CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

File No. 63

Individual Sewage System Construction — TYPE OF LICENSE OR PERMIT

January 19, 1969 — THIS LICENSE OR PERMIT EXPIRES

Bob Peterson — LICENSEE OR PERMITTEE

6012 Gladstone — ADDRESS

T 9N; R 7E; Sec. 22; Blk. 3; Lot 8; Claredon Hills Addition — 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
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
14015	JA19 68	30.00 CR

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. 63

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 22;
Block 3; Lot 8; Addition Clover Hills
Street Address _____.

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

Bob Peterson
Signature of Applicant (owner or lessee)

6012 GLADSTONE
Address

Sinclair Pumping Sv (Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: ~~7/10/68~~ by: ~~J.C.N.~~
Date: ~~7/11/68~~ by: ~~J.C.N. & R.A.B.~~
Date: 8/23/68 by: J.C.N.

4. Date: Approved [X]; Disapproved [ ]: 7/19/68
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/23/68 by: Jerrold C. Hood

*SEE ATTACHED MEMORANDUM

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. 63

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 3; Lot 8; Addition Clarendon Hills
Street Address _____.

2. Property Use: Residential yes [X]; Commercial _____ [ ]
No. of Bedrooms 3. Describe: _____
_____
Other Use _____ [ ]
Describe: _____
_____

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

4. Distance to public sewer: 7 ft.

Bob Peterson
Signature of Applicant (owner or lessee)

6012 GLADSTONE
Address

Sintek Pumping Serv. Builder Harold Heiser

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. _____. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 7/19/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7/19/68. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 7/19/68. Signature: L. Kilpatrick

3. City Engineer: Date Rec'd. _____. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. 7-19-68. 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. 63

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

Owner: Bob Peterson
Address Lot 8 Blk 3 Clarendon Hills

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

Dates of Tests: 7-5-68 to 7-6-68. Weather: Precip. No Temp. 90 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	30	7-5	8:30	7-5	4 PM	7-6	8:30	6	10 AM	5 ¼	90	¾	
2	30	7-5	8:45	7-5	4 PM	7-6	8:30	6	10 AM	5	90	1	
3	30	7-5	9:00	7-5	4 PM	7-6	8:30	6	10 AM	5 ¾	90	¼	
4	30	7-5	9:15	7-5	4 PM	7-6	8:30	6	10 AM	5	90	1	
5	30	7-5	9:30	7-5	4 PM	7-6	8:30	6	10 AM	4 ¾	90	1¼	
6	30	7-5	9:45	7-5	4 PM	7-6	8:30	6	10 AM	4 ¾	90	1¼	

Sum of Percolation Rates
Average of Rates:
Mean of Rates: .91 in. per hour

Sintek Pumping Inc
Signature of Person Conducting Test

Address 2525 R Lincoln Neb.
Phone: 435-3321

.91 in. in 90 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: Results indicate that modification of individual sewage disposal system is necessary.

DATE: July 19, 1968

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

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. 63

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material CLAY TILE; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line 50 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line 100 ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material CEMENT; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☒ (Company CORRIGATED FIBREGLAS) No ☐
4. Manholes: Over Inlet; diam. 1 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 ___ in.
8. Distances To:
   Well or Suction Line ___ ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line ___ ft.

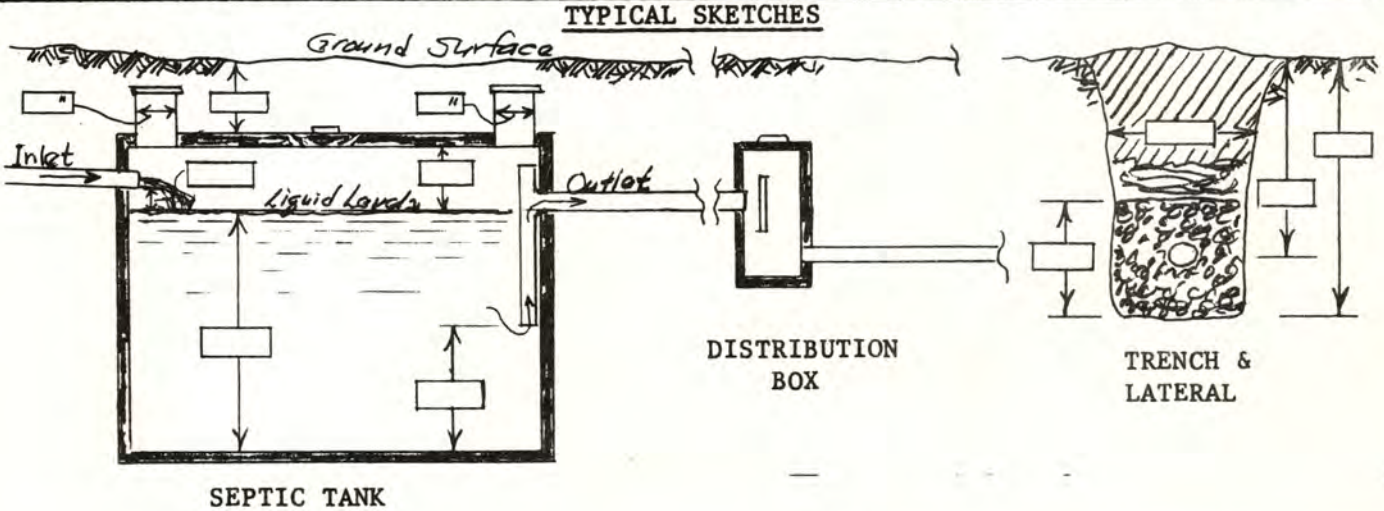
C. DISTRIBUTION BOX

1. Material CEMENT; 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 7 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

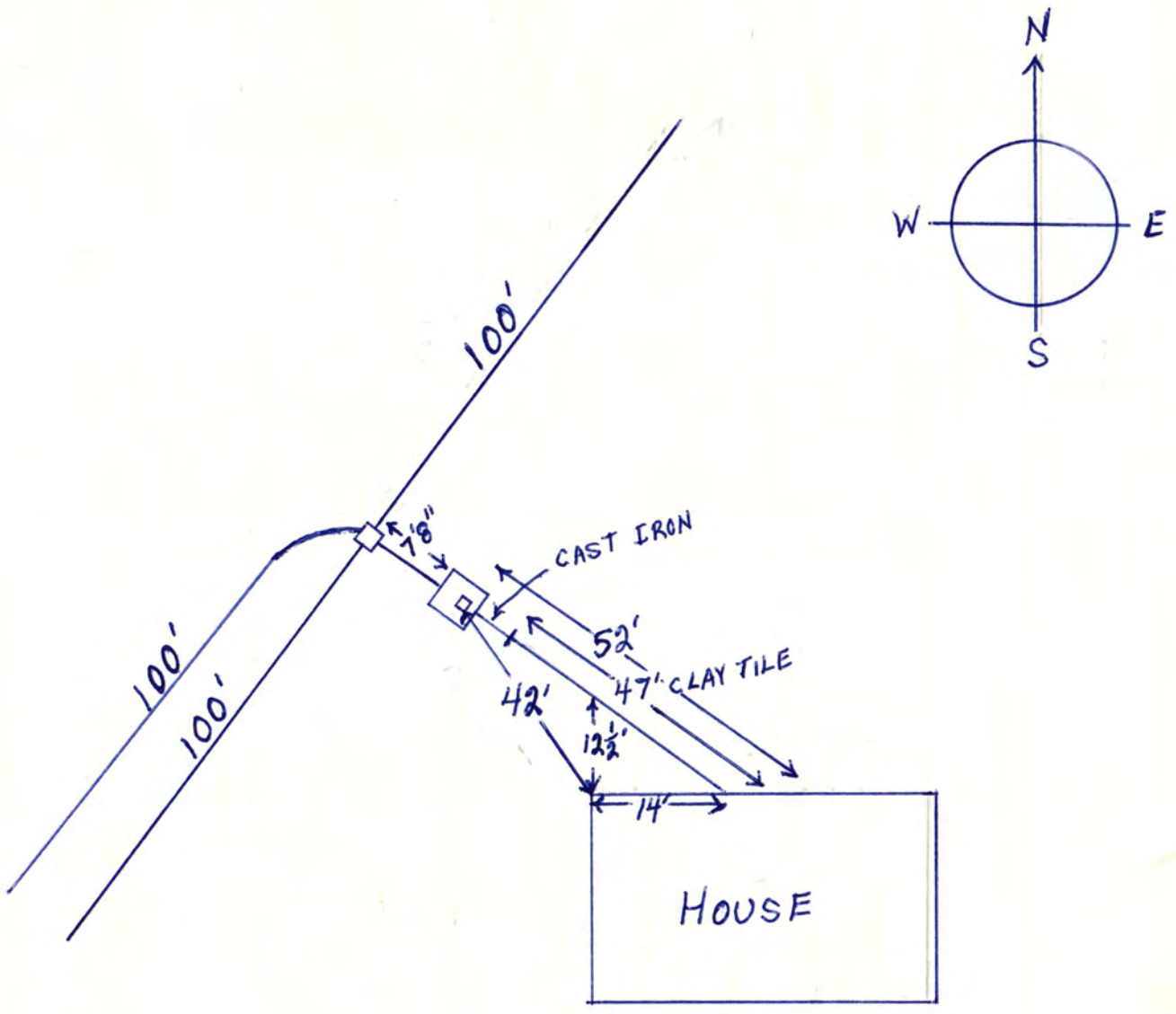
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: FIBREGLAS HALF MOON
2. Lateral Lines: Depth below grade ___ in. Number 3; Length of each line 100 ft Total length of Laterals 300 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape C
   Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLAS
   Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 72 in.
4. Filter Material: GRAVEL & SAND. Depth of material from trench bottom ___ in.
5. Distances To:
   Well or Suction Line 100 ft.;
   Stream ___ ft.; Pressure Line ___ ft.
   Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant


N
W
E
S
100'
100'
100'
1'8"
CAST IRON
52'
47' CLAY TILE
42'
12½'
14'
HOUSE

911115002

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. ___; RANGE 7E; SECTION _____; BLOCK ___

LOT ___; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well NE. OF House Tap Location: Inside ☐ Outside ☒

Location of Sewage System N.W. OF House Year Installed 6/23/68

	NAME	ADDRESS	PHONE
Present Owner:	John and Marie Frey	7250 REvere Lane	423-3859
Tenant/Buyer:			
Return to:	Vistar Bank	P.O. Box 5306, Lincoln, NE 68505	465-7507

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 6, 1991 Received $75.00 ~~$150.00~~ Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11/8/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 11/8/91 by LCH
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate (Appr.)	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: THIS IS PROBABLY THE OLDEST EXISTING EXPERIMENTAL SEWAGE SYSTEM IN LANCASTER COUNTY. NO EVIDENCE OF MALFUNCTION BUT BECAUSE IT IS CONSIDERED EXPERIMENTAL IT RECIEVES PROVISIONAL APPROVAL. NOTE: HEAVY SNOW COVER ON GROUND ON DATE OF INSPECTION.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald E. Hood R.S. DATE NOVEMBER 14, 1991

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

COLI + NO_3 9/20/01

011008001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 1468

Legal Description of Property: Street Address 7250 Revere Lane

Parcel ID 16 - 22 - 104 - 008 - _____ (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 22 1/4 ____ 1/4 ____ Block 3 Lot 8 Addition Clarendon Hills LCN

Directions to Property 1st two east of Pine Lake Road off of 70th Street

Location of Well east side of property North of house between Tap Location: Inside ☐ Outside ☒

Location of Sewage System per diagram attached) house & building Year Installed 1968 septic 1980 well

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	John Frey - Carriage Glen	Room 301 7005 Shamrock 68506	484-6650
Tenant/Buyer:	Russ Hansen	7811 Karl Drive	486-4694
Return to:	Cynthia Carron	Woods Bros Realty 7141 A Street 68510	430-7683 434-3801 (Fax)

Signature of Applicant John Frey by C. Carron Address Woods Bros Realty 7141 A Street 68510 Date 9 / 17 / 01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 09 / 20 / 01 Amount 200.00 Check No. 839 Initials ES MAIL

DATA ENTRY Date ____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9 / 20 / 01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ _____ /ml
Nitrate	☒ 0.5 ppm	☐ _____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. THIS IS PROBABLY THE OLDEST EXISTING EXPERIMENTAL SEWAGE SYSTEM IN LANCASTER COUNTY. See Attached Letter ☐
NO EVIDENCE OF MALFUNCTION BUT BECAUSE IT IS CONSIDERED EXPERIMENTAL IT RECIEVES PROVISIONAL APPROVAL.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9 / 21 / 01

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00