FILE NO. 126

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 25, 1969
THIS LICENSE OR PERMIT EXPIRES

M. T. Bascom
LICENSEE OR PERMITTEE

5121 Woodland Avenue
ADDRESS

T 9N; R 7E, Section NW¼ 22; Blk. 3; Lot 3; Addition Clarendon Hills
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
143110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
17011	SEP 25	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. 126

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 North; Range 7 East; Section NW¼ 22;
Block 3; Lot 3; Addition CLARENDON HILLS;
Street Address Pine Lake Road (County Road)

2. Property Use: Residential _____ [xx]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [xx]; 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.)

M. T. Bascom
Signature of Applicant (owner or lessee)

5121 Woodland Avenue, Lincoln, Nebraska 68516
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 11/7/69 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 9/25/69
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/7/69 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. 126

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 North; Range 7 East; Section NW¼ 22;
Block 3; Lot 3; Addition CLARENDON HILLS
Street Address Pine Lake Road (County Road)

2. Property Use: Residential ____ [xx]; Commercial ____ [ ]
No. of Bedrooms 3. Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [xx]; Other [ ]

4. Distance to public sewer: unknown ft.

M. T. Bascom
Signature of Applicant (owner or lessee)

5121 Woodland Avenue, Lincoln, Nebraska
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/25/69. Date Frwd. 9/25/69.
ACTION: Approved [x] Disapproved [ ]
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. ____.
ACTION: Approved [ ] Disapproved [x]
Signature: Charles Seals

3. City Engineer: Date Rec'd. ____. Date Frwd. 9-25-69.
ACTION: Approved [ ] Disapproved [x]
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. 126

PROPERTY WHERE SOIL TESTED:
Location: Township 9 North
Section & ¼ Sect. NW¼ 22
Property Dimensions: ___ ft. x ___ ft.
Area: Three acres. (Attach sketch of property showing hole location).

Owner: M. T. Bascom
Address 5121 Woodland Avenue, Lincoln

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

Dates of Tests: September 22 to September 23, 1969. Weather: Precip. None Temp. 65 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	48"	9/22	7 PM			9/23	11 A.M	6"	1 PM	0	120	6"	20/IN
2	48"	9/22	7PM			9/23	11 A.M.	6"	1 PM	0	120	6"	20/IN
3	48"	9/22	7PM			9/23	11 A.M	6"	1 PM	0	120	6"	20/IN
4	48"	9/22	7PM			9/23	11 A.M.	6"	1 PM	0	120	6"	20/IN
5	48"	9/22	7PM			9/23	11 A.M.	6"	1 PM	1½"	120	4½"	25/IN

M. T. Bascom
Signature of Person Conducting Test

Address 5121 Woodland Avenue, Lincoln
Phone: 489-6708

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

Approved Percolation Rate(s)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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. 126

SPECIFICATIONS

DATE: _____

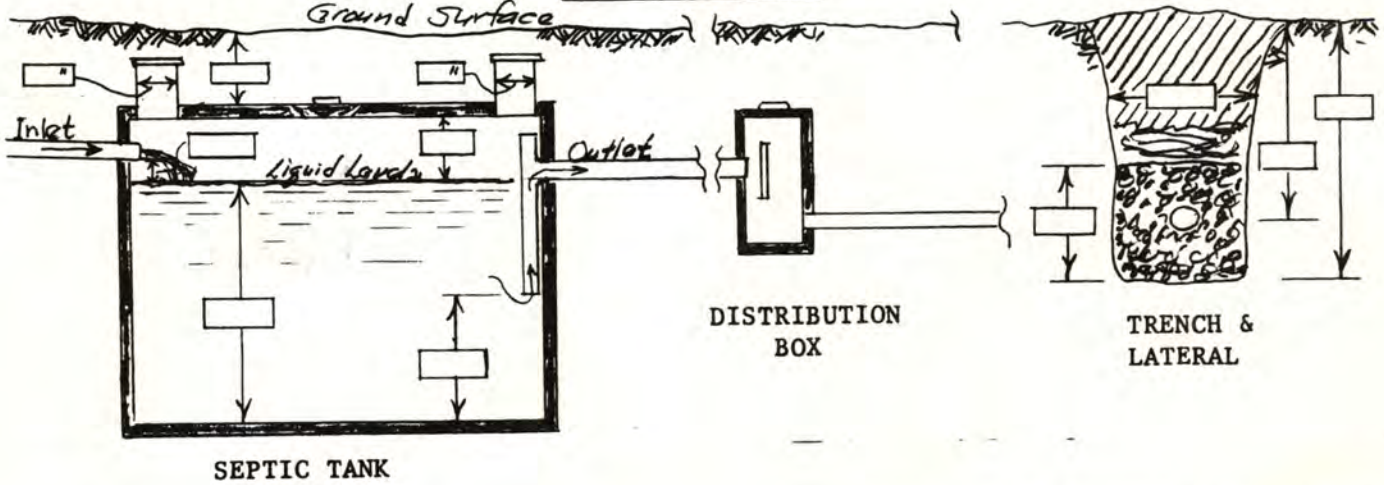
A. BUILDING SEWER:
1. Material CAST IRON; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 70½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company PRE-CAST
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade 24 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 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line ___ft.

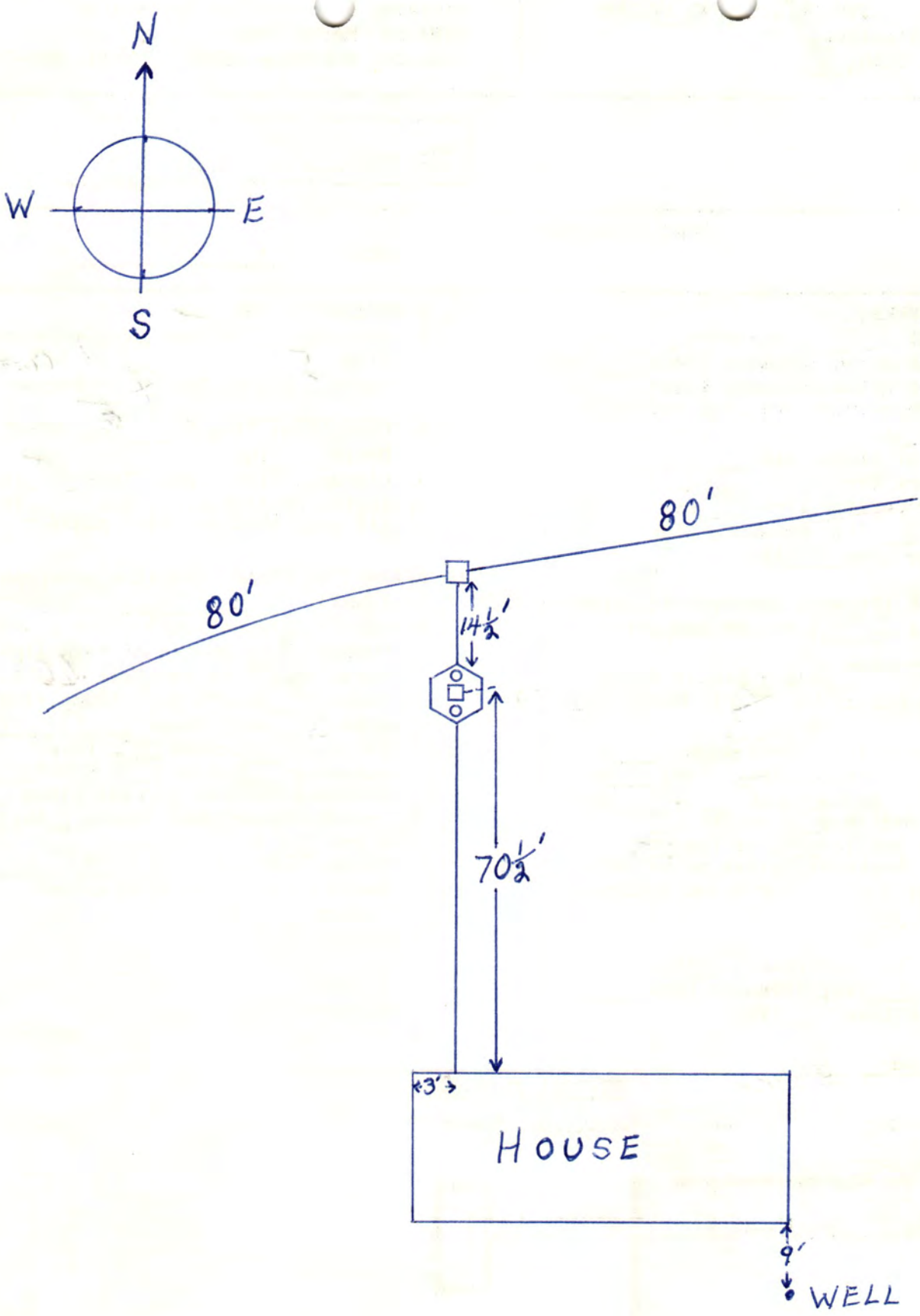
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST-STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 14½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 80 ft Total length of Laterals 160 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ___
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 130 ft.;
Stream — ft.; Pressure Line — ft.
Property Line 20 ft.
6. Percolation Rate: 20 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
80'
80'
14½'
70½'
3'
HOUSE
9'
WELL