FILE NO. 368

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE DISPOSAL CONSTRUCTION — June 5, 1974

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Dale C. Bower — 5500 Prescott

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Section 16.

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 110.15	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-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. 368

DATE: Dec 5 '73

TO: Director of Health
Lincoln-Lancaster County Health Dept.

5800 Pine Lake

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.

5.12 AC TR IN S PT S ½ SW¼

1. Legal description of property: Twp. 9N; Range 7E; Section 16;
Block _____; Lot _____; Addition _____;
Street Address _____.

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.)

Dale C Bowen
Signature of Applicant (owner or lessee)

5500 Prescott
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Date Site Clearance _____

3. Site Visits:
Date: OCT-4-74 by: rm
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 12/5/73
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: oct-4-74 by: Ron Maynard

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. 368

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: 5.12 AC TR IN S PT S½ SW/4
Twp. 9N; Range 7E; Section 16;
Block ___; Lot ___; Addition ___;
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.

Dale C Bower
Signature of Applicant (owner or lessee)

5500 Prescott
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/5/73. Date Frwd. 12/5/73.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12-5-73. Date Frwd. 12-5-73.
ACTION: Approved ☒ Disapproved ☐
Signature: Charles A. Bystrom

3. City Engineer: Date Rec'd. ___. Date Frwd. 12-5-73.
ACTION: Approved ☑ Disapproved ☐
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)

5800 Pine Lake

FILE NO. 368

PROPERTY WHERE SOIL TESTED:
Location: Township 16-9-7
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: 5.12 acres. (Attach sketch of property showing hole location).

Owner: Dale C. Bowers
Address 5500 Prescott

Soil Type: Silty Clay [ ]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [✓]; Sandy Clay [ ]

Dates of Tests: Dec 1 to Dec 2. Weather: Precip. clear Temp. 40 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"	Dec 1	5 PM	Dec 2	5 PM	Dec 2	5 PM	11	4 hrs	12½	30 MIN	½	
2	"	"	"	"	"	"	"	13	"	14	"	1	
3	"	"	"	"	"	"	"	15	"	15½	"	½	
4	"	"	"	"	"	"	"	16	"	17	"	1	
5	"	"	"	"	"	"	"	17	"	18½	"	½	
6	"	"	"	"	"	"	"	17½	"	18	"	½	

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

Dale Bowers
Signature of Person Conducting Test

Address 5500 Prescott
Phone: 489-3687

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: December 5, 1973

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)

5800 Pine Lake

FILE NO. 368

SPECIFICATIONS

DATE: Dec 5 '73

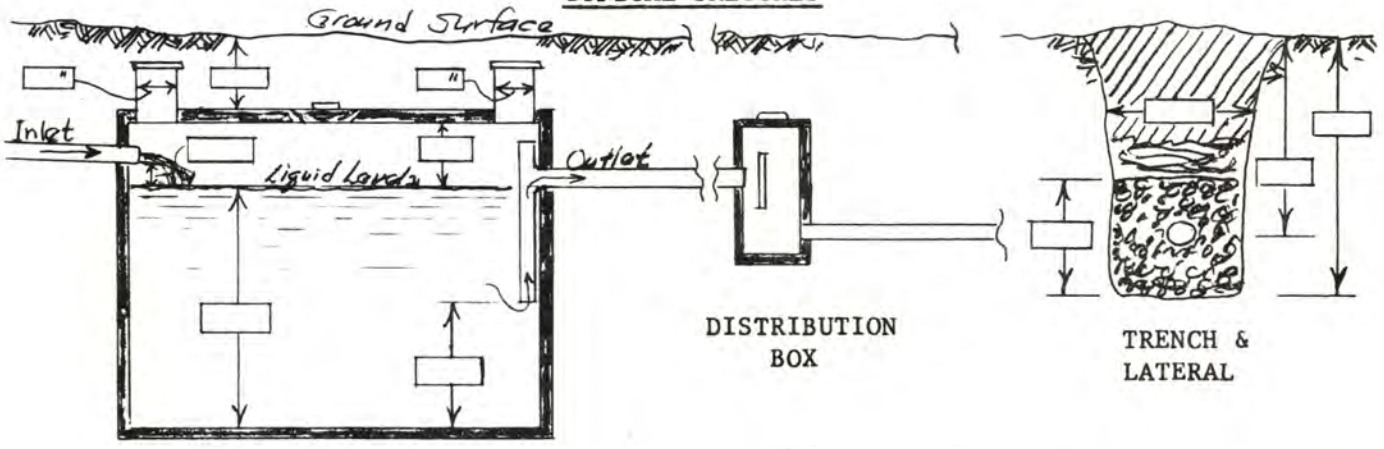
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company precast) No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___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 ____in.
8. Distances To:
Well or Suction Line 50+ ft.;
Stream 25+ ft.; Pressure Line 25+ ft.;
Property Line 20+ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets _____.
2. Factory Built: Yes ☑, (Company precast) No ☐
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: ½ moons
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 229 ft.; Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape u-shape Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines 4 ft.
3. Trench Dimensions: Depth 30 in.; Width 48 in 54
4. Filter Material: gravel. Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream 50+ ft.; Pressure Line 30+ ft.
Property Line 20+ ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: Aug-15-79

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 7E ; Section 16 ;
Block ; Lot ; Addition .
Street Address .
Directions on how to get to property 5800 Pine Lake Rd .
.
Location of well S of house .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	Dale Bower	5800 Pine Lake Rd.	423-5932
Tenant:			
Lending Agency:			

(Do not write below double lines)

Health Department: Date Received 8-15-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 8-15-79 by rm
Date by
Date by

Alice Bower
Signature of Applicant
5800 Pine Lake Rd.
Address

PRELIMINARY STATUS -- DATE 8-15-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 8-16-79

Water System ☒ . Sewage Disposal System ☒ . BY Ronald Mangum

Form Number 20215-0878

001

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: May 15 '92

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 16; BLOCK 7

LOT ___; ADDITION _____; Street Address 5800 Pine Lake Rd.

Directions to Property N. of Campbell's Nursery 3rd house from 56th on W. side

Location of Well Front yard Tap Location: Inside ☒ Outside ☒

Location of Sewage System Back yard Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	Dale Bowers	5800 Pine Lake Rd.	Jeanie Results
Tenant/Buyer:			
Return to:	American Chamber	40th & South	

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

Signature of Applicant Dale Bowers Address 5800 Pine Lake Rd

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HEALTH DEPARTMENT USE ONLY

Date Received MAY 18, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MAY 19, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 5/19/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate 0.2 PPM.	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING.

See Attached Letter ☐

FINAL STATUS

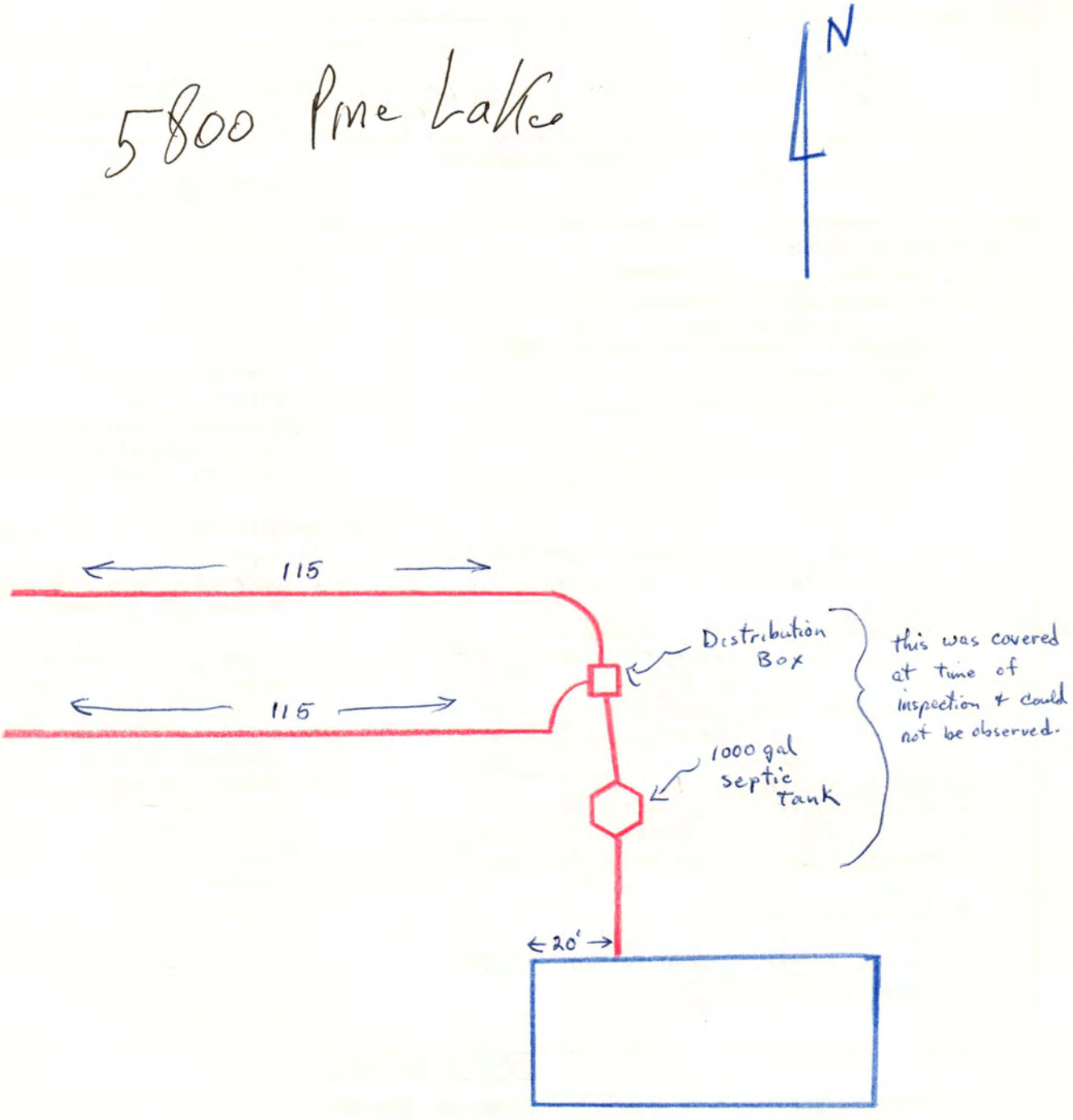
	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MAY 26, 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

5800 Pine Lake



JRM
Oct-4-74