FILE NO. 1150

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

February 29, 1978
THIS LICENSE OR PERMIT EXPIRES

John S. Hetcko — 1109 Galloway Avenue, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 17, Block 2, Lot 1, Addition First 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
46811	2-28-78	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. 1150

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

DATE: 8/28/77

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 1; Addition First Addition
   Street Address Hitching Post Hills

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.

John Hatcher
Signature of Applicant (Owner or Lessee)

1109 Galloway Ave
Address Lincoln Neb 68502

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/29/77. Date Frwd. 8/29/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8-29-77. Date Frwd. 8-29-77. ACTION: Approved ☒ Disapproved ☐ Signature: Williamsen

3. City ~~or County~~ Engineer: Date Rec'd. 8-29-77. Date Frwd. 8-29-77. ACTION: Approved ☒ Disapproved ☐ Signature: Al Long

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. 1150

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. 9N ; Range 6E ; Section 17 ; Block 2 ; Lot 1 ; Addition First .
Street Address Hitching Post Hills.

2. Property Use: Residential ✓ [ ]; 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).

John A. Hitch
Signature of Applicant (owner or lessee)

1109 Galloway Ave
Address Lincoln Neb 68502

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12/28/77 by: L.C.H.
Date: 4-3-78 by: rm
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 8/29/77
by: Jerrold E. Hoel

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-3-78 by: Ron Magnuson

Yankee Hill

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. 1150

PROPERTY WHERE SOIL TESTED:
Location: Township 9 : Range 6
Section & ¼ Sect. 17
Property Dimensions: 257 ft. x 594 ft.
Area: 3 acres. (Attach sketch of property showing hole location). on back
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: John Hetick
Address: Hitching Post Hills

Dates of Tests: Aug 24 77 to Aug 25 77. Weather: Precip. 0 Temp. 80°

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	32"	8/24	5 PM	8/25	4 30 PM	8/25	4 30 PM	12"	8 AM PM	4½	30M	3/4	
2										4		7/8	
3										4 3/4		3/4	
4										5		½	
5										4½		½	
6										10		0	

Sum of Percolation Rates: 3.375
Average of Rates: .5625
Mean of Rates:

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 33rd
Phone 432 3595

(Do not write below this line)

REVIEWING ACTION

REMARKS:

DATE: 8-29-77

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

James Wevecka
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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. 1150

SPECIFICATIONS

DATE: 8/28/77

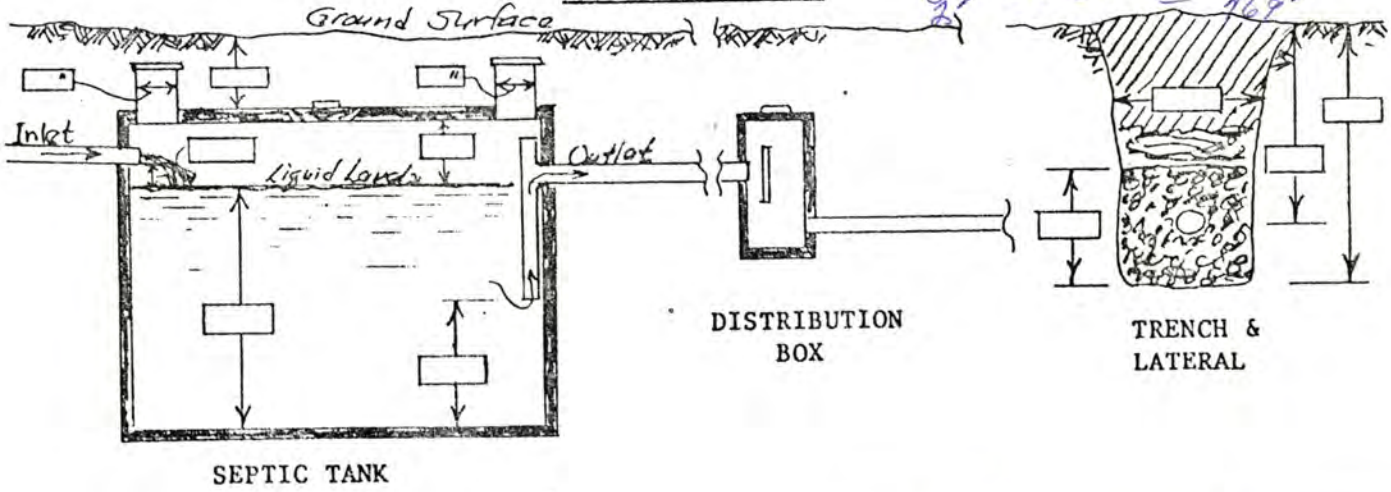
A. BUILDING SEWER:
1. Material Cast Iron; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 130 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line 80 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Precast; No. of compartments 1000.
2. Capacity ___ gals.; Liquid depth 51 in.
3. Factory Built: Yes [X] (Company Pre Cast Step)
No [ ]
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade ___ in.
5. Inlet: Baffle [X]; 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.

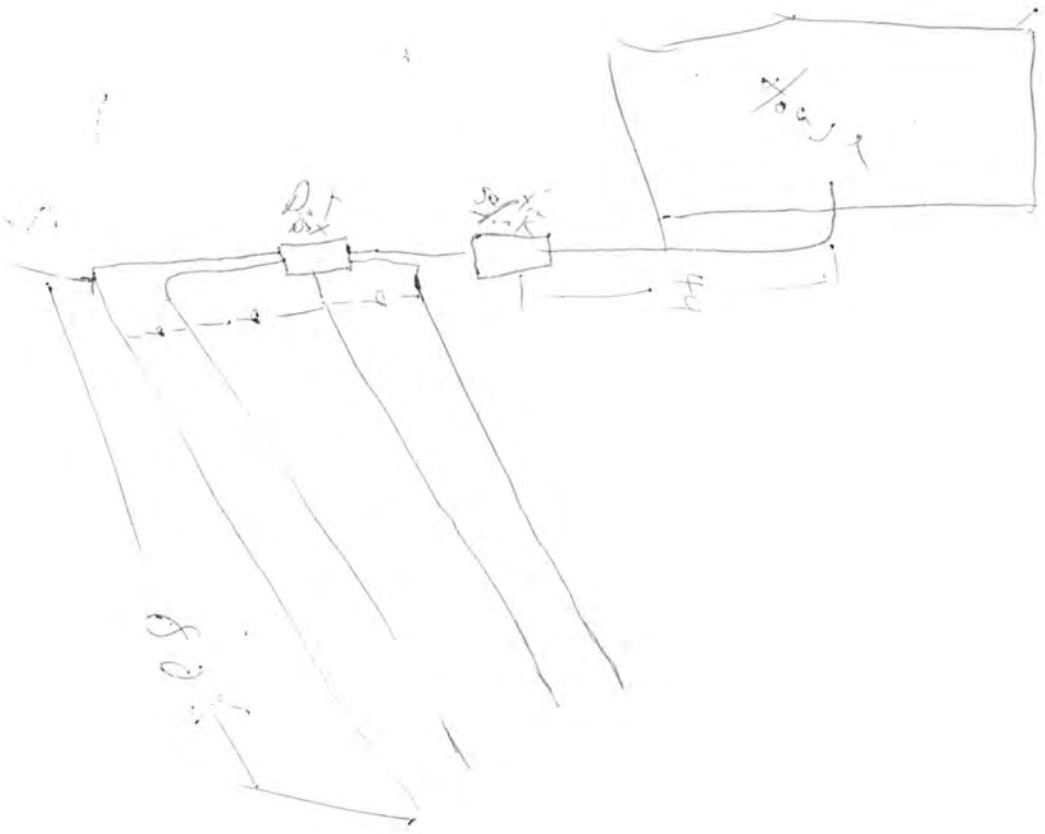
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes [X], (Company Pre Cast Step) No [ ]
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___ in.
Number ___; Length of each line ___ ft
Total length of Laterals 234 ft.;
Slope ___ in/100 ft. Diameter of pipe 20 in.; Shape Half moon
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ___ in.; Width 18 in.
4. Filter Material: Road gravel.
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



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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 3200 W Burkthorn

Twp 9N Range 6E Section 17 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition 1st

Directions to Property Hwy 6, Pearl Hills 1st ADD

Location of Well SW East yard Tap Location: Inside ☒ Outside ☐

Location of Sewage System Back East 45 yards Year Installed 1933

	NAME	ADDRESS	PHONE
Present Owner:	John Hatko	3200 W Burkthorn	423 6866
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant [signature] Address 3200 W Burkthorn Lincoln, Ne 68502 Date 6/22/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/21/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By [illegible] **DATE:** 6/21/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date 6/21/93 by PD
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.2 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend septic tank be pumped if not done in the past 2 yrs. Second cleanout from west may have failed but system appears to be working satisfactory. Assessment made on visual inspection only. See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Hoffman Date 6/29/93

Approval or disapproval is based on State and local 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 operations.

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