FILE NO. 134

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

June 30, 1970 — THIS LICENSE OR PERMIT EXPIRES

Tom E. Morrow — LICENSEE OR PERMITTEE

4410 South 46th Street — ADDRESS

T 9N; R 7E; Section 1 — 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
143-1535	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-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 134

DATE: December 29, 1969

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9; Range 7; Section 1;
Block _____; Lot _____; Addition _____;
Street Address _____.

2. Property Use: Residential yes [X]; Commercial _____ [ ]
No. of Bed Rooms 4 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-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Tom E Monroe
Signature of Applicant (owner or lessee)

4410 So 46 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 2/16/70 by: L.C.H.D.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 12/29/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/16/70 by: Jerrold C. Hood

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 134

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9; Range 7; Section 1;
Block ____; Lot ____; Addition ____;
Street Address ____.

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

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

4. Distance to public sewer: over 300 ft.

Tom E Mathews
Signature of Applicant (owner or lessee)

4410 So 46 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/29/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 12/29/69. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12/29/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 12/29/69. Signature: Charlie Seals

3. City Engineer: Date Rec'd. 12-30-69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 12-30-69. Signature: J. L. Blessing

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 134

PROPERTY WHERE SOIL TESTED:
Location: Township 9 R 7 Lan 1
Section & ¼ Sect. SW¼
Property Dimensions: ____ ft. x ____ ft.
Area: 20 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Tom E Monroe
Address 4410 to 46 Lincoln

Dates of Tests: 12-22-69 to 12-23-69. Weather: Precip. NO Temp. 35 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	32	12-22	8 AM	12-22	12 AM	12-23	9 AM	6	9:30	4¾	30	1¼	60 - 2½
2	32	"	"		"	"	"	6	"	4¼	30	1¾	60 - 3½
3	32	"	"		"	"	"	6	"	4¾	30	1¼	60 - 2½
4	32	"	"		"	"	"	6	"	5	30	1	60 - 2
5	32	"	"		"	"	"	6	"	4¾	30	1¼	60 - 2½
6	32	"	"		"	"	"	6	"	4½	30	1½	60 - 3

Sum of Percolation Rates 16
Average of Rates: 60 - 2½
Mean of Rates: 23 - 1

Lenitek Lee L. Lenitek
Signature of Person Conducting Test

Address 3800 NO 27 Lin
Phone: 434-9393

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: December 29, 1969

Gerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 134

SPECIFICATIONS

DATE: _____

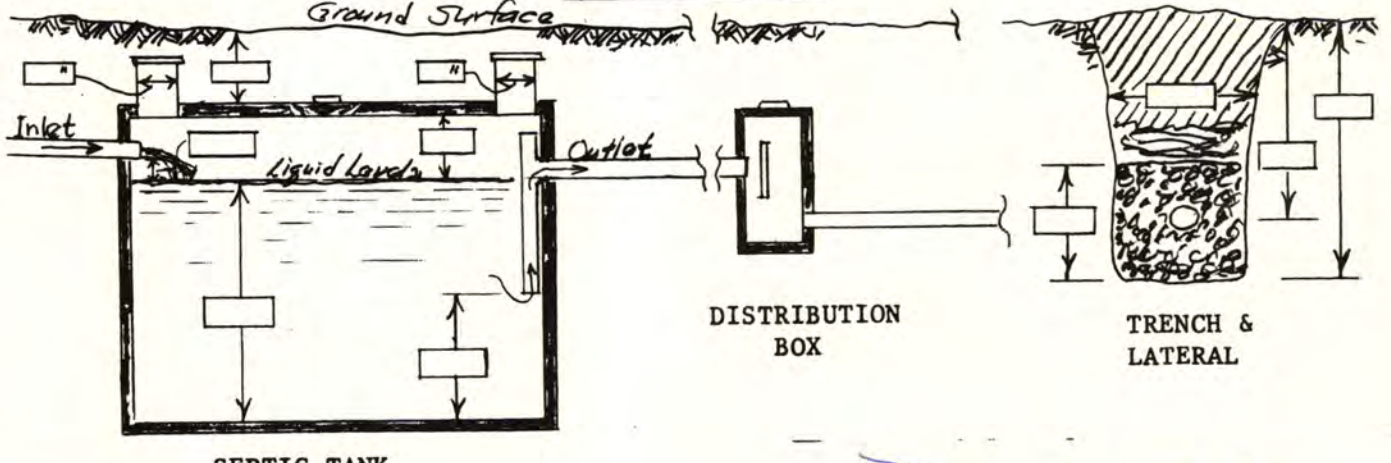
A. BUILDING SEWER:
1. Material Clay PVC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 115 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ~~10~~ ft.; Pressure Line ~~10~~ ft.;
Property Line ~~10~~ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1500 gals.; Liquid depth 86 in.
3. Factory Built: Yes ☒ (Company Pre Cast) No ☐
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ~~25~~ ft.; Pressure Line ~~25~~ ft.;
Property Line ~~10~~ ft.

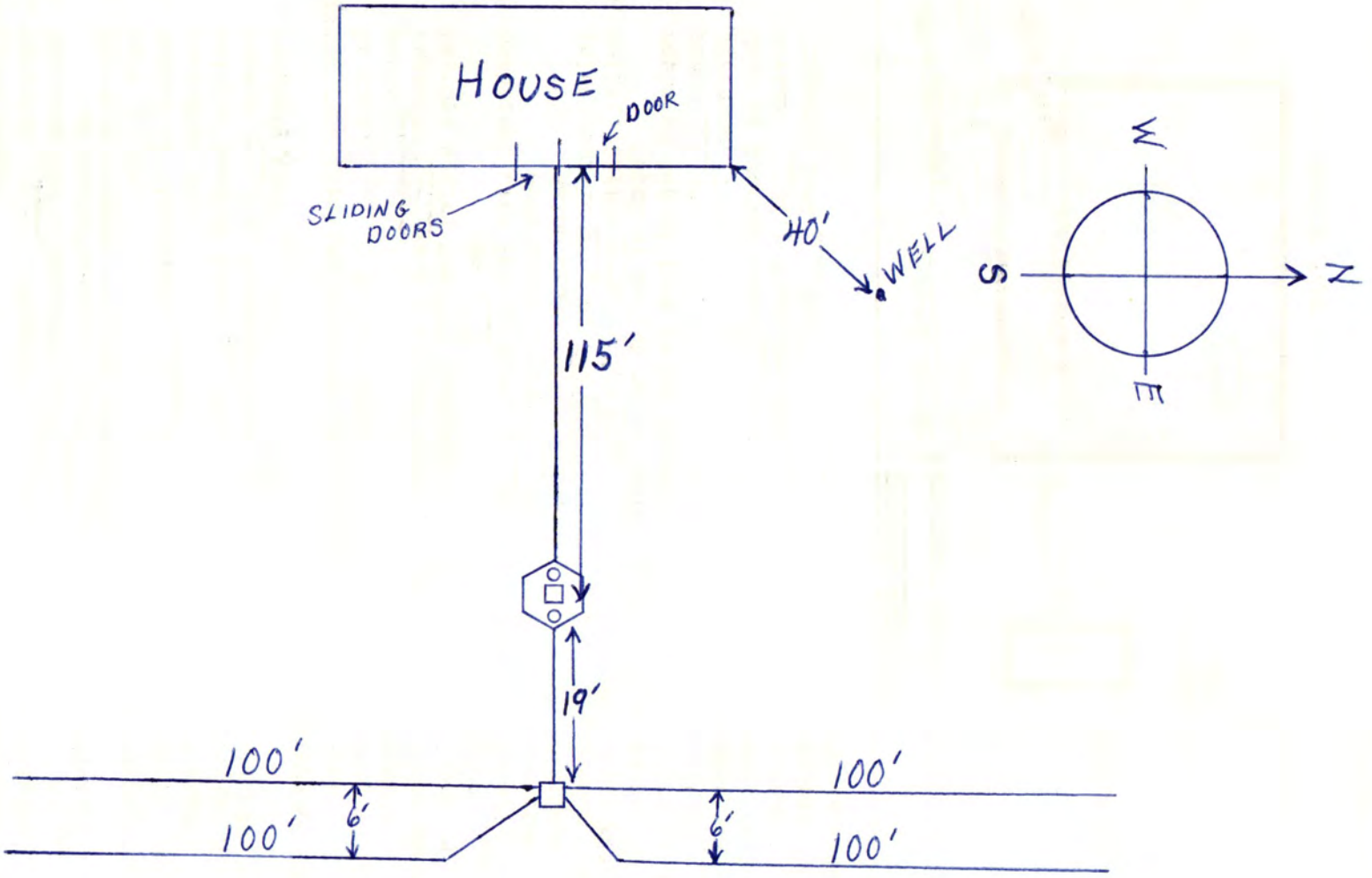
C. DISTRIBUTION BOX
1. Material Cement; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre Cast) No ☐
3. Dimension: Length ~~24~~ 18 in.; Width ~~24~~ 9 in. Depth ~~24~~ 8 in.
4. Distance from Septic Tank 19 ft.
5. Serial Distribution: Yes ~~☒~~, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ORANGEBURG
2. Lateral Lines: Depth below grade 36 in.
Number 4; Length of each line 100 ft
Total length of Laterals 400 ft.;
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ROUND
Material: concrete ☐; fiber asbestos ☒; clay ☐; other ___
Distance between lateral lines 6 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 100 ft.;
Stream 50 ft.; Pressure Line 30 ft.
Property Line 20 ft.
6. Percolation Rate: 23 minutes/inch

TYPICAL SKETCHES



Tom E Marcus
Signature of Applicant


HOUSE
DOOR
SLIDING DOORS
40'
WELL
115'
19'
100'
100'
100'
100'
6'
6'
N
S
E
W