CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 339

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 2, 1974
THIS LICENSE OR PERMIT EXPIRES

Floyd Bresee
LICENSEE OR PERMITTEE

Rt. 8, Lincoln
ADDRESS

T9; R7; Section 28; Potts Addition
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

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. 339

DATE: July 2, 1973

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. 9; Range 7; Section 28;
Block ____; Lot ____; Addition (Cotta)
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.)

Floyd Bressee
Signature of Applicant (owner or lessee)

Rt 8, Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 7-11-74 by: jw
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐: 7/2/73
by: Jerrold C. Hood M.D.

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: 7-2-73 Serial 28701

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-11-74 by: James Weverka

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. 339

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; Section 28;
Block ____; Lot ____; Addition (Potts);
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: 3 miles ft.

Floyd Bresee
Signature of Applicant (owner or lessee)

Route 8, Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/2/73. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 7/2/73. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7-2-73. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 7-2-73. Signature: Chas Seat By BS

3. City Engineer: Date Rec'd. 7-2-73. ACTION: Approved [X] Disapproved [ ]
Date Frwd. same. Signature: Rex Smith

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [X] Disapproved [ ]

Date Applicant Notified: 7-11-74 Signature James Weverka

ORM 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. 339

PROPERTY WHERE SOIL TESTED:
Location: Township 9
Section & ¼ Sect. SW ¼ Sect 28
Property Dimensions: 330 ft. x 674 ft.
Area: 5.1 acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

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

Dates of Tests: 6/7/73 to 6/8/73. Weather: Precip. none 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)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	6/7	3:30	6/8	3:15 PM	6/8	3:31	5½"	4:01	3¾"	30	1¾	17
2	"	"	"	"	"	"	3:29	6"	3:59	5"	"	1	30
3	"	"	"	"	"	"	3:28	7¾"	3:58	7⅛"	"	½	60
4	"	"	"	"	"	"	3:28	8"	3:58	7¾"	"	⅛	120
5	"	"	"	"	"	"	3:27	9½"	3:57	9⅛"	"	⅜	90
6	"	"	"	"	"	"	3:25	10"	3:55	9¾"	"	¼	120

Floyd Bresee
Signature of Person Conducting Test

Address Rt 8 Lincoln
Phone: 488-8549

Sum of Percolation Rates
Average of Rates: 73
Mean of Rates: 75

(Do not write below this line)

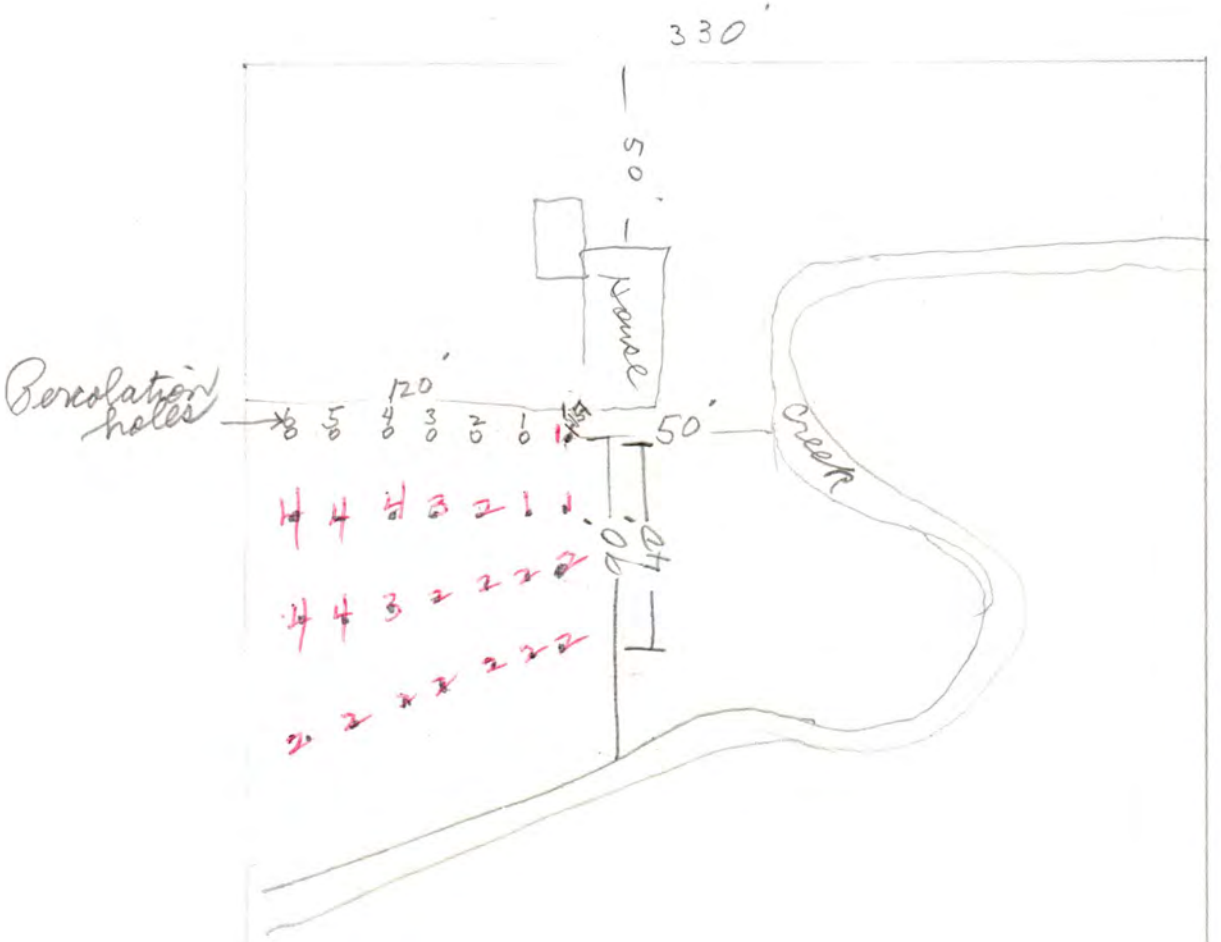
REVIEWING ACTION

REMARKS: Ground in area of first three holes utilized.

DATE: July 2, 1973

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

Jerrold C. Hood R.S.
Signature of Reviewing Official


330'
50'
House
Percolation holes
120'
50'
Creek
80'
24'

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. 339

SPECIFICATIONS

DATE: _____

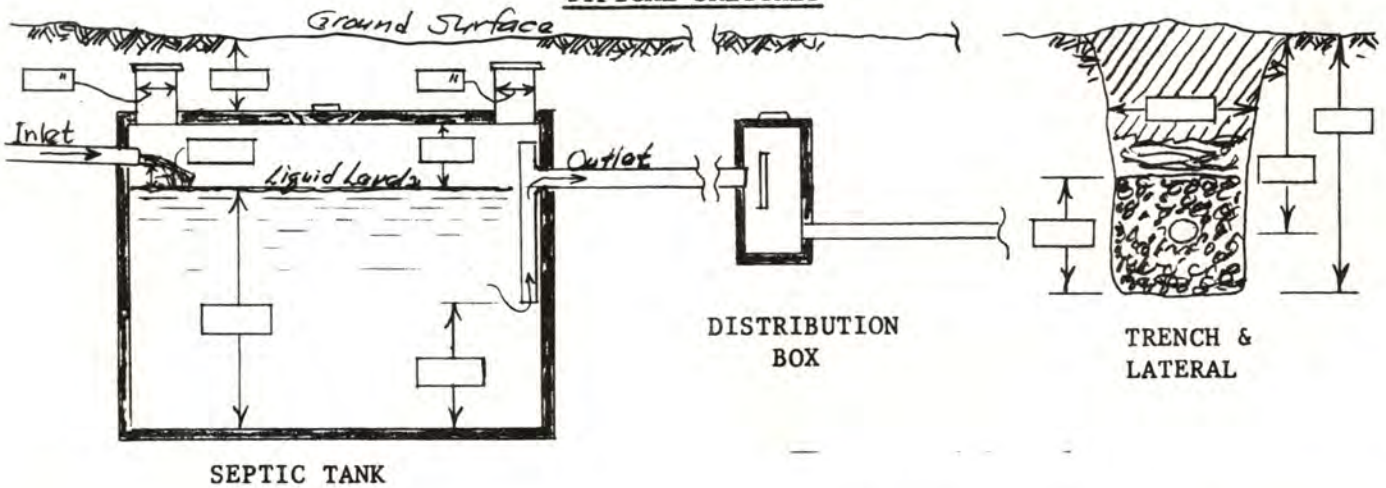
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes [X] (Company Pre Cast)
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. DISTRICTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes [X], (Company Pre-Cast) 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 ____; Length of each line 60 ft Total length of Laterals 169 ft.; 60 S2
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape ∩
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 4/2 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: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

Signature of Applicant

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: May 21, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☐ Evaluation of the Individual Water Supply
☒ Evaluation of the Sewage Disposal System (Septic System on Rural Water)

Legal description of property: Twp. Township 9 ; Range 7 ; Section SW 1/4 of 22 ;
Block ; Lot 16 ; ~~Addition~~ Lancaster Co.
Street Address 5800 Rokeby Rd. Lincoln Nebs.
Directions on how to get to property 1 1/2 mi So. of Hwy #2 on S. 56TH then 1/2 mi East. (1st House (North side)
Location of well
Where is tap: Inside ☐ Outside ☐

	NAME	ADDRESS	PHONE
Present Owner:	Floyd Briggs	5800 Rokeby Rd	423-1054
Tenant:		MT. VH	488-2902
Lending Agency:		MTS. VH	488-2323

(Do not write below double lines)

Health Department: Date Received 5-21-79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 5-22-79 by rm
Date 5-24-79 by jw
Date 5-[illegible]-79 by jw

Send to:
Clark T. Splichal
Signature of Applicant
2400 Jamison, N.
Address Lincoln, Nebs. 68512
423-4817

PRELIMINARY STATUS -- DATE 5-22-79

Water System:
Approved ☒ Disapproved ☐
RWO #1

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☒

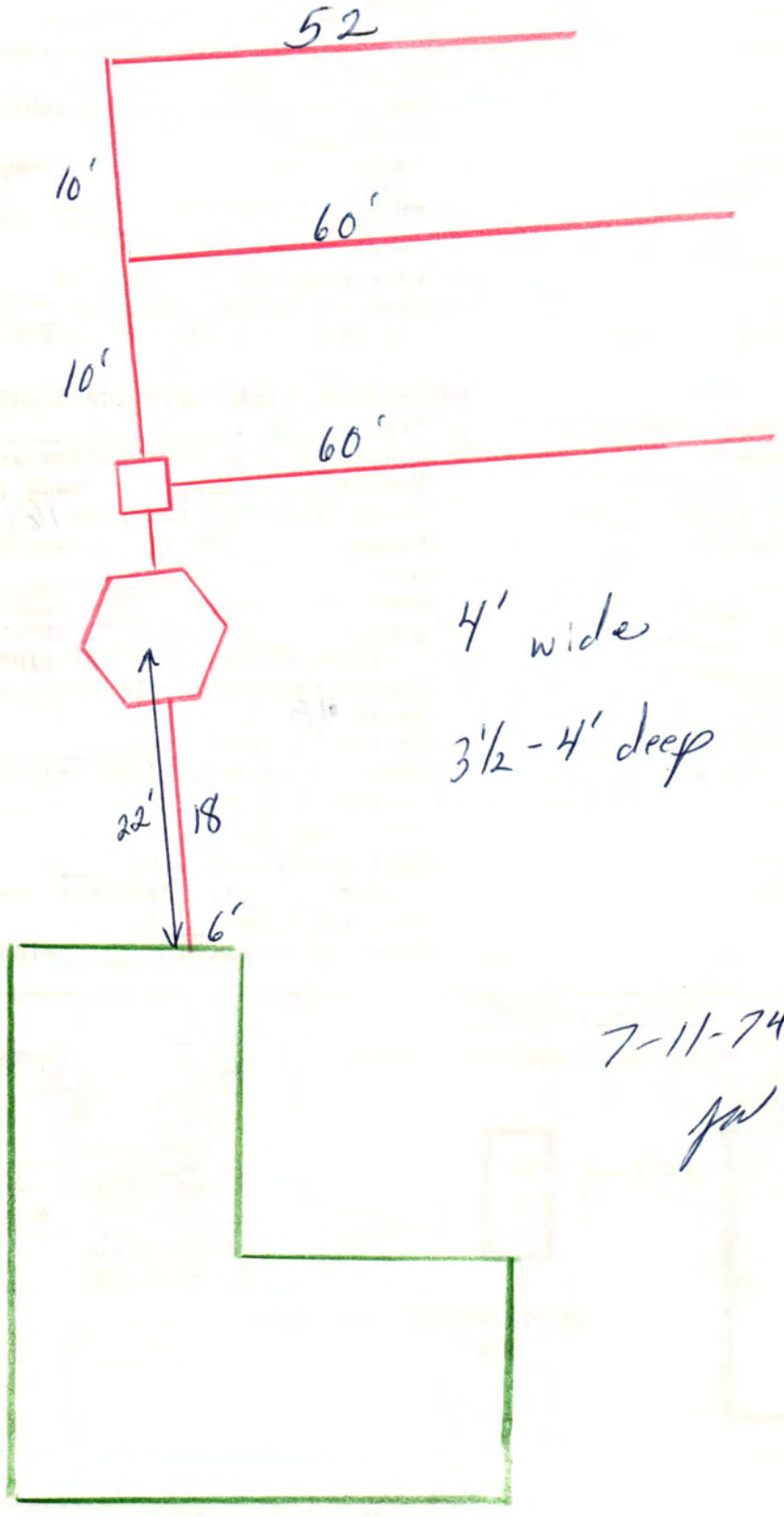
Corrections Required or Reasons for Disapproval Sewage on ground surface (Seepage)

☐ See Attached Letter.

FINAL APPROVAL -- DATE 5-[illegible]-79

Water System ☒ . Sewage Disposal System ☒ . BY

Form Number 20215-0878



4' wide

3½ - 4' deep

N

7-11-74

jw