FILE NO. 153

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — September 19, 1971

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

A. E. Sultzbaugh — 1250 Eldon Drive

LICENSEE OR PERMITTEE — ADDRESS

T9N; Range 7E; Section 10; Block 1; Lot 7; Mar-Ma-Ra-Lo Heights

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
624-1535	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-30(67) REQUEST FOR SITE CLEARANCE
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. 185

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 ~~Mar-Wa-Ra-Lo~~
Block 1; Lot 7; Addition ~~Mar-Wa-Ra-Lo~~ Heights
Street Address 4500 Pogado Ln.

2. Property Use: Residential ____ [X]; 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: 1 mile ft.

A. E. Sultzbaugh
Signature of Applicant (owner or lessee)

1250 Eldon Dr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/18/71. ACTION: Approved ____ [X] Disapproved [ ]
Date Frwd. 3/19/71. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3/19/71. ACTION: Approved ____ [✓] Disapproved [ ]
Date Frwd. 3/19/71. Signature: Charles Seale By RS

3. City Engineer: Date Rec'd. 3-19-71. 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. 185

PROPERTY WHERE SOIL TESTED:
Location: Township 9N R7E
Section & ¼ Sect. 10
Property Dimensions: ___ ft. x ___ ft.
Area: 1 acres. (Attach sketch of property showing hole location).

Owner: A E Sultzbaugh
Address 1250 Elden Dr.

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Dates of Tests: 3-16-71 to 3-17-71. Weather: Precip. NO Temp. 50 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	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 A	5⅞	30	⅛	1 - 1¼
2	32	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 A	5¼	30	¾	1 - 1⅓
3	32	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 AM	5¼	30	¾	1 - 1½
4	32	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 AM	5¼	30	¾	1 - 1½
5	32	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 AM	5¼	30	¾	1 - 1½
6	32	3-16	8 AM	3-16	12 AM	3-17	9 AM	6	9:30 AM	5¼	30	¾	1 - 1½

Sum of Percolation Rates 6 - 8¾
Average of Rates:
Mean of Rates:

Santek Service Co
Signature of Person Conducting Test

Address 3800 NO 27 Lincoln
Phone: 434-9393

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. ~~6~~ 21 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: March 18, 1971

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. 185

SPECIFICATIONS

DATE: _____

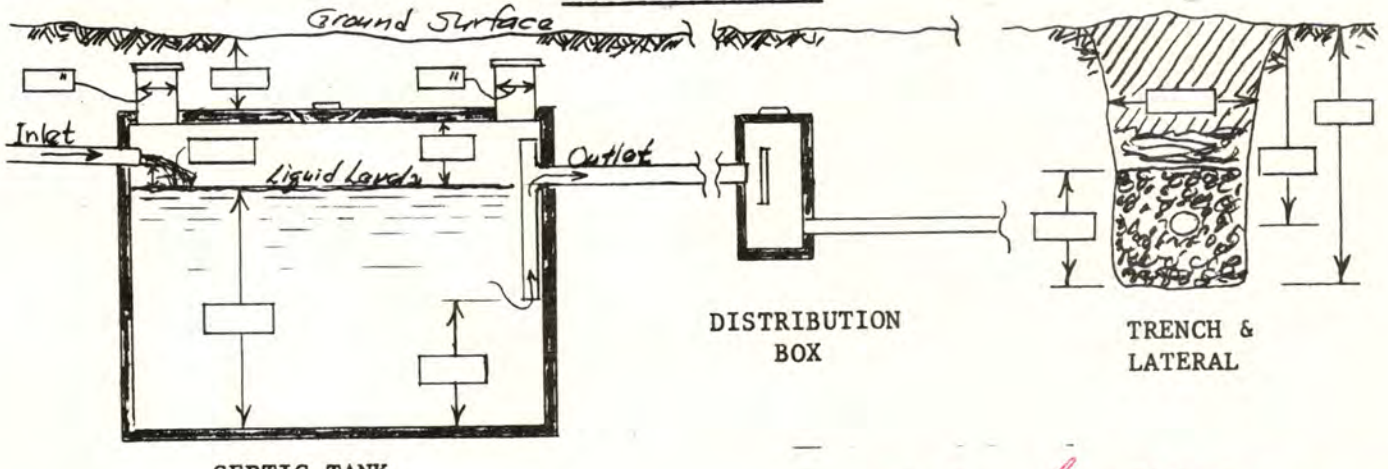
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 54 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 59 in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 19 in. 19 in lid
Over Outlet; diam. 6 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 8 in.
8. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

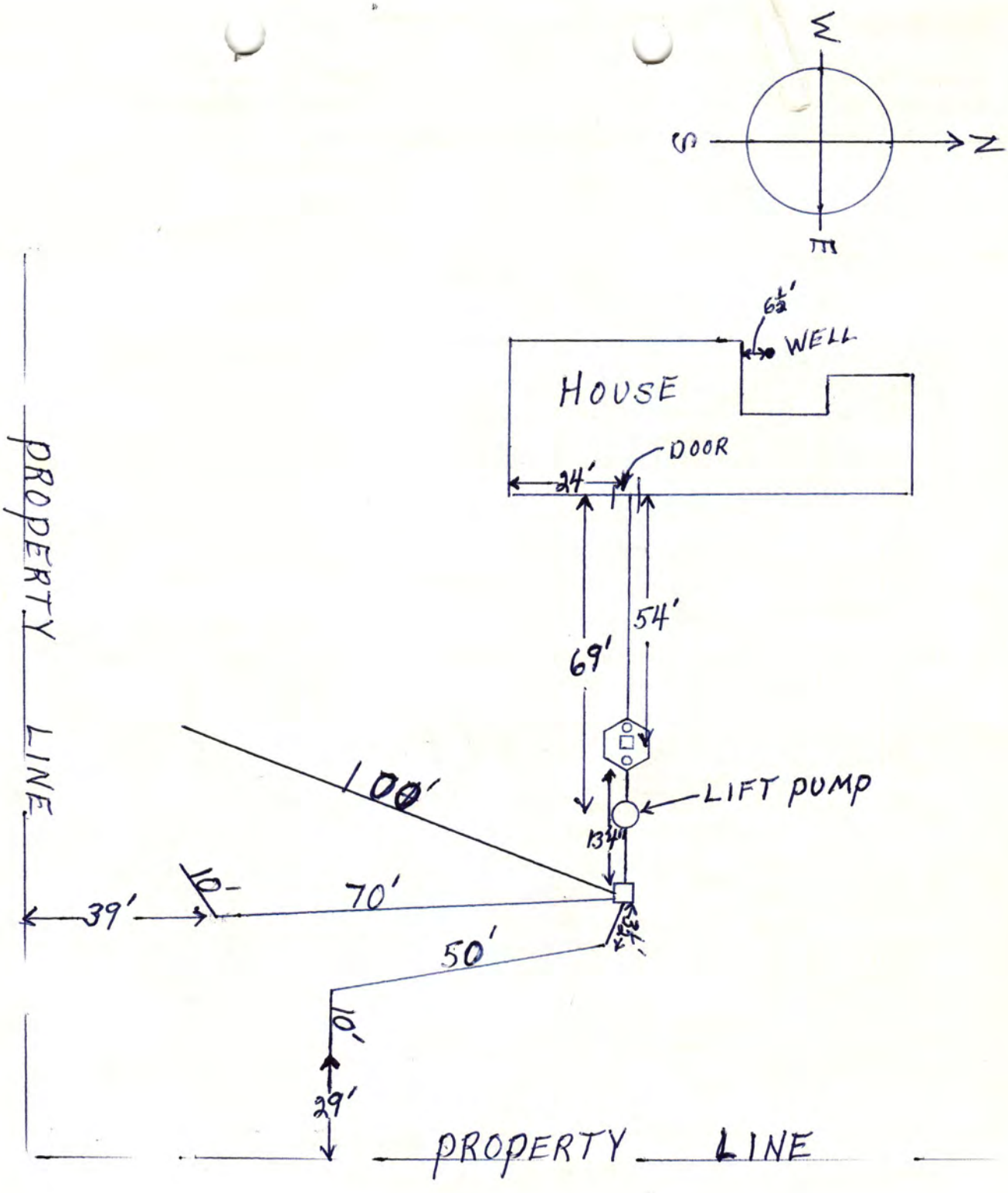
C. DISTRICTION BOX
1. Material Conc; No. available outlets 4.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length 18 in.; Width 12 in. Depth 8 in.
4. Distance from Septic Tank 19½ ft.
5. Serial Distribution: Yes ☒, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Perforated Corrugated
2. Lateral Lines: Depth below grade ___ in. Number 3; Length of each line ___ ft Total length of Laterals 214 ~~240~~ ft.; Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ROUND Material: concrete ☐; fiber asbestos ☒; clay ☐; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width ~~36~~ ~~40~~ in.
4. Filter Material: GRAVEL. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line — ft.
Property Line 29 ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



A. E. Sultz Owner
Signature of Applicant


W
S
N
E
6½'
WELL
HOUSE
DOOR
24'
69'
54'
100'
LIFT PUMP
13½'
10'
39'
70'
50'
10'
29'
PROPERTY LINE
PROPERTY LINE