CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 19

Individual Sewage Disposal System (Septic Tank)
TYPE OF LICENSE OR PERMIT

February 3, 1968
THIS LICENSE OR PERMIT EXPIRES

E. C. Korat
LICENSEE OR PERMITTEE

7120 Logan Street
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T 9N; R 7E; Sect. 10; Block 1; Lot 6
May-Ma-Ra-Lo Heights (4631 Mandarin Circle)
ADDRESS
Legal Description of Location

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
01757 NS 347		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. 19

DATE: 8-3-67

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 10;
Block 1; Lot 6; Addition Mar-Valo;
Street Address 4631 Mandarin Circle

2. Property Use: Residential ☒; Commercial ☐
No. of Bed Rooms 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-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.)

E.C. Kourt. By Keith Biggerstaff
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: 8-3-67
Filing Fee: $ 30.00

2. Date Site Clearance 8-4-67

3. Site Visits:
Date: 8-4-67 by: D Weed
Date: 8-5-67 by: D Weed
Date: 8-31-67 by: D Weed

4. Date: Approved 8-7; Disapproved ___: ___
by: Del Weed

5. BUREAU OF LICENSES & PERMITS
Date Notified: 8-3-67
Date Issued: ___ Serial ___

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-31-67 by: Del Weed

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. 19

8-3-67

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 10;
Block ____; Lot ____; Addition ____;
Street Address ____.

2. Property Use: Residential ____ ☐; Commercial ____ ☐ Mar Mar Motel
No. of Bedrooms ____. Describe: 31 Mandarin Circle

Other Use ____ ☒
Describe: 3

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

4. Distance to public sewer: ____ft.

Signature of Applicant (owner or lessee)

Address

(Do not write below this double line) E&R/Kent + Ray Keith Biggerstaff

REVIEWING ACTION

1. Health Department: Date Rec'd. 8-3-67. 7/20 ACTION: Approved ☐ Disapproved ☐
Date Frwd. 8-3-67. Signature: Approved for Clearance

2. Supt. Bldg. Insp.: Date Rec'd. 8-3-67. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8-3-67. Signature: L E Sparks

3. City Engineer: Date Rec'd. 8-3-67. ACTION: Approved ☑ Disapproved ☐
Date Frwd. ____. Signature: [illegible]

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. 19

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
CRETE-SHARPSBURG
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 8-2 to 8-3. 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	24"	8-2	4 PM	8-3	9:30	8-3	9:30		10:30			1½	
2	24				"							2	
3	23	"					"		"			1¼	
4	22	"			"				"			3	
5	25	"					"					1	
6	24	"			"		"		"			¾	

Sum of Percolation Rates _____
Average of Rates: 1.5 inches/hour
Mean of Rates: 45 min/inch

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: Aug 31, 1967

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

Del Weed
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. 19

SPECIFICATIONS

DATE: 8-9-67

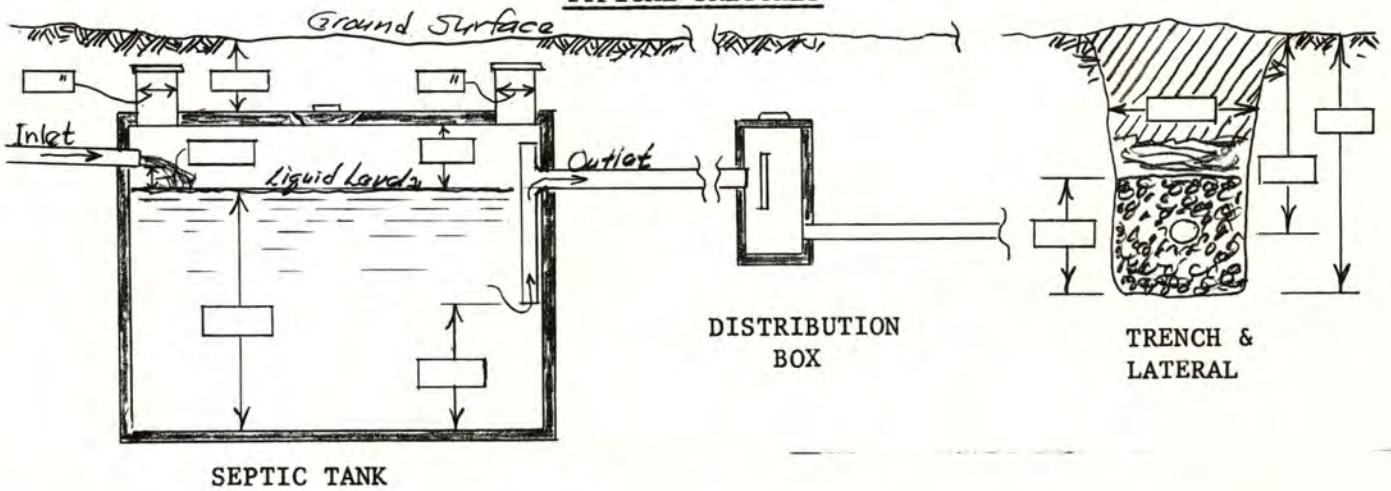
A. BUILDING SEWER:
1. Material cast ; Diameter 1000 gal in.
2. Distance above basement floor 4 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 10 ft.
4. Number of clean-outs 1\0 .
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material precast; No. of compartments 1 .
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes [X] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. 4 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 16 in.
8. Distances To:
Well or Suction Line 50 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material ___; No. available outlets ___.
2. Factory Built: Yes [ ], (Company _____) No [X]
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: Pre cast
2. Lateral Lines: Depth below grade 1½ in. Number 100 ; Length of each line 1 ft Total length of Laterals 200 ft.; Slope level in/100 ft. Diameter of pipe 4 in.; Shape _____ Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____ Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 3' in.; Width 36 in.
4. Filter Material: gravel . Depth of material from trench bottom 8 in.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant

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Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 4540 PAGODA LANE

Twp 9N Range 7E Section 10 1/4 ___ 1/4 ___ Block 1 Lot 6 Addition MAR-MA-RA-LA HEIGHTS LLCN

Directions to Property 1 BLK WEST 2 BLKS SOUTH OF 84th & PIONEERS

Location of Well FRONT - NEXT TO DRIVEWAY Tap Location: Inside ☐ Outside ☒ SOUTH SIDE OF HOUSE

Location of Sewage System SOUTHEAST CORNER OF HOUSE Year Installed 1969 ?

I WANTS COPY

	NAME	ADDRESS	PHONE
Present Owner:	MARY J. KLEPPER	4540 PAGODA LANE	489-5785
Tenant/Buyer:			
Return to:	SAME OR METROPOLITAN FEDERAL BANK	3930 SOUTH STEET LINCOLN NE 68506 ATTN: RANDY SMIDT	489-1844

Signature of Applicant Mary J. Klepper Address 4540 Pagoda Lane Date 8/20/93

HEALTH DEPARTMENT USE ONLY

Date Received 08/23/93 Received $150.00 Check ☒ #4369 CW Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/24/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 1.8 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. LOW SPOTS IN SEPTIC LATERALS SHOULD BE FILLED IN SO SURFACE DOES NOT STAND ON LATERAL See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/27/93

Approval or disapproval is based on State and local 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 operations.

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Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 4540 Pagoda Ln

Twp 9N Range 7E Section 10 1/4 ___ 1/4 ___ Block 1 Lot 6 Addition MAR-MA-RA-LO HEIGHTS

Directions to Property 2blk South of Pioneers, 2blks West of 84

Location of Well ~~South of house~~ fraunt of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of house Year Installed ? 1967

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	Doug & Deb Drake	4732 N 71	464-8750
Return to:	Donna Shinault (Home Real Estate)	2855 So 70 St Lincoln Ne 68506-5286	483-2951 H30-2576

Signature of Applicant Douglas E Drake Address 4732 N 71 Date 4/24/95

HEALTH DEPARTMENT USE ONLY

Date Received 4/24/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Wood **DATE:** 4/27/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

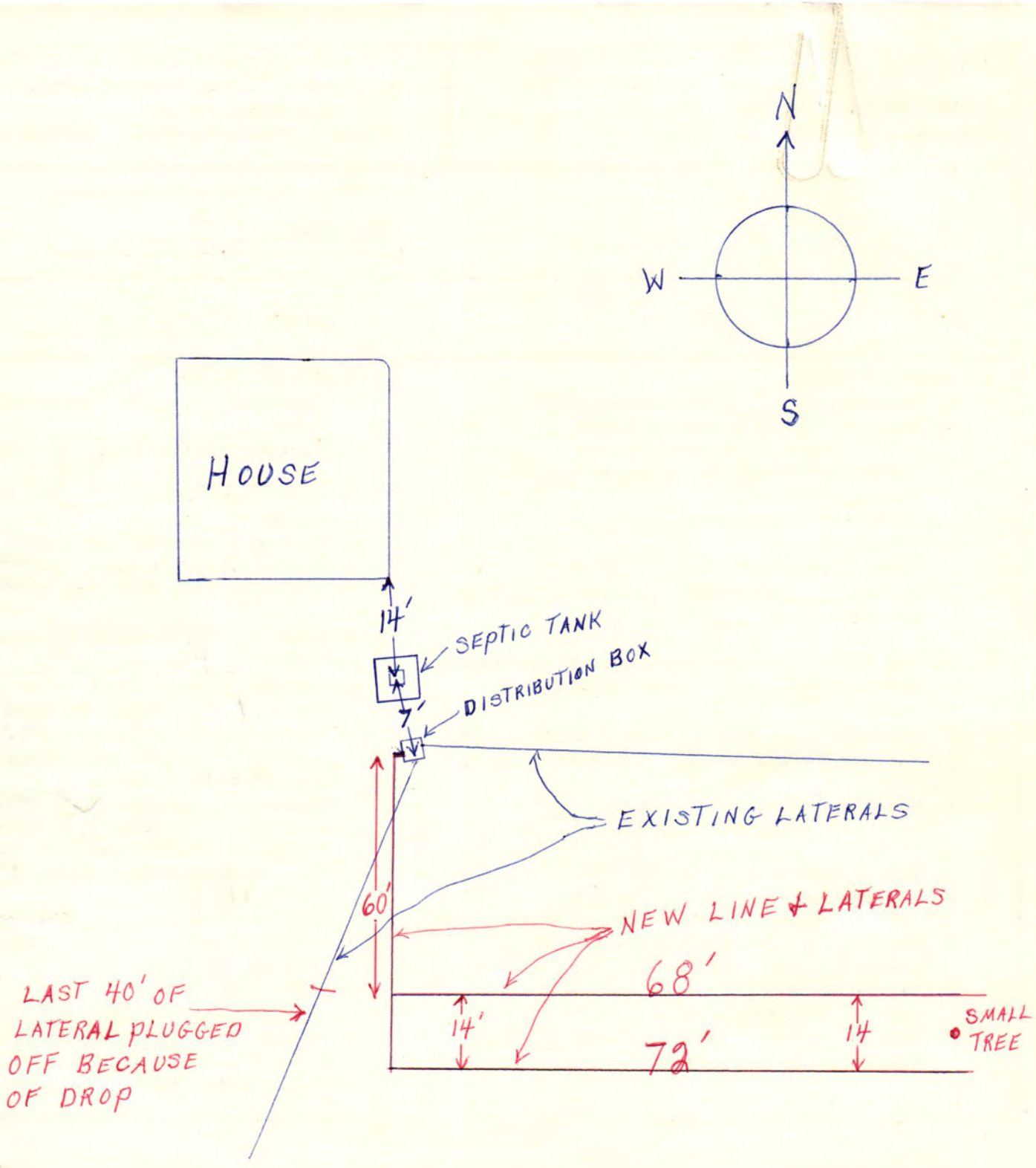
See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Wood R.E.H.S. Date 5/4/95

Approval or disapproval is based on State and local 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 operations.



WORK SHOWN IN RED DONE 12/15/70. J.C.H.