FILE NO. 1494

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

September 9, 1979
THIS LICENSE OR PERMIT EXPIRES

Kustom Kreations Ltd. by Charles Aron, 1720 S.W. 50th, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 21, Block 7, Lot 1, Addition Ridgewood
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. 1494

DATE: 3-9-79

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. 9N ; Range 6E ; Section 21 ;
   Block 7 : Lot 1 : Addition Ridgewood
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: 3 miles ft. ~~PERCOLATION TO BE SUBMITTED LATER~~

Kustom Kreations dba by Mark E. Aaron
Signature of Applicant (Owner or Lessee)

1720 SW 50th Lincoln, Nebr. 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/9/79. Date Frwd. 3/9/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne

3. City or County Engineer : Date Rec'd. 3/9/79. Date Frwd. 3/9/79. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/6/79 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/7/79 By: Jerrold C. Hood

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

2100 W. Win Field

FILE NO. _____

LTIBA 7

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 21 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-17- to 10-18-79 . Weather: Precip. _____ Temp. _____ .

Chuck Aron Residence

OWNER: Kustom Kreations
Address: Seward, Ne

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	18	10/17	11:00	10/18	1:30	10/18	3:30	11 5/8	4:00	11 7/8	30	1/4	120
2	24		AM		PM		PM	14 7/8	PM	15 1/4		3/8	80
3								12 1/8		14 1/2		2 3/8	13
4								11 5/8		12 1/2		2/8	33
5								12 7/8		14 3/4		1 7/8	16
6								14		16 1/8		2 1/8	~~15~~
7								16 7/8		17 3/8		1/2	60

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

Brad Smithmoore
Signature of Person Conducting Test

Address 701 E 4th Hickman Ne Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 22 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Pawnee clay loam
Date: October 23, 1979 + Sharpsburg silty clay loam

Herrold C. Hood
Signature of Reviewing Official

12/6/79 Looks more like Morrill clay loam

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

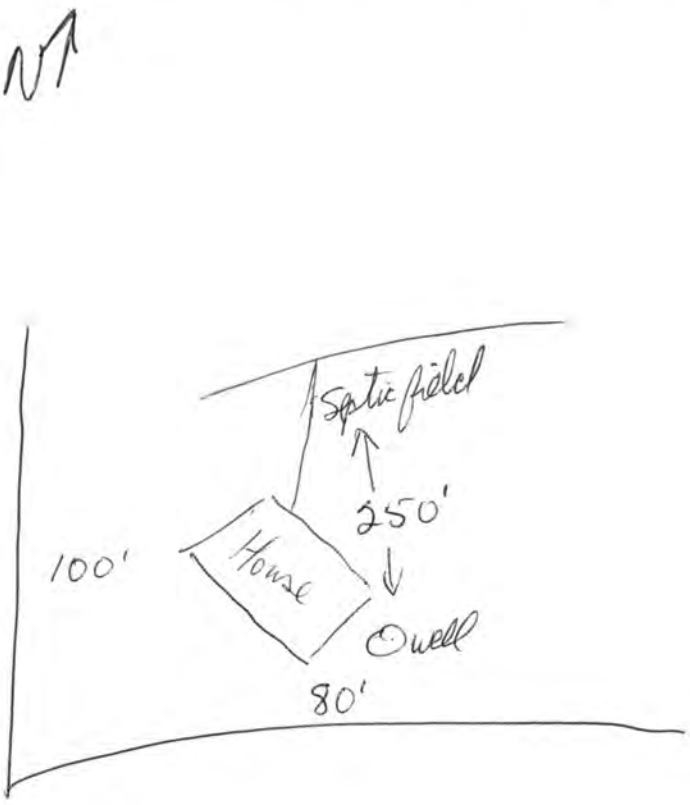
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: October 23, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 218 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 871 sq.ft.

Jerrold 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: 12-7-79

FILE NO. 9-6-21

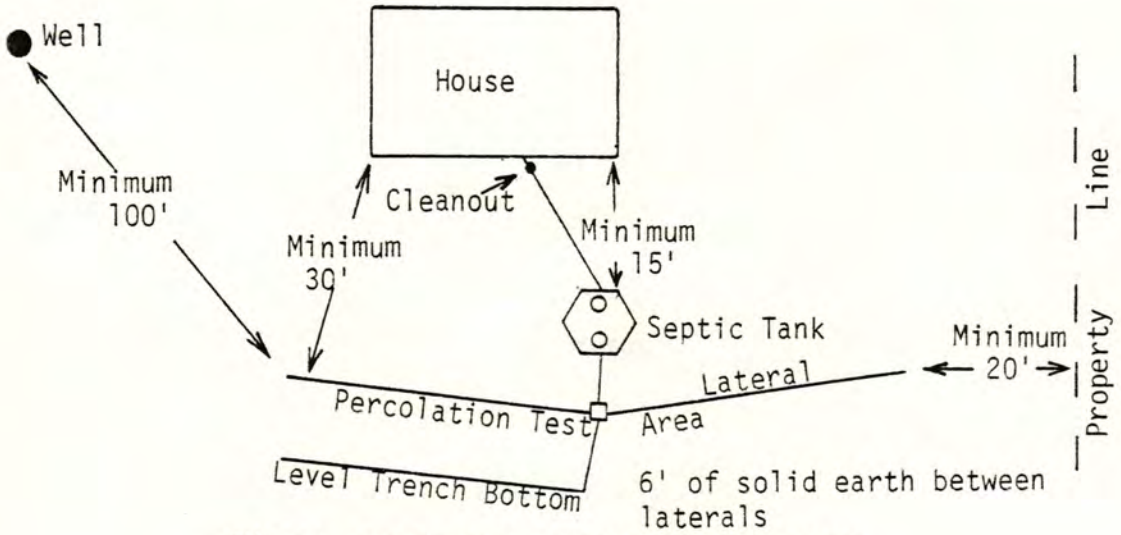
SPECIFICATIONS AS BUILT

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:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST STEP)
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 14 in.
8. Distances to:
Well or Suction Line 124 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 61 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 5 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 12" or Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 84, 84, 84, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 17 ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: ROAD GRAVEL, SAND
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 124 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

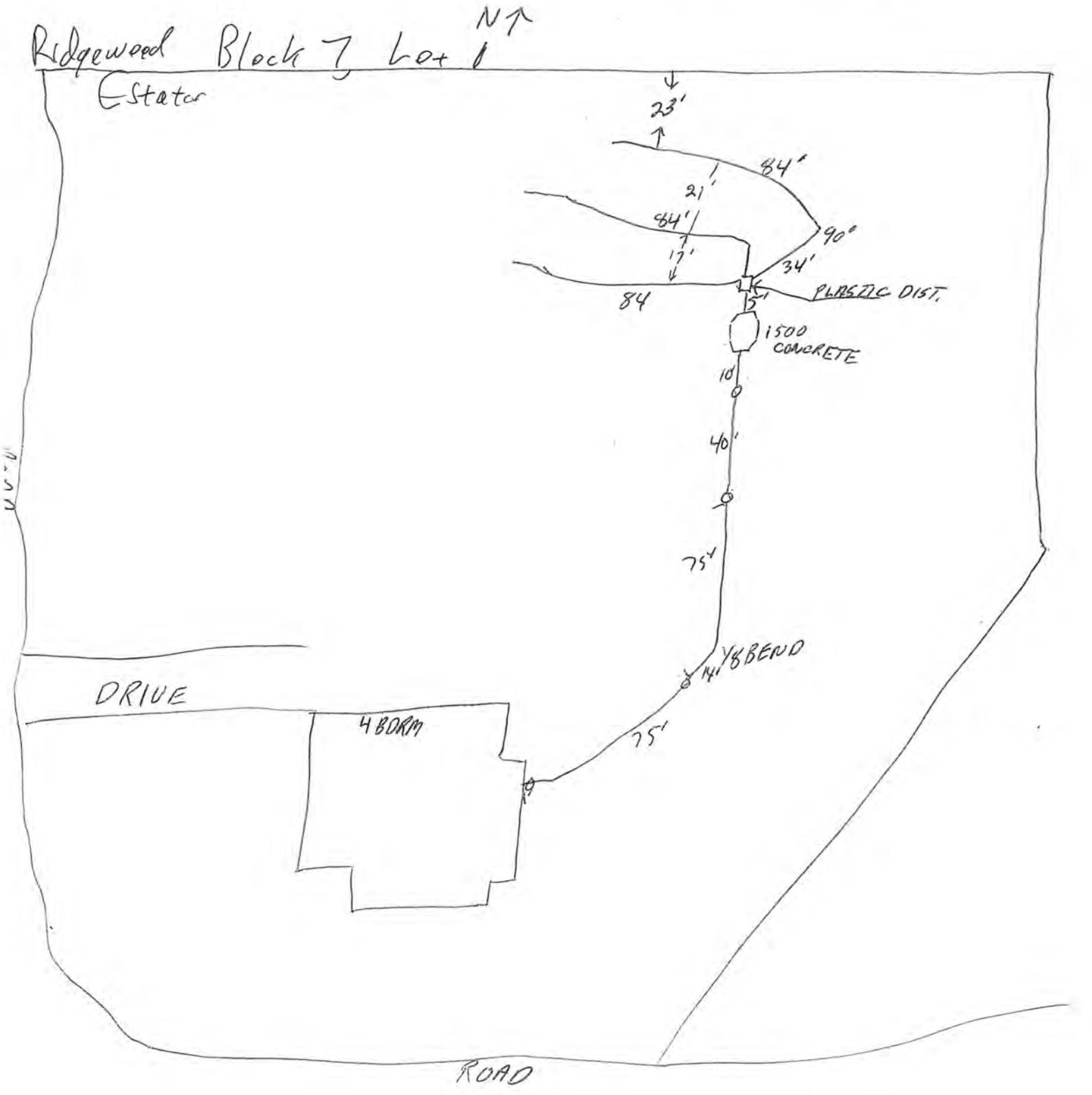


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

2100 W. Winfield

AS BUILT DRAWING OF SYSTEM

DATE 12/7/79 INSTALLER SOUTHWICK SERVICES
BRAD SOUTHWICK



2100 W. Winfield

AS BUILT DRAWING OF SYSTEM

DATE 12/7/79 INSTALLER SOUTHWICK SERVICES
BRAD SOUTHWICK

