FILE NO. 269

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 25, 1972
THIS LICENSE OR PERMIT EXPIRES

Stanley Maly, Jr. 2005 Ryons
LICENSEE OR PERMITTEE ADDRESS

T9N; R7E; Sec. 16; Block 1; East 350' of Lot 2; Sheldon Heights
NAME OF ESTABLISHMENT, IF ANY ADDRESS

LEGAL DESCRIPTION

REMARKS: Non-Transferable

| PERMIT | INSPECTION FEE | OCCUPATION TAX | LICENSE | TOTAL |
|---|---|---|---|---|
| $ 30.00 | $ | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE | |
| 624-2525 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. 269

DATE: _____

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 16;
EAST 350' Block 7; Lot 2; Addition SHERIDON HEIGHTS
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.)

Stanley Maly Jr
Signature of Applicant (owner or lessee)

2005 Ryons
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: 8/15/72 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐: 5/25/72
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/15/72 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. 269

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 16;
EAST 350', Block 1; Lot 9; Addition SHELDON HEIGHTS
Street Address _____.

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: _____ ft.

Stanley J Maly Jr
Signature of Applicant (owner or lessee)

2005 Ryons
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/25/72. ACTION: Approved _____ [X] Disapproved [ ]
Date Frwd. _____. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5/25/72. ACTION: Approved _____ [X] Disapproved [ ]
Date Frwd. 5/25/72. Signature: Chas Leak By RS

3. City Engineer: Date Rec'd. 5-25-72. ACTION: Approved _____ [X] Disapproved [ ]
Date Frwd. " . Signature: J. T. Blessing

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)

George Holyoke
3025 Bonacum

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township West ½ Sec 16 T4N R7E
Section & ¼ Sect. NE¼ Address 3025 Bonacum
Property Dimensions: 300 ft. x 150 ft. East 300'
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: George Holyoke

Dates of Tests: 7/1/71 to 7/2/71. Weather: Precip. None Temp. 85 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 | 40 | 7/1 | 7 27 | | 24 hr. | 7/2 | 7 27 | 36 | 7 30 | 30 | 30 | | |
| 2 | | | | | | | | | | 31½ | 30 | | |
| 3 | | | | | | | | | | 33 | 30 | | |
| 4 | | | | | | | | | | 35½ | 30 | | |
| 5 | | | | | | | | | | 33 | 30 | | |
| 6 | | | | | | | | | | 37 | 30 | | |

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: 1 min 5 min

Signature of Person Conducting Test

Address 4131 C St Apt C
Phone: 489-5482

(Do not write below this line)

REVIEWING ACTION

REMARKS: Drains a little fast for this area.

Approved Percolation Rate(s)
A. 5 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 22, 1971

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. 269

## SPECIFICATIONS

DATE: _____

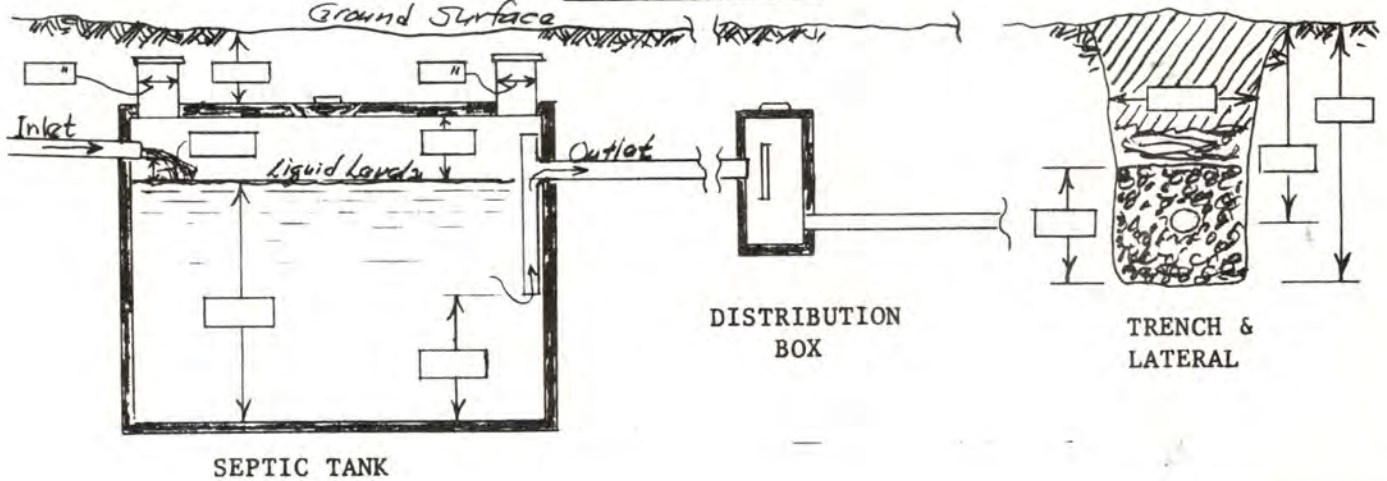
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 67 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 6 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 ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

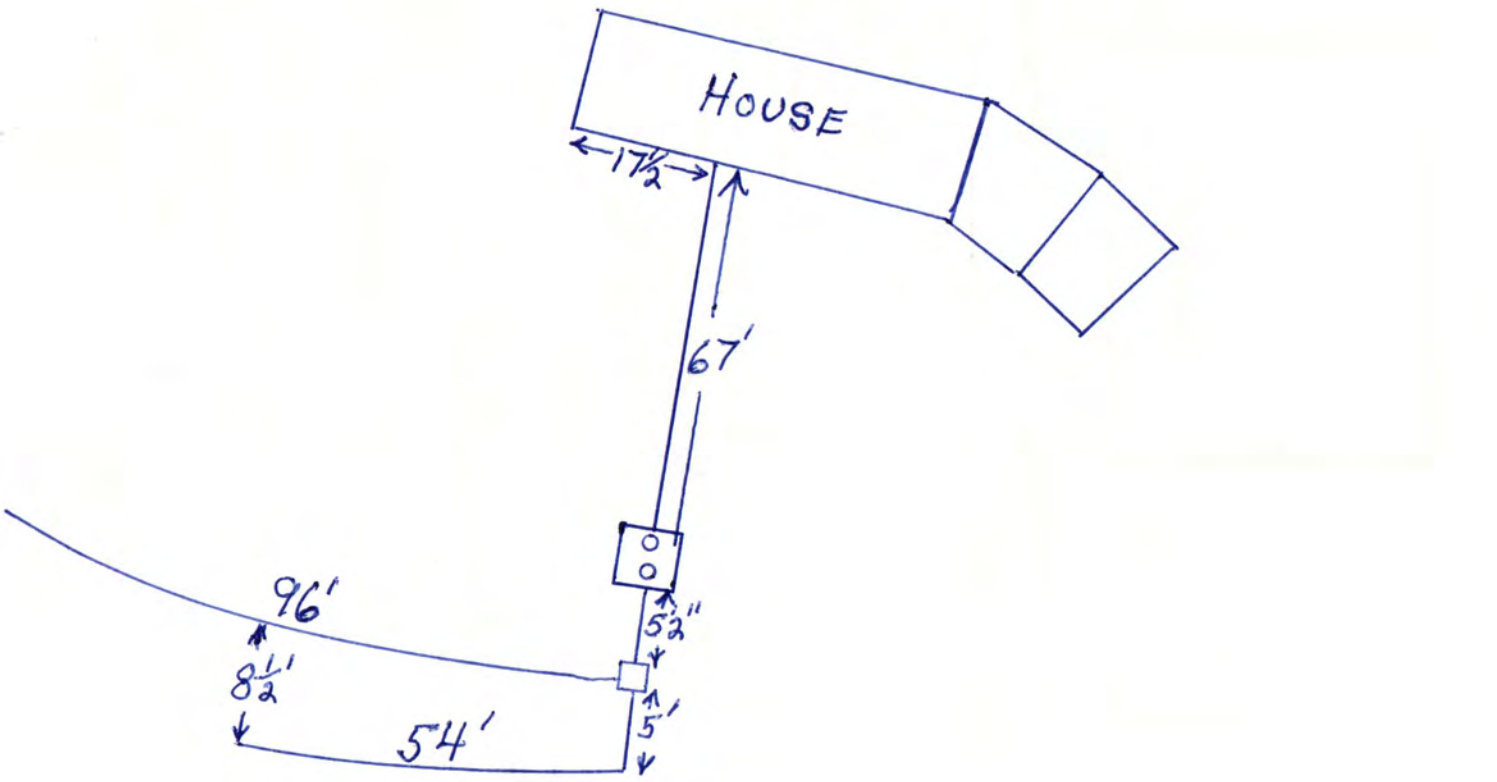
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 5 1/2 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

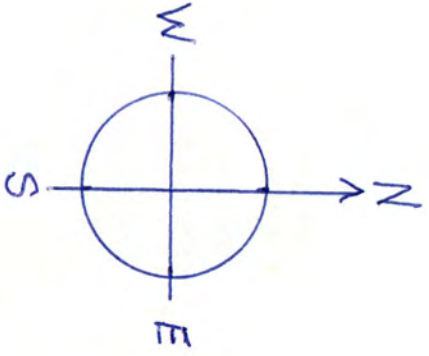
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 96 ft
Total length of Laterals 150 ft.; 754
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ∩
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines 8½ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES




Signature of Applicant


HOUSE
17½'
67'
96'
8½'
54'
5½"
5'


W
S
N
E

009

# Lincoln-Lancaster County Health Department

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

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 6700 PINECREST

EAST 300' Twp 9N Range 7E Section 16 1/4 ___ 1/4 ___ Block 1 Lot 2 Addition SHELDON HEIGHTS

Directions to Property OLD CHENEY to FRONTIER ROAD (ABOUT 65TH), SOUTH ON FRONTIER ROAD to PINECREST DR. - LEFT to MALYS MEADOW

Location of Well BEHIND GARAGE Tap Location: Inside ☐ Outside ☑

Location of Sewage System RUNS BEHIND HOUSE Year Installed 72

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | STAN MALY III | 6700 PINECREST<br>LINCOLN, NE 68516 | 423-6700<br>434-1861 (wk.) |
| Tenant/Buyer: | | | |
| Return to: | CORNHUSKER BANK<br>EILEEN | 56TH & SOUTH<br>LINCOLN, NE 68527 | 434-2226<br>FAX 434-2229 |

Signature of Applicant Stan Maly Address ___ Date 11 / 17 / 95

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
Date 11 / 17 / 95
Initials MS
Amount 150.00
Check No. 7701

**DATA ENTRY**
Date ___ / ___ / ___
Case No. ___
Initials ___

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 11 / 20 / 95

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☒ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ 02 ppm | ☐ ___ ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**
Date 12 / 4 / 95 by L.C.H
Date ___ / ___ / ___ by ___
Date ___ / ___ / ___ by ___

**Comments:** ELECTRICAL CONDUIT INTO WELL IS BROKEN. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. WOULD BE WISE TO FILL IN SUNKEN AREAS OVER SEPTIC LATERALS SO THAT SURFACE WATER CANNOT STAND ON THEM. corrected 12/4/95 L.C.H See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 12 / 6 / 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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95