CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 51

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — November 31, 1968

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Donald Magee for Kruger Construction Co. — Route 8

LICENSEE OR PERMITTEE — ADDRESS

Twp. 9N; Range 7E; Section 21; Lot 1, Ikiru East Subdivision

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	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
13161	MAY 31 68	30.00 -

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. 51

DATE: 29 May 68

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. 9N; Range 7E; Section 21; Block ____; Lot 21; Addition ____; Street Address ____. Sub Div East

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 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-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.)

Donald Magee for Kruger Const Co
Signature of Applicant (owner or lessee)

RR 8
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 7/10/68 by: J.C.H.
Date: 7/11/68 by: J.C.H, R.S. + A.B.
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 5/31/68
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/11/68 by: Jerrold C. Hood *

*SUBJECT TO PROVISIONS LISTED IN ATTACHED LETTER

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. 51

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. 9N; Range 7E; Section 12;
Block ____; Lot #1; Addition Shinn East Sub Div
Street Address _____.

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. Distance to public sewer: _____ ft.

Donald Magee for Kruger Const Co.
Signature of Applicant (owner or lessee)

Rt 8 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/29/68.
Date Frwd. 5/31/68.
ACTION: Approved [ ] Disapproved [X]
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5/31/68.
Date Frwd. 5/31/68.
ACTION: Approved [ ] Disapproved [X]
Signature: R Johnson

3. City Engineer: Date Rec'd. _____.
Date Frwd. 5-31-68.
ACTION: Approved [ ] Disapproved [X]
Signature: DC Simpson

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. 51

PROPERTY WHERE SOIL TESTED:
Location: Township Salt Creek East Owner: Kruger Const Co
Section & ¼ Sect. ____ Sub Div ____ Address Lincoln
Property Dimensions: ____ ft. x ____ ft. Lot 1
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: May 19 to 20 May. Weather: Precip. Rain 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	36	19 May	800	20 May	800	20 May	0800	32	0815	31	15	1	15/1
2	36	19 May	800	20 May	800	20 May	0800	32	0815	31	15	1	15/1

Sum of Percolation Rates 15/1
Average of Rates:
Mean of Rates:

Donald Magee
Signature of Person Conducting Test

Address Rt 8
Phone: 488-8099

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. 15 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: May 31, 1968

Jerrold 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. 51

SPECIFICATIONS

DATE: 29 May 68

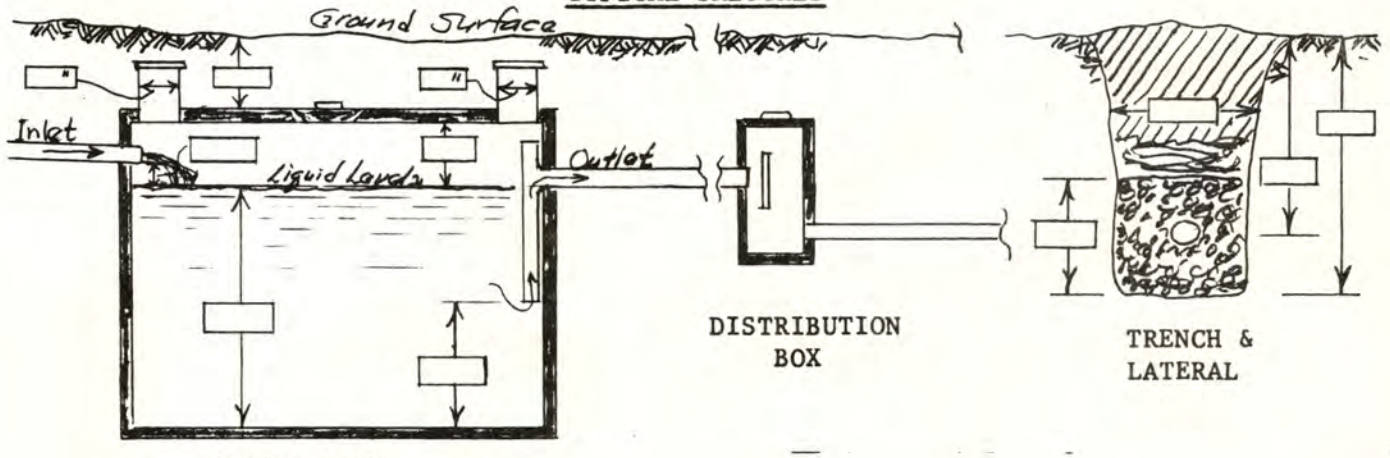
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 400 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber Glass; Nos of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Corrugated) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ 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 20 in.
8. Distances To:
Well or Suction Line 200 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 400 ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company ProCast) No ☐
3. Dimension: Length 11 in.; Width 13 in. Depth 8 in.
4. Distance from Septic Tank 7 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 22 in. Number 2; Length of each line 75 ft Total length of Laterals 150 ft.; Slope 2 in/100 ft. Diameter of pipe 16 in.; Shape Half Moon Material: concrete ☐; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines 20 ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 40 ft.
6. Percolation Rate: 16½/1 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

017

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 4-16-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 2; BLOCK None

LOT 1; ADDITION IKIRU EAST; Street Address 4011 TALIESIN DRIVE

Directions to Property 84th STREET to Pioneers east on Pioneers left at 1st place can turn left (Taliesin Drive) (about 85th & Pioneers)

Location of Well SE corner of Cul de Sac Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW of front of house Year Installed 1968?

about 20+' from house with 4 lateral branches

	NAME	ADDRESS	PHONE
Present Owner:	John & Barbara C. Peters	4011 Taliesin Drive	488-2418
Tenant/Buyer:	Robert & Ingeborg Ewoldt	610 Driftwood Drive	489-7048
Return to:	Cynthia Carlson / Woods Bros	7141 A Street Lincoln	68510

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Robert Ewoldt Address 610 Driftwood Drive Lincoln, NE 68506

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 21, 1992 Received $150.00 Check ☒ Cash ☐

COMMUNITY WATER PRELIMINARY STATUS--DATE APRIL 28, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 4/28/92 by J.C.H
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☒

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.E.H.S. DATE APRIL 28, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832