CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

file no. 55

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

December 19, 1968 — THIS LICENSE OR PERMIT EXPIRES

Audley Hendricks — LICENSEE OR PERMITTEE

1601 South 21st Street — ADDRESS

T 9N; R 7E; Section 22; Block 2; Lot 11; Clarendon Hills 1st 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
13529	JUN 10 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. 55

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 2; Lot 11; Addition Clavedon Hill 1st Add.
Street Address _____.

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.)

Audley Hendricks
Signature of Applicant (owner or lessee)

1601 S. 21st St Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 10/4/68 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 6/19/68
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/4/68 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. 55

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 2; Lot 11; Addition Clevedon Hills 1st add.
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: — ft.

Dudley Hendricks
Signature of Applicant (owner or lessee)

1601 So 21st St. Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/19/68. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 6/19/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-19-68. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 6-19-68. Signature: L. F. Spahr

3. City Engineer: Date Rec'd. 6-19-68. ACTION: Approved [ ] Disapproved [X]
Date Frwd. 6-19-68. Signature: J. L. Blessing

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. 55

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☐

Owner: Audley Henrichs
Address 1601 So 21

Dates of Tests: 6-15-68 to 6-16-68. Weather: Precip. R Temp. 75 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	36	6-15	12:00	6-16	12:00	6-16	1200	33"	4:00	16	4 hrs	17	
2	36	6-15	12:00	6-16	12:00	6-16	1200	33"	4:00	22	4 hrs	11	
3	36	6-15	12:00	6-16	12:00	6-16	1200	33"	4-00	20	4 hrs	13	
4	36	6-15	12:00	6-16	12:00	6-16	1200	33"	4-00	24	4 hrs	19	
5	36	6-15	12:00	6-16	1200	6-16	1200	33"	4-00	22	4 hrs	11	
6	36	6-15	12:00	6-16	1200	6-16	1200	33"	4-00	19	4 hrs	14	

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

Elmer Jamer
Signature of Person Conducting Test

Address 3645 Adams St
Phone: 466-2412

(Do not write below this line)

REVIEWING ACTION

REMARKS: O. k.

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 19, 1968

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. 55

SPECIFICATIONS

DATE: _____

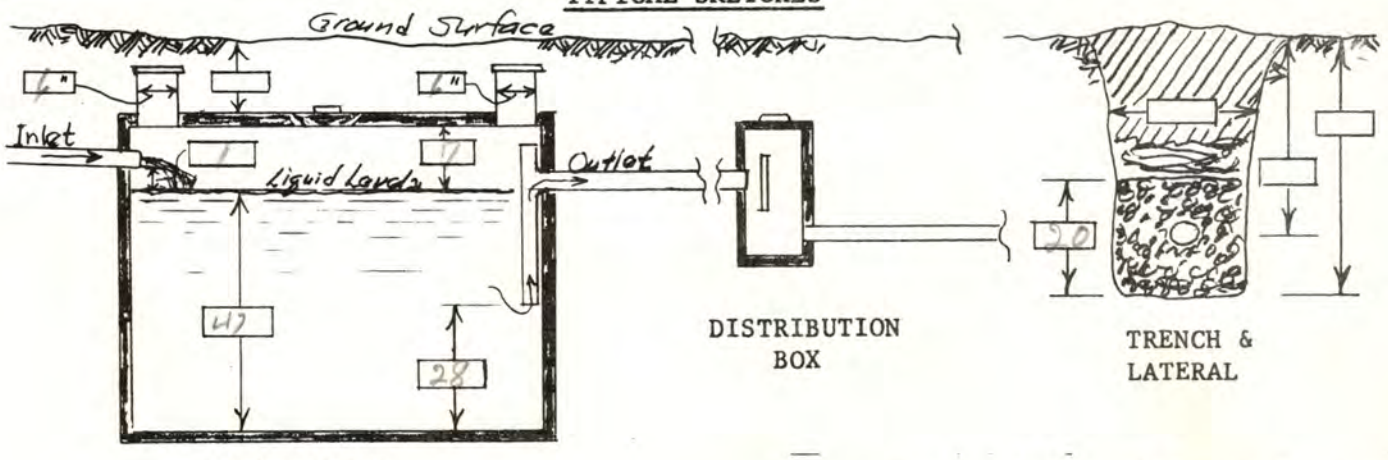
A. BUILDING SEWER:
1. Material Clay; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☑ (Company Precast) Clay Co
No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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.

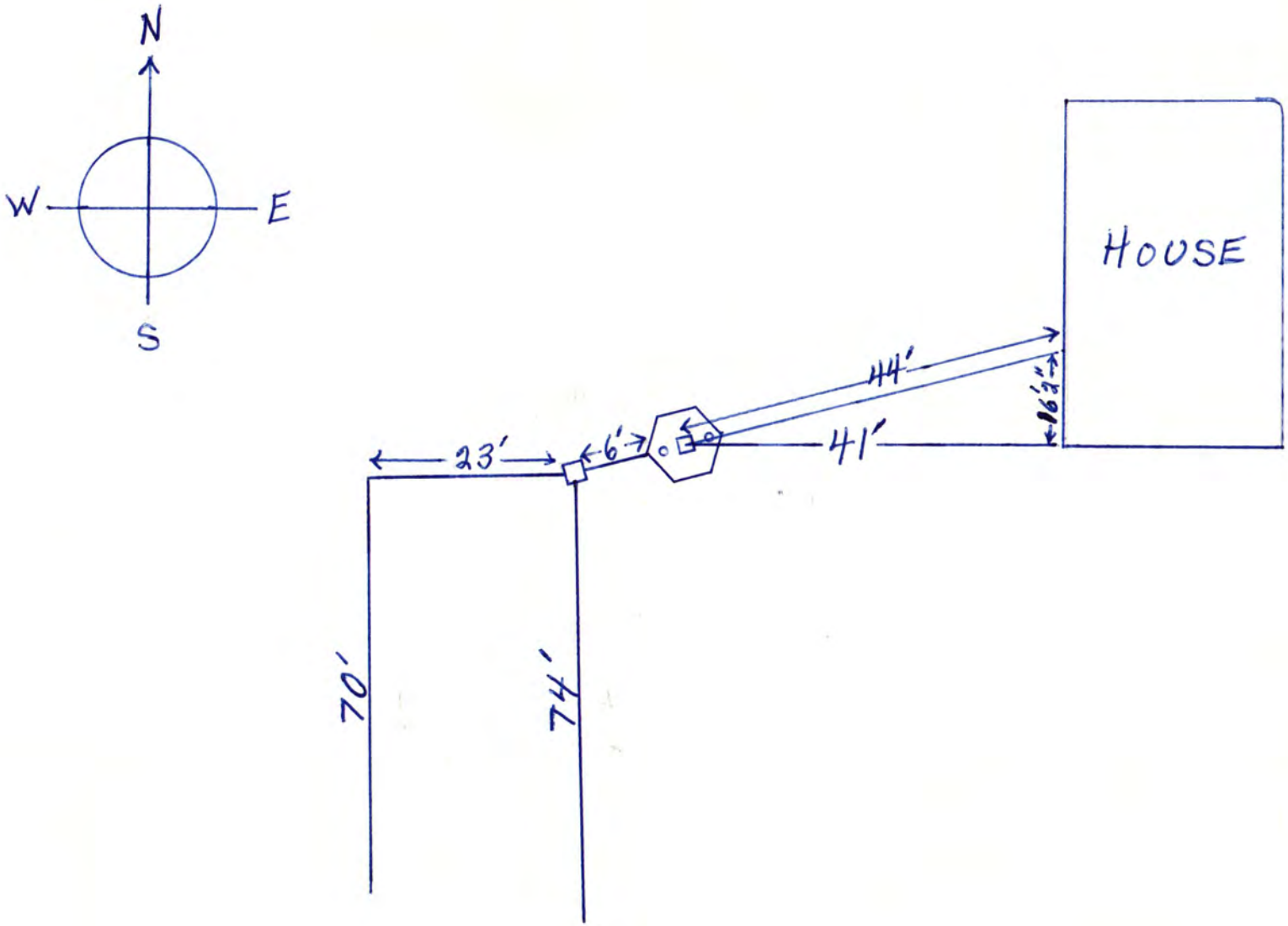
C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast Co) No ☐
3. Dimension: Length 19 in.; Width 13 in. Depth 12 in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☒, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: FIBERGLASS Half-round
2. Lateral Lines: Depth below grade 36 in.
Number 2; Length of each line 70+74 ft
Total length of Laterals 144 ft.;
Slope 4 in/100 ft. Diameter of pipe 18 in.; Shape Half-round
Material: concrete ☒; fiber GLASS ☒
asbestos ☐; clay ☐; other ____
Distance between lateral lines 23 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 ____ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 15 minutes/inch

TYPICAL SKETCHES



Audley Hendricks
Signature of Applicant


N
W
E
S
HOUSE
44'
16½"
41'
23'
6'
70'
74'

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

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

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 7605 So 75th

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 2 Lot 11 Addition CLARENDON HILLS 1ST

Directions to Property So 70th to Airy, Head So on 70th to Carson Rd to Dead End Turn Left to property

Location of Well is Straight South Yard Tap Location: Inside ☐ Outside ☐

Location of Sewage System Shed garage on So. Side Year Installed 1968

	NAME	ADDRESS	PHONE
Present Owner:	Melita Aurim	7605 So 75th Lincoln, NE 68516	423-7337
Tenant/Buyer:	Dorothy Peterson	6009 Walker Ave Lincoln, NE 68507	467-4465
Return to:	SANDRA HARDER	Woods - 3201 Pioneer Blvd. Lincoln, NE	483-4151 437-7080

Signature of Applicant Dorothy F Peterson Address 6009 Walker Ave Lincoln, NE 68507 Date 6/7/93

HEALTH DEPARTMENT USE ONLY

Date Received 6/15/93 Received $150.00 CW Check ☑ #1568 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/21/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/24/93

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.

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