FILE NO. 420

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 17, 1974
THIS LICENSE OR PERMIT EXPIRES

Roy Coleon
LICENSEE OR PERMITTEE

4921 Meredeth
ADDRESS

T9N; R7E; Sec. 17; Lot 10; Colonial Acres 2nd 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
624-0335 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-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. 420

DATE: 4/16-74

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 10 ; Addition 2nd Add. Colonial Acres
Street Address .

2. Property Use: Residential yes [ ]; Commercial [ ]
No. of Bedrooms 4 Describe:
Other Use None
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).

Roy Colsen
Signature of Applicant (owner or lessee)

4821 Meredith -
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 10-17-74 by: jw
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 10/17/74
by: Jerrold C. Hood R.S.

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-17-74 by: James Rkvenka

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. 420

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

DATE: 4/16-74

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 10 ; Addition 2nd Add. Colonial Acres
Street Address ____ 17-9-7

2. Property Use: Residential ✓ ☐ ; Commercial ____ ☐
No. of Bedrooms 7 . Describe: ____
Other Use None ☐
Describe: ____

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

4. Distance to public sewer: ____ ft.

Roy Colser
Signature of Applicant (Owner or Lessee)

4921 Meredith -
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/17/74. Date Frwd. 4/17/74.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 4-17-74. Date Frwd. 4-17-74.
ACTION: Approved ☒ Disapproved ☐
Signature: Chas Seale By P.K. Simms

3. City or County Engineer: Date Rec'd. 4-17-74. Date Frwd. ____.
ACTION: Approved ☒ Disapproved ☐
Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD- 43(73) 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 475-6221)

FILE NO. 420

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 7E
Section & ¼ Sect. 17 Colonial Agr. 2nd Add.
Property Dimensions: ____ ft. x ____ ft.
Area: 5.6 acres. (Attach sketch of property showing hole location).

Owner: Roy Colson
Address 4921 Meredith

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

Dates of Tests: 4-15 to 4-16. Weather: Precip. No Temp. 70 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	4/15		4/16		4/16	320	Full		22	180	14	13
2	35	4/15		4/16		"	320	"		25	"	10	18
3	34	4/15		4/16		"	"	"		20	"	14	13
4	34	4/15		4/16		"	"	"		20	"	14	13
5	35	4/15		4/16		"	"	"		24	"	13	14
6	36	4/15		4/16		"	"	"		23	"	13	14

Sum of Percolation Rates 85
Average of Rates: 14
Mean of Rates: 14

Roy Colson
Signature of Person Conducting Test

Address 4921 Meredith
Phone: 488 1432

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 12.7 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 17, 1974

Jerrold C. Hood
Signature of Reviewing Official

Hood.

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. _____

SPECIFICATIONS

DATE: _____

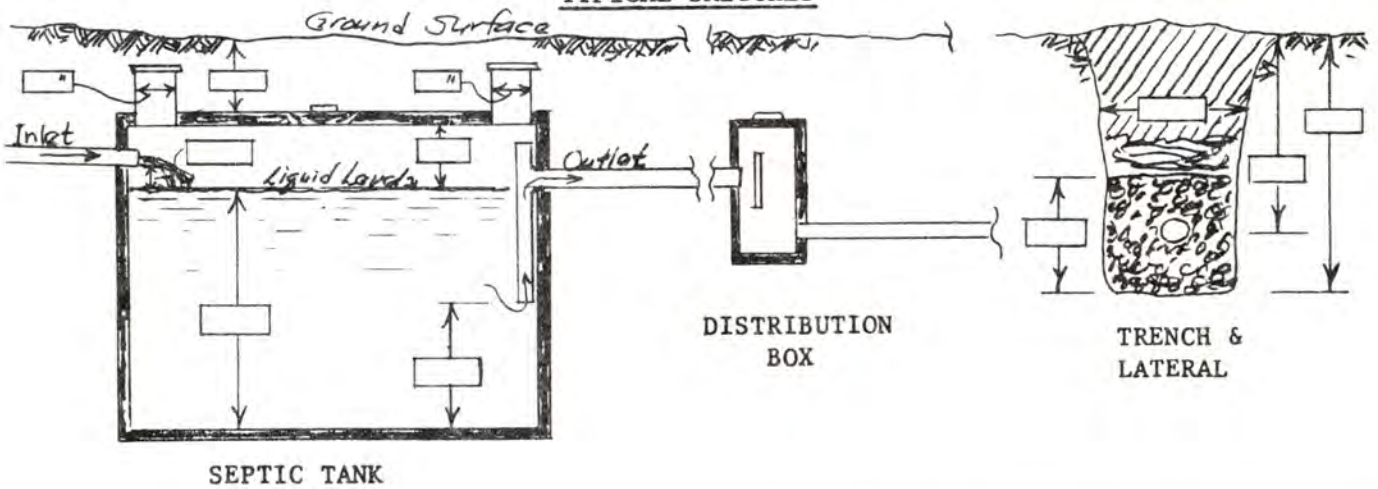
A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 12 ft.
4. Number of clean-outs None.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Pre-Cast)
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 16 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____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: ____
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line ___ft
Total length of Laterals 181 ft.;
Slope 4 in/100 ft. Diameter of pipe ____ in.; Shape ____
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 12 in.; Width 48 in.
4. Filter Material: gravel
Depth of material from trench bottom 22 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

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: July 16, 1979

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 SE¼, Sec.17;
Block ; Lot 10 ; Addition Colonial Acres 2nd Addition, LLCN.
Street Address 6600 Cumberland.
Directions on how to get to property Go south of 56th Street, past Hwy. 2 and Old Cheney Road.
Location of well S.E. of house.
Where is tap: Inside ☐ Outside ☐.

	NAME	ADDRESS	PHONE
Present Owner:	Roy and Sharon Colson	6600 Cumberland	423-1552
Tenant:	--		
Lending Agency:		First Federal	

(Do not write below double lines)

Health Department: Date Received 8/9/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 9-2-79 by mm
Date ____ by ____
Date ____ by ____

Kein Real Estate
Pat Lawson
Signature of Applicant

4752 Normal
Address

PRELIMINARY STATUS -- DATE 9-9-79

Water System:
Approved ☐ Disapproved ☐

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval ____

☐ See Attached Letter.

FINAL APPROVAL -- DATE ____

Water System ☐ . Sewage Disposal System ☐ . BY R. Maxwell

Form Number 20215-0878

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: 10-16-90

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 17 ; BLOCK ___

LOT 10 ; ADDITION COLONIAL ACRES 2ND ADDITION ; Street Address 6600 CUMBERLAND DR.

Directions to Property PROPERTY IS ON S.W. CORNER OF 56TH & CUMBERLAND DR. & IS FRAMED BY SPLIT RAIL FENCE. 2 STORY BRICK & TUDOR. (PROPERTY IS NORTH OF 6400 CUMBERLAND)

Location of Well S.E. CORNER 70' FROM LOT LINE Tap Location: Inside ☒ Outside ☒

Location of Sewage System NORTH OF HOUSE Year Installed 75(?)

	NAME	ADDRESS	PHONE
Present Owner:	KERRY & MARION DONOVAN	6600 CUMBERLAND DR.	423-0309 HOME
Tenant/Buyer:	SAME	SAME	476-2628 WORK
Return to:	VALSABATA COMMERCIAL FEDERAL	56TH & O LINCOLN	

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

Signature of Applicant [signature] Address 6600 CUMBERLAND DR

==========

HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 16, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10/17/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 10/17/90	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 10/18/90	by J.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date ____	by ____

Comments: CONDUIT ON WELL BROKEN. Repaired 10/18/90 J.C.H.

See Attached Letter ☐

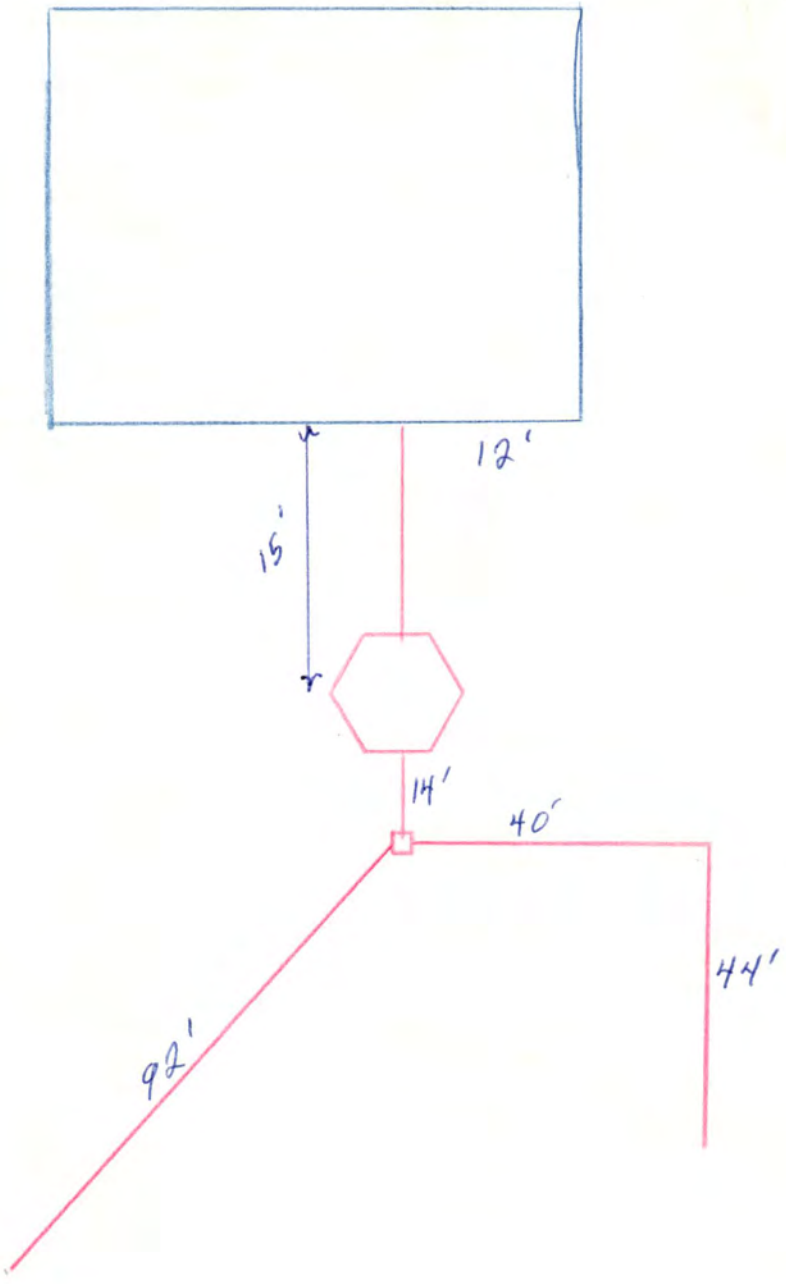
FINAL STATUS

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

APPROVED BY Jerrold E. Hood R.S. DATE OCTOBER 22, 1990

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



10-17-74

4' wide

2' - 3½' deep

pw