LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 89390002001

Issued 10/23/89
Expires 04/23/90

ESTABLISHMENT

DR. DAVID BAXTER
T9N R7E SEC 33
BLK 4 LOT 1

FEES: Permit 018734 $30.00

Total $30.00

PERMITTEE

DR. DAVID BAXTER
6001 SOUTHDALE RD
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒

County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 89390002

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

DATE: 10-18-89

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address 6001 South dale

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3 Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Abandon Septic Tank & Install Sewage Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒, Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

David Baxter by Brad Southwick
Signature of Applicant (owner or lessee)

6001 Southdale Rd. 68516 Hickman, Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: NOV-9-89
Filing Fee: $ 30.00

2. Site Visits:
Date: Oct-18-89 by: mm need sand
Date: 12-9-97 by: P.D
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Ron Bazant

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-9-97 by: [illegible]

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 471-7800

D

DATE: 10-18-89

FILE NO. _____

6001 Southdale Rd
ALTER FROM Septic System To Lagoon 10/18/89

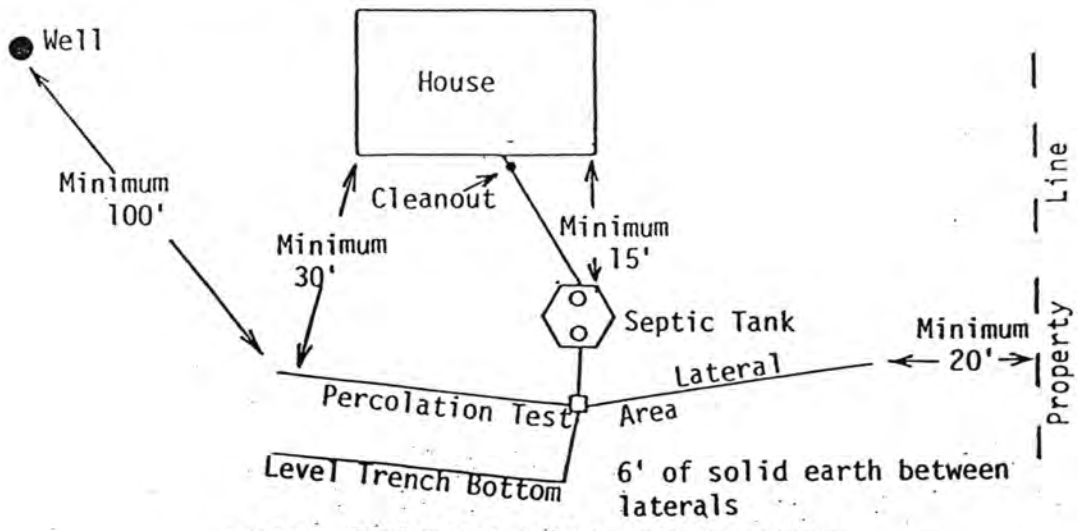
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 10 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 212 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

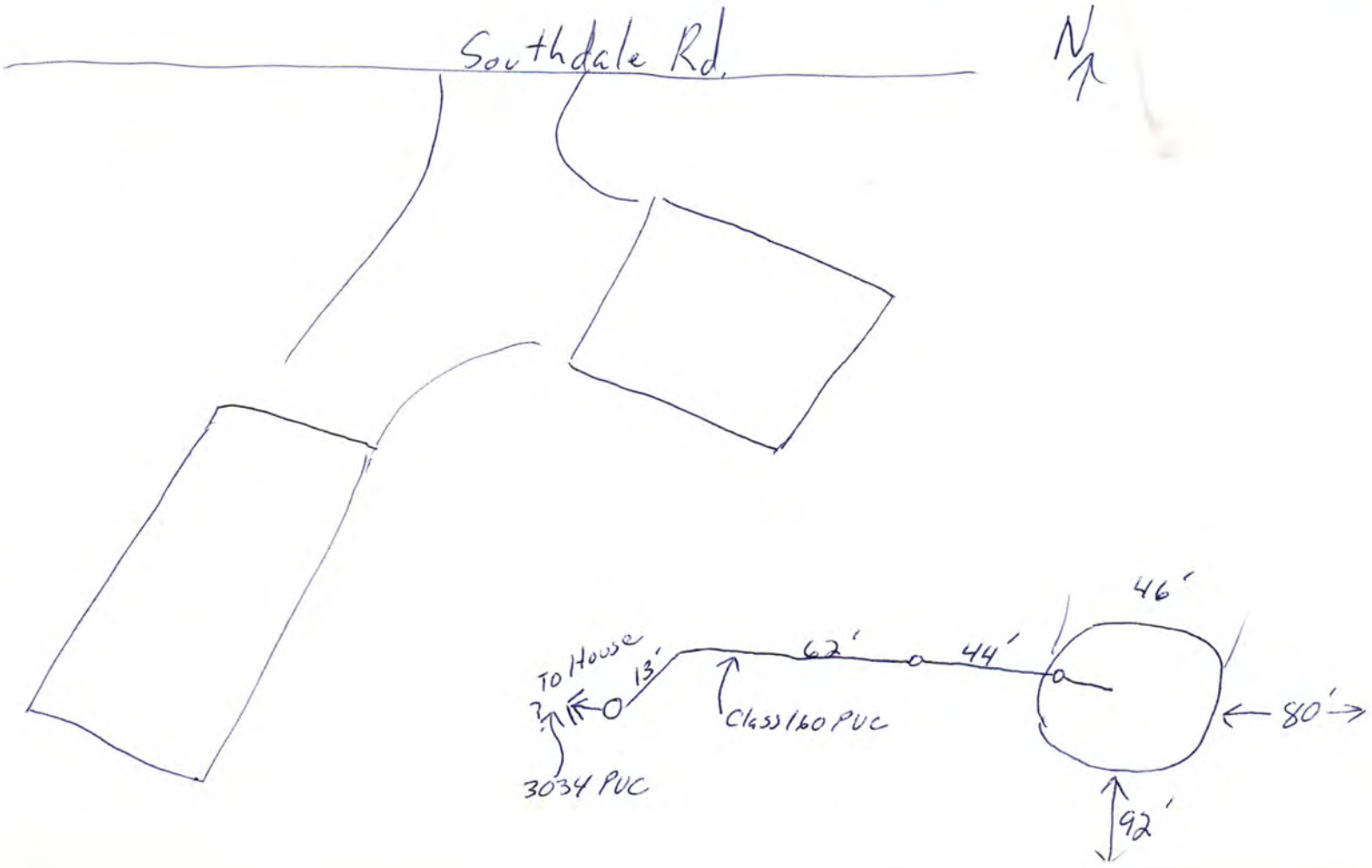
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round _____ or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____,
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Southdale Rd.
N
46'
To House
13'
62'
44'
Class 160 PVC
80'
3034 PVC
92'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 698-0

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 17, 1976 — THIS PERMIT EXPIRES

Watts Construction — ISSUED TO

1301 North 56th — ADDRESS

T9N; R7E; Sec. 33; Bl. 4; Lot 1; SouthDale Acres Add — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

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. 698-C

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

DATE: _____

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 33
Block 4 ; Lot 1 ; Addition SOUTHDALE ACRES
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: MILES ft.

Cleveland R. Watts
Signature of Applicant (Owner or Lessee)

1301 No. 56th
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/17/75 . Date Frwd. 9/18/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. 9/18/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Dave Beck

3. City or County Engineer : Date Rec'd. 9/18/75 . Date Frwd. 9/18/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Robert Engleman

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 ☐
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._____

DATE:_____

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 33 ; Block 4 ; Lot 1 ; Addition Southdale Acres .
Street Address_____.

2. Property Use: Residential yes ☐; 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).

Cleveland R. Watts
Signature of Applicant (owner or lessee)

1301 No. 56th
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12-31-75 by: jw
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐ 9/7/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-31-75 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. _____

PROPERTY WHERE SOIL TESTED: Southdale Acres Owner: _____
Location: Township 9N ; Range 7E
Section & ¼ Sect. 33 SW ¼ Address _____
Property Dimensions: ____ ft. x ____ ft.
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: 9-14-75 to 9-15-75. Weather: Precip. 0 Temp. 55 F
Pre-Saturation was done by owner

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	24	9/14		9/14		9/15	10:50	18 3/4	11:20	19 3/4	30	1 3/8	
2	24	"		"		"	10:50	17 7/8	11:20	18 7/8	30	1	
3	24	"		"		"	10:50	19 1/8	11:20	20 1/2	30	1 3/8	
4	24	"		"		"	10:50	14 3/4	11:20	15 7/8	30	1 1/8	
5	24	"		"		"	10:50	16 1/2	11:20	17 7/8	30	1 3/8	
6	24	"		"		"	10:50	16 7/8	11:20	18 1/4	30	1 1/4	

Sum of Percolation Rates _____
Average of Rates: 1.25"/30
Mean of Rates: _____

James Weverka
Signature of Person Conducting Test

Address 2200 St Mary's
Phone: 489-4656

(Do not write below this line)

REVIEWING ACTION

REMARKS: If system is placed at two foot depth, system should work, unless soil has Characteristic that needs longer pre-soak

Approved Percolation Rate(s)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 9-16-75

James Weverka
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. _____

SPECIFICATIONS

DATE: _____

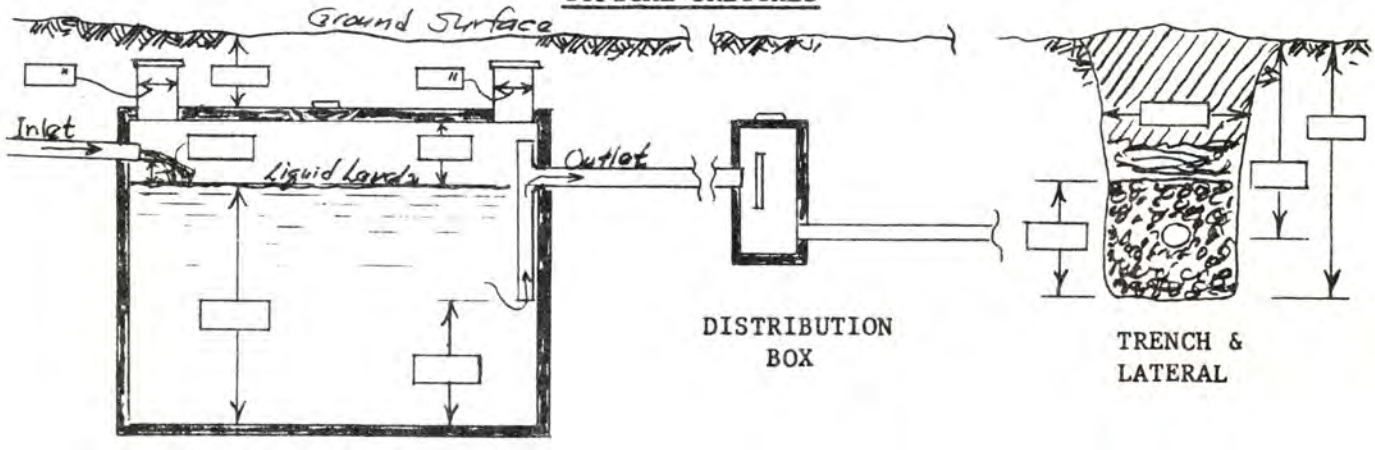
A. BUILDING SEWER: plastic
1. Material ~~CLAY~~ PIPE; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 109 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONC.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes ☐ (Company Pre Cast
No ☒
4. Manholes: Over Inlet; diam. ___in.
Over Outlet; diam. ___in.
Below Grade 12 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 12 in.
8. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

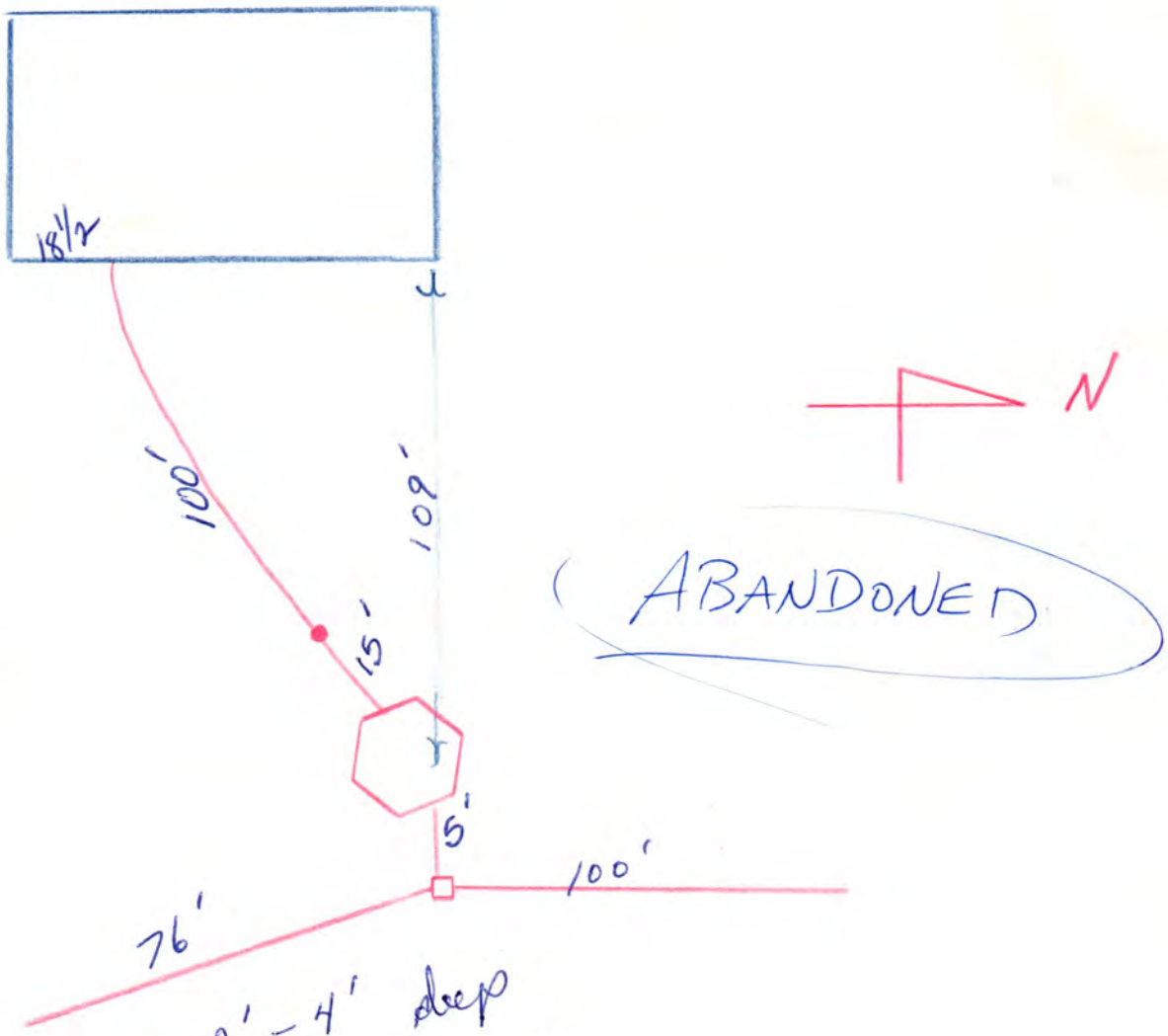
C. DISTRICTION BOX
1. Material conc; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre Cast No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 169 ft.; Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ~~FIBERGLASS~~
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___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: 24 minutes/inch

TYPICAL SKETCHES



Signature of Applicant



2'-4' deep

4' wide

12-31-75

jw