FILE NO. 851

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

TYPE OF LICENSE OR PERMIT

December 10, 1976

THIS LICENSE OR PERMIT EXPIRES

Franklin Mitchell (for School District #107) Rural Route #8

LICENSEE OR PERMITTEE — ADDRESS

T10N; R5E; Sec. NE 1/4 of 25; Lot 5 I. T.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ No Fee	$	$	$	$ NO FEE

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-110315	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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

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. 851

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

DATE: 6-3-76

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. 10N ; Range 5E ; Section NE ¼ 25
Block _____ ; Lot 5 I.T. ; Addition _____
Street Address _____

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

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

4. Distance to public sewer: 2 miles ft.

Franklin Mitchell for School
Signature of Applicant (Owner or Lessee) District #107

RR8 Lincoln, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/4/76. Date Frwd. 6/4/76.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-10-76. Date Frwd. 6-10-76.
ACTION: Approved ☒ Disapproved ☐
Signature: Williamson

3. City or County Engineer: Date Rec'd. 6/10/76. Date Frwd. _____.
ACTION: Approved ☒ Disapproved ☐
Signature: Joe Brott

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. 851

DATE: 6-3-76

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. 10N ; Range 5E ; Section NE¼ 25 ; Block ; Lot 5 I.T. ; Addition .
   Street Address .

2. Property Use: Residential ☐ ; Commercial ☑
   No. of Bedrooms
   Describe: School
   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).

Franklin Mitchell for School District #107
Signature of Applicant (owner or lessee)

RR8 Lincoln, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
   Filing Fee: $ No. FEE

2. Site Visits:
   Date: 9/27/76 by: L.C.H. (PARTIAL)
   Date: 9-28-76 by: jw
   Date: 9-28-76 by: rsm

3. Date: 6/4/76 Approved ☒ ; Disapproved ☐
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 9-28-76 by: James Neverka

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. 851

PROPERTY WHERE SOIL TESTED:
Location: Township 10 N; Range 5 E
Section & ¼ Sect. NE ¼ 25
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).

Owner: District 107 School
Address ____

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

Dates of Tests: 5-2-76 to 5-3-76. Weather: Precip. 0 Temp. 80°

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	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	4¼	30	1¾	
2	30	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	3	30	3	
3	30	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	5	30	1	
4	30	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	4½	30	1½	
5	30	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	3½	30	2½	
6	30	6-2	10:00	6-3	2:30	6-3	2:30	6	3:00	4½	30	1½	

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

Franklin O. Mitchell
Signature of Person Conducting Test

Address RR 8 Lincoln, NE 68506
Phone: 489-8766

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. 16 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: June 4, 1976

Jerrold C. Hood
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. 851

SPECIFICATIONS

DATE: 6-3-76

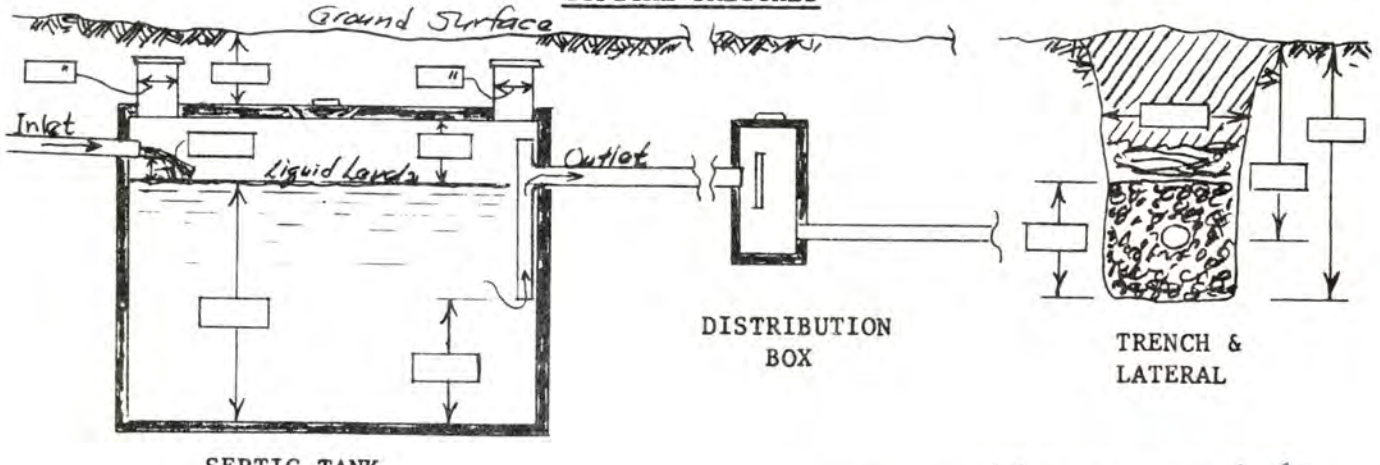
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 18 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 150 ft.;
Stream 1000 ft.; Pressure Line 100 ft.;
Property Line 25 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1350 gals.; Liquid depth ___in.
3. Factory Built: Yes ☑ (Company Precast Step Co.)
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. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Precast Step Co.) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ___
2. Lateral Lines: Depth below grade 12 in.
Number ___; Length of each line ___ft
Total length of Laterals 180 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 30 in.; Width 48" in.
4. Filter Material: Gravel.
Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream 1000 ft.; Pressure Line 100 ft.
Property Line 50 ft.
6. Percolation Rate: ___minutes/inch

TYPICAL SKETCHES

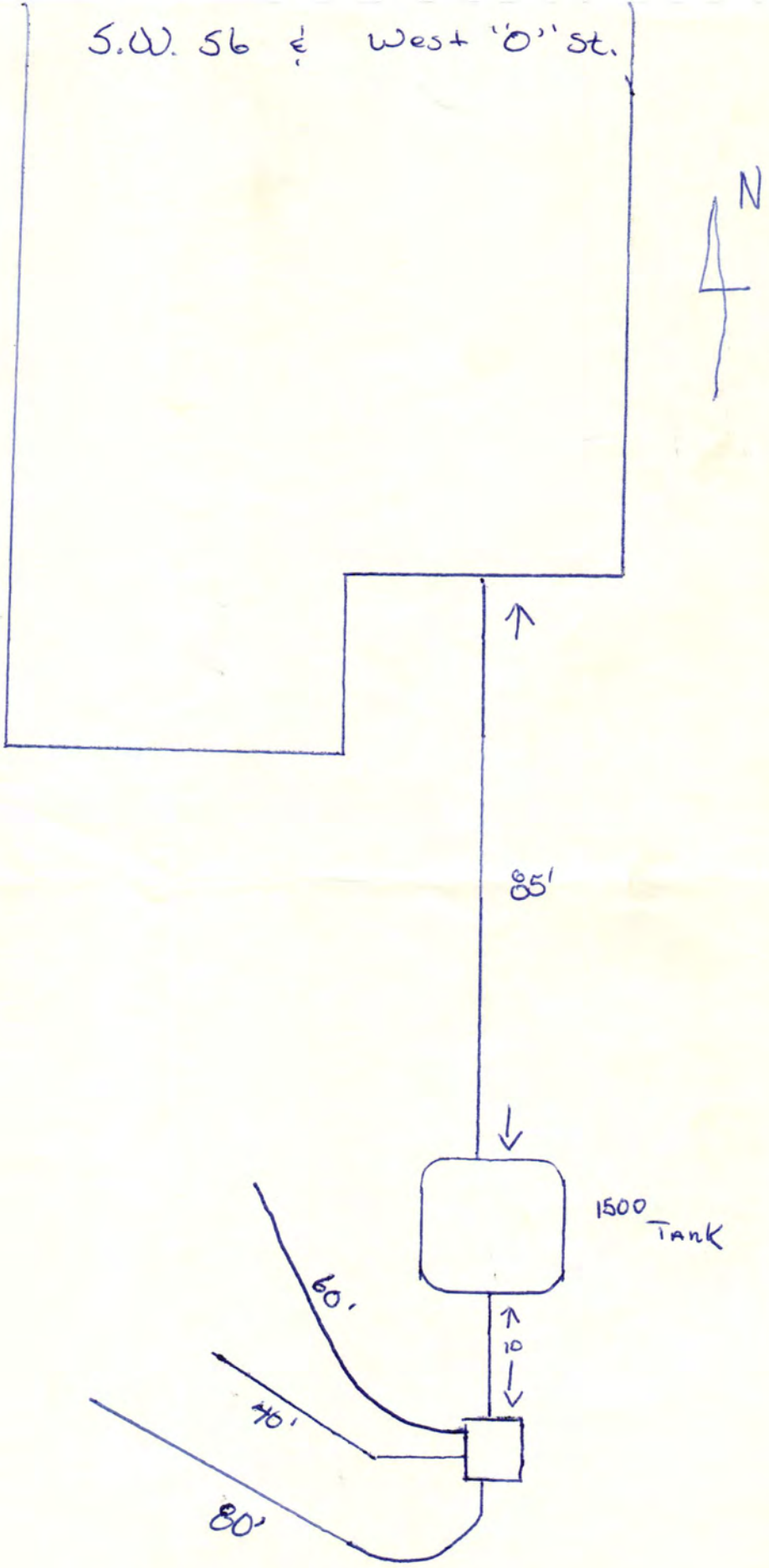


Franklin Mitchell
Signature of Applicant

Bowmans Plumbing

Greg Bowmans

9/28/72



Lincoln-Lancaster County Health Department

015

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5601 W. D ST LINCOLN NE

Twp 10 Range 5E Section 25 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition ___

Directions to Property WEST ON D ST TO SW 56TH ST.

Location of Well UNSURE Tap Location: Inside ☐ Outside ☒

Location of Sewage System UNSURE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	JOHN DECAMP	414 S 11 ST LINCOLN NE	432-7964
Tenant/Buyer:			
Return to:	JAMES KEEFER	225 N COTNER ST 101 LINCOLN NE 68505	432-5465

Signature of Applicant James T. Keefer Address 225 N COTNER ST 101 LINCOLN NE 68505 Date 3 / 19 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 3 / 20 / 97
Initials CW
Amount $150.00
Check No. 1234

DATA ENTRY
Date ___ / ___ / ___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3 / 21 / 97

6/16/97 J.C.H.
4/15/97 J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 7.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 3 / 24 / 97 by J.C.H.
Date 3 / 31 / 97 by J.C.H.
Date 4 / 1 / 97 by J.C.H.

Comments: WELL CAP AND ELECTRICAL CONDUIT ARE BROKEN ON WELL. NO WATER SAMPLE. HANDLE MISSING ON HOSE BIB. OLD CAR AND TIRES TO THE SOUTH MUST BE REMOVED. PORTIONS OF SEPTIC SYSTEM PREDATE REGULATION HENCE APPROVAL IS PROVISIONAL. PROPERTY IS VACANT. See Attached Letter ☐

FINAL STATUS 3/31/97 Well repaired, tires gone. Too dark to find pressure tank. J.C.H. 6/16/97 Cover gone.

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 6 / 16 / 97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95