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

City Ordinance No. 9150 ☐
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. 461-C

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

DATE: JUNE 4, 1974

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 31
   Block _____ ; Lot _____ ; Addition SEE ATTACHED LEGAL
   Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 2 . Describe: _____
   Other Use _____ ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Rodney D. Damsau
Signature of Applicant (Owner or Lessee)

Roca, Nebr. 68430
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/12/74 . Date Frwd. 6/12/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 6-12-74 . Date Frwd. 6-12-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Mick Lipsky 6/12/74

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

City Ordinance No. 9150 ☐
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. 461-C

DATE: 6-4-74

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 31 ; Block ; Lot ; Addition .
Street Address see attached .

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 2
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; 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).

Roger D. Damrau
Signature of Applicant (owner or lessee)

Roca, Nebr. 68430
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: by:
Date: by:
Date: by:

Covered W/O Inspection.

3. Date: Approved ☒ ; Disapproved ☐ 6/3/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

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. 461-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 7
Section & ¼ Sect. SW1/4 31
Property Dimensions: 405 ft. x 500 ft. PLUS ACCESS OF .9 ACRES
Area: 5.30 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: RODGER DAMROW
Address ROCA NEBR

Dates of Tests: JUNE 4 1974 to JUNE 5, 1947. Weather: Precip. 0 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	48"	6/4	7 05 pm	6/5	8 08 pm	6/5	740p	10 1/4 IN	810pm	6 1/2 IN	30	3 3/4	
2	48"	6/4	7 10 pm	6/5	8 13 pm	6/5	742p	10 IN	823pm	6 1/4 IN	31	3 3/4	
3	48"	6/4	7 15 pm	6/5	8 17 pm	6/5	744p	10 1/2 IN	814pm	7 IN	30	3 1/2	
4	48"	6/4	7 19 pm	6/5	8 22 pm	6/5	746p	10 IN	815pm	6 1/2	29	3 1/2	
5	48"	6/4	7 23 pm	6/5	8 27 pm	6/5	748p	10 IN	817pm	7 1/2	29	3 1/2	
6	50"	6/4	7 29 pm	6/5	8 35 pm	6/5	750p	10 IN	818pm	6 1/2	28	3 1/2	

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

Robert D Damrow
Signature of Person Conducting Test

Address ROCA NEBR
Phone: 435-1259

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 9 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 11, 1974

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
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. 461-C

SPECIFICATIONS

DATE: 6-4-74

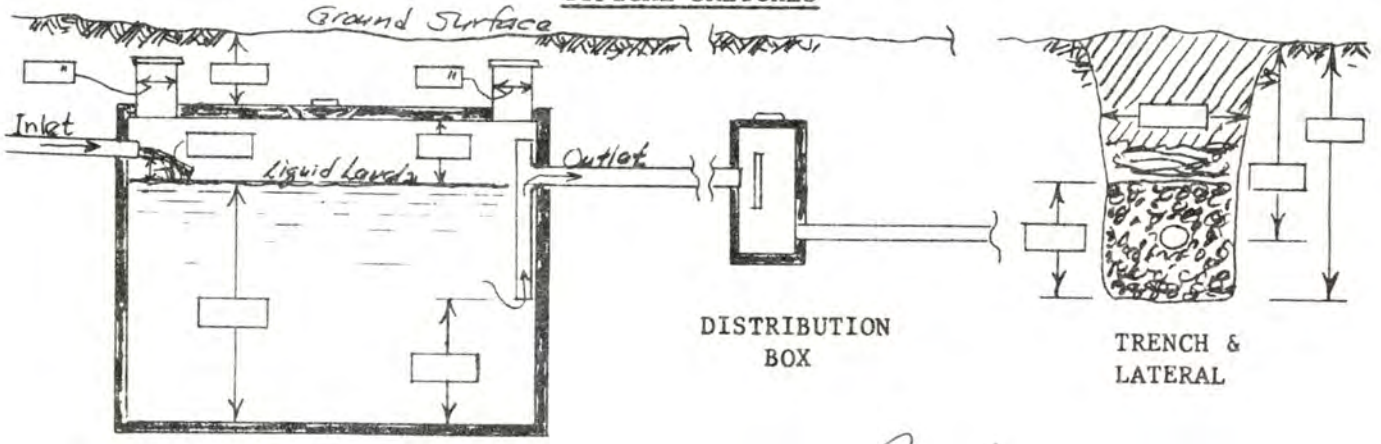
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 750 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 36 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 48 in.
Number ____; Length of each line ___ft
Total length of Laterals 79 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 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



Edgar D. Damron
Signature of Applicant

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. 7 ; RANGE 6 ; SECTION 25 ; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property 2 N 1 E

Location of Well N.E. OF HOUSE Tap Location: Inside ☐ Outside ☑

Location of Sewage System STRAIGHT WEST OF HOUSE Year Installed APPROX. 74

	NAME	ADDRESS	PHONE
Present Owner:	BRUCE OR DONNA DAMROW	3330 SALTILLO	423-3288
Tenant/Buyer:	KENDALL AND DAWN WEBER	529 VILLAGE VIEW, HICKMAN	792-2291
Return to:	KENDALL WEBER	529 VILLAGE VIEW HICKMAN 3100 SALTILLO ROAD 68372	792-2291

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

Signature of Applicant Kendall L. Weber Address 529 Village View

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received APRIL 30, 1990 Received $75.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 5/1/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 5/1/90	by EH
Bacteria	☒	☐	Provisional:	☐	Date 12/9/93	by EH
Nitrate	☒	☐	Disapproved:	☒	Date _____	by ____

Comments: LATERAL LEAKS, Covered 12/9/93

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY William C. Moore M.S., R.S. DATE DECEMBER 14, 1993

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