LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1222-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 15, 1978 — THIS PERMIT EXPIRES

Stan Portsche — ISSUED TO

5615 O Street, Lincoln, NE — ADDRESS

T9N, R6E, Section 34 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 1222-C

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

DATE: NOV 15-77

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 34
   Block _____; Lot _____; Addition SEE ATTACHED 5.1 Acres in SW 4.
   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.

STAN PORTSCHE
Signature of Applicant (Owner or Lessee)

TOWN + COUNTRY
5615 "O" ST
Address

489-9311

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/15/77 . Date Frwd. 11/15/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 11-17-77 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Don Baesch
3. City or County Engineer : Date Rec'd. 12-15-77 . Date Frwd. 12-16-77 . ACTION: Approved ☐ Disapproved ☒ Signature: Henry Graff

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. 1222-C

DATE: NOV 15-77

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. SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 6E ; Section 34 ; Block ; Lot ; 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).

STAN PORTSCHE
Signature of Applicant (owner or lessee)

TOWN + COUNTRY
5615 "O" ST
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 11/29/77 by: L.C.H
Date: / / by:
Date: / / by:

3. Date: Approved ☒; Disapproved ☐ 11/5/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/29/77 by: Jerrold C. Hood

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. 1222-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 6E
Section & ¼ Sect. 24 SW¼
Property Dimensions: ____ ft. x ____ ft.
Area: 5 / ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: STAN PORTSCHE
Address TOWN + COUNTRY 5615 "O" ST

Dates of Tests: NOV 2-77 to NOV 3-77. Weather: Precip. ____ Temp. ____ 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	NOV 2	3:00	NOV 3	3:00 PM	NOV 2	7:00 PM	20 5/8	7:30	21 1/8	30	1/2	
2	"	"	"	"	"	"	"	22 3/4	"	23 3/8	"	3/8	
3	"	"	"	"	"	"	"	21 1/8	"	21 7/8	"	1/2	
4	"	"	"	"	"	"	"	24 7/8	"	25 1/4	"	5/8	
5	"	"	"	"	"	"	"	22 3/8	"	23 1/2	"	7/8	
6	"	"	"	"	"	"	"	22 1/4	"	23	"	3/4	

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

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4 HICKMAN
Phone: 792-2462

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wasmore Silty Clay Loam, C&F. Could be although a lot of black soil. Could have been fill sometime.

DATE: November 15, 1977 11/29/77

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

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. 1222-C

SPECIFICATIONS

DATE: NOV 15-77

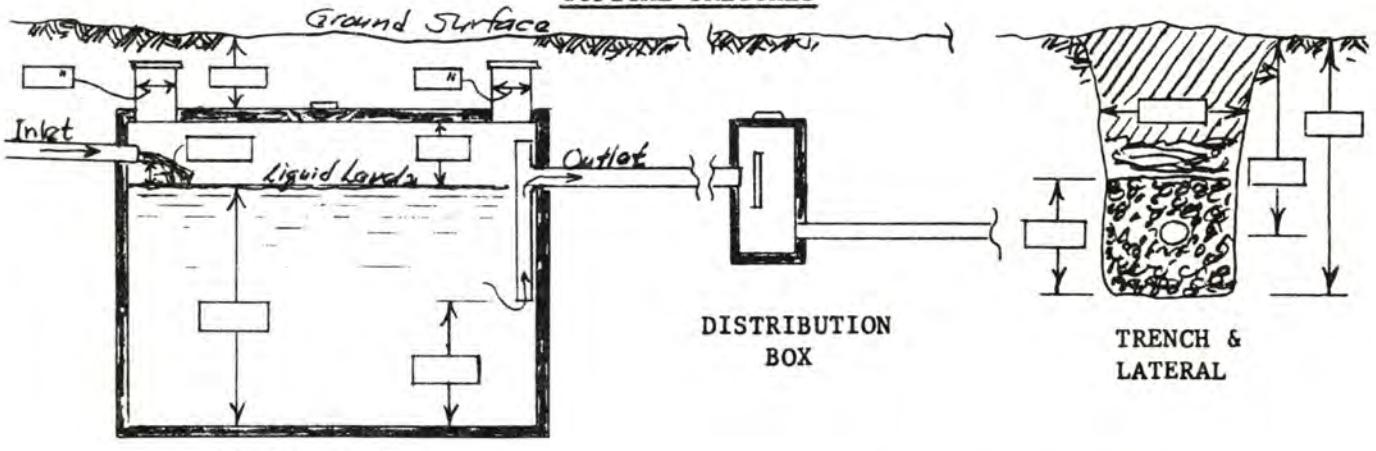
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 _____)
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 _____; No. available outlets _____.
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: HALF ROUND
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 229 ft.; Slope ____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 48 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: _____minutes/inch

TYPICAL SKETCHES



STAN PORTSCHE
Signature of Applicant