FILE NO. 580

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 5, 1976 — THIS LICENSE OR PERMIT EXPIRES

Gale J. Bristol — LICENSEE OR PERMITTEE

908 South 34th — ADDRESS

T9N; R6E; Sec. NE1/4 of 17; Bl. 2; Lot 2; Hitching Post Hills Add. — 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
110.15	110.16	148.14	6-2

624-1535

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. 580

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

DATE: 3-5-75

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 North; Range 4 East; Section NE ¼ of Sec 17
Block 2; Lot 2; Addition Hitching Post Hills
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: MILES ft.

Gale J Bush
Signature of Applicant (Owner or Lessee)

908 So 34 Lincoln, Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/5/75. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3-6-75. Date Frwd. 3-6-75. ACTION: Approved ☐ Disapproved ☒ Signature: Charles Locke per Williamson

3. City ~~or County~~ Engineer: Date Rec'd. 3-6-75. Date Frwd. 3-6-75. ACTION: Approved ☐ Disapproved ☒ Signature: A.L. Imig

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. 580

DATE: 3 - 5 - 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 North ; Range 6 EAST; Section ~~NE~~ NE ¼ of sect 17; Block 2 ; Lot 2 ; Addition Hitching Post Hill .
   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. 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).

Gale J Bruce
Signature of Applicant (owner or lessee)

908 So 34 Lincoln, Nebr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 3/5/75
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 7-9 by: JW
   Date: 7-10 by: JW
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 3/5/75
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 7-10-75 by: James Veverka

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. 580

PROPERTY WHERE SOIL TESTED:
Owner: Gale J Bristol
Location: Township 9 North; Range 6 East
Section & ¼ Sect. 17 NE ¼
Address 908 So 34 Lincoln
Property Dimensions: ____ ft. x ____ ft.
Area: 3.3 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: March 3 to March 5. Weather: Precip. — Temp. 30 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	30	3-3	12.00	3-3	16.00	3-5	~~1300~~	6	5 ½	½	30	½	
2	30							6	5 ⅝	⅝		⅝	
3	30							6	5 ⅝	⅝		⅝	
4	30							6	5 ⅝	⅝		⅝	
5	36							6	5 ¼	¾		¾	
6	36							6	5 ⅝	⅝		⅝	
7	30							6	5 ⅝	⅝		⅝	
8	30							6	5 ¼	¾		¾	

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

Gale J Bristol
Signature of Person Conducting Test

Address 908 So 34 Lincoln Neb
Phone: 477-9137

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 48 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: March 5, 1975

Jerrold C. Hood
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. 580

SPECIFICATIONS

DATE: _____

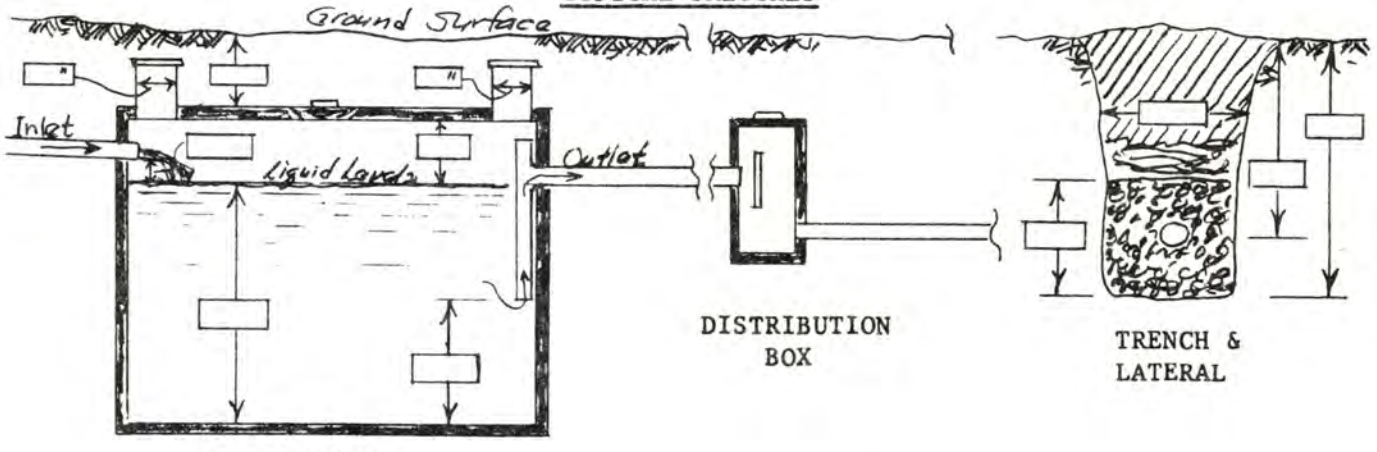
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS
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.

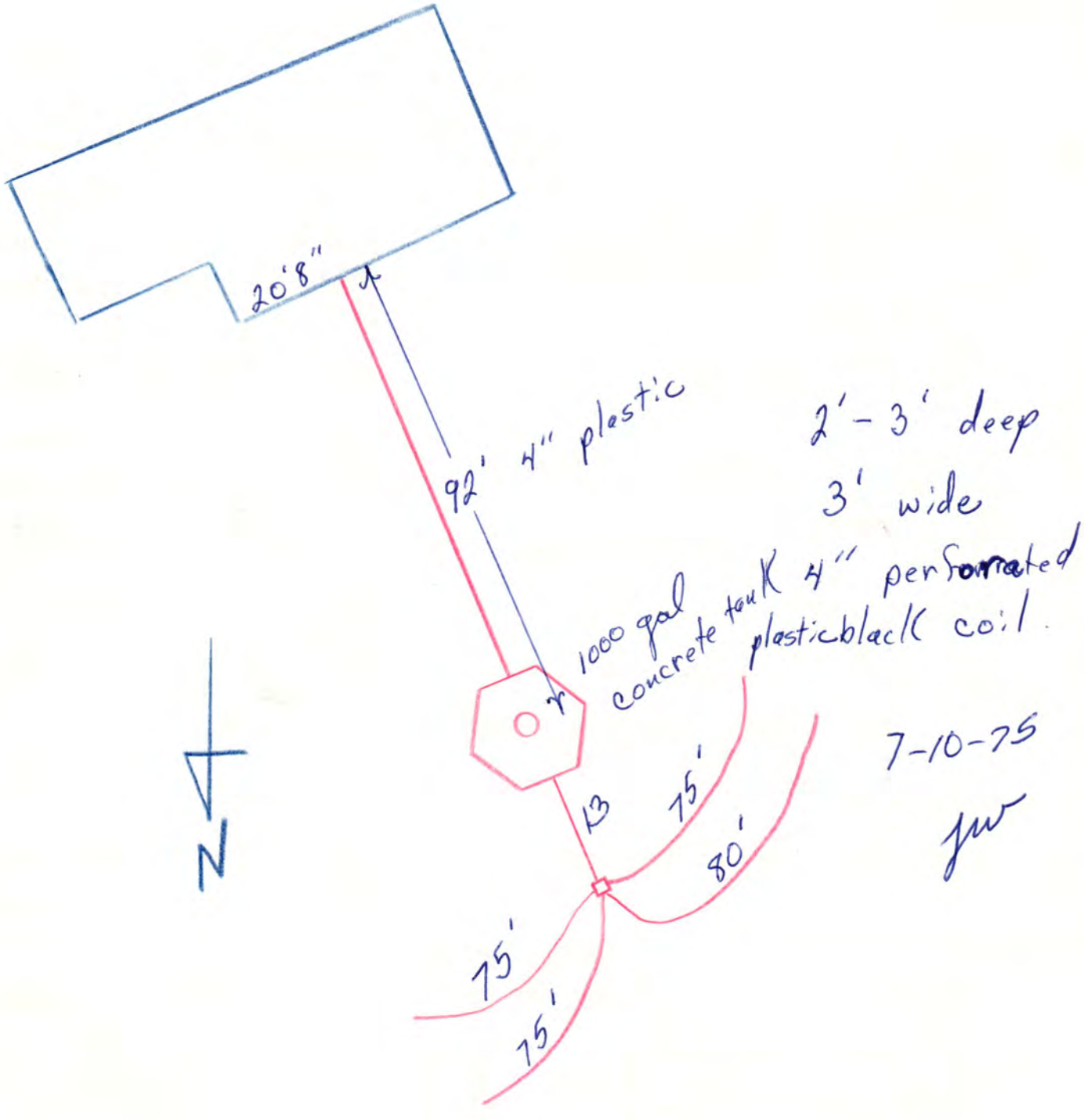
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☐, (Company _____ No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number 34; Length of each line ___ft
Total length of Laterals ~~289~~ 305 ft.;
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 ~~18~~ 36 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: 48 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


20'8"
92' 4" plastic
2'-3' deep
3' wide
1000 gal concrete tank
4" perforated plastic black coil
N
13
75'
80'
75'
75'
7-10-75
jw