FILE NO. 773

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 20, 1976 — THIS LICENSE OR PERMIT EXPIRES

Rverend Clarke Mundhenke — LICENSEE OR PERMITTEE

2618 C Street, Lincoln — ADDRESS

T9N; R6E; Sec. 16; Lot: A portion of 14-SW¼1699-6; — 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 |
|---|---|---|---|
| 621110.15 | 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-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. 773

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

DATE: 10/23/75

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. 9 N ; Range 6 E ; Section 16
Block ____; Lot ____; Addition A portion of L 14 SW 16-9-6
Street Address ____

2. Property Use: Residential ____ [XX] ; Commercial ____ [ ]
No. of Bedrooms 3 .
Describe: ____
Other Use ____ [ ]
Describe: ____

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

4. Distance to public sewer: none ft.

Robert Mundhenke
Signature of Applicant (Owner ~~or Lessee~~)

2518 "O" Lincoln 68502
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/22/76 . Date Frwd. 3/22/76 . ACTION: Approved [☒] Disapproved [ ] Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3/22/76 . Date Frwd. 3/22/76 . ACTION: Approved [☒] Disapproved [ ] Signature: Oliver Seale

3. City or County Engineer : Date Rec'd. ____ . Date Frwd. 3-22-76 . ACTION: Approved [X] Disapproved [ ] Signature: [illegible]

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 ☒
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. 773

DATE: 10/23/75

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. 9 N ; Range 6 E ; Section 16 ; Block ; Lot ; Addition A portion of L 14 SW 16-9-6
Street Address .

2. Property Use: Residential ☒ XX; Commercial ☐
No. of Bedrooms 3 ½
Describe:
Other Use
Describe:

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

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).

Charles A Mundhenke
Signature of Applicant (owner or lessee)

2518 "C" Lincoln 68502
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-20-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 7/22/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-20-76 by: James Wierzba

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. 733

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 6
Section & ¼ Sect. SW 16
Property Dimensions: ___ ft. x ___ ft. irregular
Area: 23.09 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Clarke A. Mundhenke
Address 2518 "C" Lincoln 68502

Dates of Tests: 10/31/75 to 11/1/75. Weather: Precip. 0 Temp. 68 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 | 38 | 10/31 | 1:15 | 10/31 | 5:30 | 11/1 | 505 | 6" | 5:35 | 5 1/2 | 30 | 1/2 | |
| 2 | 38 | " | 1:16 | " | " | " | 506 | " | 5:36 | 3 1/4 | " | 2 3/4 | |
| 3 | 38 | " | 1:17 | " | " | " | 507 | " | 5:37 | 2 | " | 1 | |
| 4 | 38 | " | 1:18 | " | " | " | 508 | " | 5:38 | 4 3/4 | " | 1 1/4 | |
| 5 | 38 | " | 1:19 | " | " | " | 509 | " | 5:39 | 5 1/4 | " | 3/4 | |
| 6 | 38 | " | 1:20 | " | " | " | 510 | " | 5:40 | 4 1/2 | " | 1 1/2 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Filled all holes to 38" at 5:30 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Clarke A Mundhenke
Signature of Person Conducting Test

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

Address 2518 C
Phone: 475-0828

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 17 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: March 22, 1976

Jerrold C. Wood
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. 723

## SPECIFICATIONS

DATE: _____

**A. BUILDING SEWER:** Cast iron

1. Material ~~Concrete~~; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 6 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 3.
5. Distances To:
   Well or Suction Line 125 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line 450 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 Precast) No ☐
4. Manholes: Over Inlet; diam. 6" in.
   Over Outlet; diam. 6" 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 12 in.
8. Distances To:
   Well or Suction Line 125 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line 450 ft.

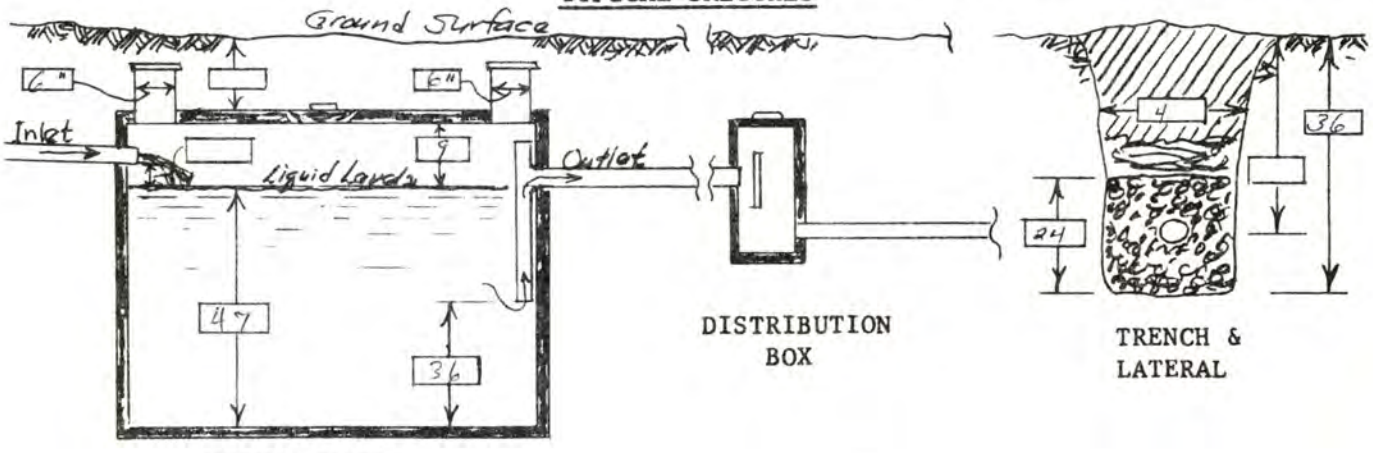
**C. DISTRIBUTION BOX**

1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☑, (Company Precast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

**D. ABSORPTION FIELD:** (Provide drawings.)

1. Type: Precast
2. Lateral Lines: Depth below grade 6 in. Number 2; Length of each line 25 ft Total length of Laterals ~~198~~ 149 ft.; Slope 5 in/100 ft. Diameter of pipe 20 in.; Shape 1/2 round Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width ~~36~~ 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 24 in.
5. Distances To:
   Well or Suction Line 150 ft.;
   Stream ___ ft.; Pressure Line ___ ft.
   Property Line 400 ft.
6. Percolation Rate: 17 minutes/inch

## TYPICAL SKETCHES

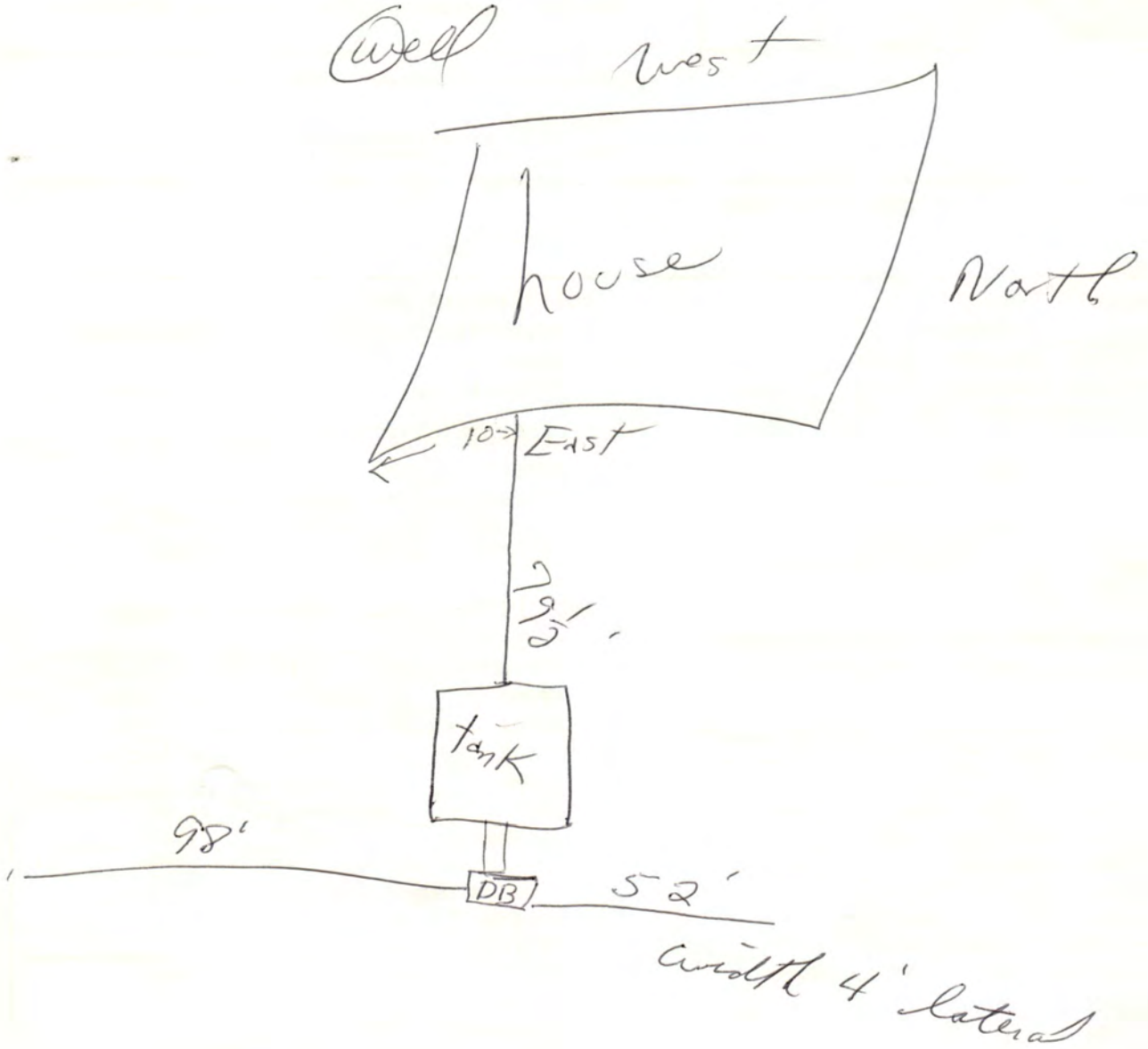



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant


Well
West
house
North
10'
East
19'
tank
98'
DB
52'
width 4' lateral

# 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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2000 W. Denton Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Corner of Coddington & W. Denton Rd

Location of Well SOUTH WEST CORNER OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System EAST OF HOUSE Year Installed 7/2976

Site Hazards (dogs, etc.) ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Sharon + Clarke Mundhenke | 2000 W. Denton Rd | 423-1208 |
| Tenant/Buyer: | | | |
| Return to: | Connie Sundling | | |

(Fax)

Signature of Applicant Connie Sundling Address 5911 Meadowbrook Lane Lincoln 68510 Date 6/28/01

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 6/28/01 Amount $200.00 Check No. 1012 Initials CW

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

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 6/29/01

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☒ 7/20/01 | ☐ |
| Bacteria | ☒ 0.0 /ml | ☐ ___ /ml |
| Nitrate | ☒ 5.1 ppm | ☐ ___ ppm |

| **SEWAGE SYSTEM** | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** WELL SITS IN A DEPRESSION WITH EXTERNAL CASING AROUND IT EFFECTIVELY CREATING A PIT. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 7/19/01 One or two buckets of dirt around casing will resolve issue. See Attached Letter ☐

Visited after heavy rain - No standing water evident. Samples collected.

**FINAL STATUS**

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

Approved by Doug Lamb Date 7/23/01

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: 9-00