CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 52

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — November 31, 1968

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Donald Magee for Kruger Construction Company — Route 8

LICENSEE OR PERMITTEE — ADDRESS

Twp. 9N; Range 7E; Section 2; Lot 2; 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
13160 NW 318		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-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance 9150

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

FILE NO. 52

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

DATE: 10-17-69

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 2;
Block ____; Lot 2; Addition IKIRU EAST
Street Address 4010 Taliesin

2. Property Use: Residential X ☐ 3; Commercial ____ ☐
No. Bedrooms 3 Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: ____

5. Work to be done by: Owner ☐; or Contractor ☐, Smith Serv
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	282 20

Jerry Tremble
Signature of Applicant (owner or lessee)

4010 Taliesin
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Date Site Clearance: ____

3. Site Visits:
Date: 10/21/69 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood 10/21/69

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/21/69 by: L.C.H.

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)

East

FILE NO. 52

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 2;
Block ____; Lot 2; Addition Ikins East Lab 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 ☒; Other ☐

4. Distance to public sewer: _____ ft.

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

Rt 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/29/68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5/31/68. Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: Date Rec'd. 5-31-68. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5-31-68. Signature: L Sparks

3. City Engineer: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 5-31-68. Signature: DAEmyon

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N
Section & ¼ Sect. 2
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: April 1, 1970 to April 2, 1970. Weather: Precip. NONE 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	36	4/1		4/1		4/2	2:13	15	2:43	14 3/4	30	1/4	120/1
2	36	4/1		4/1		4/2	2:13	15	2:43	14 3/4	30	1/4	120/1

Sum of Percolation Rates _____
Average of Rates: 120/1
Mean of Rates: _____

Gerrold C. Hood R.S.
Signature of Person Conducting Test

Address 2200 St. Mary's Ave.
Phone: ~~477-5431~~ 432-7611

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
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. 52

SPECIFICATIONS

DATE: 29 May 68

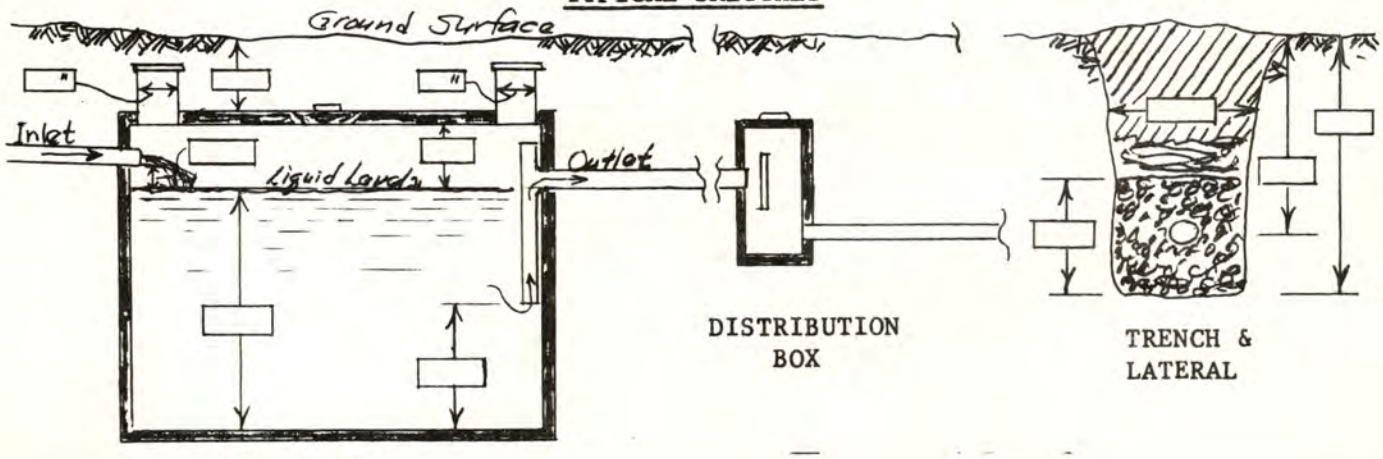
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ~~18~~ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 40 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Concrete Const.)
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade 18 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 12 in.
8. Distances To:
Well or Suction Line ~~40~~ 200 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 40 ft.

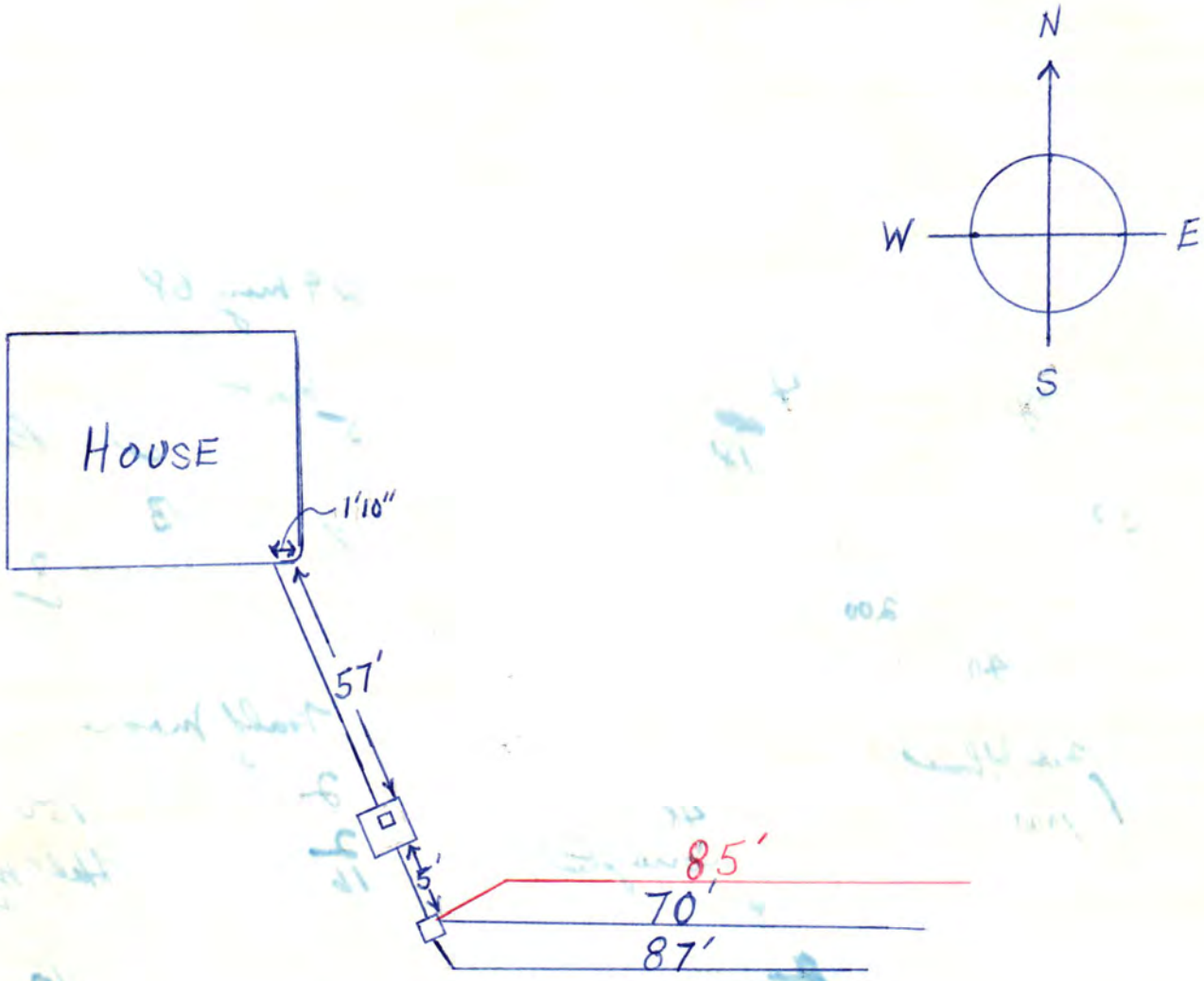
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Lee Cast)
No ☐
3. Dimension: Length 18 in.; Width 11 in.
Depth 8 in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☑, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade 18 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 40 in.;
Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 18 in.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line 40 ft.
6. Percolation Rate: 15 minutes/inch

TYPICAL SKETCHES



Signature of Applicant



NORTHERN MOST LATERAL ADDED OCTOBER 21, 1969 BY SINTEK PUMPING SERVICE. MATERIAL USED: ORANGEBURG. TRENCH 36 INCHES WIDE.