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. 430-C

DATE: 4-16-74

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 32 ; Block 3 ; Lot 3 ; Addition THE HIGHLANDS .
   Street Address _____.

2. Property Use: Residential _____ ☑; Commercial _____ ☐
   No. of Bedrooms 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-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).

George Sattram
Signature of Applicant (owner or lessee)

3751 DST Lincoln NE
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 4-23-74
   Filing Fee: $ 30 . 00

2. Site Visits:
   Date: oct-18-74 by: Jim
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 4/23/74
   by: James Wieneke

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: oct-18-74 by: Ron Mosquet

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. 430-C

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

DATE: 4-16-74

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 32
   Block 3 ; Lot 3 ; Addition THE HIGHLANDS
   Street Address ROUTE 8

2. Property Use: Residential ☑ ; Commercial ☐
   No. of Bedrooms 3 . Describe:
   Other Use ☐
   Describe:

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

4. Distance to public sewer: ft.

Signature of Applicant (Owner or Lessee)

3751 DST LINCOLN NE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4-23-74 . ACTION: Approved ☒ Disapproved ☐
   Date Frwd. 4-23-74 . Signature: James Weverka

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

3. City or County Engineer : Date Rec'd. 4-24-74 . ACTION: Approved ☑ Disapproved ☐
   Date Frwd. 4-24-74 . Signature: Henry Krafft

REMARKS OR REASONS FOR DISAPPROVAL

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

Received 4-24-74

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. 430-C

PROPERTY WHERE SOIL TESTED: Owner: GEORGE SALSTRAND
Location: Township 9N; Range 7E
Section & ¼ Sect. 32 HIGHLANDS Address 3751 D ST
Property Dimensions: ___ ft. x ___ ft. LOT 3
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___ 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)

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: .833

Signature of Person Conducting Test

Address George Salstrand
Phone: 488-0272

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 4-23-74

James Weverka
Signature of Reviewing Official

#1 DROP 2 3/4"
DROP 2"
DROP 2"
DROP 2"
DROP 2"
DROP 2"
DROP 2"
DROP 2"

#2 DROP 1 1/4"
DROP 1"
DROP 1"
DROP 1"
DROP 1"
DROP 1"
DROP 1"
DROP 3/4"

#3 DROP 2 1/4"
DROP 3/4"
DROP 1/2"
DROP 1/2"
DROP 3/4
DROP 3/4
DROP 3/4
DROP 1/2

#4 DROP 1/2"
DROP 1/2"
DROP 1/2"
DROP 1/2
DROP 1/2
DROP 1/2
DROP 1/2
DROP 1/2

#5 DROP 1"
DROP 1/2"
DROP 1/2"
DROP 1/2"
DROP 1/2"
DROP 1/2"
DROP 1/2"
DROP 1/2

#6 DROP 2"
DROP 1 3/4"
DROP 1"
DROP 1"
DROP 1"
DROP 1"
DROP 3/4"
DROP 3/4

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. 430-C

SPECIFICATIONS

DATE: _____

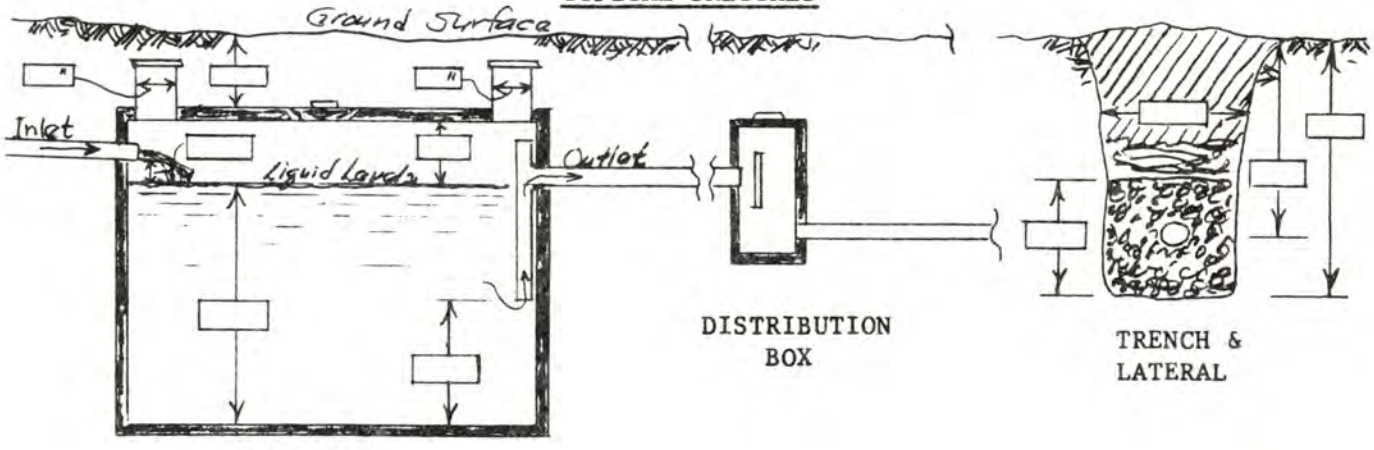
A. BUILDING SEWER:
1. Material tile; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 59½ ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 50+ ft.;
Stream 10+ ft.; Pressure Line 10+ ft.;
Property Line 20+ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material concrete; 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 50+ ft.;
Stream 25+ ft.; Pressure Line 25+ ft.;
Property Line 20+ ft.

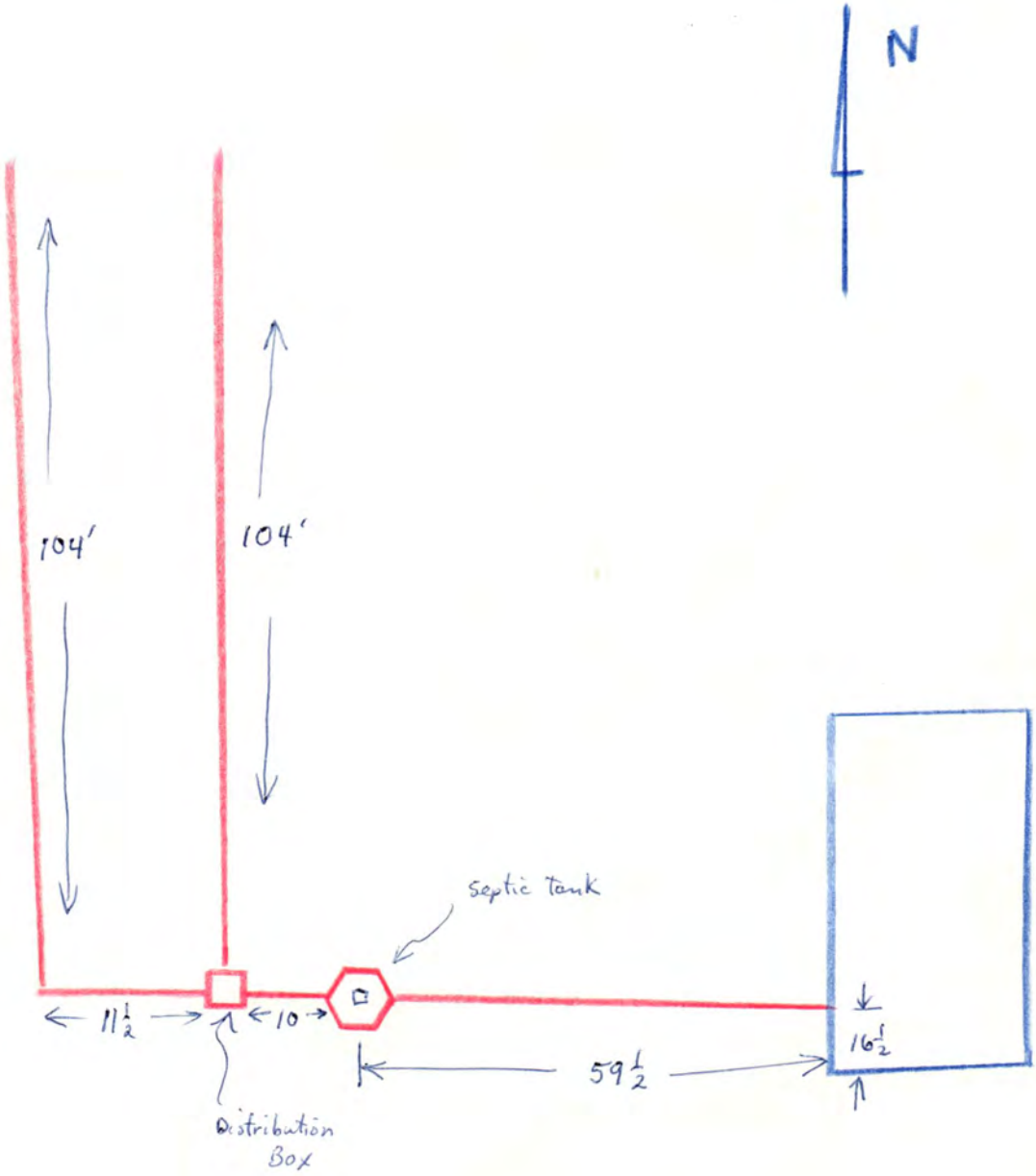
C. DISTRIBUTION BOX
1. Material concrete; No. available outlets _____.
2. Factory Built: Yes ☑, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ____in.
Depth ____in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade 20 in.
Number 2; Length of each line 104 ft
Total length of Laterals 208 ft.;
Slope <6 in/100 ft. Diameter of pipe 18 in.; Shape ◠
Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines 12 ft.
3. Trench Dimensions: Depth 3½-4+ in.;
Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream 50+ ft.; Pressure Line 30+ ft.
Property Line 20+ ft.
6. Percolation Rate: 37 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



oct-18-74

jm