FILE NO. 419

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 11, 1974 — THIS LICENSE OR PERMIT EXPIRES

Larry Irvine — LICENSEE OR PERMITTEE

4101 Briarpark Drive — ADDRESS

T9N; R7E; Sec. 17; Lot 7; 2nd Add. — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$30.00	$	$	$	$30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
62410.15	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-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 419

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

DATE: 4-11-74

The undersigned hereby requests SITE CLEARANCE 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 17
Block ____; Lot 7 ; Addition 2 Add'l COLONIAL ACRES
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.

Larry Irvine
Signature of Applicant (Owner or Lessee)

4101 Brairpark Dr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/10/74 . Date Frwd. 4/11/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-11-74 . Date Frwd. 4-11-74 . ACTION: Approved X ☐ Disapproved ☐ Signature: Chas Seal By Bob Strong

3. City or County Engineer : Date Rec'd. ____ . Date Frwd. 4-11-74 . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]

County Resolution No. 2832 [ ]

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

FILE NO. 419

DATE: 4-11-74

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 17 ; Block ; Lot 4 ; Addition 2 Add COLONIAL ACRES
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. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Larry Levine
Signature of Applicant (owner or lessee)

401 Brairpark Dr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: by:
Date: 11/22/74 by: J.C.H.
Date: by:

3. Date: Approved [X]; Disapproved [ ] 11/10/74
by: Jerrold C. Hood M.D.

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/22/74 by: Jerrold C. Hood

FORM HD- 43(73) SOIL ABSORP_N TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: E E Bauer.
Address 1701 no 25th

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

Dates of Tests: May 15 74 to May 16 74. Weather: Precip. _____ Temp. 78° 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"	5/15	5 ~~PM~~	5/16	5 ~~PM~~	5/16	5 ~~PM~~	12"	1 PM	10	30	3/4	
2	"	"	"	"	"	"	"	"	"	3	"	3/4	
3	"	"	"	"	"	"	"	"	"	10¼	"	1/2	
4	"	"	"	"	"	"	"	"	"	"	"	1/4	
5	"	"	"	"	"	"	"	"	"	10¼	"	1/2	
6	"	"	"	"	"	"	"	"	"	8	"	1	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: May 17, 1974

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)

FILE NO. 419

SPECIFICATIONS

DATE: APRIL 10 1974

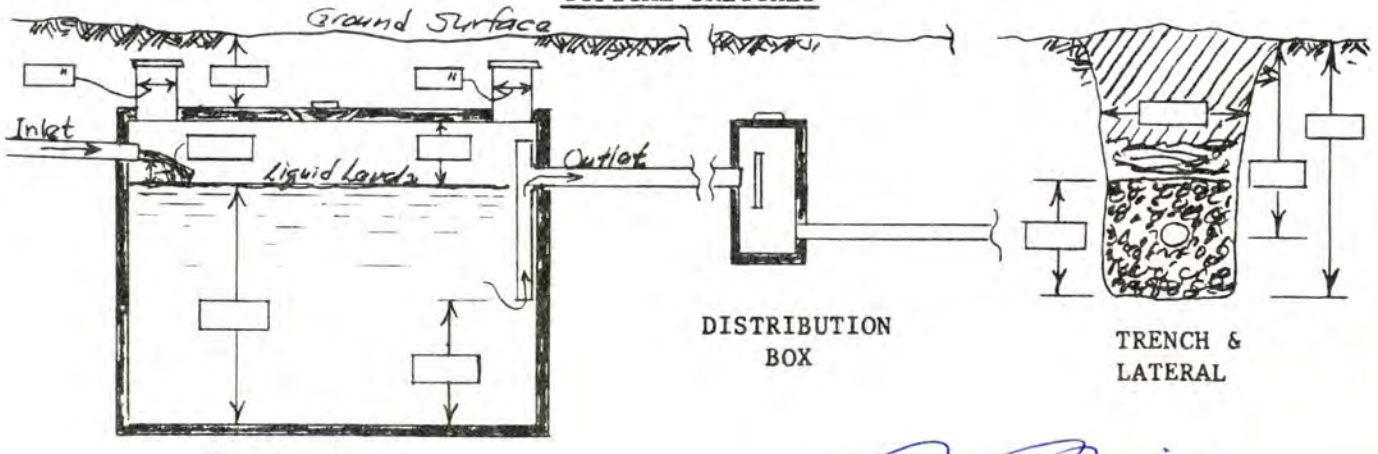
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☒ (Company _____)
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 ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

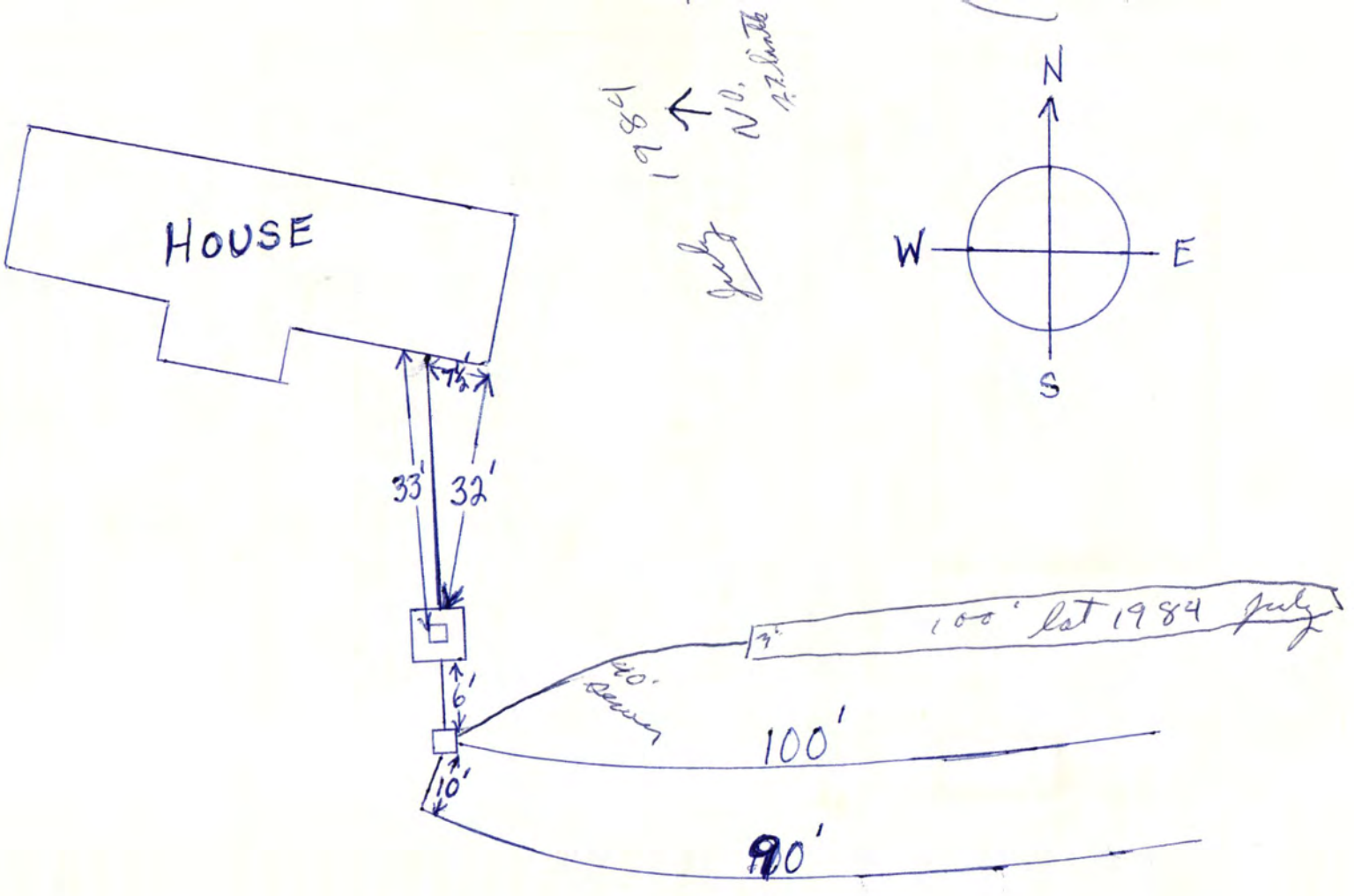
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ~~Tile~~ Round PLASTIC
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 100 ft
Total length of Laterals 200 ft.;
Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape ROUND
Material: concrete ☐; fiber ☐; asbestos ☐; clay ☐; other PLASTIC
Distance between lateral lines ____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
33'
32'
6'
10'
100' last 1984 July
40' sewer
100'
90'
N
W
E
S