LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1857-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 9, 1982 — THIS PERMIT EXPIRES

Norman Mc Farling 4317 D St. Lincoln, NE 68510 — ISSUED TO / ADDRESS

T12N, R6E, Section 26, Block 1, Lot 1, Northridge Addition — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

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

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: 475-6221)

FILE NO. _____

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

DATE: 4-21-82

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. 12N ; Range 6E ; Section 26 ;
Block 1 ; Lot 1 ; Addition _____
Street Address _____

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: Add LATERAL FIELD 76' and D's Box

5. Work to be done by: Owner ☐ ; or Contractor ☒, DON TANNER Precast Steps
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	200 00
c. Other	$	
TOTAL	$	792 00

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-20-82 by: JVM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
PROVISIONAL
Date: 4-20-82 by: Ron Hayward

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: 474-1541

D

DATE: _____

FILE NO. _____

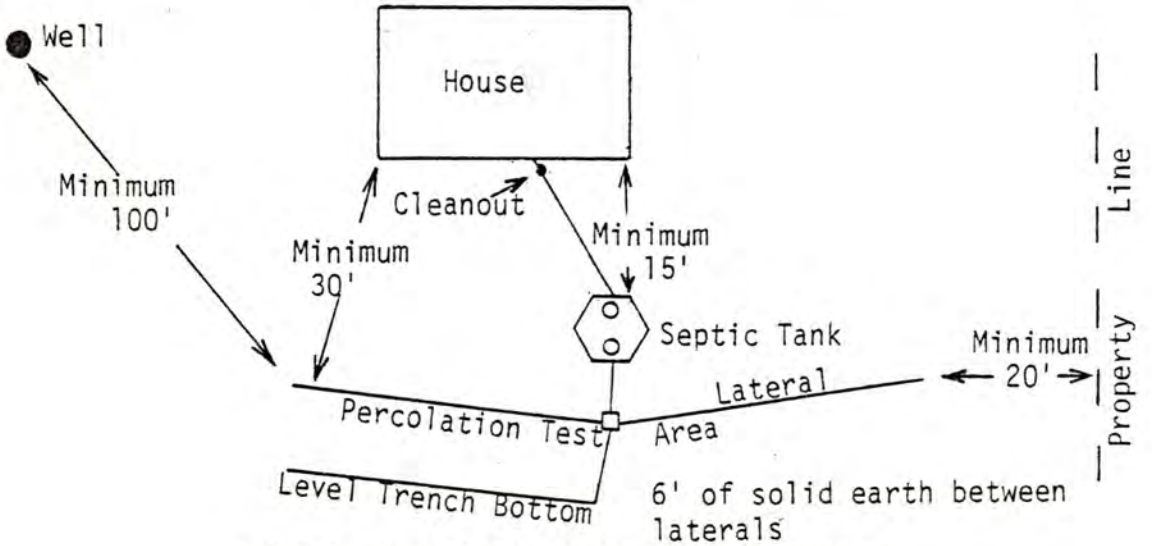
SPECIFICATIONS AS BUILT

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:
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.



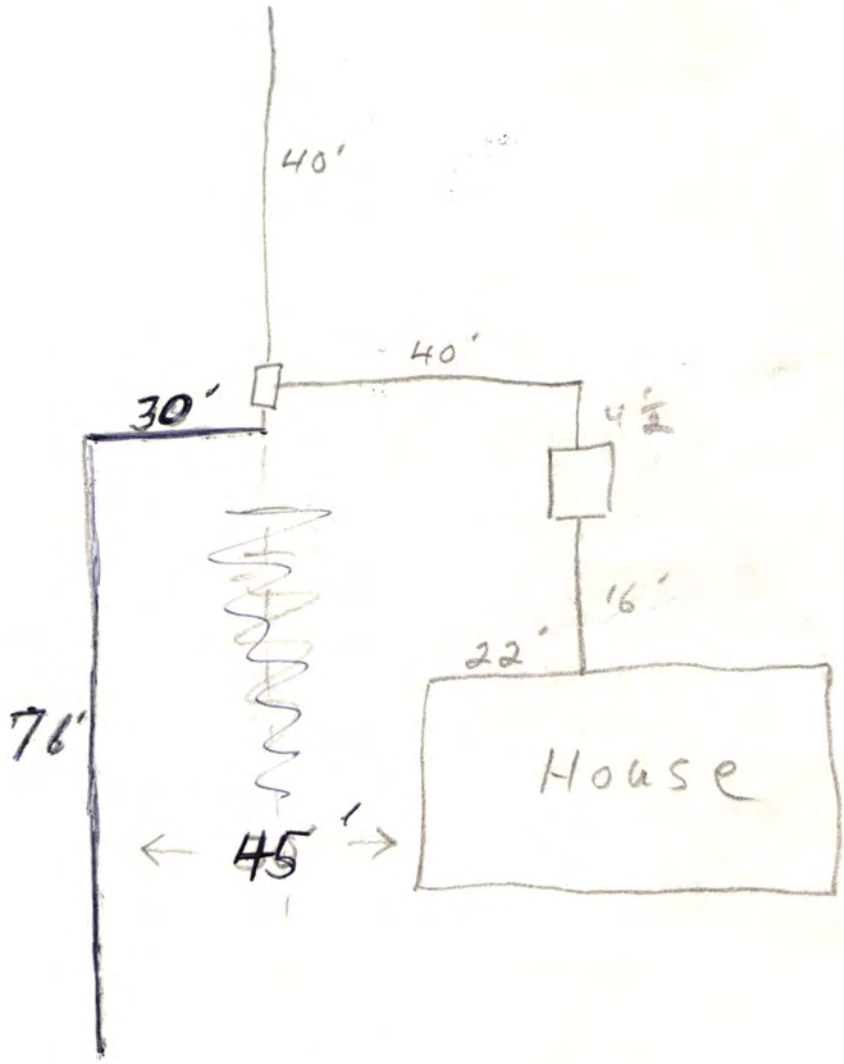
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE April 13, 82 INSTALLER Larry Schwarck

Changed 75' ½ moon
Precast Lateral

N



100' x 3.11

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: 475-6221)

FILE NO. 1857-C

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

DATE: March 6, 1982

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. 12N ; Range 6E ; Section 26 ;
Block 1 ; Lot 1 ; Addition NORTHRIDGE ADDITION
Street Address _____

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: Add 296 square feet of subsurface lateral as required

5. Work to be done by: Owner ☐ ; or Contractor ☑, Pre Cast Concrete
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 381.00	
b. Labor	$ 381.00	estimated
c. Other	$	
TOTAL	$ 762.00	estimated

Norman A. Mueling
Signature of Applicant (owner or lessee)

8817 Dayer Rd.
4317 D , Lincoln, NE 68510
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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. 527-C

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

DATE: 9-18-74

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. 12 ; Range 6 ; Section 26
   Block 1 ; Lot 1 ; Addition Northridge across Davey
   Street Address R.F.D.

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.

Ted Smith Sr
Signature of Applicant (Owner or Lessee)

R.F.D. Northridge , Davey, Ne.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9-18-74. Date Frwd. 9-18-74. ACTION: Approved ☐ ☒ Disapproved ☐ Signature: James W Everbach
2. Supt. Bldg. Insp.: Date Rec'd. 9-18-74. Date Frwd. 9-18-74. ACTION: Approved ☐ ☐ Disapproved ☐ Signature: W W
3. City or County Engineer: Date Rec'd. 9-18-74. Date Frwd. 9-18-74. 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. 527-C

DATE: 9-18-74

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. 13 ; Range 6 ; Section 26 ; Block 1 ; Lot 1 ; Addition Northridge .
Street Address R.F.D. Davey, Ne.

2. Property Use: Residential ☒; 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).

Ted Smith Sr
Signature of Applicant (owner or lessee)

R.F.D Northridge, Davey, Ne.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 9-18-74
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

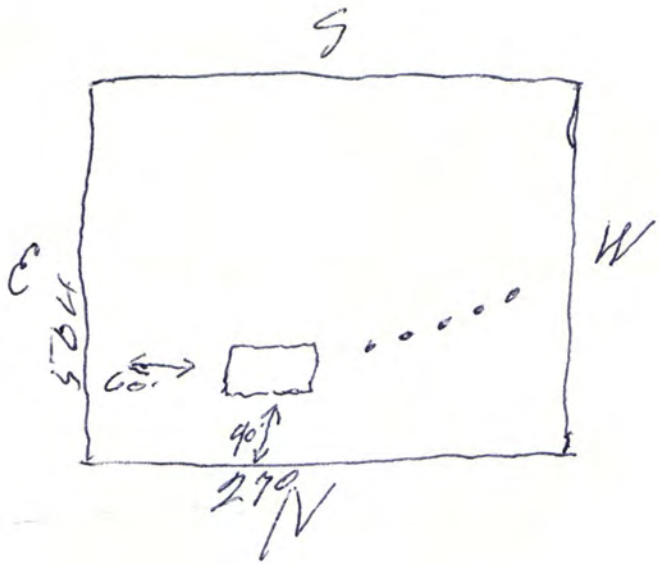
3. Date: Approved ☒; Disapproved ☐
by: James Wierzba

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

Provisional

* PROVISIONAL SEE EXTENDED REPAIR

Soils map shows pawnee clay loam which has severe limitations for Septic system. Ron Wagner


S
E
W
N
60'
90'
270'

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. 527-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 ; Range 6
Section & ¼ Sect. 26
Property Dimensions: 504 ft. x 222 ft.
Area: Northridge acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Owner: Ted Smith Sr
Address R.F.D. Northridge Davey, Ne. 68336

Dates of Tests: 9-16-74 to 9-17-74. Weather: Precip. Dry Sunny Temp. 80 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	14	9/16	8:00 pm	9/17	7:00 pm	9/17	4:00 pm	12"	5:00 pm	0	30m	4½	7-m Ref. 11
2	14	9/16	8:00 pm	"	"	"	"	"	"	0	"	"	"
3	14	9/16	"	"	"	"	"	"	"	0	"	"	"
4	14	9/16	"	"	"	"	"	"	"	0	"	"	"
5	14	9/16	"	"	"	"	"	"	"	0	"	3⅝	10-m Rev. 11
6	14	9/16	"	"	"	"	"	"	"	0	"	2½	15-m Rev. "

Ted Smith
Signature of Person Conducting Test

Address R.F.D. Northridge
Phone: 785-2845

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Provisional Approval depending on Jerry Hoods Final review

Approved Percolation Rate(s)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 9-18-74

James Wieseka
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. 527-C

SPECIFICATIONS

DATE: _____

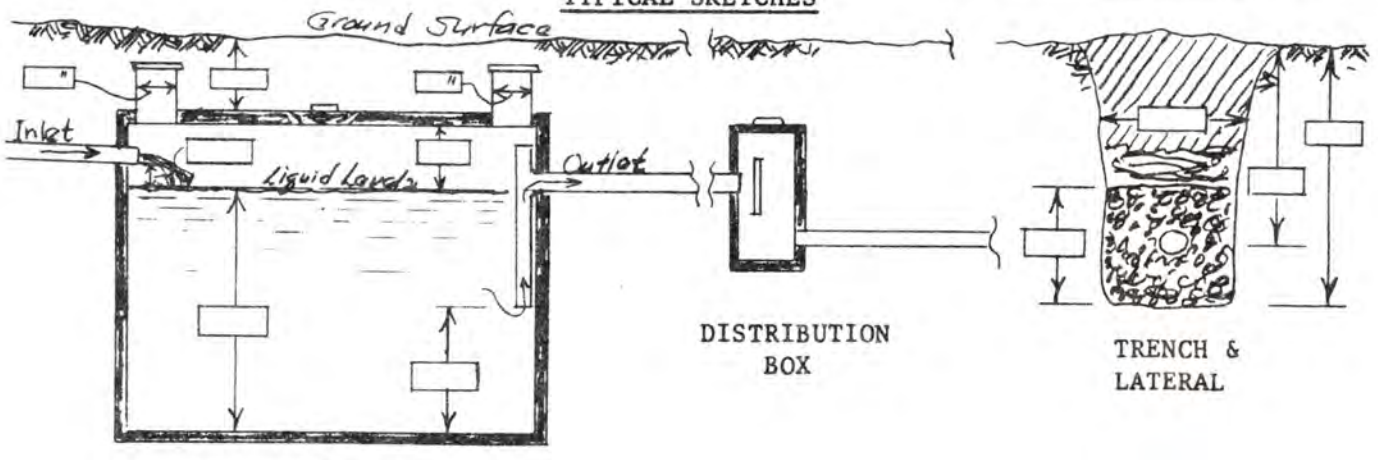
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
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.

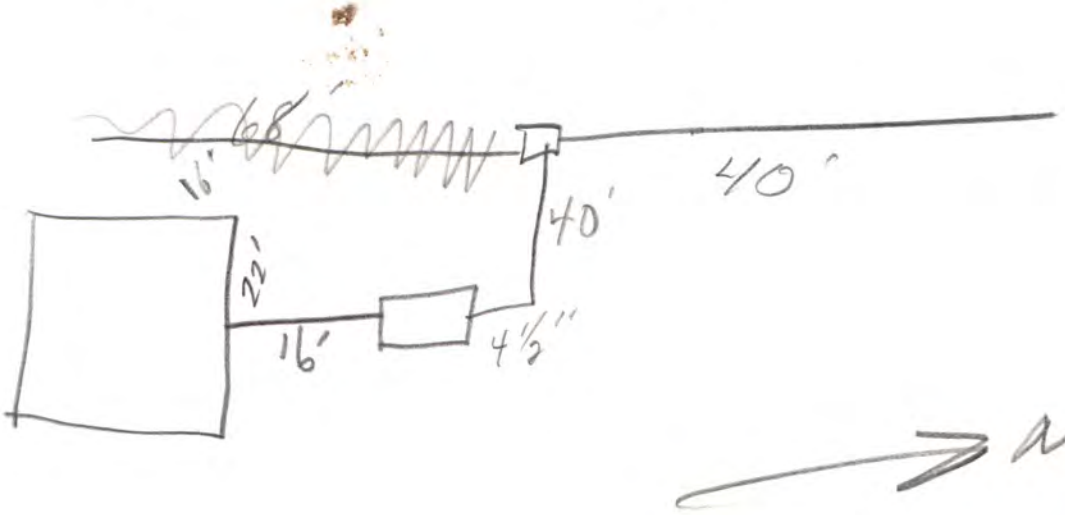
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company _____
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line ___ft
Total length of Laterals 114 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ___
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
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: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant



68/6

114

1-20-25