FILE NO. 93

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

September 19, 1969
THIS LICENSE OR PERMIT EXPIRES

Hartley A. Doane
LICENSEE OR PERMITTEE

520 North 73rd Street
ADDRESS

T 9N; R 7E; Sec. 10; Blk. 3; Lot 5; Mar-Ma-Ra-Lo Heights-4747 So. 84th
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
143 110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
15105		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. 93

DATE: March 19, 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. 9N; Range 7E; Section 10;
Block 3; Lot 5; Addition Mar-Mar-RA-LO Heights
Street Address 4747 So 84.

2. Property Use: Residential ☒; Commercial ☐
No. of Bed Rooms 4 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.)

Bartley A Doance
Signature of Applicant (owner or lessee)

530 No 73
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $

2. Date Site Clearance

3. Site Visits:
Date: 7/3/69 by: J.C.H.
Date: by:
Date: by:

4. Date: Approved ☒; Disapproved ☐: 3/19/69
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/3/69 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. 93

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 3 ; Lot 5 ; Addition MAR-MA RA-LO Heights
Street Address 4747 So 84 .

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

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

4. Distance to public sewer: _____ ft.

Hartley A. Doane
Signature of Applicant (owner or lessee)

520 No 73
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/19/69 . ACTION: Approved ☐ Disapproved ☒
Date Frwd. 3/19/69 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 3/19/69 . ACTION: Approved ☐ Disapproved ☒
Date Frwd. 3/19/69 . Signature: Chas Seal, By B.F. Skinner

3. City Engineer: Date Rec'd. _____ . ACTION: Approved ☑ Disapproved ☐
Date Frwd. 3-19-69 . Signature: R.A. Hafer

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 _____
Section & ¼ Sect. _____
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: 6/14-2PM to 6/15 - 3:00 PM. Weather: Precip. none Temp. 75° 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	48"	6/14	2 PM	6/15	3 PM	6/15	3:00	21	5:30	31 1/8	150	10 1/8	
2	48"	6/14	2 PM	6/15	3 PM	6/15	3:01	22 3/16	5:31	34	150	11 3/4	
3	48"	6/14	2 PM	6/15	3 PM	6/15	3:04	13 3/4	5:04	14 5/16	150	9/16	
4	48"	6/14	2 PM	6/15	3 PM	6/15	3:05	16 3/8	5:05	17	150	5/8	
5	48"	6/14	2 PM	6/15	3 PM	6/15	3:06	10 1/4	5:06	10 3/4	150	1/2	

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Arnold B O'Connor
Signature of Person Conducting Test

Address 4840 Newton, Lincoln
Phone: 488-9660

(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. 93

SPECIFICATIONS

DATE: March 19, 1969

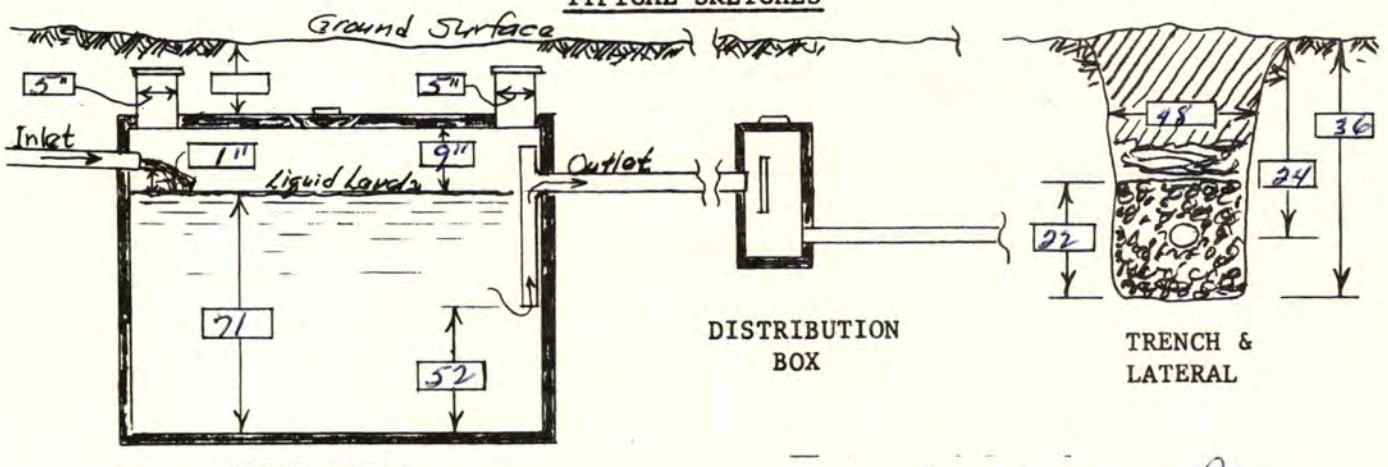
A. BUILDING SEWER:
1. Material TILE; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 54 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1500 gals.; Liquid depth 71 in.
3. Factory Built: Yes ☒ (Company ___) No ☐
4. Manholes: Over Inlet; diam. 5 in.
Over Outlet; diam. 5 in.
Below Grade ___in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1" in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast Step No ☐
3. Dimension: Length 20 in.; Width 13 in. Depth 12 in.
4. Distance from Septic Tank ___ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Tile round Concrete.
2. Lateral Lines: Depth below grade 36 in. Number 2; Length of each line ___ft Total length of Laterals 165 ft.; Slope ~~1/4~~ in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 22 in.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES

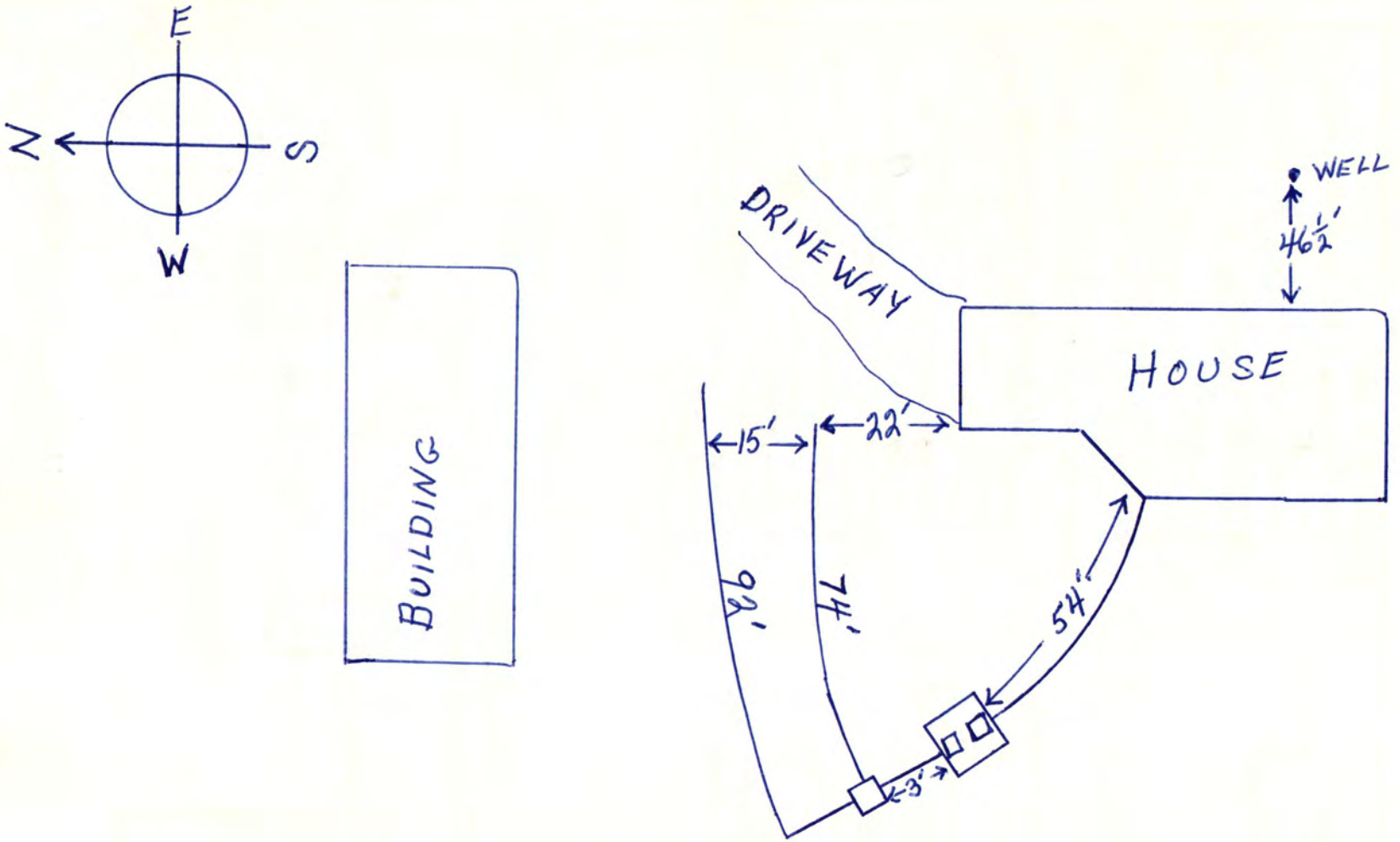


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Hartley A Doane
Signature of Applicant


E
N
S
W
BUILDING
DRIVEWAY
WELL
46½'
HOUSE
15'
22'
92'
74'
54'
3'

RECD FEB 25 1981

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

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

DATE: 2-23-81

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 10 ;
Block 3 ; Lot 5 ; Addition MAR-MA-RA-LO HEIGHTS
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair:
ADDITIONAL LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒ , STROHMYER EXC.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	387 00

Glenn Wright
Signature of Applicant (owner or lessee)

4747 So. 84TH
Address

(Do not write below this line)

REVIEWING ACTION

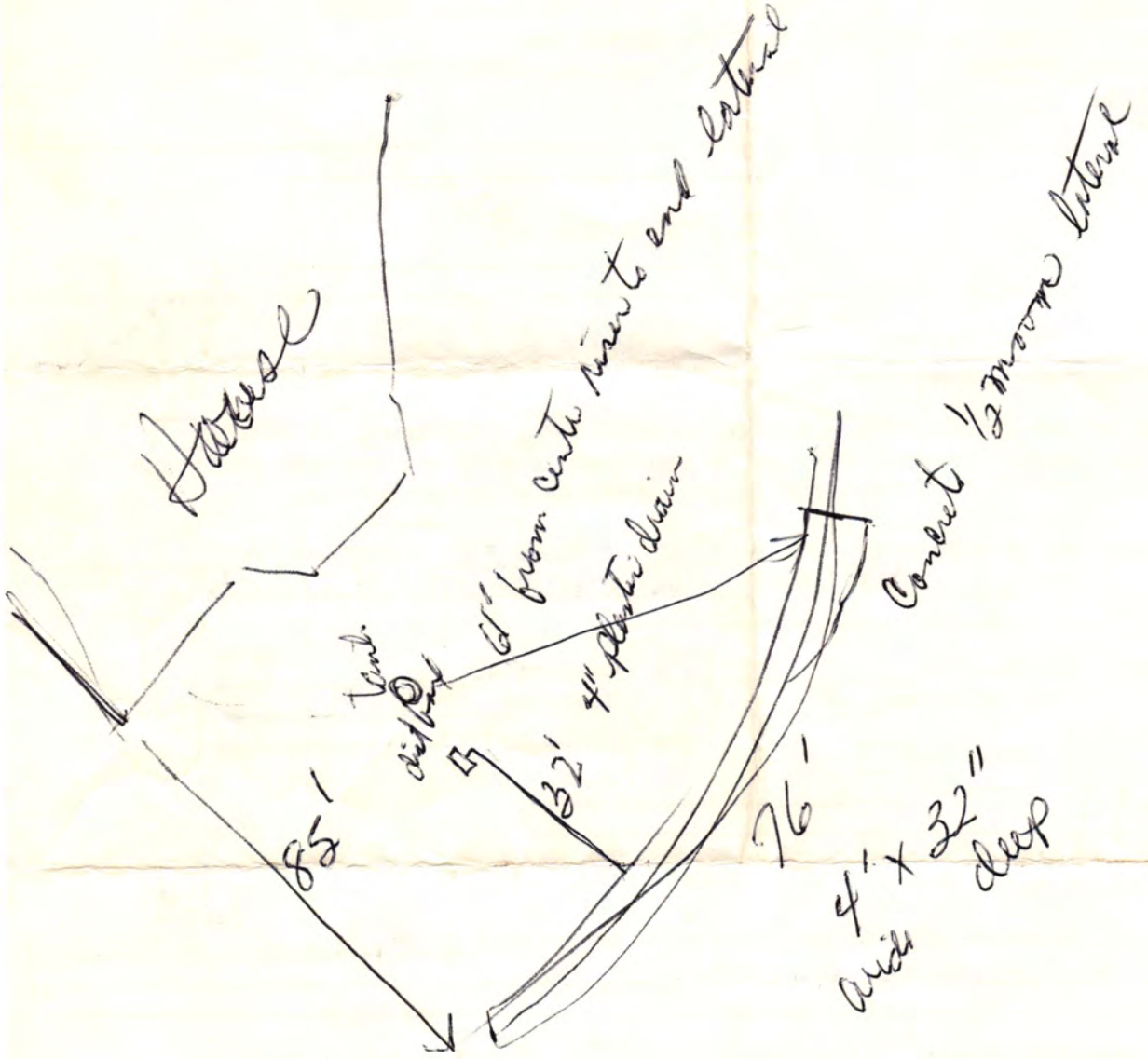
1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 2-20-81 by: rm
Date: 2-25-81 by: rm*
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____
PROVISIONAL *

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 2-25-81 by: Ron Marsenat

* Soils map indicates this is Mayberry soil and a high water table (perched) could be a problem during wet times of the year.


House
6" from curb
4" plastic drain
85'
32'
76'
4' x 32" deep
Concrete ½ moon Extension