CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1525

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 1, 1979
THIS LICENSE OR PERMIT EXPIRES

V. Charles McCann 4625 Spruce Street, Lincoln, NE 68516
LICENSEE OR PERMITTEE ADDRESS

T9N, R6E, Section 17 NE¼, Block 1, Lot 2, Addition Hitching Post Hills
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1525

DATE: _____

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

1. Legal description of property: Twp. 9 North ; Range 6 East ; Section 17, NE¼ ; Block 1 : Lot 2 : Addition Hitching Post Hills
   Street Address 6200 Hitching Post Lane

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

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

4. Distance to public sewer: _____ ft.

W. Chandler Mc Clain
Signature of Applicant (Owner or Lessee)

4625 Spruce, Lincoln Ne. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/1/79. Date Frwd. 5/1/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-2-79. Date Frwd. 5-2-79. ACTION: Approved ☒ Disapproved ☐ Signature: Conrad H. Hammer

3. City ~~or County~~ : Engineer Date Rec'd. 5-2-79. Date Frwd. 5-2-79. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-4-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-23-79 By: James Neverka

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

FORM 20105-0477
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: 474-1541

B

FILE NO. 1535

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North ; Range 6 East ; Section & ¼ Section 17, NE¼.
Property Dimensions: 396 ft. x 370 ft. Area: 3.36 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 4/27/79 to 4/29/79 . Weather: Precip. * Temp. 60° .

* April 25 - 1.65" rain
April 28 - 32" rain

OWNER: V. Charles and Peggy Ann McCann

Address: 4625 Spruce, Lincoln Ne. 68516

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	4/27	6:00	4/29	5:30	4/29	5:00	23 5/8	5:30	24 1/8	30	1/2"	60
2	36	4/27	6:00	4/29	5:30	4/29	5:00	23 1/8	5:30	23 5/8	30	1/2"	60
3	36	4/27	6:00	4/29	5:30	4/29	5:00	25	5:30	25 5/8	30	5/8"	48
4	36	4/27	6:00	4/29	5:30	4/29	5:00	23 1/4	5:30	23 3/8	30	5/8"	48
5	36	4/27	6:00	4/29	5:30	4/29	5:00	21 7/8	5:30	22 1/4	30	3/8"	80
6	36	4/27	6:00	4/29	5:30	4/29	5:00	21 1/8	5:30	21 5/8	30	1/2"	60

V. Charles McCann
Signature of Person Conducting Test

Sum of Percolation Rates: 356 3.125
Average of Rates: 59.3 .520
Mean of Rates: 64

Address 4625 Spruce, Lincoln Ne. 68516 Phone 489-6642

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 1, 1979

Approved Percolation Rate (a)
A. 60 min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

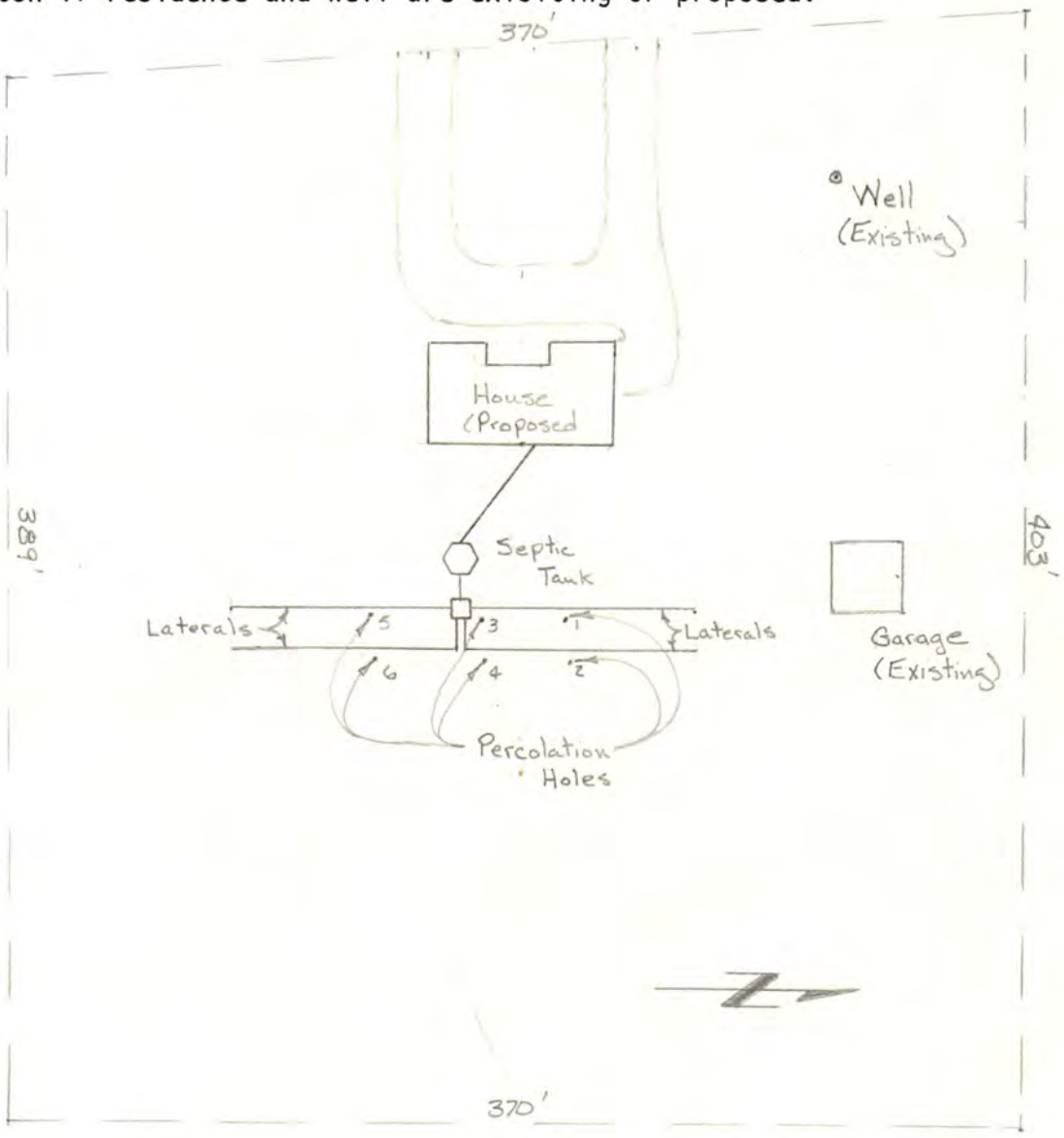
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1525

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 330 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 990 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: _____

FILE NO. _____

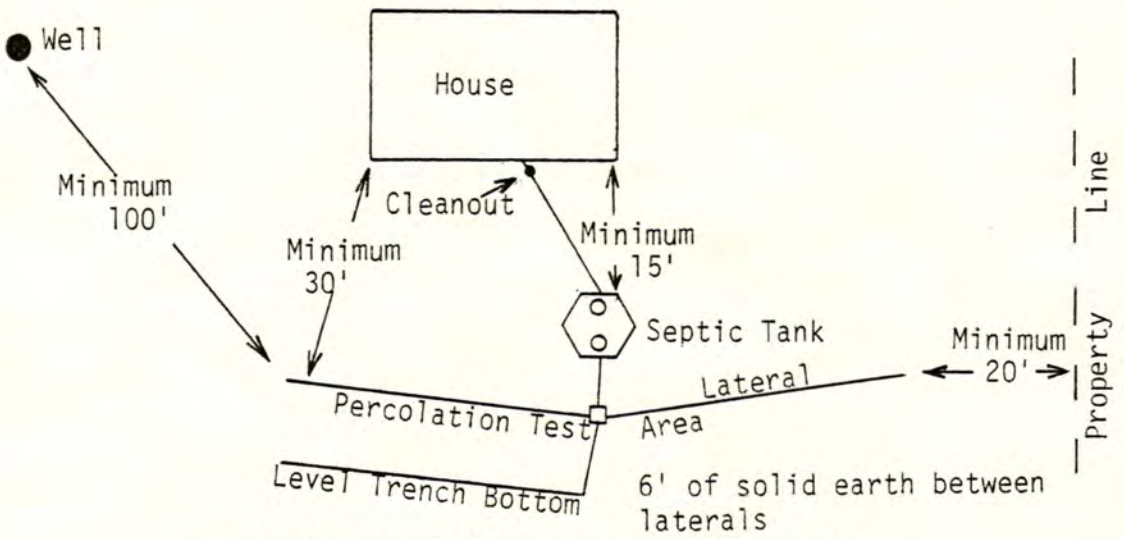
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments ONE.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line 200+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets FIVE.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank 7½ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, 47, _____, _____ ft.;
Total length of laterals 247 ft.;
Distance between lateral lines 28 ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth ~~22~~ 36 in.
4. Filter Material: GRAVEL
Depth of Material 22" in.
5. Distances to:
Well or Suction Line 200+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: July 19, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☐ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 6E ; Section 17 ;
Block 1 ; Lot 2 ; Addition Hitching Post Hills.
Street Address 6200 Hitching Post Lane.
Directions on how to get to property So. on So. Coddington Ave to Pleasant Hill Road, turn west to Hitching Post Lane - 2nd lot on east side of road.
Location of well North-West corner of lot - switch for well is inside door on barrel.
Where is tap: Inside ☐ Outside ☐

	NAME	ADDRESS	PHONE
Present Owner:	V. Charles McCann	4625 Spruce, Lincoln	489-6612
Tenant:			
Lending Agency:			

(Do not write below double lines)

Health Department: Date Received 7/23/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 8-1-79 by [illegible]
Date 8-13-79 by [illegible]
Date ____ by ____

V. Charles McCann
Signature of Applicant

4625 Spruce, Lincoln Ne 68516
Address

PRELIMINARY STATUS -- DATE 8-1-79

Water System:
Approved ☐ Disapproved ☒

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval ~~Bacteria present~~ Shock + check is satisfactory.

☐ See Attached Letter.

FINAL APPROVAL -- DATE 8-15-79

Water System ☒ . Sewage Disposal System ☐ .

BY Ron Mynatt

Form Number 20215-0878

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER NORM BERGHUIS

