FILE NO. 341

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

January 5, 1974
THIS LICENSE OR PERMIT EXPIRES

Neal Weeks
LICENSEE OR PERMITTEE

Route 8, Lincoln, Nebr.
ADDRESS

T9N; R7E; Sec. 33; Block 1; Lot 6; Nealrene Acres 1st Addition
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
624-10515	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-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. 341

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 33;
Block 1; Lot 6; Addition 1st; Meadrene Acres
Street Address Route 8 Lincoln.

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: None ft.

Neal Weeks
Signature of Applicant (owner or lessee)

Route 8 Lincoln Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/3/73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 7/5/73. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7/5/73. ACTION: Approved ☑ Disapproved ☐
Date Frwd. . Signature: Charles Seale By RS

3. City Engineer: Date Rec'd. 7-5-73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. same. Signature: Robert Smith

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)

5940 Aubrey

FILE NO. 341

PROPERTY WHERE SOIL TESTED:
Location: Township 9-7
Section & ¼ Sect. 33
Property Dimensions: 172 ft. x 255 ft.
Area: 1.01 acres. (Attach sketch of property showing hole location).

Owner: Neal Weeks
Address Route 8 Lincoln

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

Dates of Tests: June 25 to 26-73. Weather: Precip. None Temp. 85 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	30"	25	8 00 AM	26	8 00 AM	26	8 00 AM	8"	8 30 AM	7 1/8	30 Min	1/8	
2	"									7 1/4		3/4	
3	"									7 3/8		5/8	
4	"									7 3/8		5/8	
5	"									7 1/2		1/2	
6	"									7 3/4		3/4	

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

Neal Weeks
Signature of Person Conducting Test

Address Route 8 Lincoln
Phone: 489-5086 - Work 4328494

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

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. 341

SPECIFICATIONS

DATE: _____

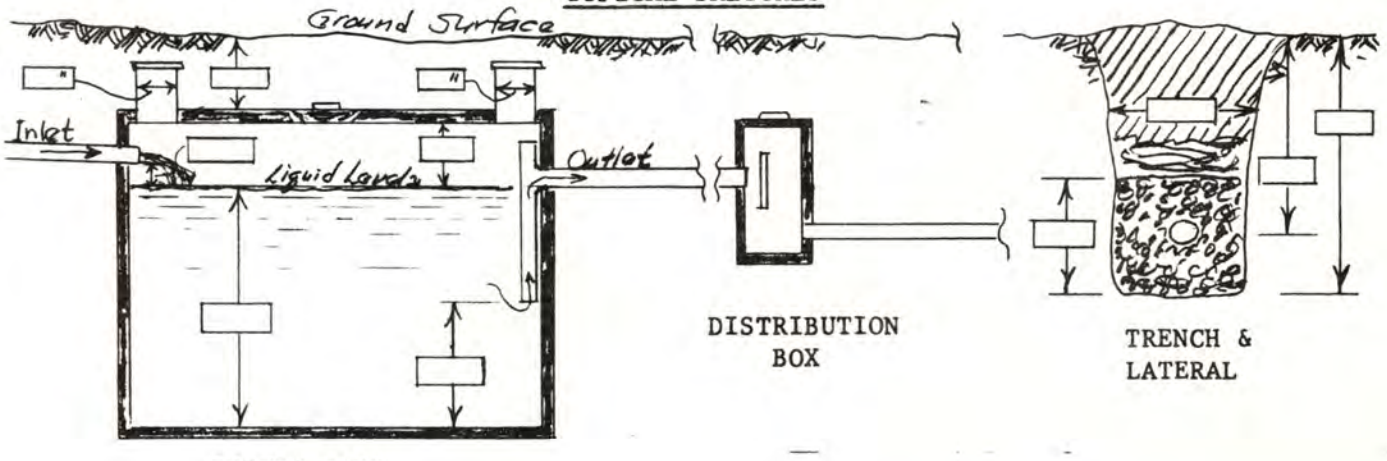
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 494" ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 16 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 CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line 100 ft Total length of Laterals 223 ft.; 223 Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines 8½ 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: 44 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

9706170O2

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 5940 Aubree Ave. 3344

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block 1 Lot 6 Addition NEALRENE ACRES 1ST ADD.

Directions to Property 56th St South to Roxbury Rd. - East to Weeks Dr. - South to Aubree Ave. - West to Dead End - Last House on North side -

Location of Well None Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of House - Flags or Stakes Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Irene Weeks	6708 Fair Fax Ave Lincoln 68505	464-9628
Tenant/Buyer:	Gene + Dorothy Russell	4030 So 40 Lincoln 68506	489-4030
Return to:	Terry Russell	1725 So Cotner Blvd Lincoln NE 68506	488-0439

Signature of Applicant Terry Russell Address 1725 So Cotner Blvd Lincoln NE 68506 Date 6/13/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/13/97

Initials ___

Amount $150.00

Check No. 1232 ✓

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By ~~[illegible]~~ Paul Drotzmann **DATE:** 6/16/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☒	Date___/___/___by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional ☐	Date___/___/___by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved ☐	Date___/___/___by___

Comments: No visible signs of malfunction. Appears only one lateral is receiving wastewater. Should system fail in near future - check distribution box. If septic tank has not been pumped in past 2 years See Attached Letter ☐ Contact a liquid waste hauler to check if pumping is necessary

FINAL STATUS Rural Water System

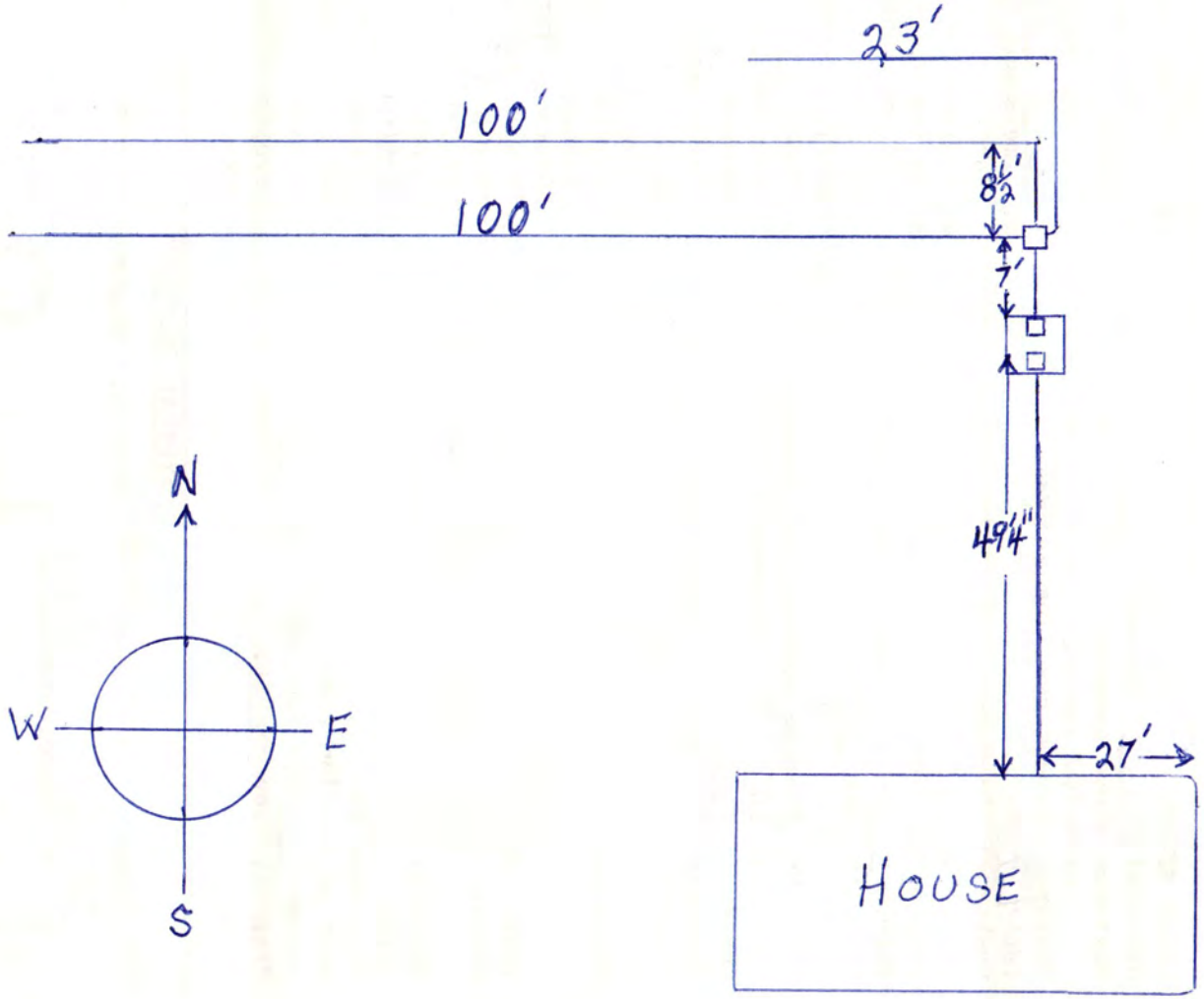
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Paul Drotzmann Date 6/16/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95


23'
100'
100'
8½'
7'
49'4"
27'
HOUSE
N
W
E
S