CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 24

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

April 23, 1968
THIS LICENSE OR PERMIT EXPIRES

Donald Magee
LICENSEE OR PERMITTEE

Rt. 8, Lincoln
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T9N; R7; Sec 17; Lot 3; Colonial Acres 2nd Add.
(Legal Description)

ADDRESS (Concord Road)

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
02000 0012357		30.00 -

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. 24

DATE: 20 Oct 67

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 7; Section 17;
Block ____; Lot 5; Addition Colonial Acres;
Street Address Concord Rd. 2nd Lake

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.)

Donald Mayer
Signature of Applicant (owner or lessee)

RR 8
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 11/9/67 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved X; Disapproved ____: ____
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/67 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. 24

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. 7N; Range 7; Section 17;
Block ___; Lot 3; Addition Colonial Acres 2 Addition
Street Address Carol Rd

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.

Donald Mager
Signature of Applicant (owner or lessee)

Route 8
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/20/67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. ___. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10/23/67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 10/23/67. Signature: Clarence Hall

3. City Engineer: Date Rec'd. 10-23-67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 10-23-67. Signature: K. L. Thomas

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. 24

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

Owner: Tony Litty
Address _____

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

Dates of Tests: 19 Oct to 20 Oct. Weather: Precip. None 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	42	19 Oct	6:00	20 Oct	8:00	20 Oct	7:47	30	8:00	29	13	1	13/1
2	42	19 Oct	6:00	20 Oct	8:00	20 Oct	7:48	30	8:00	29	12	1	12/1

Sum of Percolation Rates
Average of Rates: 12 1/2
Mean of Rates:

Donald Hoyer
Signature of Person Conducting Test

Address 12 T 8
Phone: 488 5099

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 12½ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 10/20/67

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. 24

SPECIFICATIONS

DATE: 2008 #67

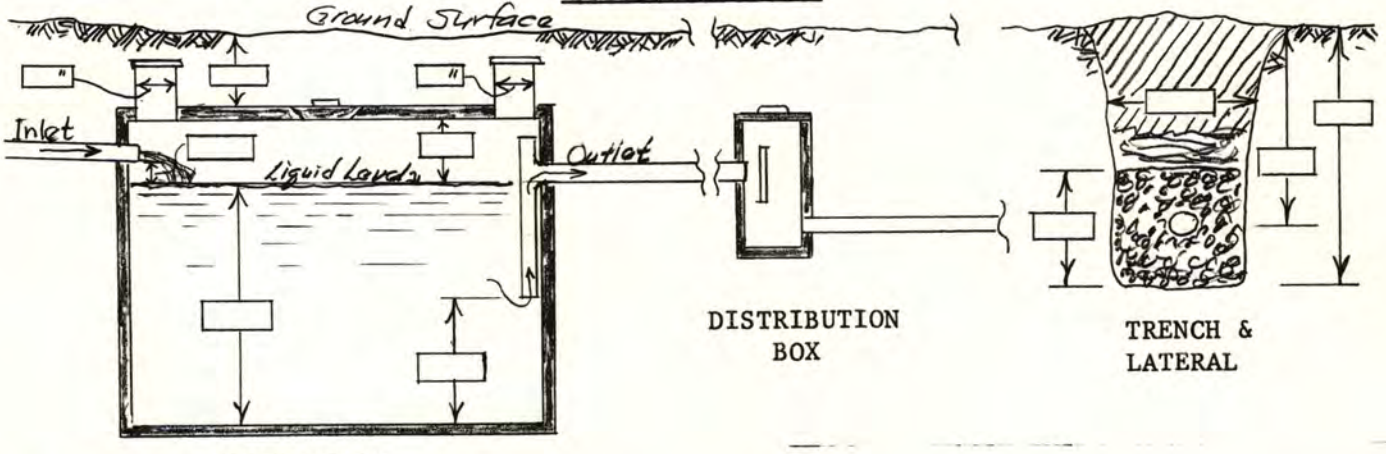
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 200 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Tube; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Corrugated) 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 2 in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 200 ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company ___ No ☐
3. Dimension: Length 14 in.; Width 13 in. Depth 12 in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☑, No ☐ (If yes, show detailed plans.)

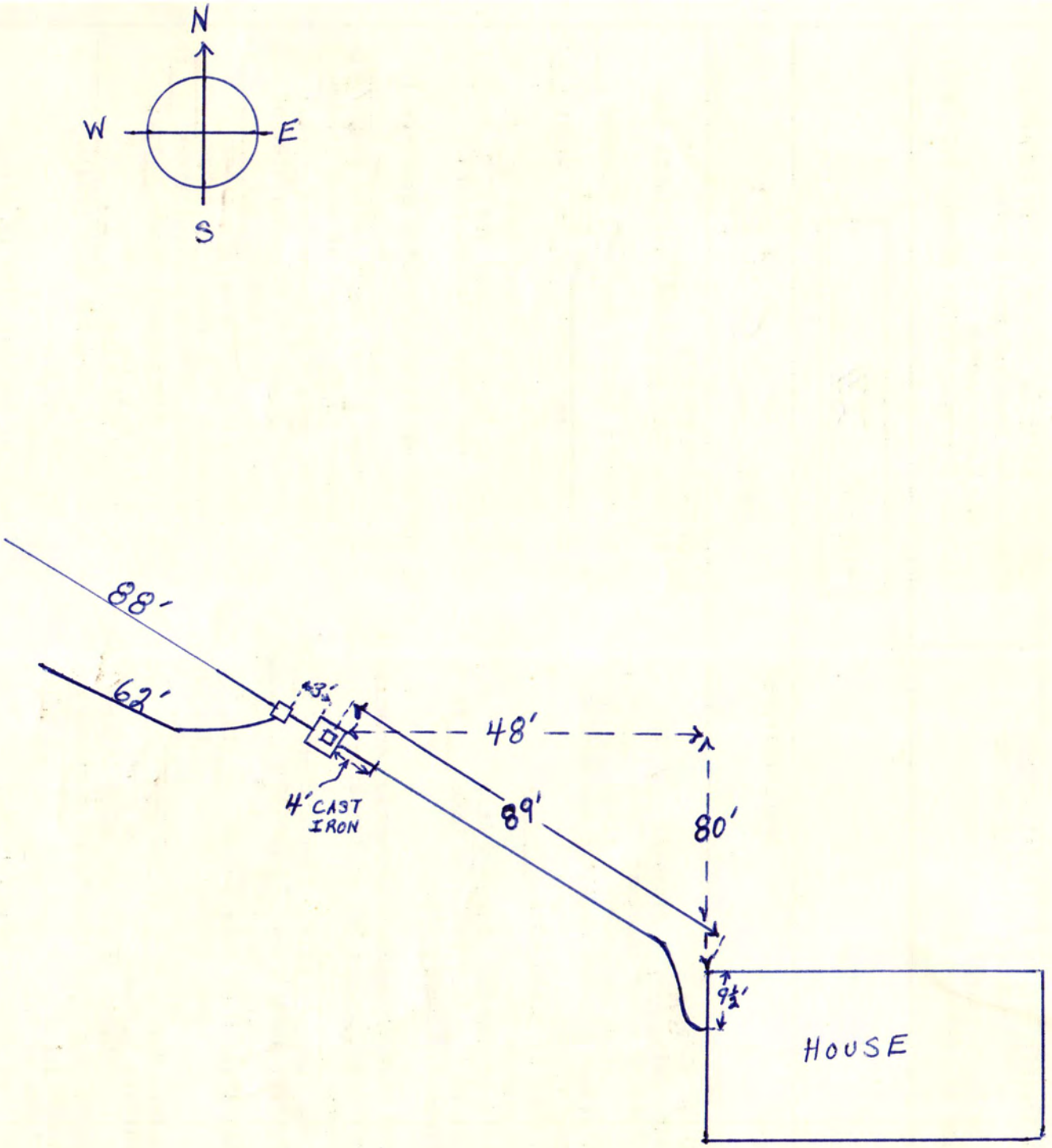
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Leaf mound
2. Lateral Lines: Depth below grade 18 in. Number 2; Length of each line 75 ft Total length of Laterals 150 ft.; * Slope 2 in/100 ft. Diameter of pipe 16 in.; Shape ___ Material: concrete ☑; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines 30 ft. 88 / 162
3. Trench Dimensions: Depth 38 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 200 ft.
6. Percolation Rate: 12½ minutes/inch

TYPICAL SKETCHES



* Recommend 2 - 75' laterals

Signature of Applicant


N
W
E
S
88'
62'
48'
89'
80'
4' CAST IRON
9½'
HOUSE