CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 236

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — June 7, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert Bailey — 4131 Clifford Drive

LICENSEE OR PERMITTEE — ADDRESS

T9N; Range 7E; Section 22; Block 1; Lot 5; Clarendan Hills Add.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624110.151535	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-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. 236

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 22;
Block ____; Lot ____; Addition ____;
Street Address Clarendon Hills

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

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

4. Distance to public sewer: ____ ft.

Roger Bailey
Signature of Applicant (owner or lessee)

For Chris Gravenstein 4131 CL F Ford Dr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/7/71. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 12/7/71. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 2-7-71. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 2-7-71. Signature: Charles Byrd

3. City Engineer: Date Rec'd. ____. ACTION: Approved ____ ☑ Disapproved ☐
Date Frwd. 12-8-71. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

Ellis

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 7N & 7E Block 1
Section & ¼ Sect. _____ LOTS
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address Clover Hills

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

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___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	38	4/6/72	10:00	4/7/72	10:00	4/7/72	10:00	32	11:30		1hr 30min	8	
2	7											12	
3												11	
4												3	
5												3	
6												6	
												/	
										1hour	30min	43	
												7	

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

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
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)

7000 S. 56th

FILE NO. 236

SPECIFICATIONS

DATE: Dec. 1, 1970

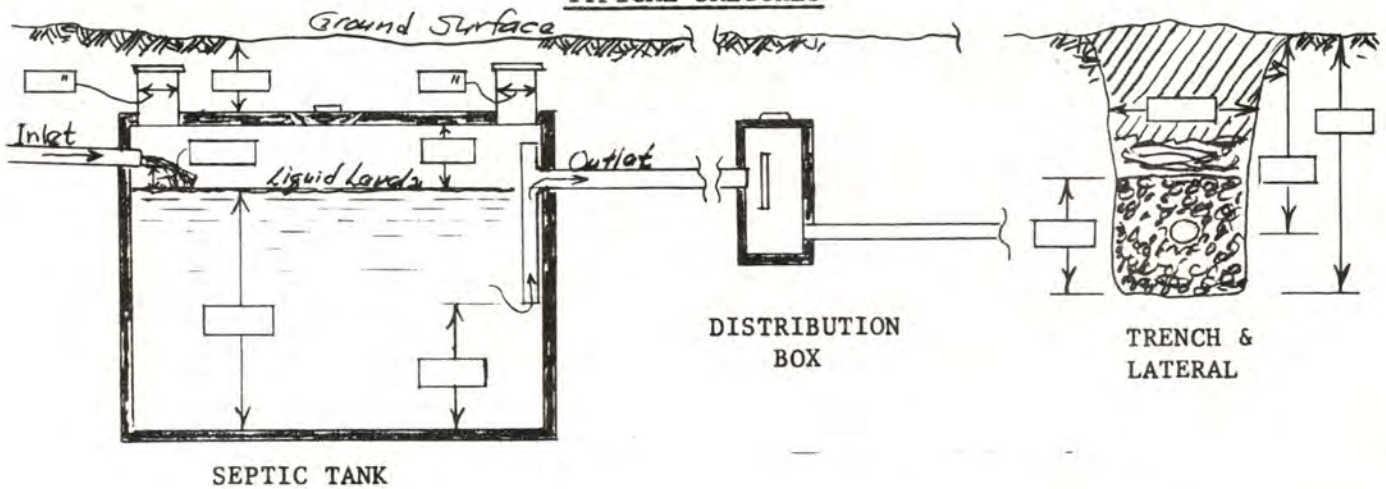
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 16 in.
3. Distance between dwelling and septic tank 72 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 6 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 24 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 4 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 92 ft
Total length of Laterals 184 ft.; +89
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape ___
Material: concrete ☐; fiber Glass asbestos ☐; clay ☐; other _____
Distance between lateral lines 11 ft.
3. Trench Dimensions: Depth 48 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: 13 minutes/inch

TYPICAL SKETCHES

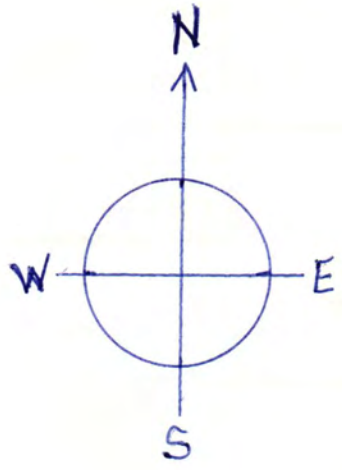


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant



7000 S. 75th

