FILE NO. 508

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 28, 1975 — THIS LICENSE OR PERMIT EXPIRES

Andy Anderson — LICENSEE OR PERMITTEE

Box 97, Pleasant Dale, Nebraska — ADDRESS

T9N; R6E; Section 17: Block 2; Lot 5; Hitching Post Hills Addition — 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
624-110.15	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-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. 508

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

DATE: Aug 28, 1974

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. 9N ; Range 6E ; Section 17
Block 2 ; Lot 5 ; Addition Hitching Post Hills
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.

Andy Anderson wife.
Signature of Applicant (Owner or Lessee)

Box 97 Pleasantdale Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/28/74 . Date Frwd. 8/28/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 8-28-74 . Date Frwd. 8-28-74 . ACTION: Approved ☐ Disapproved ☒ Signature: Chas Lutz Walt Williamson

3. ~~Dep.~~ City ~~or County~~ Engineer : Date Rec'd. 8-28-74 . Date Frwd. 8-28-74 . ACTION: Approved ☒ Disapproved ☐ Signature: J. L. Blessing

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. 508

DATE: August 28, 1974

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. 9N ; Range 6E ; Section 17 ; Block 2 ; Lot 5 ; Addition _____.
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).

Andy Anderson
Signature of Applicant (owner or lessee)

Box 97 Pleasantdale Neb
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11/14/74 by: J.C.H.
Date: _____ by: _____
Date: Nov-15-74 by: _____

3. Date: Approved ☒; Disapproved ☐ 11/20/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: NOV-15-74 by: _____

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. 508

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: Andy Anderson
Address Box 97 Pleasantdale Neb.

Dates of Tests: Aug 26 to Aug 27/74. Weather: Precip. ____ 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	38	26	1000	27	1000	27					1:00	1 3/4	
2											1h	1 1/2	
3												1 1/4	
4												2	
5												1 1/4	
6												2	

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

Signature of Person Conducting Test

Address 4131 Clifford
Phone: 489-8288

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 28, 1974

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. 508

SPECIFICATIONS

DATE: August 28, 1974

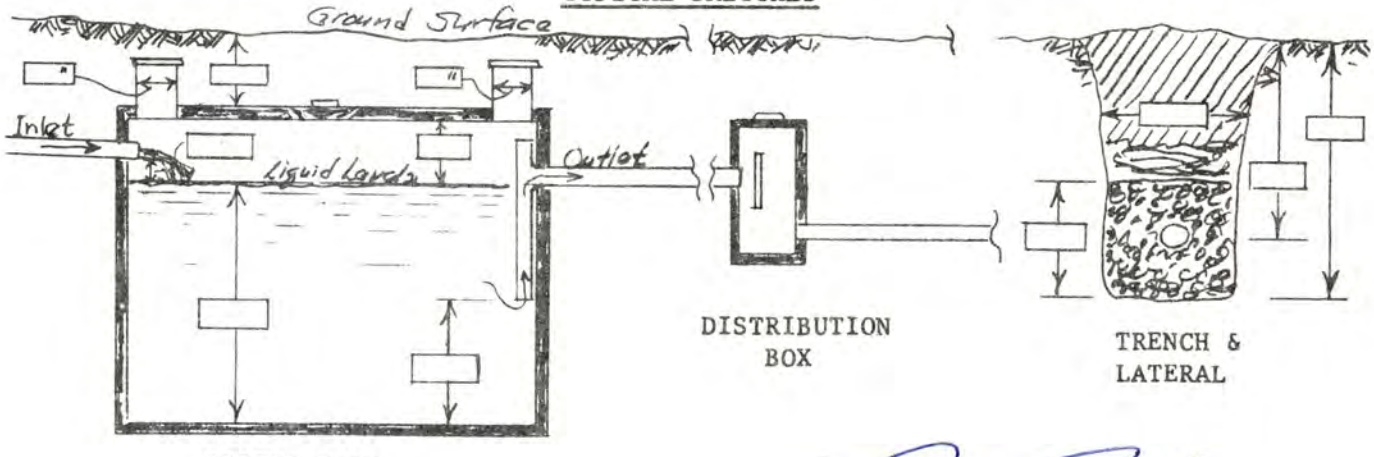
A. BUILDING SEWER:
1. Material TILE; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 104 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 200 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

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

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ~~ROUND PLASTIC Half Round~~
2. Lateral Lines: Depth below grade ___in.
Number 3; Length of each line ___ft
Total length of Laterals 277 ft.;
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ~~___~~ ROUND
Material: concrete ☐; fiber asbestos ☐; clay ☐; other PLASTIC
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 48 in.; Width 36 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: 37 minutes/inch

TYPICAL SKETCHES

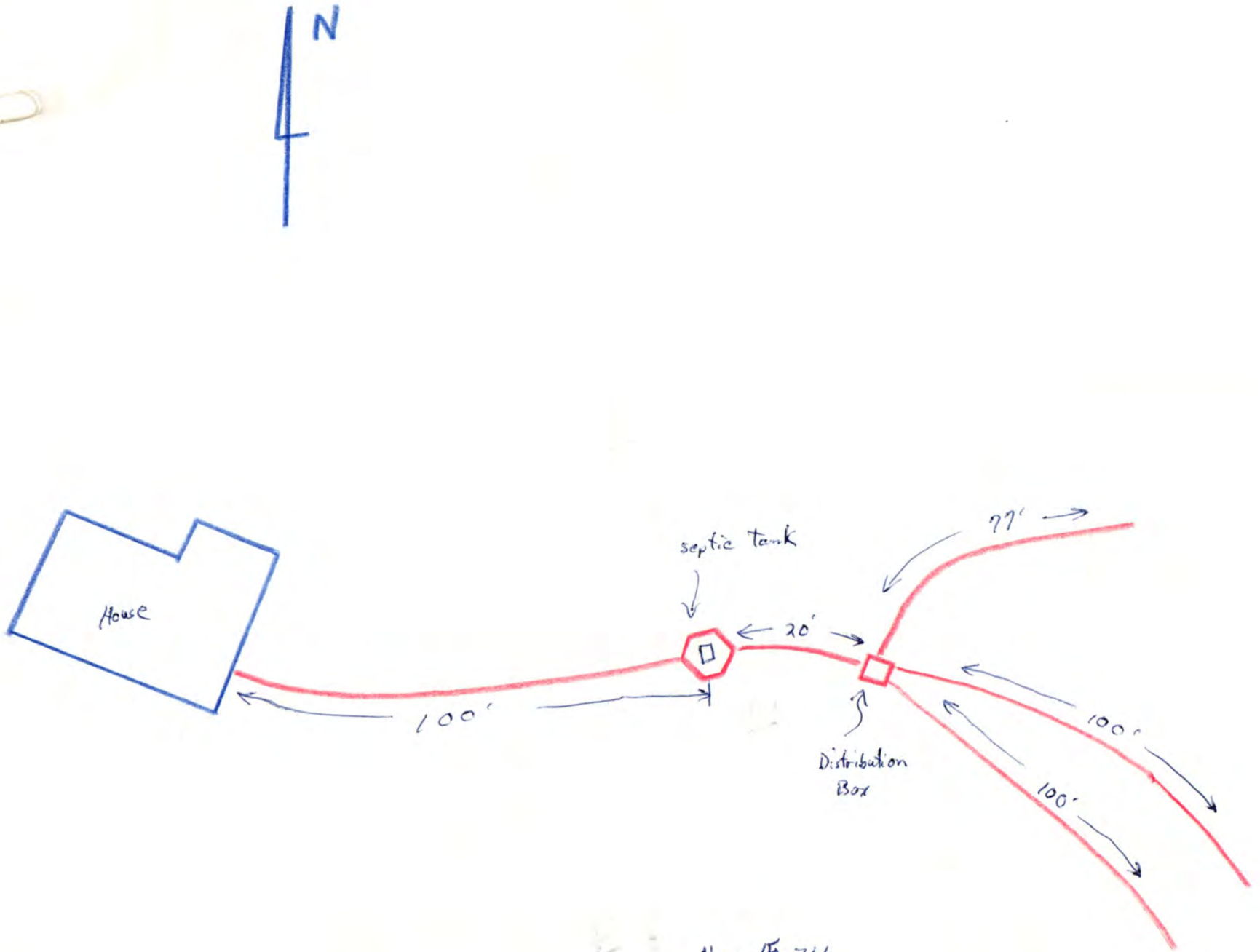


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant



Nov-15-74