FILE #2128

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 28, 1985 — THIS LICENSE OR PERMIT EXPIRES

ALAN EMBRY — LICENSEE OR PERMITTEE

812 NO. HAZELWOOD DR. LINCOLN, NE 68510 — ADDRESS

T9N; R7E; Sec 16; Lot 55 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. _____

DATE: 8-27-84

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 16 ;
   Block _____ : Lot 55 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Alan Sunburg
Signature of Applicant (Owner or Lessee)

8120 No Hazelwood Dr
Address Lincoln, Nebr 68510

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/28/84. ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 8/28/84. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 8/28/84. ACTION: Approved ☒ Disapproved ☐
   or Village Clerk Date Frwd. 8/28/84. Signature: [signature]

3. City or County : Date Rec'd. _____. ACTION: Approved ☒ Disapproved ☐
   Engineer Date Frwd. _____. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL First Appl Feb 28, 1945

Site Visits:
Date: 12/12/84 by: L.C.H. need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/2/85 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

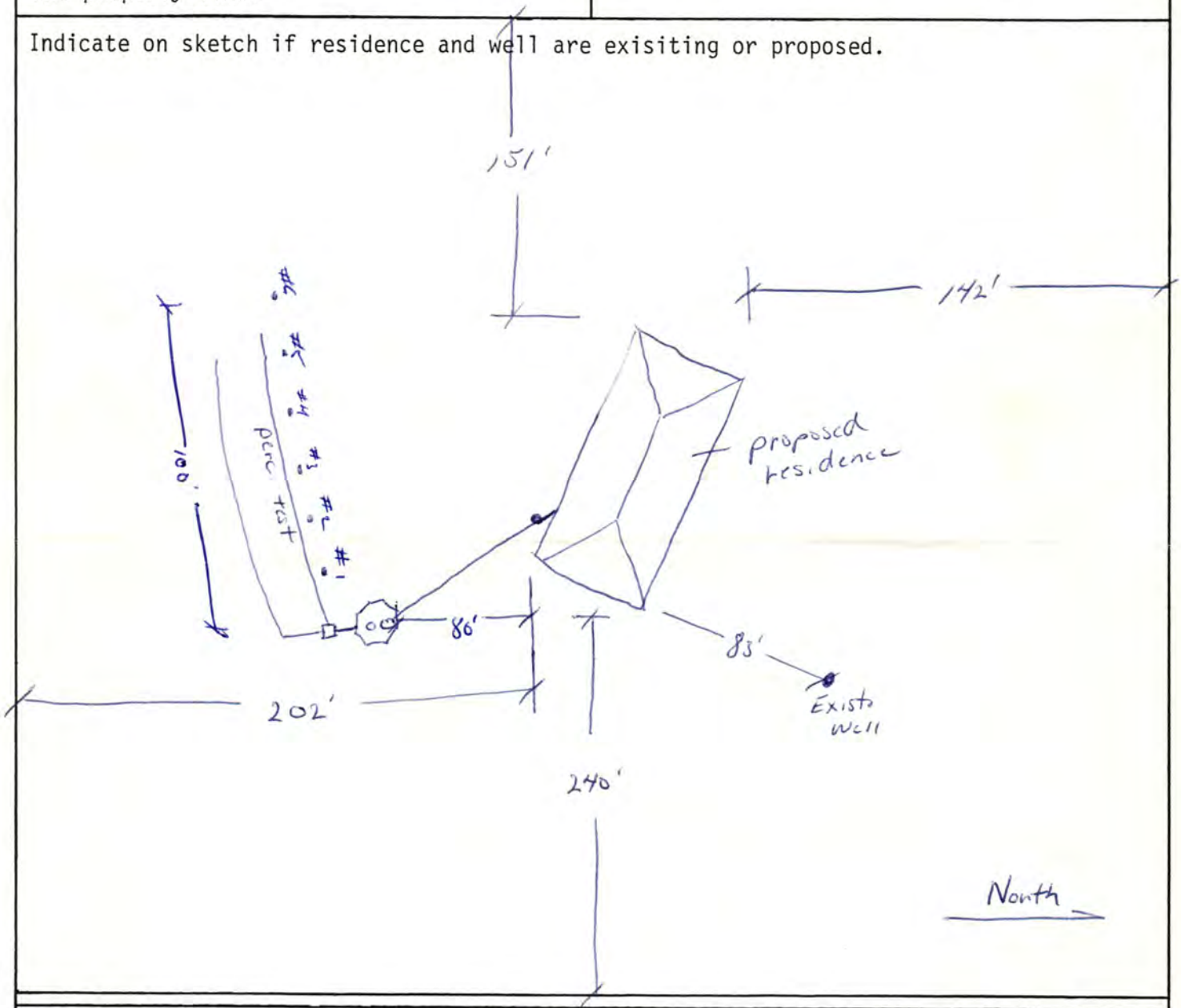
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks : _____

Date: August 28, 1984

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 798 sq.ft.

Gerrald C. Hood
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section 16 . Lot 55
Property Dimensions: 500 ft. x 410 ft. Area: 4¾ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-25-84 to 8-26-84 . Weather: Precip. none Temp. 90 .

OWNER: Alan Emburry

Address: 6001 South 70

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	8/25	3:30	8/25	7:30	8/25	3:30	4"	7:30	8¾"	240	4¾"	.019
2	30"	8/25	3:30	8/25	7:30	8/26	3:30	4"	7:30	9½"	240	5½"	.023
3	30"	8/25	3:30	8/25	7:30	8/26	3:30	4⅛"	7:30	9"	240	4⅞"	.020
4	30"	8/25	3:30	8/25	7:30	8/26	3:30	8⅞"	7:30	16"	240	7⅛"	.029
5	30"	8/25	3:30	8/25	7:30	8/26	3:30	9½"	7:30	17½"	240	8"	.033
6	30"	8/25	3:30	8/25	7:30	8/26	3:30	9"	7:30	19⅞"	240	10⅞"	.043

Sum of Percolation Rates: .167
Average of Rates: .028
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 28, 1984

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

AL EMBURY
6001 S 70th
Lincoln

FILE NO. _____

SPECIFICATIONS

DATE: _____

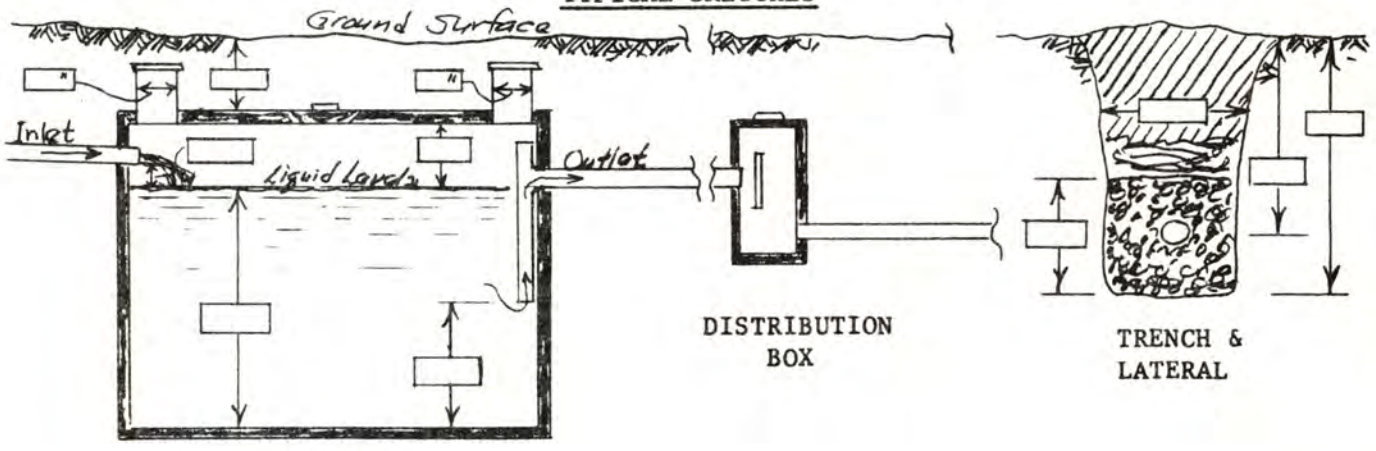
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 106 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 250 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____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 _____)
No ☐
4. Manholes: Over Inlet; diam. 24 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 24 in.
8. Distances To:
Well or Suction Line 250 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material CON; No. available outlets _____.
2. Factory Built: Yes ☒, (Company _____ Pre-Cast No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 3 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

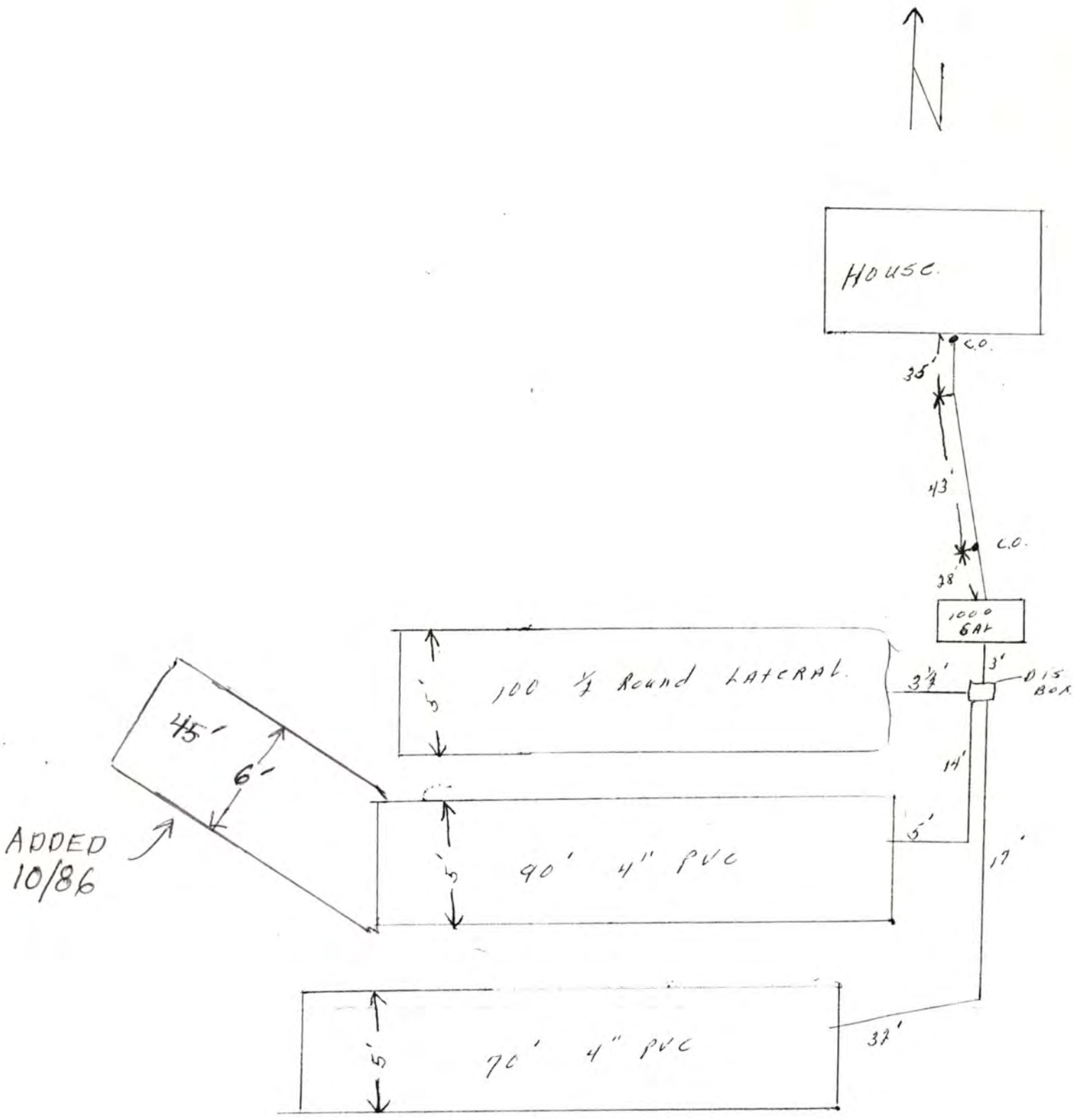
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ½ Round + Perforated Pipe
2. Lateral Lines: Depth below grade 24 in.
Number 3; Length of each line ___ft
Total length of Laterals 260 ft.;
Slope ____in/100 ft. Diameter of pipe 4 in.; Shape _____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other PVC
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: Gravel
Depth of material from trench bottom 24 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

_____
Signature of Applicant


N
HOUSE
C.O.
35'
43'
C.O.
28'
1000 GAL
3'
3½'
DIS BOX
100 ½ Round LATERAL
5'
45'
6'
ADDED 10/86
14'
5'
17'
90' 4" PVC
5'
32'
70' 4" PVC
5'