FILE NO. 264

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 24, 1972 — THIS LICENSE OR PERMIT EXPIRES

Franklin D. Mitchell — LICENSEE OR PERMITTEE

2830 South 47th Street — ADDRESS

T9N: R7E: Sec. 20: Lot 2: 1194 Addition — 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
621-10155	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. _____

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. 9; Range 7; Section 20;
Block ____; Lot 2; Addition 1194;
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 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-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.)

Franklin Mitchell
Signature of Applicant (owner or lessee)

2830 So 47 Lincoln, Nebr
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: 5/2/72 by: L.L.S.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 4/24/72
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/3/72 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. 264

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. 9; Range 7; Section 20;
Block ___; Lot 2; Addition 1194;
Street Address _____.

2. Property Use: Residential X [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.

Franklin Mitchell
Signature of Applicant (owner or lessee)

2830 So 47 Lincoln, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/24/72. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 4/24/72. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-24-72. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 4-24-72. Signature: Chesterfield By BS

3. City Engineer: Date Rec'd. _____. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 4-24-72. 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)

FILE NO. 264

PROPERTY WHERE SOIL TESTED:
Location: Township 9
Section & ¼ Sect. SE¼ 20
Property Dimensions: 438 ft. x 360 ft.
Area: 3.62 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: F. D. Mitchell
Address RR8 Lincoln, Nebr.

Dates of Tests: 22 Apr. 72 to 23 Apr 72. Weather: Precip. 0 Temp. 50 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	24	22 Apr	1:00 PM	23 Apr	2:00 PM	23 Apr	2:00 PM	12	6:00	4½	240	7½	
2	24	"	"	"	"	"	"	12	"	5	240	7	
3	24	"	"	"	"	"	"	10	"	6	240	4	
4	24	"	"	"	"	"	"	12	"	5½	240	6½	
5	24	"	"	"	"	"	"	11	"	3	240	8	
6	24	"	"	"	"	"	"	10	"	4	240	6	

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

Franklin Mitchell
Signature of Person Conducting Test

Address 2830 So 47
Phone: 489-8766

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 38 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 24, 1972

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)

FILE NO. 264

SPECIFICATIONS

DATE: 5-2-72

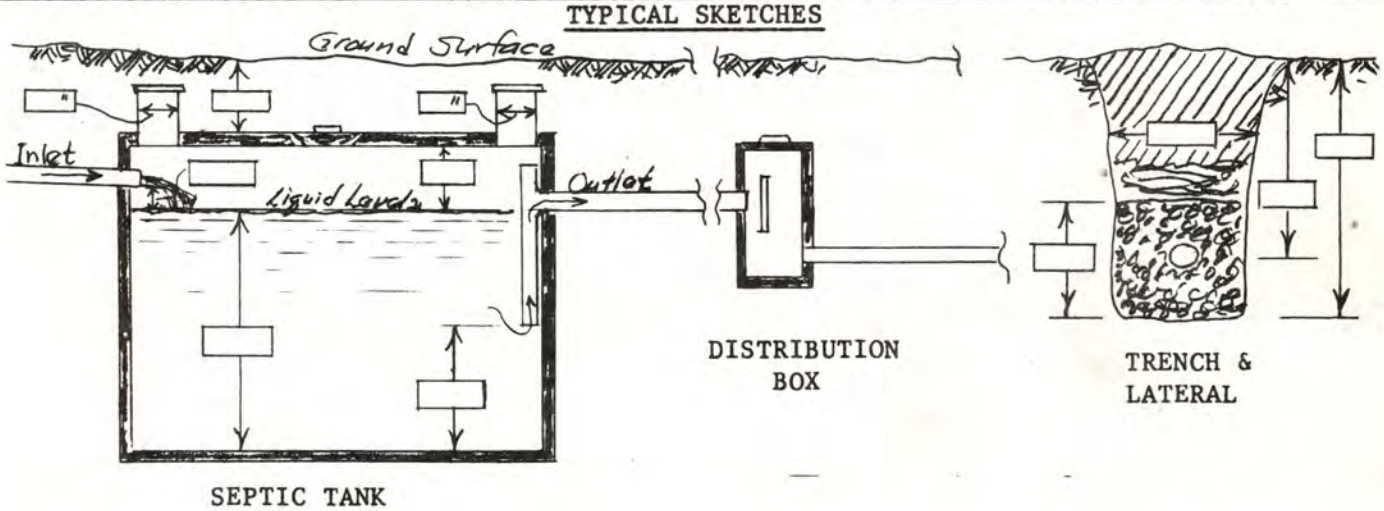
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material CC; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company TANNER Pre Cast Step)
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 26" in.
8. Distances To:
Well or Suction Line 115 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 200 ft.

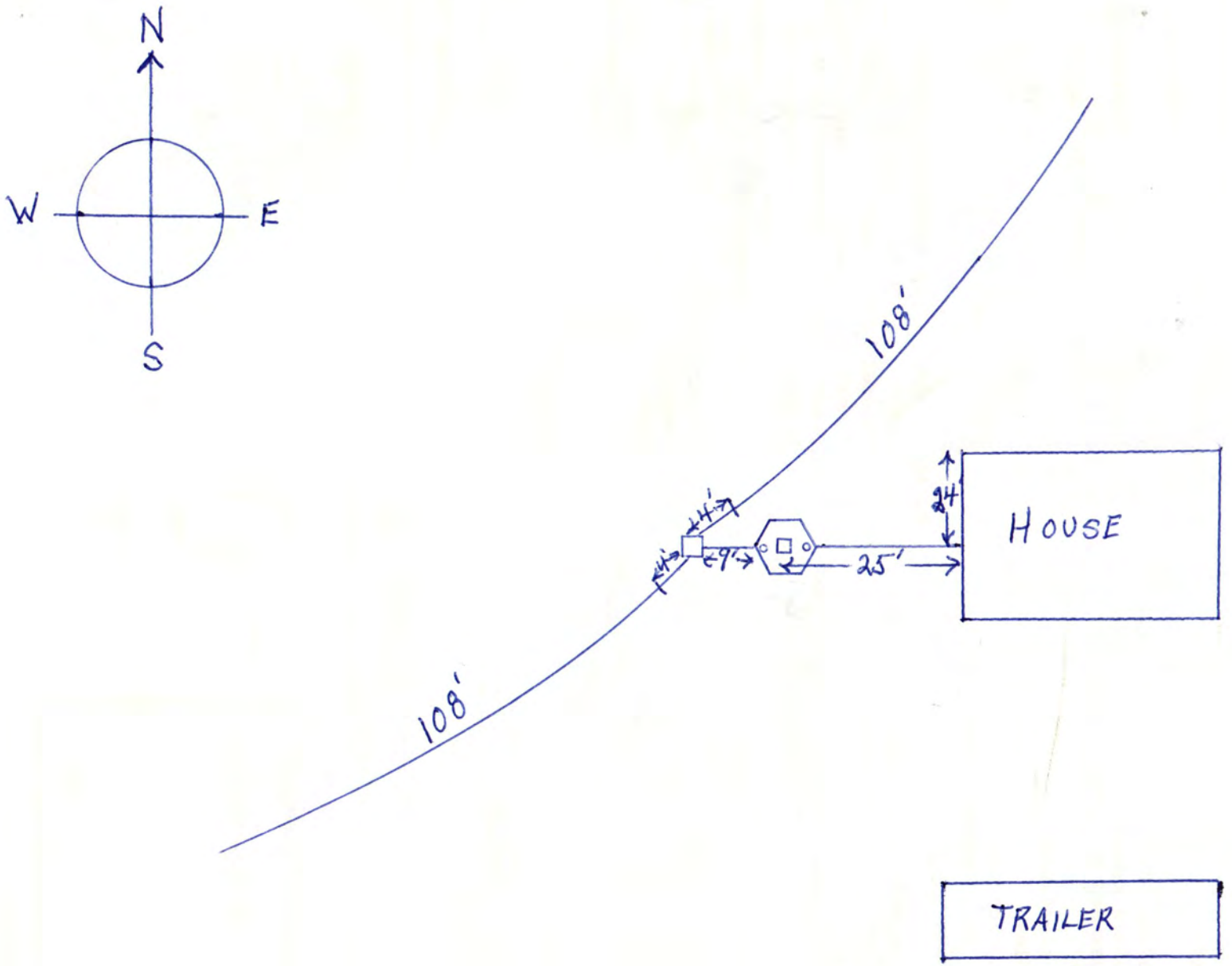
C. DISTRIBUTION BOX
1. Material CC; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length 24" in.; Width 14 in. Depth 21" in.
4. Distance from Septic Tank 9' ft.
5. Serial Distribution: Yes ☒, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 108 ft
Total length of Laterals 211 ft.;
Slope ____in/100 ft. Diameter of pipe 16 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ∩
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 54 in.;
Width 54 in.
4. Filter Material: Pea Size Gravel
Depth of material from trench bottom 8" in.
5. Distances To:
Well or Suction Line 145 ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line 200 ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
108'
108'
4'
4'
9'
25'
24'
HOUSE
TRAILER

029

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: 7-15-93

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 20; BLOCK ____

LOT 17F; ADDITION _____; Street Address 5300 Yankee Hill Road

Directions to Property _____

Location of Well NORTHEAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Steven & Donna Hauchin	5300 Yankee Hill Road, Lincoln	421-2638 (H)
~~Tenant/Buyer~~:		Steve or Donna work	483-5053
Return to:	Security Federal Savings	P.O. Box 80849, Lincoln 68501	474-4444

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

Signature of Applicant Christy Deutscher Address Security Federal

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HEALTH DEPARTMENT USE ONLY *Please return by 7-23-93

Date Received 07/16/93 Received $150.00 Check ☒ #44372 Cash ☐

PRELIMINARY STATUS--DATE JULY 19, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 7/19/93	by J.C.H
Bacteria	☒	☐	Provisional:	☐	Date 7/28/93	by J.C.H
Nitrate <2 mg/l	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF 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 JULY 28, 1993

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

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