CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 25

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

May 7, 1968
THIS LICENSE OR PERMIT EXPIRES

Richard B. Hobson
LICENSEE OR PERMITTEE

Route 8, Lincoln, Nebr.
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T 9N; R 7E; Sec. 22
(Legal Description) 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
02066	NOV 7 68	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. 25

DATE: November 7, 1967

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. 9No.; Range 7E; Section 22;
Block _____; Lot _____; Addition _____;
Street Address Route 8.

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.)

Richard B Hobson
Signature of Applicant (owner or lessee)

Route 8
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
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: _____ by: _____

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. 25

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; Range 7 East; Section 22;
Block 4; Lot 5; Addition Clevenston Hills
Street Address Rt. 8.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms 4. Describe: ____
Other Use ____ [ ]
Describe: ____

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

4. Distance to public sewer: not accessible ft.

Mrs Richard B Hobson
Signature of Applicant (owner or lessee)

2230 Washington
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6-27-67. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. ____. Signature: Lee Weed

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. ____. Signature: L F Spahn

3. City Engineer: Date Rec'd. 6-27-67. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 6-27-67. Signature: Richard P. Chase

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. 25

PROPERTY WHERE SOIL TESTED:
Location: Township 9 NORTH
Section & ¼ Sect. 22.
Property Dimensions: 368 ft. x 365 ft.
Area: 3+ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☐

Owner: MR & MRS RB Hobson
Address

Dates of Tests: June ~~23~~ 25, 1967 to June ~~24~~ 26, 1967. Weather: Precip. 1.94 Temp. 75 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	6-25	7 PM	6-26	7 PM	6/26	10:30P	6	11 PM	5	30	1	30.0
2	36	6-25	7 PM	6-26	7 PM	6/26	10:30P	8	11 PM	6 7/8	30	1 1/8	34.3
3	36	6-25	7 PM	6-26	7 PM	6/26	10:30P	6	11 PM	4 3/4	30	1 1/4	24.0

Sum of Percolation Rates 88.3
Average of Rates: 29.4
Mean of Rates: 30.0

RB Hobson
Signature of Person Conducting Test

Address 2230 Washington
Phone: 423-6843

(Do not write below this line)

REVIEWING ACTION

REMARKS: appears to be accurate.

Approved Percolation Rate(s)
A. 30.0 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: November 7, 1967

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. 25

SPECIFICATIONS

DATE: _____

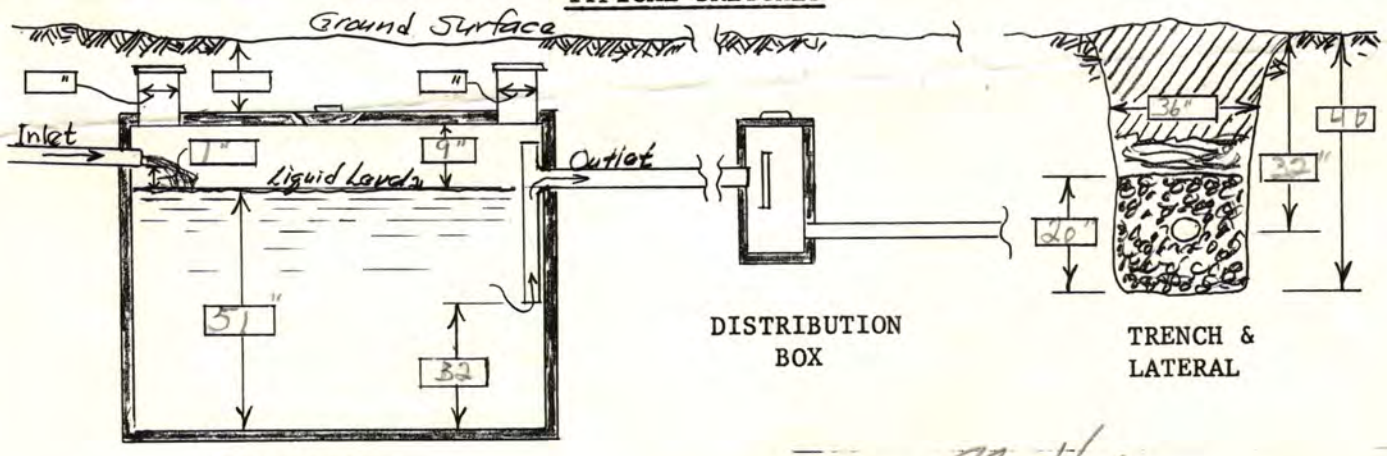
A. BUILDING SEWER:
1. Material ~~clay~~ PVC; Diameter 4" in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 125 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 175 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONCRETE; 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. ____in.
Over Outlet; diam. ____in.
Below Grade _____in.
5. Inlet: Baffle [ ]; or Tee [ ] None
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet ____in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line 103 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 153 ft.

C. DISTRICTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes [X], (Company ____
Pre Cast Septco No [ ]
3. Dimension: Length 14 in.; Width 20 in.
Depth 14 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes [ ], No [X]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: C-Crete
2. Lateral Lines: Depth below grade 40 in.
Number 2; Length of each line 80 ft
Total length of Laterals 160 ft.;
Slope ____in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ____in.;
Width ____in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom ____in.
5. Distances To:
Well or Suction Line 113 ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line 163 ft.
6. Percolation Rate: 29.4 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

B Hobson
Signature of Applicant

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: 10-13-93

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 22
   Block 4 : Lot 5 : Addition Clarendon Hills
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe single-family dwelling
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Domestic use (house)

Richard B Hobson
Signature of Applicant (owner or lessee)

7200 So 70th
Address

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 10/13/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/14/93. Signature: Gerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 10/14/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10/14/93. Signature: Larry Spurr
3. City or County Engineers: Date Rec'd 10-14-93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 10-14-93. Signature: Mark McGloon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/10/93 by L.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/1/93 By: L.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 22 T. 9 R. 7 Block 4 Lot 5 Addition CLARENDON HILLS

Owner RICHARD HOBSON Address RFD 9, LINCOLN, NE 68506

LOG OF WELL	
	Description
Depth Ft. to	
0- 20	BRN CLAY
20- 80	YLW CLAY
80- 95	BLUE & BRN CLAY MIX
95-105	RED & LGT YLW SHALE
105-120	RED, YLW SHALE W/FN SS
120-150	FN SS W/SOME SHALE
150-170	FN YLW SS
170-235	MED FN WHITE SS
235-244	MED CRS-CRS LGT YLW SS
244-249	CRS LGT YLW SS & GRVL
249-260	RED SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 249'
Date Completed 10-15-93

Casing: Length, Ft. 239'; Dia.In. 4"
Wall Thickness, Inc 200#; type PVC

Screen: Length, Ft. 10' Dia.In. 4"
Type PVC WOP, slot Size .030

Drop Pipe: Length, Ft. ___ Dia.In. ___

Water Level, Surface to top of water, Ft.:
Static 145', Pumping ___

Yield: 30 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

/s/ BILL MOSER
Driller MOSER WELL DRILLONG & SER INC.
(Signed)

P.O. BOX 308
Address ~~HICKMAN, NEBRASKA 68372-9038~~

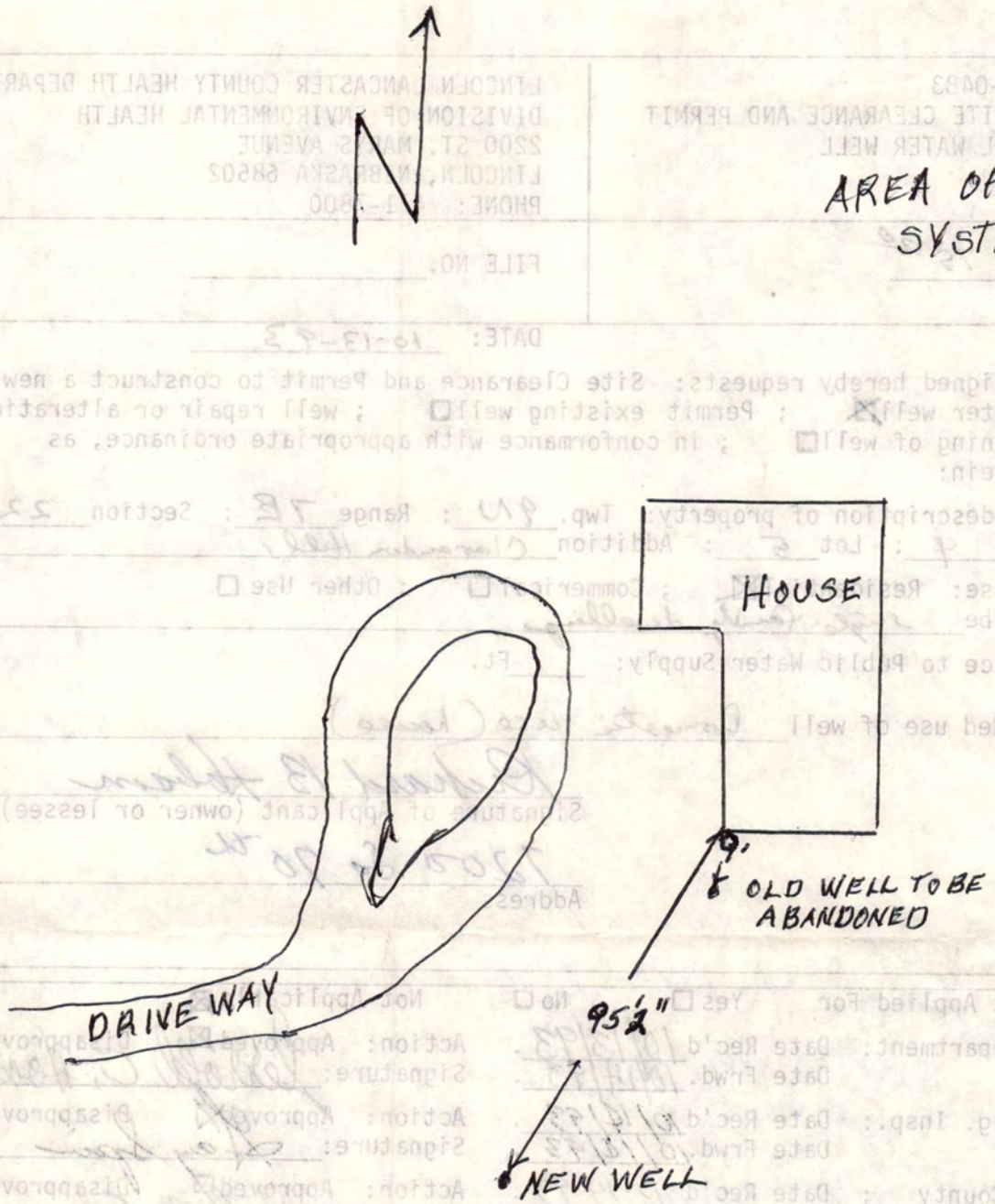
Date 11-30-93

REMARKS NITRATE NITROGEN <0.1ppm
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4


N
AREA OF SEPTIC SYSTEM
HOUSE
9'
OLD WELL TO BE ABANDONED
DRIVE WAY
95'2"
NEW WELL