LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2686-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

DECEMBER 15, 1988 — THIS PERMIT EXPIRES

MARK J. SOUTHWICK — ISSUED TO

1020 NO. 52 STREET LINCOLN, NE 68504 — ADDRESS

T9N; R8E; Sec 14 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

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

RECEIPTED BY	DATE	AMOUNT
MC	6-15-88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

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. 7686-C

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

DATE: 6-15-88

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. 9N ; Range 8E ; Section 14 ;
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential X ☐; 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: Replace Dist. Box Set Riser on it. ADD 100'x6' Perforated Pipe Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	Over $1400

Mark J. Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln 68504
Address

(Do not write below this line)

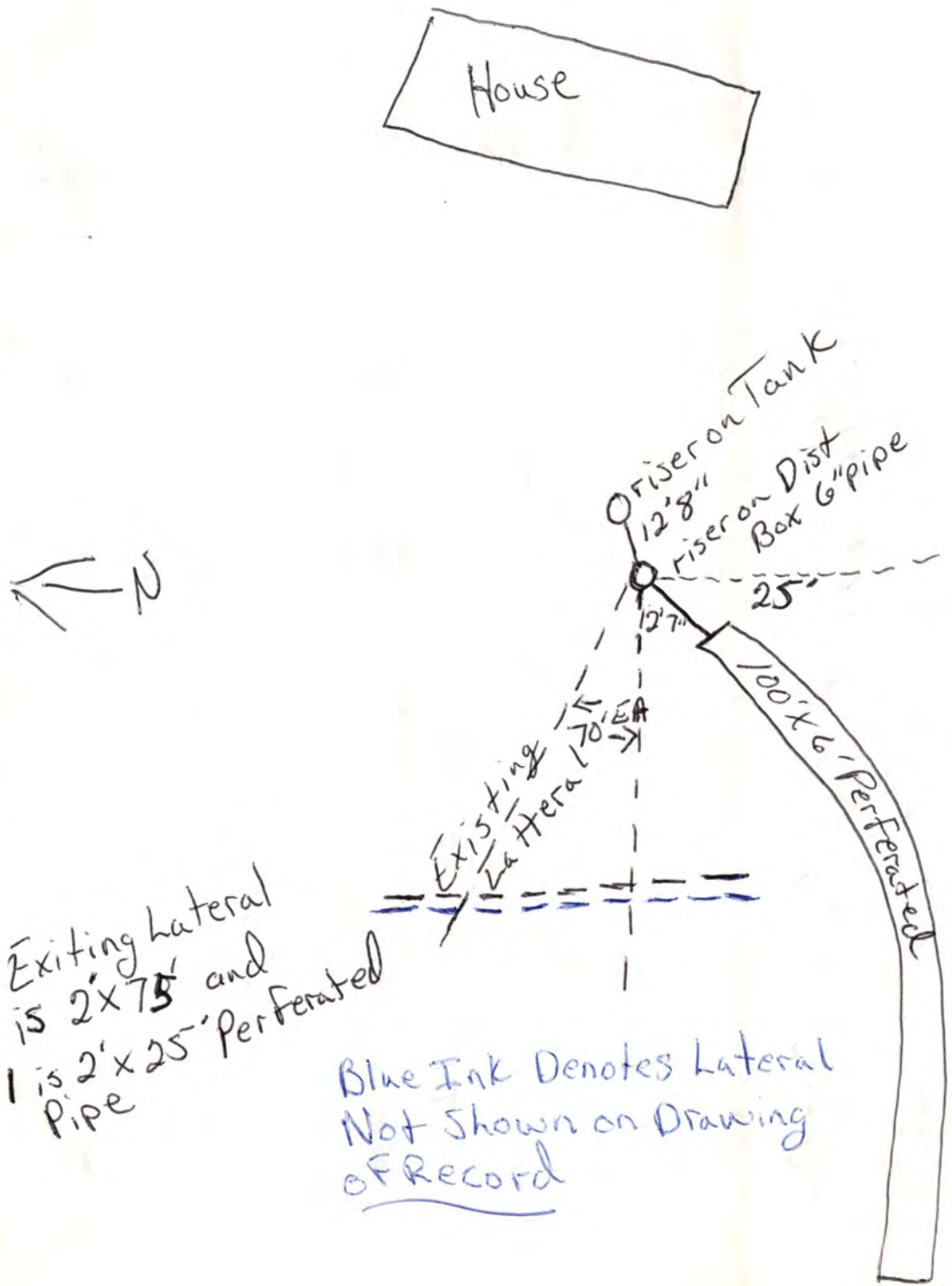
REVIEWING ACTION

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

2. Site Visits:
Date: 6/15/88 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Gerald C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/15/88 by: J. C. Hood


House
N
Riser on Tank
12'8"
riser on Dist Box 6" pipe
25'
12'7"
100' x 6' Perforated
Existing Lateral
70' EA
Exiting Lateral is 2' x 75' and 1 is 2' x 25' Perforated Pipe
Blue Ink Denotes Lateral Not Shown on Drawing of Record

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. 534-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:

LEGAL ATTACHED

1. Legal description of property: Twp. 9 N ; Range 8 E ; Section 14
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 .
Describe: Ranch house with walkout bsmt - 1400 sq.ft. main floor.
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: N A ft.

Waldemar J. Molina
Signature of Applicant (Owner or Lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/2/74 . Date Frwd. 10/2/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood

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

3. City or County Engineer : Date Rec'd. 10-2-74 . Date Frwd. 10-2-74 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff

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. 534-C

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. 9 N ; Range 8 E ; Section 14 ; Block _____ ; Lot _____ ; Addition _____.
Street Address _____.

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3
Describe: Ranch house with walkout bsmt. - 1400 sq. ft. main floor.
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).

Signature of Applicant (owner or lessee)

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-1-75 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 4/2/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-1-75 by: James Newsha

FORM HD- 43(73) SOIL ABSOR TION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN NCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 534-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 6 E
Section & ¼ Sect. _____
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 ☐

Owner: _____
Address _____

Dates of Tests: 9/24/74 to 9/25/74. Weather: Precip. 0 Temp. ___°

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	30	9-24	1600	9-25	1700	9-25	19:13	11⅛	19:37	12⅜	24	1⅝	15
2	30	9-24	1600	9-25	1700	9-25	19:14	14½	19:38	16-	24	1½	16
3	30	9-24	1600	9-25	1700	9-25	19:16	14	19:38	15½	22	1½	18
4	30	9-24	1600	9-25	1700	9-25	19:17	14⅜	19:39	16	22	1½	18
5	30	9-24	1600	9-25	1700	9-25	19:18	12½	19:40	13⅜	22	1½	18
6	30	9-24	1600	9-25	1700	9-25	19:19	16-	19:40	17½	21	1½	17

Signature of Person Conducting Test

Sum of Percolation Rates 102
Average of Rates: 17
Mean of Rates: 17

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Little irregular recording but accepted.

Approved Percolation Rate(s)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

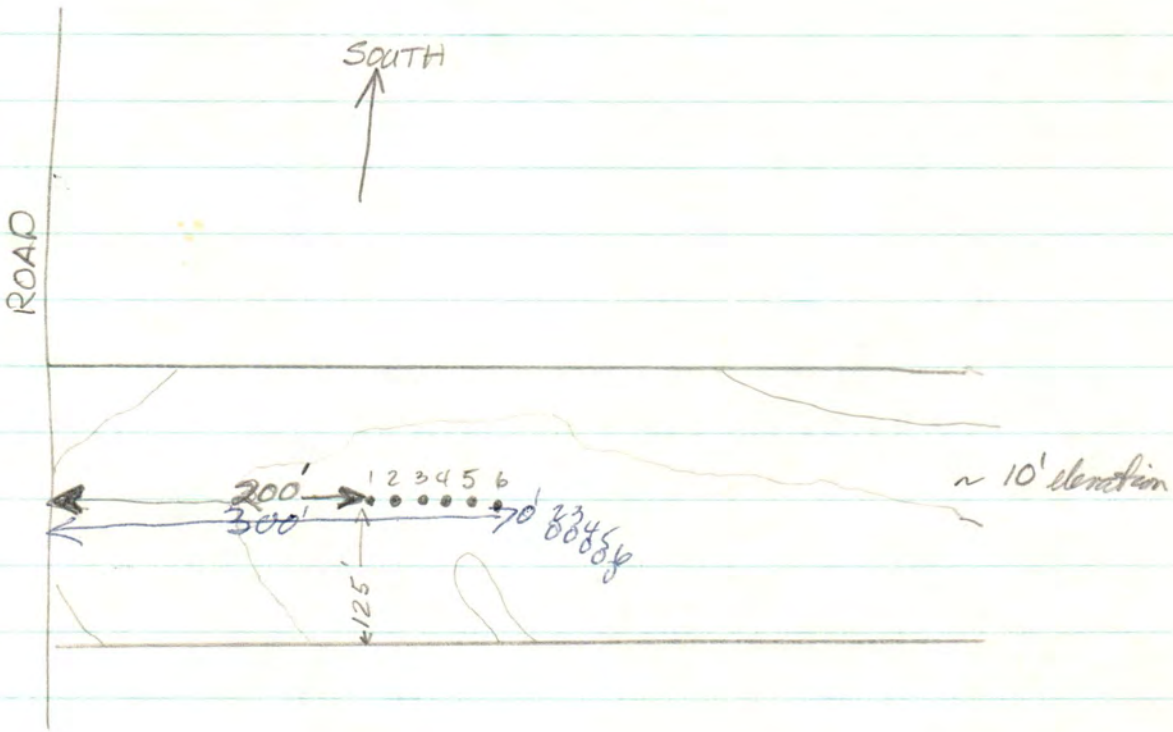
DATE: October 2, 1974

Jerrold C. Hood
Signature of Reviewing Official

1	5:10	$15\frac{3}{8}$	$18\frac{1}{4}$ - 5:38
2	5:12	$16\frac{1}{8}$	$18\frac{3}{4}$ - 5:40
3	5:14	$15\frac{1}{2}$	$17\frac{1}{2}$ 5:40
4	5:15	$16\frac{1}{8}$	$18\frac{3}{4}$ 5:43
5	5:16	$14\frac{1}{8}$	$16\frac{7}{8}$ 5:44
6	5:18	$16\frac{3}{4}$	$19\frac{1}{2}$ 5:45
(7) clb.	5:20	$16\frac{1}{4}$	$24\frac{1}{2}$ 5:49

	(1)	(2)	(3)	(4)
1	8" 5:39	$12\frac{7}{8}$ - 6:11	$14\frac{3}{4}$ - 6:37	$16\frac{1}{8}$ - 7:09
2	$13\frac{1}{2}$ 5:40	$16\frac{1}{4}$ - 6:11	$17\frac{3}{4}$ - 6:37	$19\frac{1}{8}$ - 7:10
3	$12\frac{5}{8}$" 5:40	15 - 6:11	$16\frac{1}{2}$ - 6:38	$17\frac{3}{4}$ - 7:11
4	$13\frac{1}{2}$" 5:43	16 - 6:12	$17\frac{1}{2}$ - 6:38	$18\frac{7}{8}$ - 7:12
5	$10\frac{3}{8}$ 5:44	$13\frac{1}{2}$ - 6:12	15 - 6:38	17 - 7:12
6	$13\frac{1}{2}$ 5:45	$16\frac{1}{4}$ - 6:12	$18\frac{3}{4}$ 6:39	$20\frac{3}{8}$ - 7:13
(7)	$19\frac{1}{2}$ 5:49	23 - 6:12	24 6:40	

1	$11\frac{1}{8}$ - 7:13	$12\frac{3}{4}$ 7:37
2	$14\frac{1}{2}$ - 7:14	16 - 7:38
3	14 - 7:16	$15\frac{1}{4}$ - 7-38
4	$14\frac{3}{4}$ - 7:16	16 - 7-39
5	$12\frac{1}{2}$ - 7:18	$13\frac{3}{4}$ - 7-40
6	16 - 7:19	$17\frac{1}{2}$ - 7-40



1) the test holes were 30 feet apart.

2) Soils were clay to silty clay loam

3) Based upon test holes, will have to put the field beyond holes 5 and 6 where there is good soil ~~this~~

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE D[illegible]OSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division [illegible] Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 534-C

SPECIFICATIONS

DATE: _____

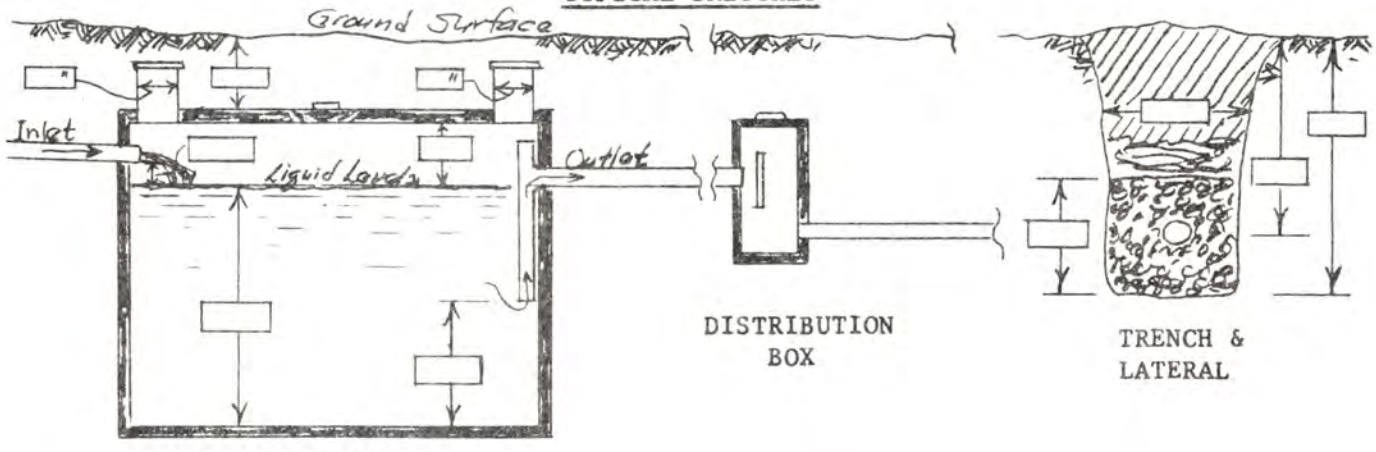
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor 4 in.
3. Distance between dwelling and septic tank 71 ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property 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 ☒ (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 16 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete 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 8 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

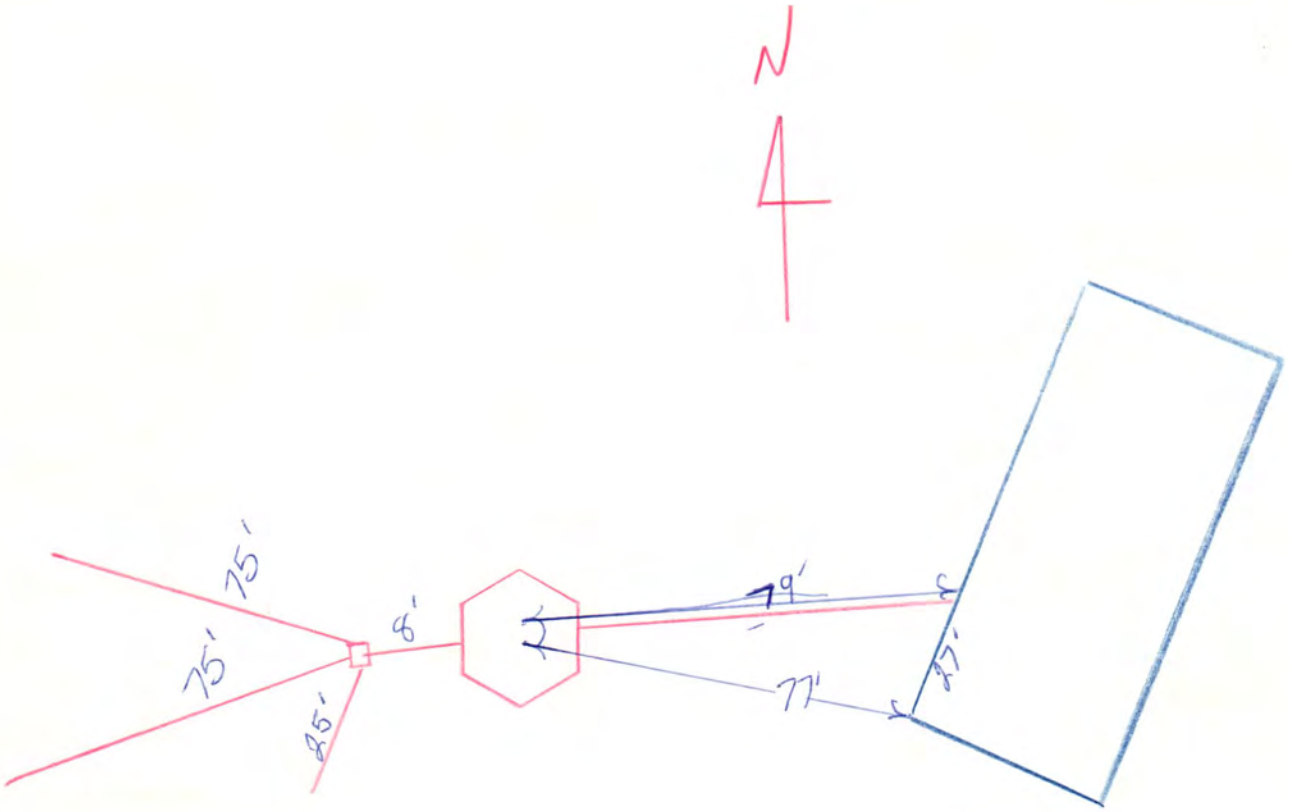
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade 48 in. Number 3; Length of each line ___ft Total length of Laterals 149 ft.; 175 Slope ____in/100 ft. Diameter of pipe ____ in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 48 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


N
75'
75'
85'
8'
79'
77'
87'

E of SE 1/4 / D SE 1/4 348 1
N of SE 1/4 F SE
Sec 14 T 4N R 8E
R 6 E mile [illegible]
SE 1/4 [illegible]
[illegible] parallel to
line of SE 1/4

Left line S
parallel E line SE 1/4 3/5 1
Left E = S line SE 1/4 75 3 1
to a point E line on SE 1/4