LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 847-C

December 7, 1976

INDIVIDUAL SEWAGE SDISPOSAL SYSTEM
TYPE OF PERMIT

THIS PERMIT EXPIRES

Wayne W. Wiley — 4925 Hillside, Lincoln, NE 68506
ISSUED TO — ADDRESS

T9N; R8E; Sec. 16-SE1/4; Lot-S1/2 of 7; LAGOON
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

HEALTH DEPARTMENT
ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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. 847-C

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

DATE: 6-7-76

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. 9N ; Range 8E ; Section 16 SE 1/4
Block ____; Lot S 1/2 of 7 ; Addition ____
Street Address 8 I.T.

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

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

4. Distance to public sewer: ____ ft.

Wayne W. Wiley
Signature of Applicant (Owner or Lessee)

4925 HILLSIDE LINCOLN, 68506
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/7/76 . Date Frwd. 6/7/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/8/76 . Date Frwd. 6/8/76 . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 6/8/76 . Date Frwd. 6/8/76 . 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. 847-C

DATE: 6-7-76

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. 9N ; Range 8E ; Section 16 SE1/4 ; Block ; Lot S½ of 7 ; Addition .
Street Address I.T.

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

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

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).

Wayne N Wiley
Signature of Applicant (owner or lessee)

4925 HILLSIDE, LINCOLN, 68506
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 6-7-76
Filing Fee: $ 30 .00

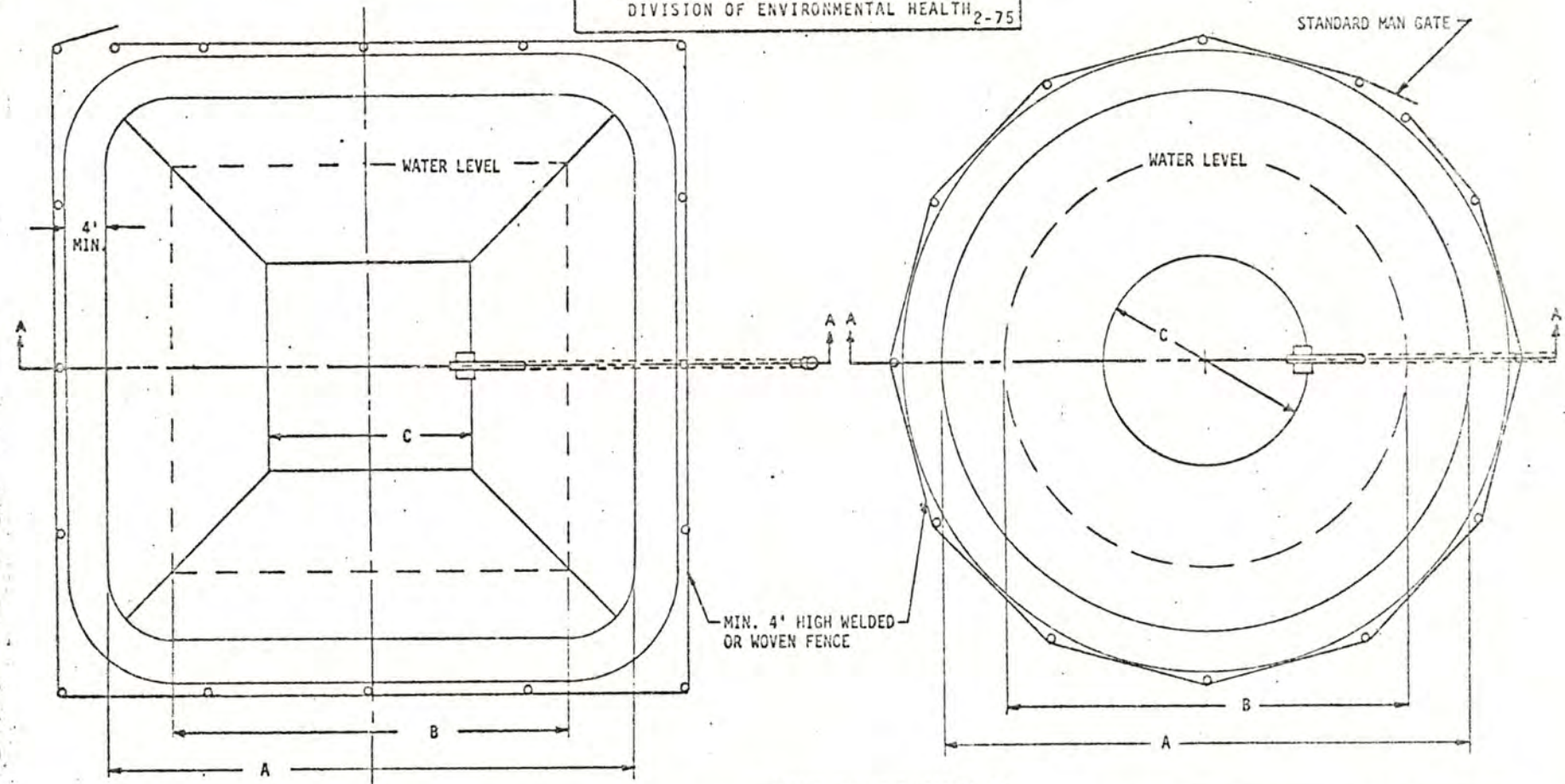
2. Site Visits:
Date: ~~8-6-76~~ by: ~~JW~~
Date: ~~9-17-76~~ by: jw
Date: by:

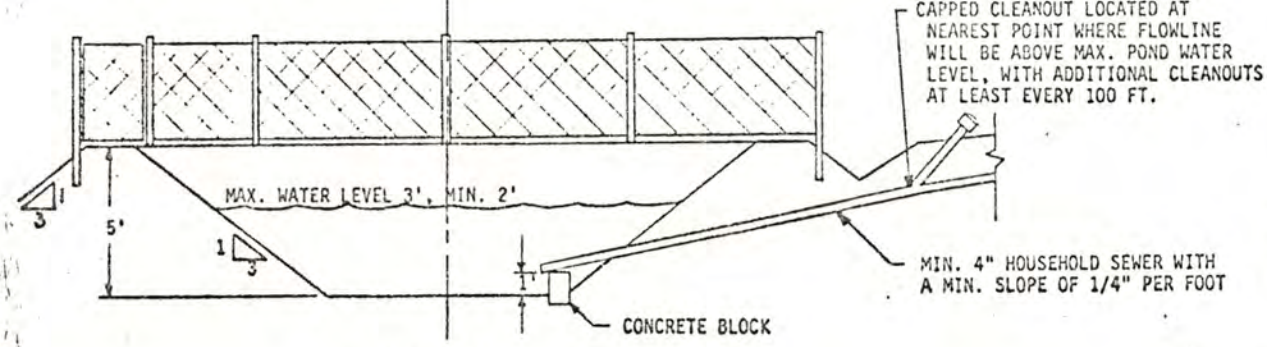
3. Date: Approved ☒; Disapproved ☐ 6/7/76
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL Provisional only
Date: ~~8-6-76~~ 9-17-76 by: ~~Jim Weverka by Ron Nagel~~

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75





SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT Wayne A. Worley

HD-46(75)

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. 847-C

SPECIFICATIONS

DATE: _____

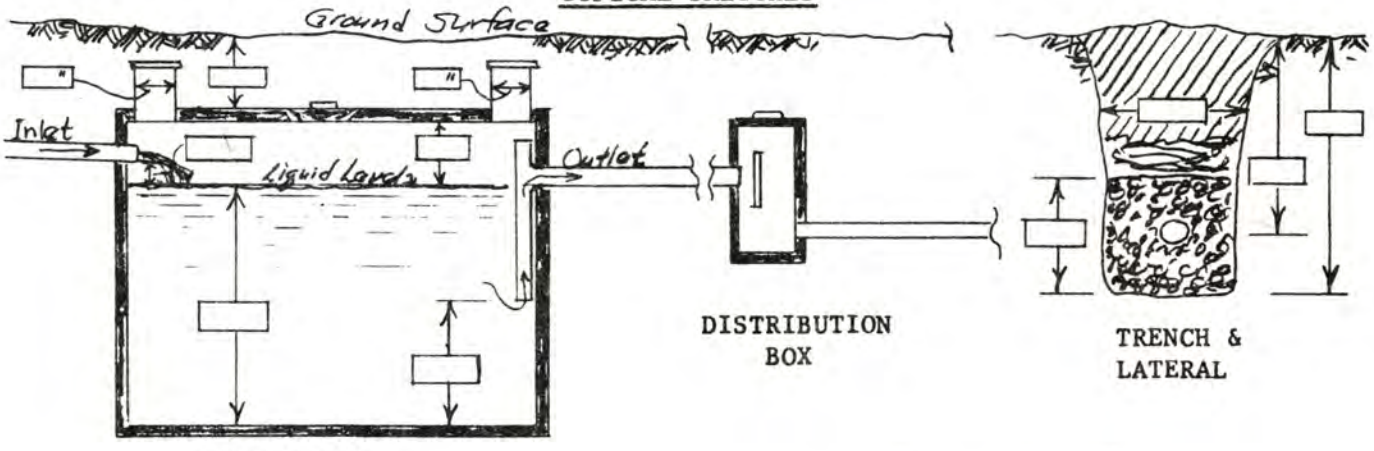
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____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 ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

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

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

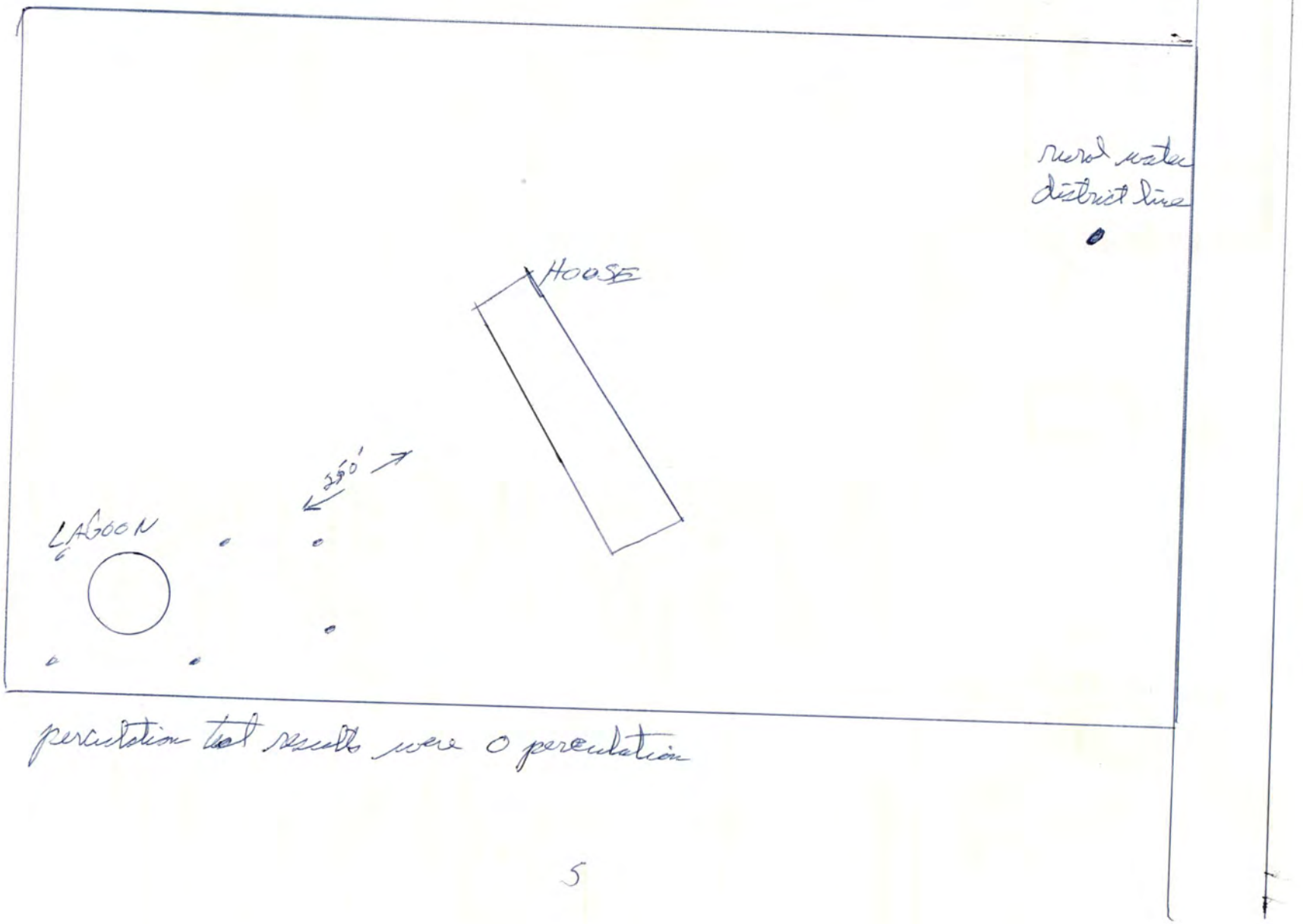


Signature of Applicant

N

6601 SOUTH 148

W



percolation test results were 0 percolation