CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 795

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 17, 1976
THIS LICENSE OR PERMIT EXPIRES

Action Plumbing
LICENSEE OR PERMITTEE

5608 South 50
ADDRESS

T9N; R7E; Sec. NW¼ of 33; LAGOON
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
624-110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 795

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

DATE: 4-4-76

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. 9 N ; Range 7 E ; Section NW 1/4 33
Block _____; Lot _____; Addition _____
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. Distance to public sewer: _____ ft.

Acteon Plumbing Inc
Signature of Applicant (Owner or Lessee)

5608 So 50
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/19/76 . Date Frwd. 4/19/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-19-76 . Date Frwd. 4-19-76 . ACTION: Approved ☐ ☒ Disapproved ☐ Signature: Williamsen

3. City ~~or County~~ Engineer : Date Rec'd. 4-19-76 . Date Frwd. 4-19-76 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

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

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

City Ordinance No. 9150 [X]
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. 795

DATE: 4-3 76

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. 9 N ; Range 7E ; Section NW 1/4 33 ; Block ; Lot ; Addition .
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. 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).

Victor P. Lemburg Jr
Signature of Applicant (owner or lessee)

5608 Sa. 50
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-4-76 by:
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-76 by: Ron Maynard

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. 795

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 7E
Section & ¼ Sect. NW 1/4 33
Property Dimensions: ___ ft. x ___ ft.
Area: 5.29 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: K. Plath
Address ___

Dates of Tests: 4-3-76 to 4-4-76. Weather: Precip. 0 Temp. 55 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	36	4/3	2:00	4/4	2:00	4/4	2:00	6	6:00	6	30	0	
2	36	4/3	"	4/4	2:00	4/4	"	6	"	5⅞	30	⅛	
3	36	"	"	"	"	"	"	6	"	0	30	0	
4	36	"	"	"	"	"	"	6	"	5⅝	30	⅜	
5	36	"	"	"	"	"	"	6	"	0	30	0	
6	36	"	"	"	"	"	"	6	"	0	30	0	

John Marvin
Signature of Person Conducting Test

Address ___
Phone: ___

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Will not meet criteria for septic system.

DATE: April 19, 1976

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

Gerrold C. Hood
Signature of Reviewing Official

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township ~~9~~ 8 N, Range 7 E
Section & ¼ Sect. 33
Property Dimensions: 1067 ft. x 254 ft.
Area: 5.29 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☑; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address 10700 So 56

Dates of Tests: 6/3/76 to 6/4/76. Weather: Precip. 0 Temp. 75 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	36"	6/3	4:00PM	6/4	4:PM	6/4	5:00	6"	9:00	4"	30	2	
2	36"	6/3	"	"	"	6/4	5:00	6"	9:00	3"	30	3	
3	36"	6/3	"	"	"	6/4	5:00	6"	9:00	5"	30	1	
4	36"	6/3	"	"	"	6/4	5:00	6"	9:00	5 1/2	30	1/2	
5	36"	6/3	"	"	"	6/4	5:00	6"	9:00	5 1/2	30	1/2	
6	36"	6/3	"	"	"	6/4	5:00	6"	9:00	5 1/4	30	1/4	

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

John Morris
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

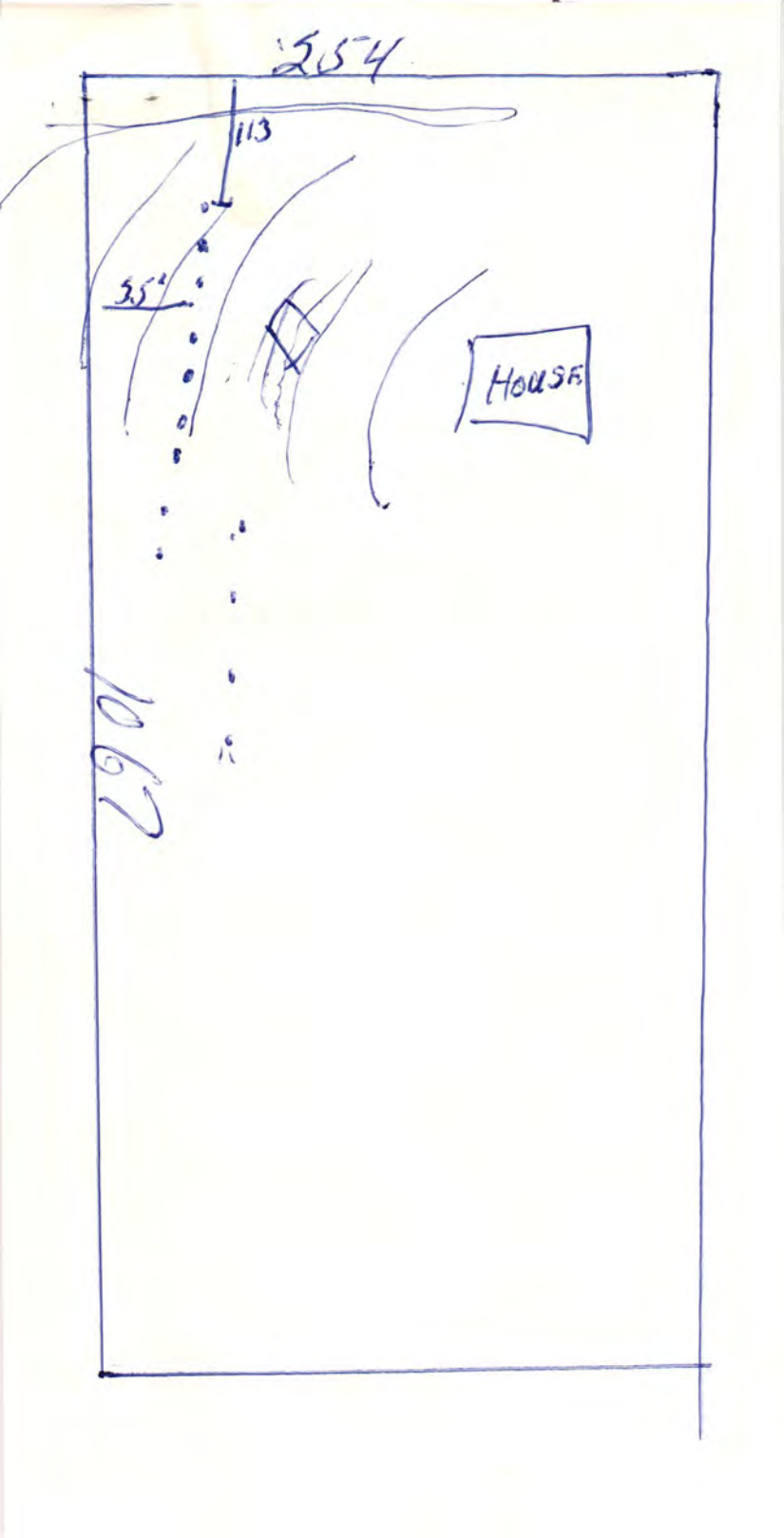
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: June 8, 1976

Jerrold C. Hood
Signature of Reviewing Official


254
113
35'
HOUSE
1067

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. _____

SPECIFICATIONS

DATE: _____

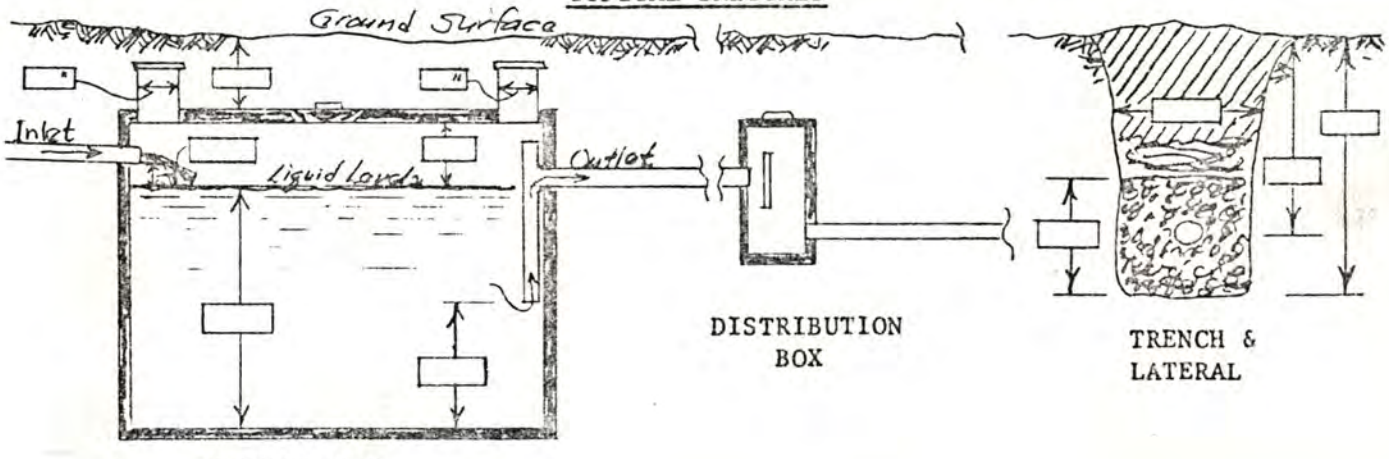
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 8 in.
3. Distance between dwelling and septic tank 120 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company Precast) 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.

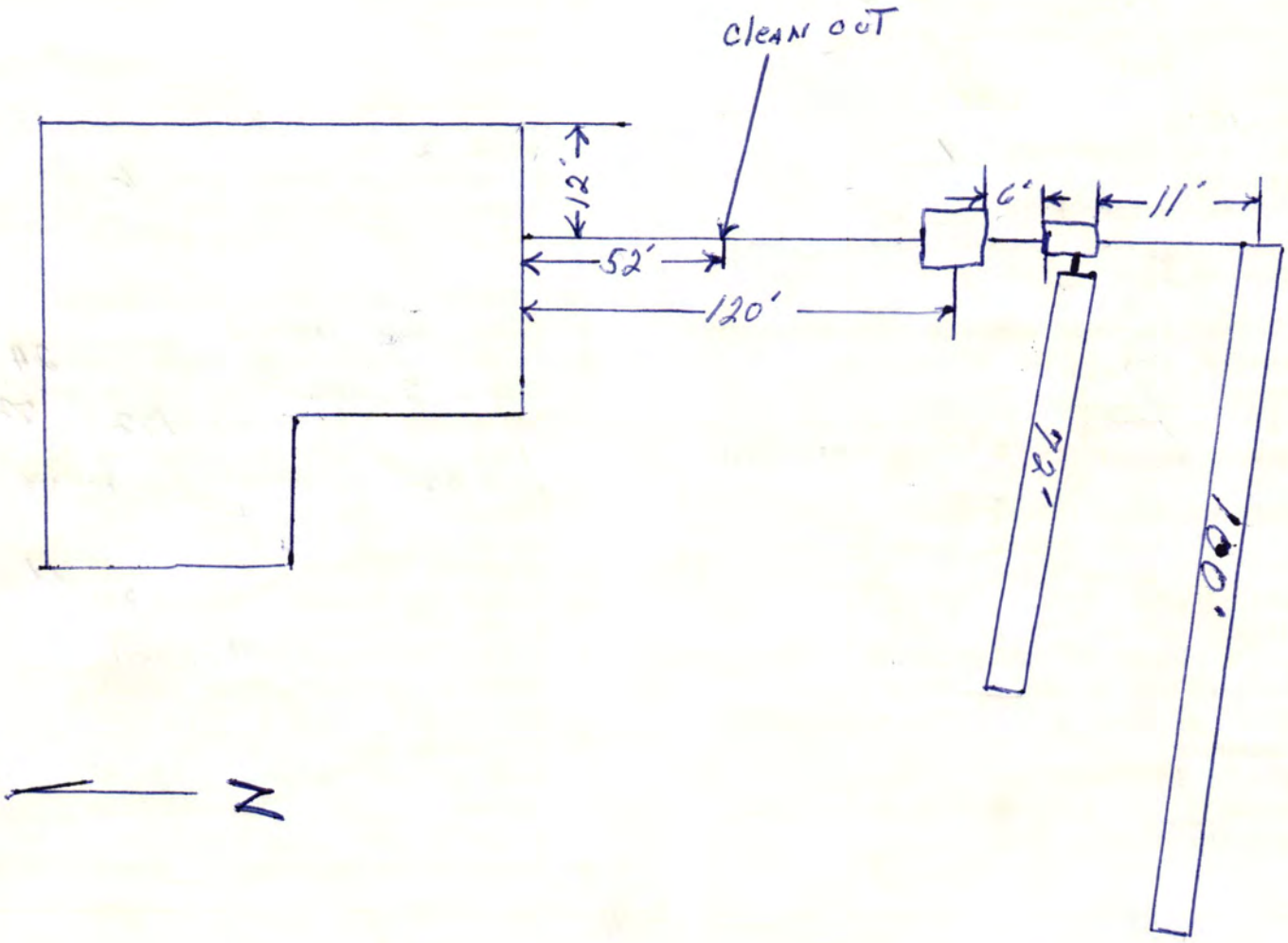
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 6 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half round
2. Lateral Lines: Depth below grade 24 in. Number 2; Length of each line 100 72 ft Total length of Laterals 172 ft.; Slope 2 in/100 ft. Diameter of pipe 22 in.; Shape Half round Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines 11 ft.
3. Trench Dimensions: Depth 42 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



8-4-76

Harold L Casement