm Home
   Other Use _____ [ ]
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X] ; Other [X] Lagoon

4. Distance to public sewer: 1½ mi ft.

Arthur Wiechert
Signature of Applicant (Owner or Lessee)

RI Lincoln Ne. 68502
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/9/77. Date Frwd. 6/9/77. ACTION: Approved [X] Disapproved [ ] Signature: Jerrold C. Hoo

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved [X] Disapproved [ ] Signature: Tom Baasch

3. City ~~or County~~ Engineer: Date Rec'd. 6-10-77. Date Frwd. 6-10-77. ACTION: Approved [X] Disapproved [ ] Signature: M Amig

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 6E ; Section 15 N½NW¼ ; Block_____; Lot_____; Addition_____.
Street Address_____.

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. of Bedrooms 2
Describe:_____
Other Use_____
Describe:_____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6/10/77 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ] 6/10/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/10/77 by: Jerrold C. Hood

FORM HD- 43(73) 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 475-6221)

FILE NO. 1075

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 6
Section & ¼ Sect. 15 N½ NW¼
Property Dimensions: ____ ft. x ____ ft.
Area: 237 acres. (Attach sketch of property showing hole location).

Owner: Arthur Wiechert
Address Rt. 1 Lincoln, Nebr. 68502

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: April 16-77 to April 17-77. Weather: Precip. .30" 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)
1	32	4/16	1 PM	4/17	12 PM	4/17	12 PM	WP 12	12 45	8	30M	1/4	
2								WP 10		10		1/4	
3								WP 9½		9½		1/4	
4								WP 9		9		3/16	
5								WP 7½		7½		5/16	
6								WP 10		10		1/4	
								WP					

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432-3595

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

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)

FILE NO. 1075

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

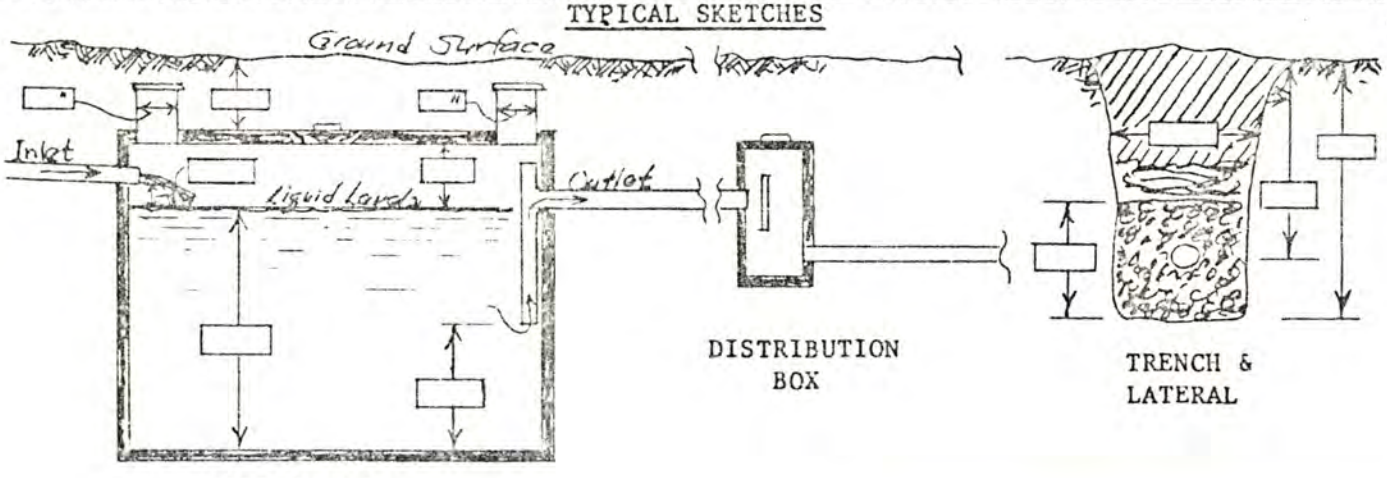
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

Lagoon

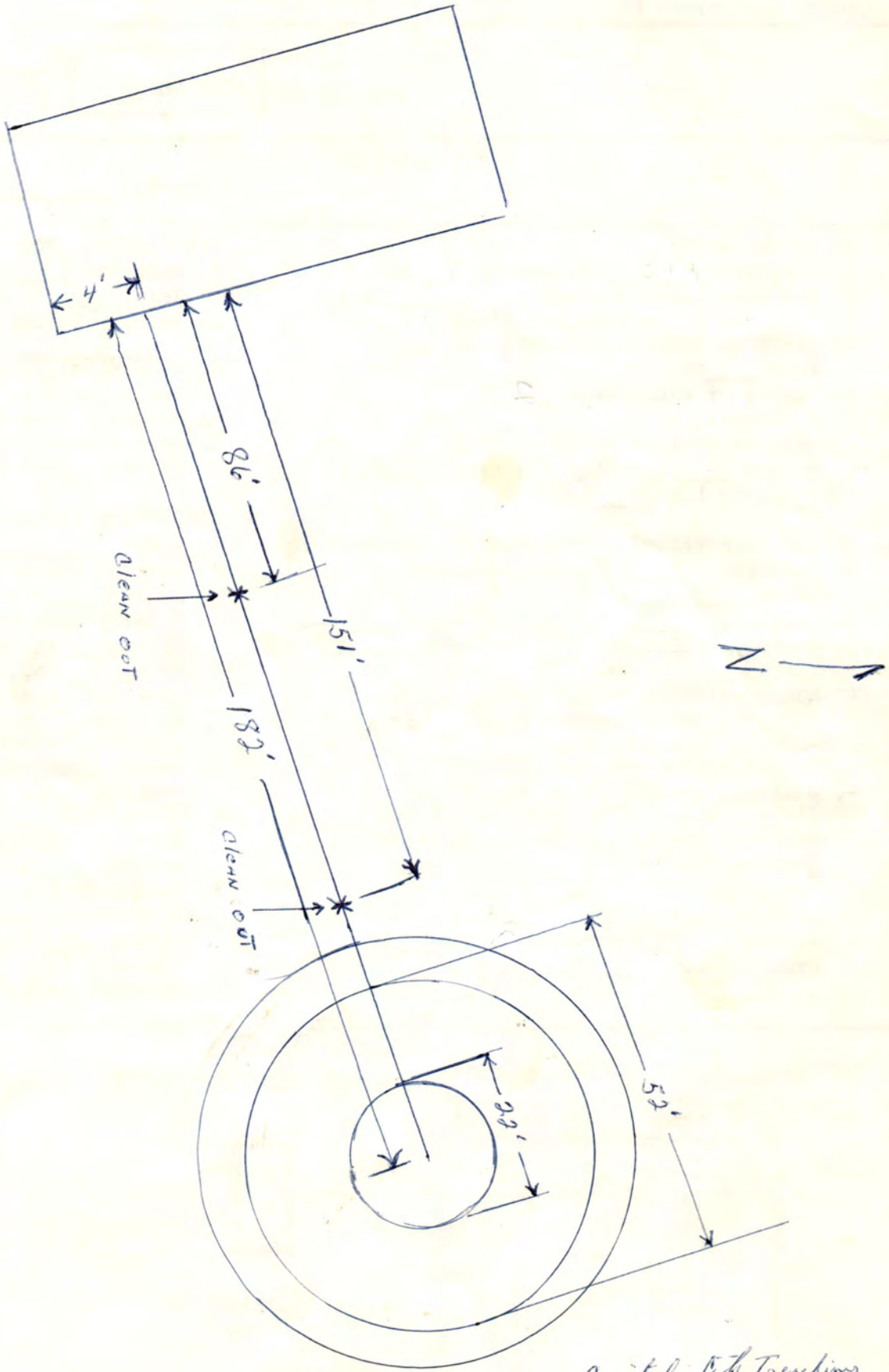
C. DISTRICTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
_____ No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Lagoon
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



_____
Signature of Applicant



Capital City Trenching
Harold & Casement
6-9-77

SW 12TH

001

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 6000 SW 12TH

Twp 9N Range 6E Section 15 NW 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition 6TH PM

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	JIM SCHARTON	6000 SW 12TH 68523	423-0566
Tenant/Buyer:	DAVID C. MARTIN	9605 W 3RD 68339	797-2635
Return to:	ATI	770 N COTNER LINCOLN, NE 68505	474-3260

Signature of Applicant David C. Martin Address 9605 W 3RD DENTON, NE 68339 Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/2/96

Initials J.C.H.

Amount $150.00

Check No. 9066

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/5/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 1.5 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/21/96 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: NEED WEEDS KILLED OUT IN LAGOON. 8/21/96 Weeds have obviously been sprayed, pit looks good. Lagoon does need some more water in it. J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/21/96

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