CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 692

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 9, 1976
THIS LICENSE OR PERMIT EXPIRES

Robert D. Krein
LICENSEE OR PERMITTEE

3320 Neer Park Drive
ADDRESS

T9N; R7E; Sec. 22; Bl. 1; Lot 4; Clarendon Hills 1st Add.
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION
ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15	110.16	148.14	6-2	
SERIAL NO. 624-1535	DATE	AMOUNT		

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 692

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Sept-8-75

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22
Block 1 ; Lot 4 ; Addition Clarendon HILLS 1st addit.
Street Address _____

2. Property Use: Residential _____ [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: 300+ ft.

Robert D Krein njk
Signature of Applicant (Owner or Lessee)

3320 New Park Drive
Address

68506

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/9/75 . Date Frwd. 9/10/75 . ACTION: Approved [X] Disapproved [ ] Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/10/75 . Date Frwd. 9/10/75 . ACTION: Approved [X] Disapproved [ ] Signature: Williamson

3. City ~~or County~~ Engineer : Date Rec'd. 9-10-75 . Date Frwd. 9-10-75 . ACTION: Approved [X] Disapproved [ ] Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 692

DATE: Sept-8-75

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22 ; Block 1 ; Lot 4 ; Addition Clarendon 1st addition.
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 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-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Robert A Krim nfk
Signature of Applicant (owner or lessee)

3320 New Park Drive
Address

68506

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: Sept-26-75 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 9/9/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Sept-26-75 by: Ronald Maynard

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 692

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 7E
Section & ¼ Sect. 22 Block 1, Lot 4 Clarendon 1st add,
Property Dimensions: ___ ft. x ___ ft.
Area: ___ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Robert Krein
Address ___

Dates of Tests: Sept-7-75 to Sept-8-75. Weather: Precip. None Temp. 80 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		Sept-7-75	9:00 AM	1:00 PM	Sept-7-75	Sept-8-75	12:00 AM	15	12:30	14½	30	½	
2		"	"	"	"	"	"	17⅝	"	17⅜	"	¼	
3		"	"	"	"	"	"	13½	"	12⅞	"	⅝	
4		"	"	"	"	"	"	13½	"	13	"	½	
5		"	"	"	"	"	"	15½	"	14⅞	"	⅝	
6		"	"	"	"	"	"	16½	"	15⅞	"	⅝	

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

Robert Krein & Ron Magnuson
Signature of Person Conducting Test

Address ___
Phone: ___

(Do not write below this line)

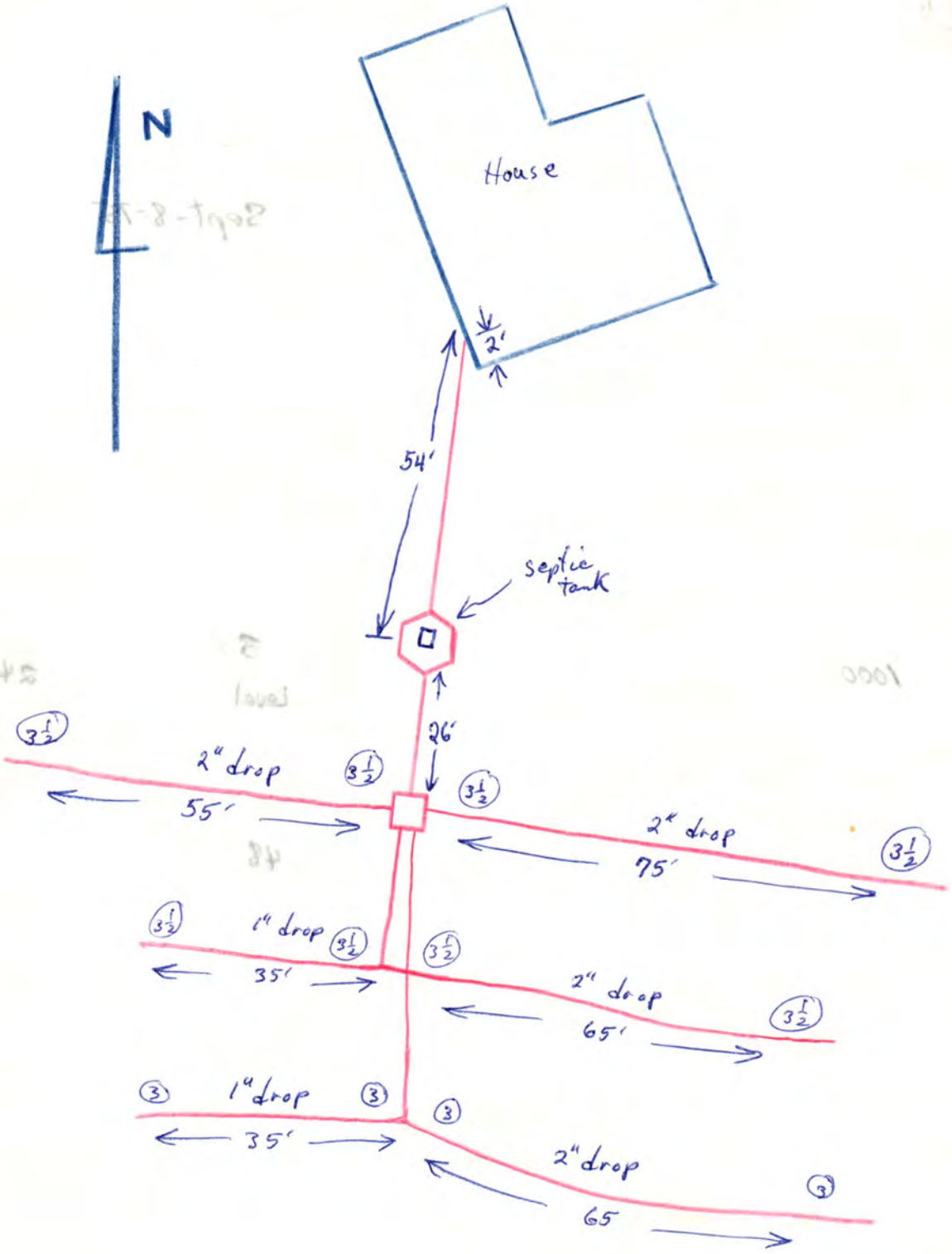
REVIEWING ACTION

REMARKS: Other test holes had been dug in addition to the holes tested. Some of those additional holes had water remaining in them after the pre-soak period.

Approved Percolation Rate(s)
A. 60 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: Sept-8-75

Ronald Magnuson
Signature of Reviewing Official


N
House
2'
54'
septic tank
26'
3½
2" drop
55'
2" drop
75'
1" drop
35'
2" drop
65'
3
1" drop
35'
2" drop
65

nm
Sept-26-75

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DI SAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 692

SPECIFICATIONS

DATE: Sept-8-75

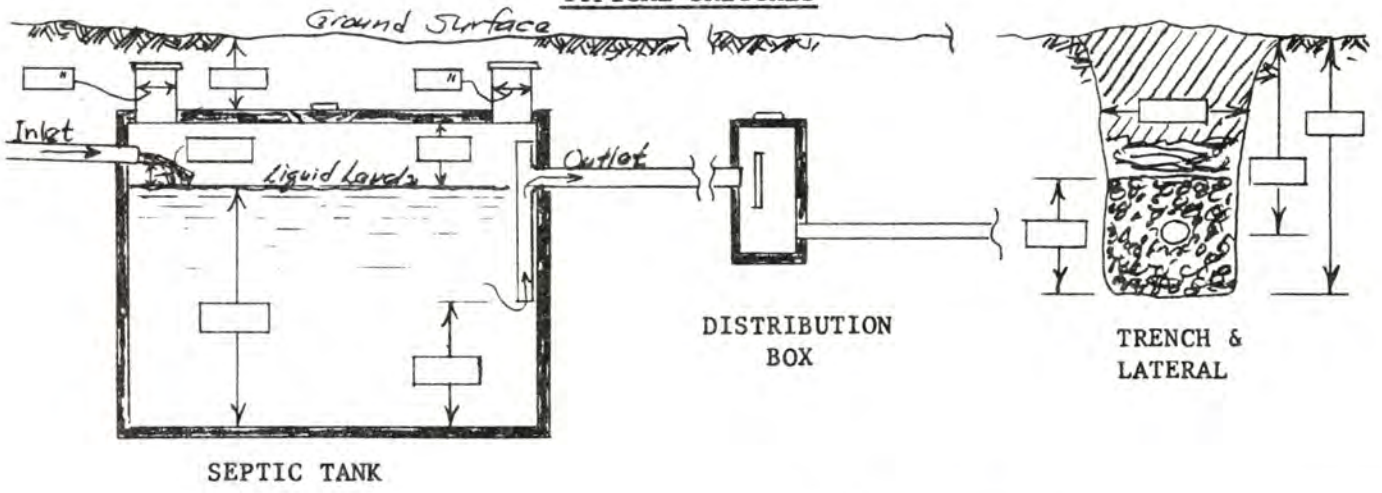
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes [ ] (Company _____)
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 ___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 _____; No. available outlets _____.
2. Factory Built: Yes [ ], (Company _____)
No [ ]
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes [ ], No [ ]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in.
Number 4; Length of ~~each~~ line 75 ft
Total length of Laterals ~~300~~ 300 ft.;
Slope Level in/100 ft. Diameter of pipe ____ in.; Shape perforated
Material: concrete [ ]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width ~~48~~ 36 in.
4. Filter Material: _____.
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: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant