CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 663

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 26, 1976
THIS LICENSE OR PERMIT EXPIRES

Larry Hugelmann
LICENSEE OR PERMITTEE

1149 So. 1st
ADDRESS

T9N; R6; Sec. SE¼ of Sec. 16; Bl. 2; Lot 1; Addn. Gateway Western Estates
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15	110.16	148.14	6-2	
SERIAL NO. 624-1535	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-40(73) REQUEST FOR SITE CLEARANCE FOR 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. 663

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

DATE: 6-2-75

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 ; Range 6 ; Section SE ¼ OF SECTION 16
Block 2 ; Lot 1 ; Addition GATEWAY WESTERN ESTATS
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 [X] ; Other [ ]

4. Distance to public sewer: _____ ft.

Larry Hagelman
Signature of Applicant (Owner or Lessee)

1149 So. 1st
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7-24-75 . Date Frwd. 7-24-75 . ACTION: Approved [X] Disapproved [ ] Signature: K. V. Wingerson

2. Supt. Bldg. Insp.: Date Rec'd. 7-24-75 . Date Frwd. 7-24-75 . ACTION: Approved [X] Disapproved [ ] Signature: Charles Williamson

3. City ~~or County~~ Engineer : Date Rec'd. 7-24-75 . Date Frwd. 7-24-75 . 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 [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. 663

DATE: 7-24-75

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; Range 6; Section SE ¼ OF SECTION 16; Block 2; Lot 1; Addition GATEWAY WESTERN ESTATES
Street Address RT #1.

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

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

Larry Hugdmon
Signature of Applicant (owner or lessee)

1149 50, 1st
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 7-24-75
Filing Fee: $30.00

2. Site Visits:
Date: Oct-3-75 by: [illegible]
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: James Wewerka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-3-75 by: Lon Mignault

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. 663

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 6
Section & ¼ Sect. 16
Property Dimensions: 499.84 ft. x 315.00 ft.
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: _____
Address _____

Dates of Tests: MAY 31-75 to JUNE 1-75. Weather: Precip. ____ Temp. 65F

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	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5	180	1	
2	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5 ½	180	½	
3	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5 ½	180	½	
4	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5 ½	180	½	
5	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5 ½	180	½	
6	30	5-31	10:00	5-31	2:00	6-1	10:00	6	1:00	5	180	1	

Sum of Percolation Rates
Average of Rates: 6875/30
Mean of Rates:

Larry Hugelman
Signature of Person Conducting Test

Address 1149 501 ST
Phone: 432-2208

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 6-2-75

James Weverka
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. 663

SPECIFICATIONS

DATE: 7-24-75

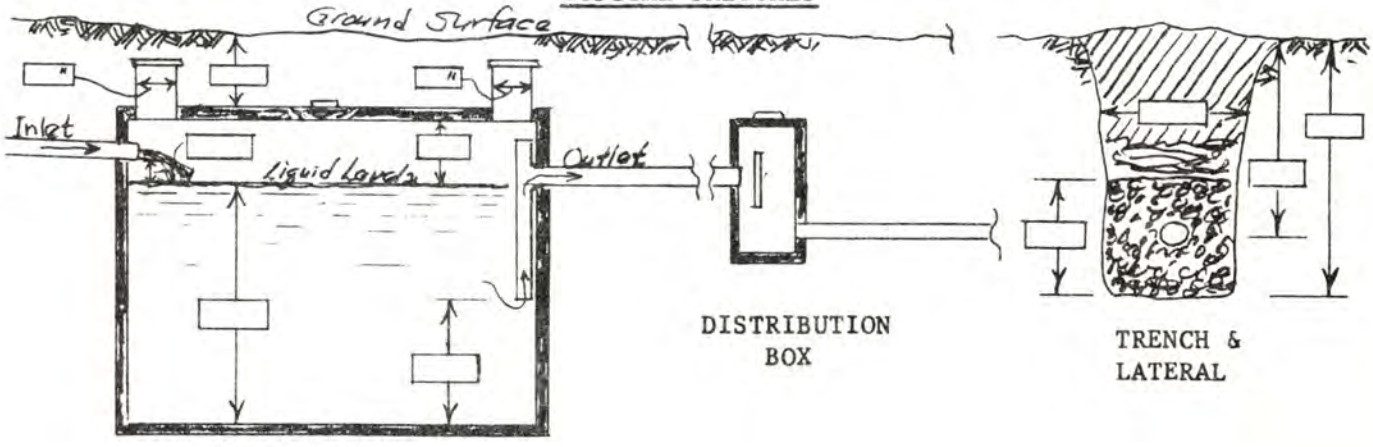
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 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.

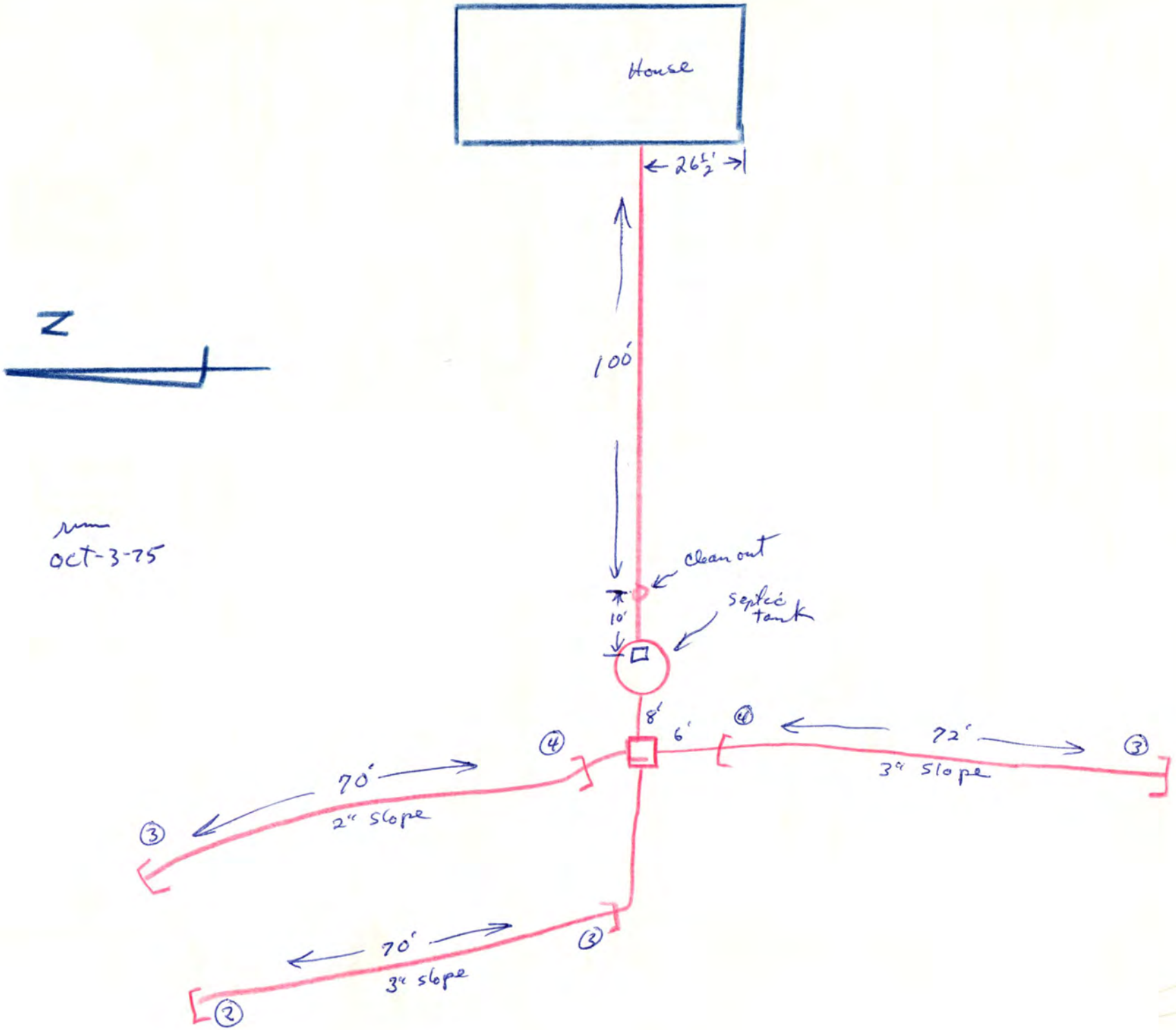
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
_____ No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line 72 ft
Total length of Laterals 223 ft.; 70 70
Slope 4 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 48 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


House
26½'
N
100'
clean out
10'
septic tank
8'
6'
4
72'
3
3" slope
70'
2" slope
3
70'
3" slope
2

rm
Oct-3-75