CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 171

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 7, 1970 — THIS LICENSE OR PERMIT EXPIRES

Keith Biggerstaff — LICENSEE OR PERMITTEE

7120 Logan — ADDRESS

T9N; R 6E: Section 16 — 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	110.16	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-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. 171

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 16;
Block ____; Lot ____; Addition So;
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: 5 mi ft.

for Lake Von Busch
Bud Biggerstaff
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/7/70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 10/9/70. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved ☒ Disapproved ☐
Date Frwd. ____. Signature: Chas. Seale By RS.

3. City Engineer: Date Rec'd. 10-7-70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. " . Signature: J. Bleising

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. 171

PROPERTY WHERE SOIL TESTED:
Location: Township 9
Section & ¼ Sect. So. 2.5 of NO.
Property Dimensions: ___ ft. x ___ ft. 1054.7 EAST 900 of So. EAST 1/4 Sec. 16
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: JACK VON BUSH
Address _____

Dates of Tests: 10-5-70 to 10-6-70. Weather: Precip. FAIR Temp. 80 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	34	10/5	6:30	10/6	10:00	[redacted]	9:00	20	1:00	9 1/2	30 min	1 3/4	
2	34	↓	↓	↓	↓	10/6	↓	20	1:00	11	↓	1 3/4	
3	34	↓	↓	↓	↓	↓	↓	20	↓	7	↓	1 1/2	
4	34	↓	↓	↓	↓	↓	↓	20	↓	7 1/2	↓	1 1/2	
5	34	↓	↓	↓	↓	↓	↓	20	↓	5	↓	1 1/4	
6	34	↓	↓	↓	↓	↓	↓	20	↓	4 1/2	↓	1	

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

D. Tanner
Signature of Person Conducting Test

Address 3645 Adams.
Phone: 466-3506
434-0638 (Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 10.5 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 7, 1970

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. 171

SPECIFICATIONS

DATE: 10-6-70

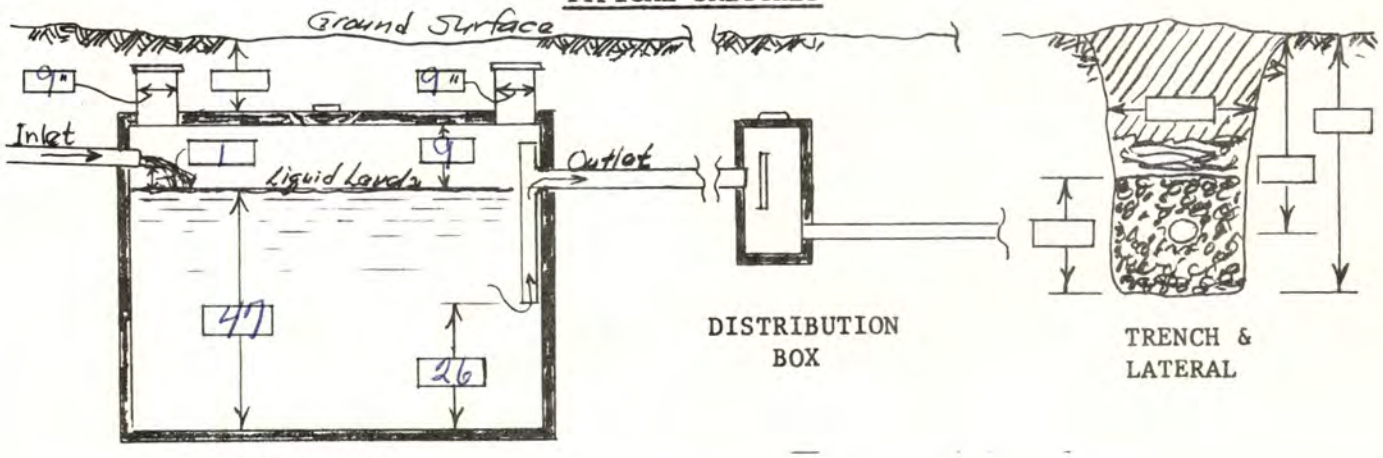
A. BUILDING SEWER:
1. Material CAST IRON; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 16 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream — ft.; Pressure Line ___ft.;
Property Line 100 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments ONE.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☐ (Company Pre-CAST STEP)
No ☐
4. Manholes: Over Inlet; diam. 9 in.
Over Outlet; diam. 9 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 100 ft.;
Stream — ft.; Pressure Line ___ft.;
Property Line 100 ft.

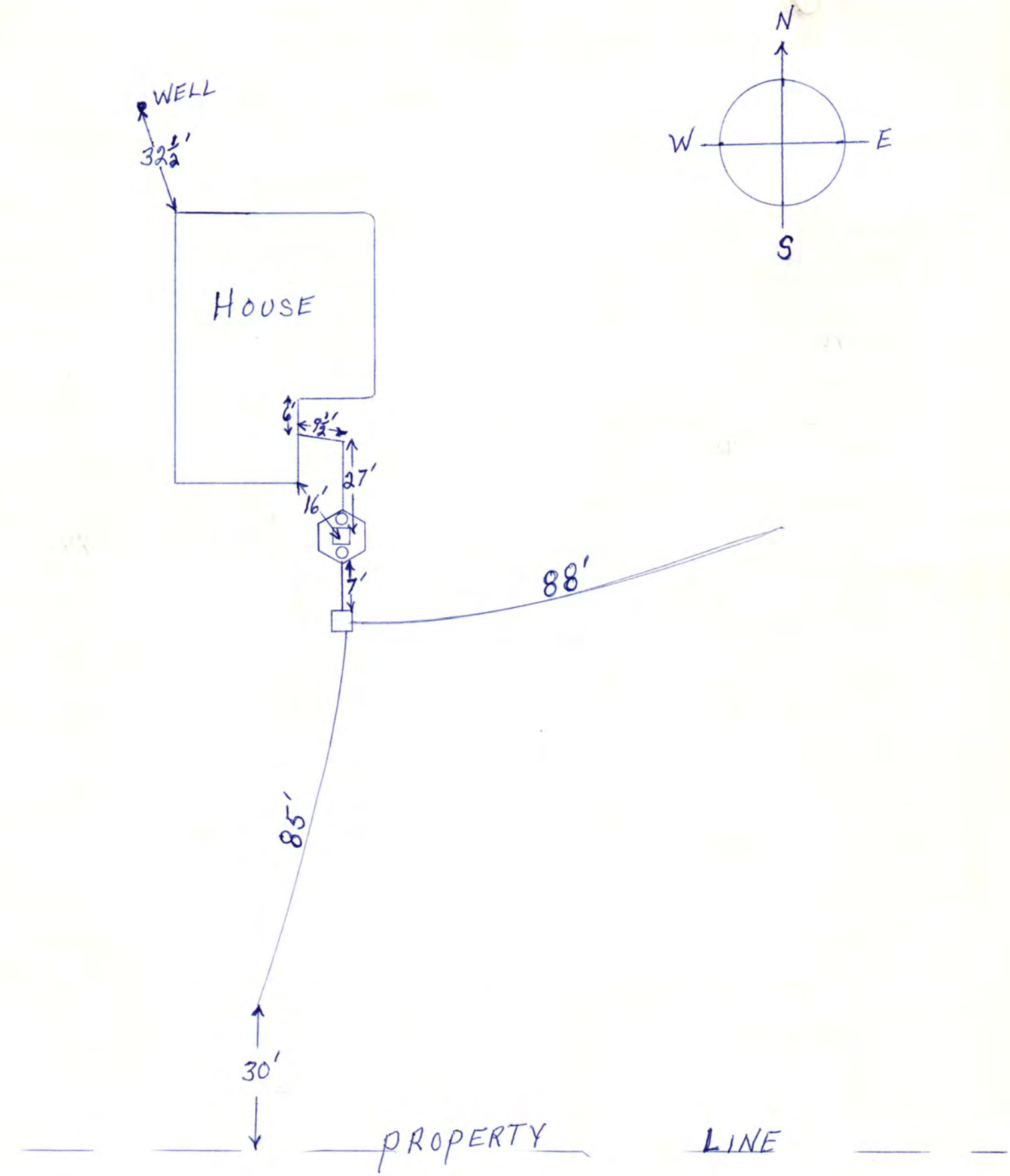
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre-CAST STEP) No ☐
3. Dimension: Length 20 in.; Width 14 in. Depth 12 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ∩ C-CRETE
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 88 ft
Total length of Laterals 178 ft.; ~~185~~
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line ___ft.
Property Line 30 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WELL
32½'
HOUSE
6'
2½'
27'
16'
7'
88'
85'
30'
PROPERTY
LINE