FILE NO. 13

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

March 1, 1968 — THIS LICENSE OR PERMIT EXPIRES

Roger Bailey — LICENSEE OR PERMITTEE

4131 Clifford Drive — ADDRESS

Harold Procter — NAME OF ESTABLISHMENT, IF ANY

T10N; R5E; Sect. 13; W½ of the N½ of the NW¼ — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
01887	SEP 16	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 13

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 5E; Section 13;
Block ____; Lot ____; Addition ____;
Street Address W½ of The NW¼ of The NW¼

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

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

4. Distance to public sewer: ____ ft.

Roger Bailey
Signature of Applicant (owner or lessee)

For Harold Procter

4431 Clifford Dr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/31/67. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 9/1/67. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/1/67. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 9/1/67. Signature: Chas E. Seale

3. City Engineer: Date Rec'd. 9/1/67. ACTION: Approved ____ ☑ Disapproved ☐
Date Frwd. 9/1/67. Signature: K. F. Thomas

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 13

DATE: July 18 1967

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 5E ; Section 13 ;
Block _____ ; Lot _____ ; Addition _____ ;
Street Address W½ of The NE¼ of The NW¼

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bed Rooms _____ Describe: _____

Other Use _____ ☐
Describe: _____

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

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Roger Bailey
Signature of Applicant (owner or lessee)

For Harold Procter 4131 Cliff Ford Dr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: July 18 1967
Filing Fee: $30.00

2. Date Site Clearance _____

3. Site Visits:
Date: July 18 1967 by: DWeed
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved X ; Disapproved _____ : 9/1/67
by: Jerrold E. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: July 18 1967 by: DWeed

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 13

PROPERTY WHERE SOIL TESTED:

Owner: Harold Procter

Location: Township _____
Section & ¼ Sect. _____

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: July 18 to _____. Weather: Precip. ____ Temp. 85° 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	40.									40"	4 Hrs.	1	12
2	40									40"	4 Hrs	1	13

Sum of Percolation Rates
Average of Rates: 12½ (Min./inch)
Mean of Rates: _____

Roger Bailey
Signature of Person Conducting Test

Address 4131 CL, FFord Dr
Phone: 4895482

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: July 18, 1967

Del Reed
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 13

SPECIFICATIONS

DATE: July 20 1967

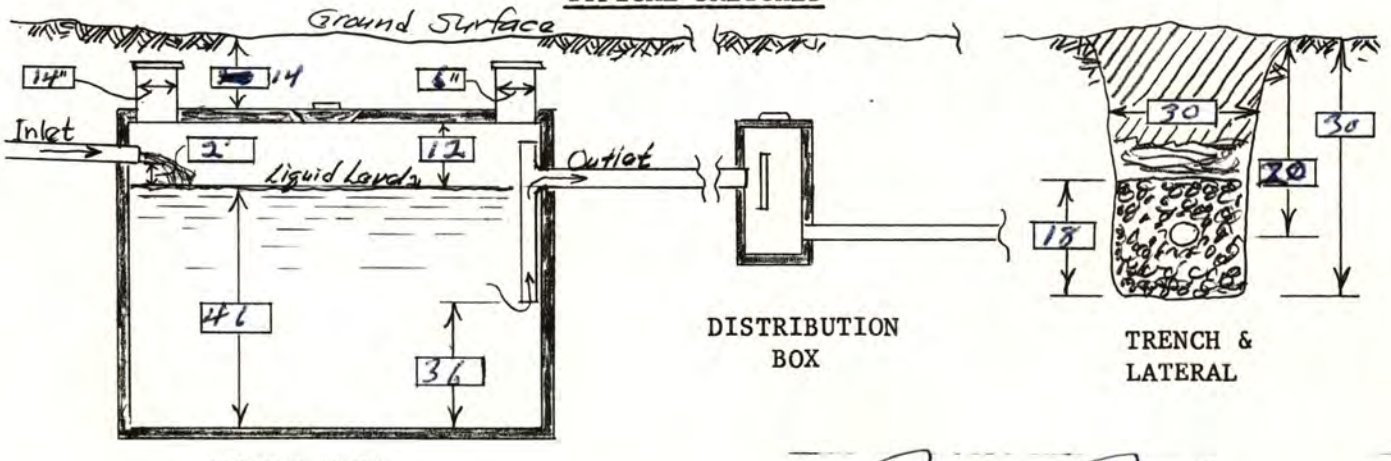
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiber Glass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Corrugated Tank fiber glass tank) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 14 in.
Below Grade 14' in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 14 in.
8. Distances To: No well
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRICTION 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 7' ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Fiber Glass
2. Lateral Lines: Depth below grade 20 in. Number 2; Length of each line 50 ft Total length of Laterals 100 ft.; Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape Round Material: concrete ☐; fiber Glass asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 40 in.; Width 30 in.
4. Filter Material: Gravel. Depth of material from trench bottom 18 in.
5. Distances To: No well
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 12½ minutes/inch

TYPICAL SKETCHES



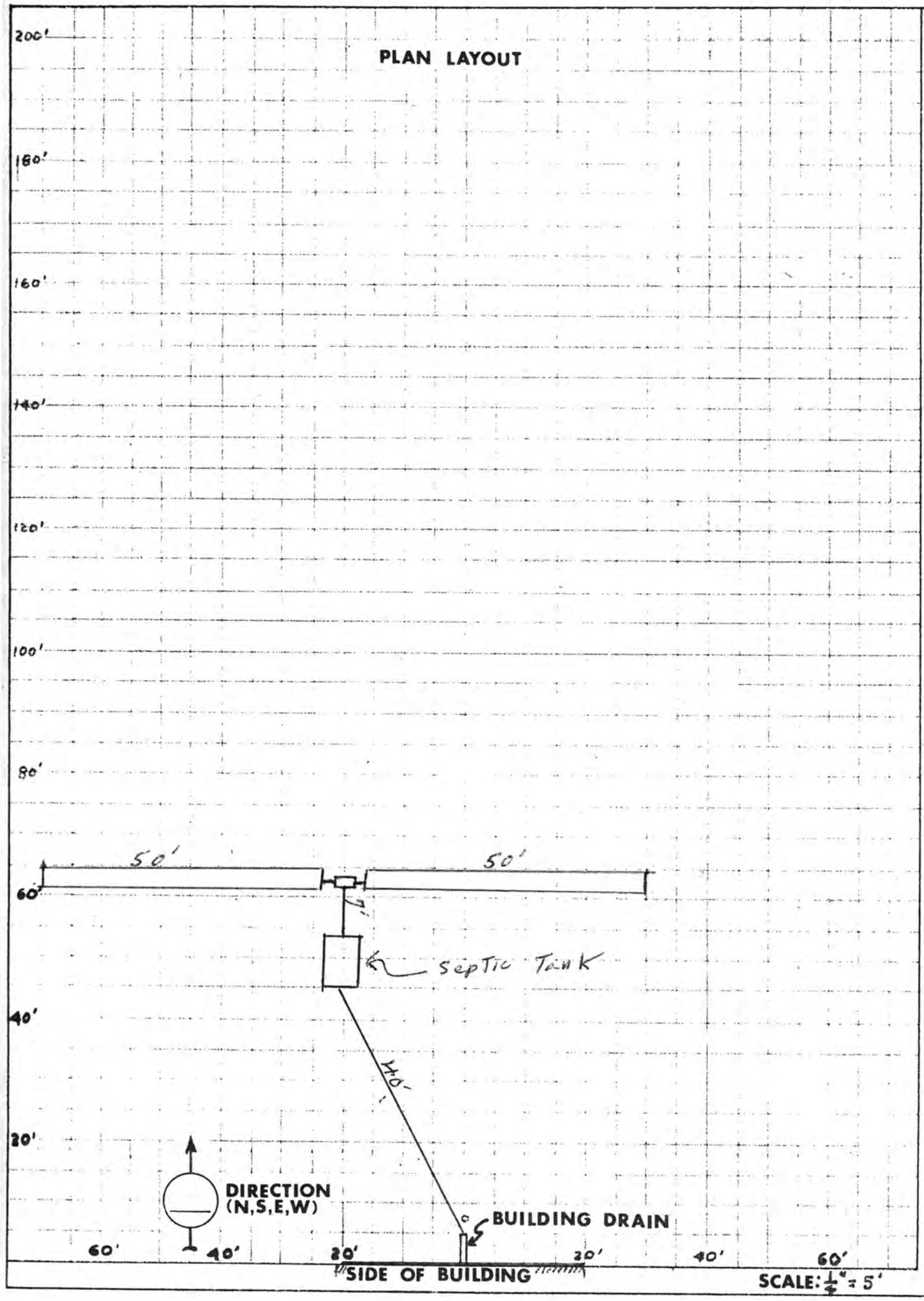
SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Roger Bailey
Signature of Applicant

PLAN LAYOUT



SCALE: $\frac{1}{4}$" = 5'