FILE NO. 539

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

April 15, 1975
THIS LICENSE OR PERMIT EXPIRES

Franklin Mitchell
LICENSEE OR PERMITTEE

R.R. 8, Lincoln
ADDRESS

T9N; R6E; Sect. NW 1/4 of 26; West 400' of South 1330'
NAME OF ESTABLISHMENT, IF ANY

legal description
ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

624-1535

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. 539

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. 9N ; Range 6E ; Section SW ¼ Sec 26 WEST 400' OF SOUTH 1330'
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Franklin Mitchell
Signature of Applicant (Owner or Lessee)

RR8 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/14/74 . Date Frwd. 10/15/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10-15-74 . Date Frwd. 10-15-74 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Chas Leals Williamson

3. City or County Engineer : Date Rec'd. 10-15-74 . Date Frwd. 10-15-74 . 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 ☒

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. 539

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 NW¼ Sec 26 WEST 400' OF SOUTH 1330' ; Block _____ ; Lot _____ ; Addition _____.
   Street Address _____.

2. Property Use: Residential ✓ ☐ ; Commercial _____ ☐
   No. of Bedrooms 2
   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).

Franklin Mitchell
Signature of Applicant (owner or lessee)

RR8 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 11/7/74 by: J.C.H.
   Date: 11/8/74 by: J.C.H.
   Date: _____ by: _____

3. Date: 10/15/74 Approved ☒ ; Disapproved ☐
   by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 11/8/74 by: Jerrold C. Wood

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. 539

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 6
Section & ¼ Sect. NW¼ Section 26
Property Dimensions: ___ ft. x ___ ft.
Area: 9 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☑

Owner: Alvin Cropsey
Address RR1

Dates of Tests: Oct 11, 1974 to Oct 12, 1974. Weather: Precip. 0 Temp. 60°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	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	16	30	16	30/16
2	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	12	30	12	30/12
3	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	10	30	10	30/10
4	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	16	30	16	30/16
5	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	12	30	12	30/12
6	24	10/11	12:00	10/12	12:30	10/12	12:30	8"	4:30	12	30	12	30/12

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

Frank Mitchell
Signature of Person Conducting Test

Address 5400 Broadcast Lane
Phone: 489-8766

(Do not write below this line)

REVIEWING ACTION

REMARKS: Not accepted. Rechecks attached.

DATE:

Approved Percolation Rate(s)
A. ___ 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. 539

SPECIFICATIONS

DATE: _____

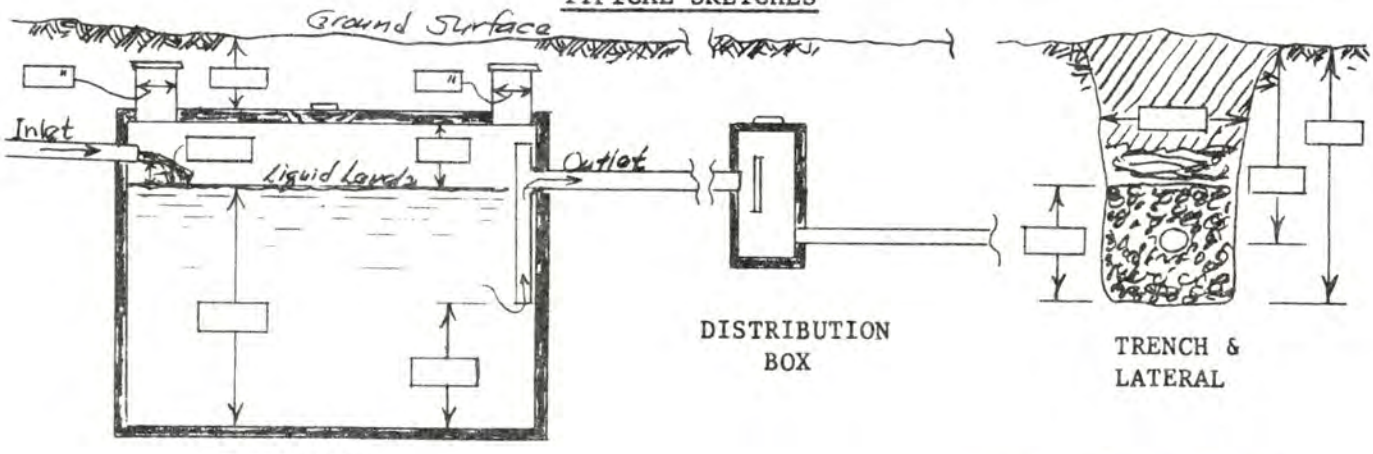
A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor ___in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 300 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☑ (Company Precast Step Co.
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 12" in.
8. Distances To:
Well or Suction Line 300 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

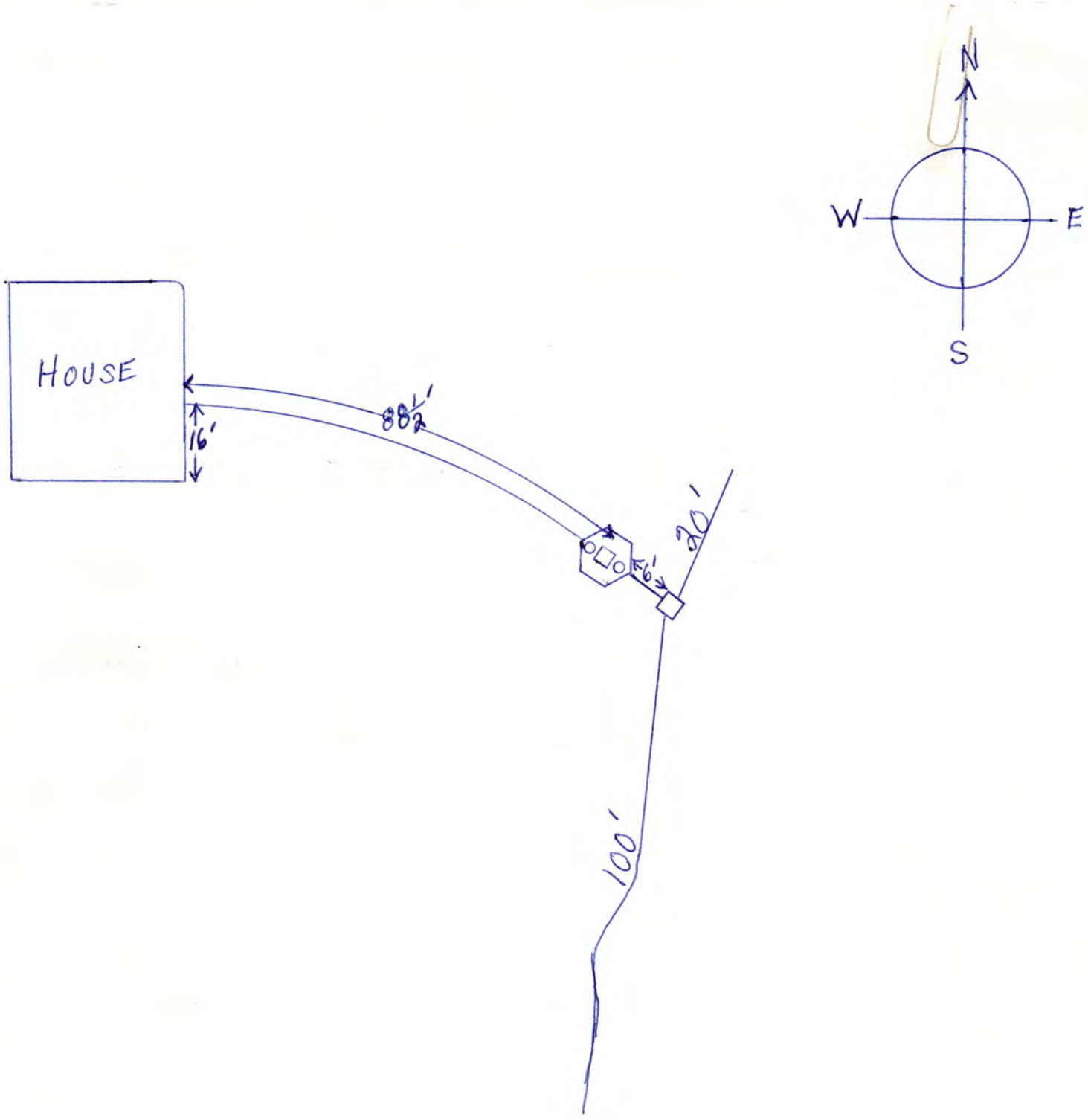
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 2.
2. Factory Built: Yes ☑, (Company Precast Step Co. No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Laterals in gravel
2. Lateral Lines: Depth below grade 6 in. Number 2; Length of each line ___ft Total length of Laterals 119 ft.; Slope 6" in/100 ft. Diameter of pipe 24 in.; Shape ___
Material: concrete ☑; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 325 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES



Franklin Mitchell
Signature of Applicant


N
W
E
S
HOUSE
16'
88½'
16'
20'
100'