FILE NO. 163

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 17, 1971
THIS LICENSE OR PERMIT EXPIRES

John Bordogna
LICENSEE OR PERMITTEE

2515 South 39th
ADDRESS

T9N; Range 7E; Section 17; Lot 4; 2nd Addition, Colonial Acres
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
624-1535	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. 9N; Range 7E; Section 17;
Block _____; Lot _____; Addition 2ND;
Street Address Colonial Acres.

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

Roger Parker For John Bordogna
Signature of Applicant (owner or lessee)

2515 South 39
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $_____. _____

2. Date Site Clearance _____

3. Site Visits:
Date: 10/1/70 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 7/17/70
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/1/70 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. 163

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 17;
Block ____; Lot 4; Addition 2ND;
Street Address Colonial ~~Acres~~ Acres

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

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

4. Distance to public sewer: None ft.

Roger Bailey For John Bardogna
Signature of Applicant (owner or lessee)

2515 South 39
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/17/70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/17/70. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7-17-70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7-17-70. Signature: Chas Teale By B.K. Skinner

3. City Engineer: Date Rec'd. ____. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7-17-70. 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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9N
Section & ¼ Sect. 17
Property Dimensions: ___ ft. x ___ ft.
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: John Bardogna
Address 2515 South 39

Dates of Tests: July 16 to July 17/70 Weather: Precip. 0 Temp. 80 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	7/16/70	9 00AM	7/17/70	9 00AM	7/17/70	900	30	9.15	6		6	
2	"									1½		1½	
3	"									1½		1½	
4	"									3		3	
5	"									12		12	
6	"									8		8	

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

Penn Daley
Signature of Person Conducting Test

Address 4131 CL Ford Dr
Phone: 489-5482

1" every 3 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: Extremely fast. Soil was described as very dry. Phenomena that was observed nearby at Meyers may have occurred here. System is to be sized larger than percolation needs indicate.

DATE: July 17, 1970

Approved Percolation Rate(s)
A. 3 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood R.S.
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. 163

SPECIFICATIONS

DATE: _____

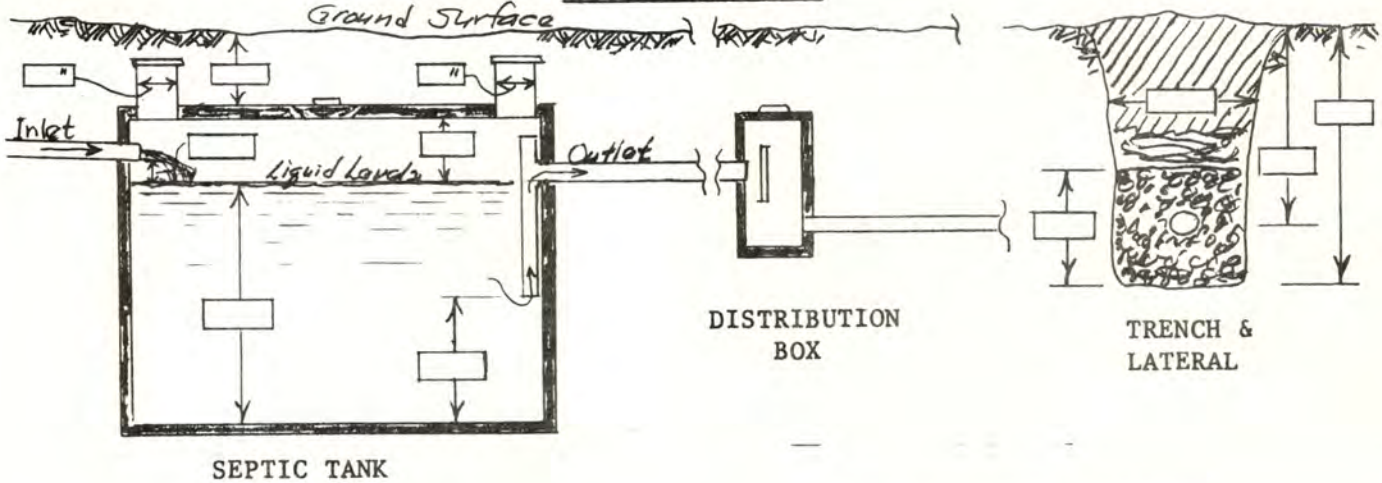
A. BUILDING SEWER: CAST IRON ✓
1. Material ~~Clay~~; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 500+ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass; No. of compartments 1 / 1.
2. Capacity 1000 gals.; Liquid depth 52 in.
3. Factory Built: Yes ☒ (Company CORRIGATED FIBERGLASS
No ☐
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. ___ in.
Below Grade 24 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 24 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 6.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length 12 in.; Width 12 in. Depth ___ in.
4. Distance from Septic Tank 12 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 50 ft Total length of Laterals 100 ft.; Slope 8 in/100 ft. Diameter of pipe 16 in.; Shape Half Round Material: concrete ☐; fiber asbestos ☐; clay ☐; other Fiberglass Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 8 in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 3 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

#163

