CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — Apr. 23, 1971

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert S. Nelson — Route #6, Lincoln, Nebraska

LICENSEE OR PERMITTEE — ADDRESS

T 10N; Range 5; Section 24; SW 1/4; Lot 13

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

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. 169

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. 10; Range 5; Section 24; SW¼
Block ____; Lot 13; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms ____. Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [ ]

4. Distance to public sewer: ____ ft.

Robert L. Nelson
Signature of Applicant (owner or lessee)

Route #6 Lincoln Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/25/70. ACTION: Approved ____ [X] Disapproved [ ]
Date Frwd. 9/25/70. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/25/70. ACTION: Approved ____ [X] Disapproved [ ]
Date Frwd. 9/25/70. Signature: Chas Seals - Bob Skinner

3. City Engineer: Date Rec'd. 9-25-70. ACTION: Approved ____ [X] Disapproved [ ]
Date Frwd. 9-25-70. Signature: J. Blessing, Dep.

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. 169

DATE: Sept 21, 1970

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 24; SW 1/4
Block ____; Lot 13; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [X]; 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.)

Robert S. Nelson
Signature of Applicant (owner or lessee)

Route #6 Lincoln Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 10/22/70 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 9/25/70
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/22/70 by: Jerrold C. Hood

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. 169

PROPERTY WHERE SOIL TESTED:
Location: Township L 13 SW 24 10E
Section & ¼ Sect. ____
Property Dimensions: ____ ft. x ____ ft.
Area: 25 acres. (Attach sketch of property showing hole location).

Owner: Robert Nelson
Address RT - 6

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 9-19-70 to 9-20-70. Weather: Precip. Fair Temp. 70 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	36"	9/19	3:30	9/20	12:30	9/20	12:30	28"	4:30		4 hr.	16"	
2	36"							28				16"	
3	36							27				16"	
4	36							28				21"	
5	36							28				19½"	
6	36							26				21"	

O. Tanner
Signature of Person Conducting Test

Address 3645 Adams
Phone: 466-2462

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

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 13 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: September 24, 1970

Gerrold C. Hood
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. 169

SPECIFICATIONS

DATE: 9-19-70

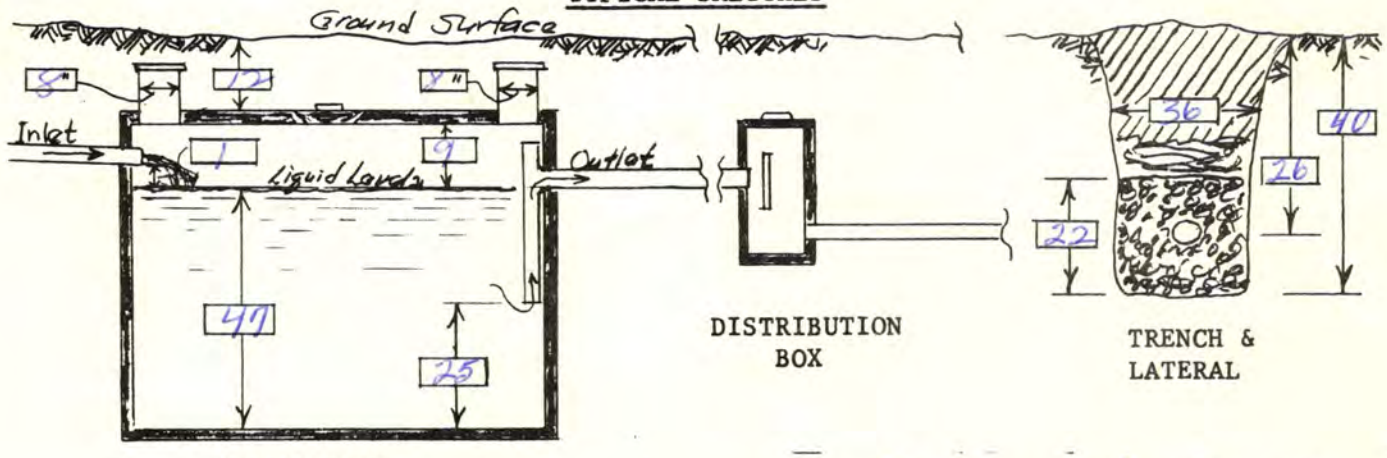
A. BUILDING SEWER:
1. Material CLAY TILE; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in. NONE
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs TWO.
5. Distances To:
   Well or Suction Line 200 ft.;
   Stream 300 ft.; Pressure Line 50 ft.;
   Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CONCRETE; No. of compartments ONE.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes [X] (Company PRE CAST STEP)
   No [ ]
4. Manholes: Over Inlet; diam. 8 in.
   Over Outlet; diam. 8 in.
   Below Grade 12 in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [X]
   Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
   Well or Suction Line 200 ft.;
   Stream 300 ft.; Pressure Line 50 ft.;
   Property Line — ft.

C. DISTRICTION BOX
1. Material CONCRETE; No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE CAST STEP) No [ ]
3. Dimension: Length 20 in.; Width 14 in. Depth 12 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes [ ], No [ ] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: C-CRETE
2. Lateral Lines: Depth below grade 40 in. Number 2; Length of each line ___ ft Total length of Laterals 135 ft.; Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
   Material: concrete [X]; 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



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Robert S. Nelson
Signature of Applicant