FILE NO. 1108-4

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 15, 1978 — THIS LICENSE OR PERMIT EXPIRES

Hans Kaiser — LICENSEE OR PERMITTEE

5118 Pioneers Blvd., Lincoln, NE — ADDRESS

T9N, R6E, Section NW¼ of 17, Lot 3, Addition Hitching Post Hills — 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	
624-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
46374 JA157		30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH 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. 1108

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

DATE: _____

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 6E; Section NE 1/4 17
Block _____; Lot 3 ; Addition HITCHING POST HILLS SUBDIV.
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: _____ ft.

Hans-H. Kaiser
Signature of Applicant (Owner or Lessee)

5118 PIONEER, LINC. NEBR 68506
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/15/77 . Date Frwd. 7/15/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7-15-77 . Date Frwd. 7-15-77 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Williamson

3. City or County Engineer : Date Rec'd. 7/15/77 . Date Frwd. _____ . ACTION: Approved ☐ ☒ 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. 1108

DATE: _____

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 6E ; Section NE 1/4 17 ; Block ; Lot 3 ; Addition HITCHING POST HILLS. SUB DIV.
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. 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).

Hans-H. Kaiser
Signature of Applicant (owner or lessee)

5118 PIONEER, LINC, NEBR 68506
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-4-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X] ; Disapproved [ ] 7/15/78
by: Jerrold E. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-78 by: James Akevelka

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 474-1541)

FILE NO. 1108

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____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: _____ to _____. Weather: Precip._____Temp.____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	38 3/4	2:30 PM	39	30	1/4	
2	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	36 1/8	2:30 PM	37	30	1/8	
3	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	37 5/8	2:30	37 1/8	30	1/4	
4	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	42 3/8	2:30	45	30	2 1/8	
5	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	44 3/8	2:30	45 1/2	30	1 1/8	
6	36"	7-12	10 AM	7-12	2 PM	7-13	2 PM	37 3/4	2:30	38	30	1/4	

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

Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Waymore Silty Clay Loam. (S.C.S.)

DATE: July 14, 1977

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

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. _____

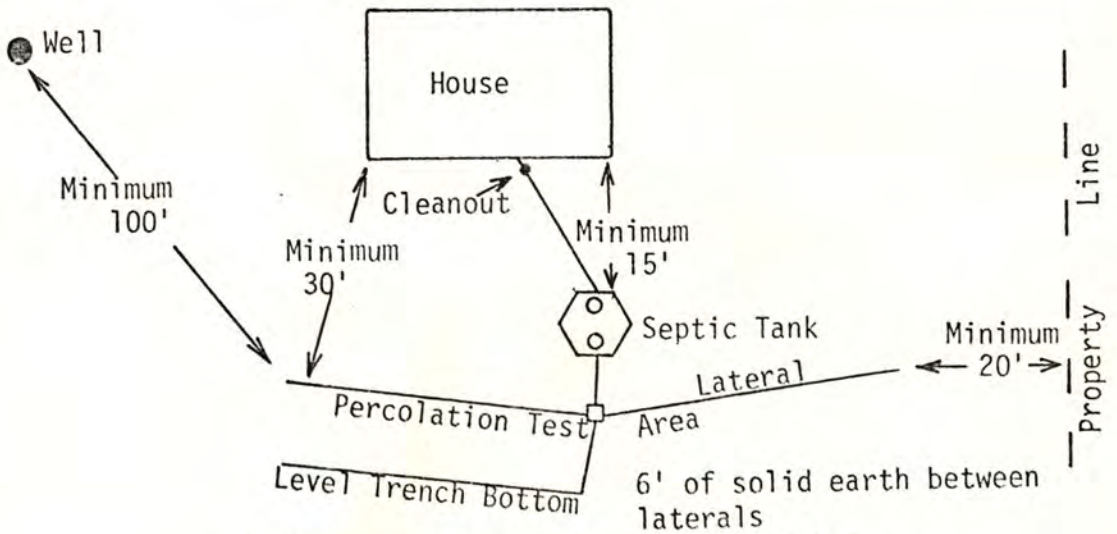
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ~~CI~~ ; Diameter 4 in.
2. Distance above basement floor ~~12"~~ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 43 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 60 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1.
2. Capacity 1506 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 8 in.
Riser Above ☒ Below ☐ Grade 1 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Conc ; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 80, 84, 60, _____, _____ ft.;
Total length of laterals 224 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2-3 in/100 ft.; Average Depth 36 in.
4. Filter Material: gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 120 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

003

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well ask borrower Tap Location: Inside ☐ Outside ☒

Location of Sewage System ask borrower Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Hans & Dee Anna Kaiser	2929 Hitchingpost Circle Lincoln 68523	421-3727
Tenant/Buyer:	Same		
Return to:	Vistar Bank RE Lending	P.O. Box 5306 Lincoln NE 68505	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Cathy Mueller Address Vistar Bank

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 27, 1991 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/30/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 12/30/91 by CL
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate (4ppm)	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: ONE EAR OF THE WELL CAP IS BROKEN AND THE CAP SHOULD BE REPLACED. THE CAP IS STILL TIGHT HOWEVER AND IT DOESN'T APPEAR THE SEAL HAS BEEN COMPROMISED. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Donald C. Hoge R.E.H.S. DATE JANUARY 7, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

AS BUILT DRAWING OF SYSTEM

DATE 8-4-78 INSTALLER HANS KAISER

