LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 683-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — February 26, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Action Plumbing, Inc. — 5803 South 50th, Lincoln, NE

ISSUED TO — ADDRESS

T12N; R5E, Sec. 17NW¼

LEGAL DESCRIPTION

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$	$	$	$
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

ISSUING OFFICER

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. 683-C

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

DATE: 8-25-75

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. 12N ; Range 5E ; Section 17 NW¼
   Block _____; Lot _____; Addition _____
   Street Address _____

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: _____ ft.

Action Plumbing Inc
Signature of Applicant (Owner or Lessee)

5608 So 50
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/26/75 . Date Frwd. 8/27/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 8-27-75 . Date Frwd. DR . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 8-27-75 . Date Frwd. 8-27-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Krueger Deputy

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. 683-C

DATE: 8-25-75

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. 12N ; Range 5E ; Section 17 NW 1/4 ; Block ; Lot ; Addition .
   Street Address .

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).

Acton Plumbing Inc
Signature of Applicant (owner or lessee)

5608 So 50
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 9-9-75 by: JW
   Date: by:
   Date: by:

3. Date: Approved ☒; Disapproved ☐ 8/26/75
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 9-9-75 by: James Wevesha

agnew

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. 683-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Charles Sullivan

Address _____

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

Dates of Tests: aug 16 75 to aug 17 75. Weather: Precip. 0 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	36"	8/16	4 PM	8/17	11 AM	8/17	11 AM	12"	1 PM	8¼	30	¾	
2										8		¾	
3										7¼		1	
4										7		0	
5										8¼		¾	
6										10¼		1½	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 No 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 26, 1975

Jerrold C. Wood
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. 683-C

SPECIFICATIONS

DATE: 8-25-75

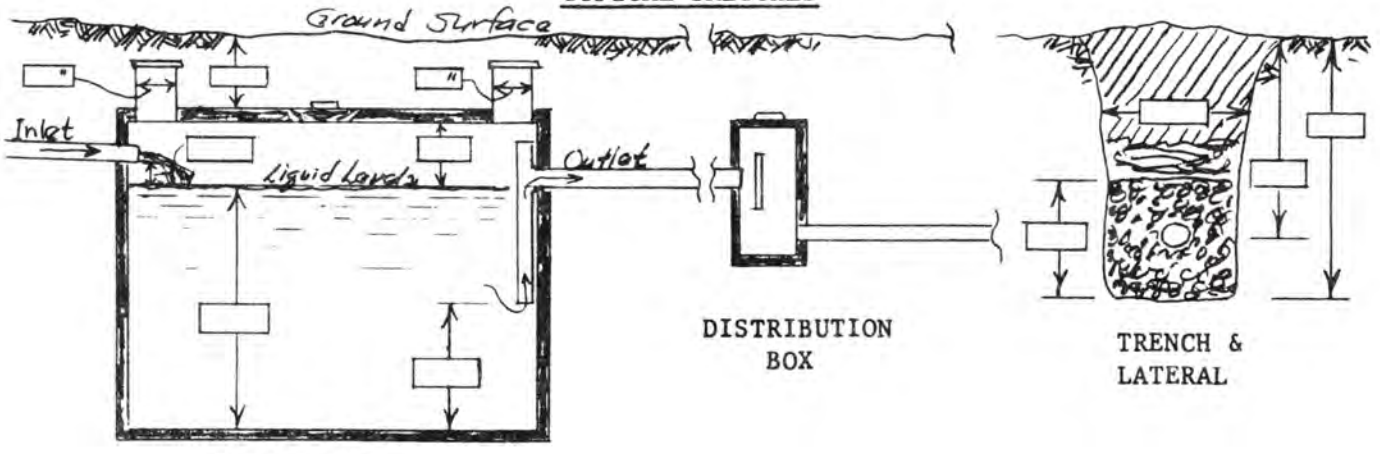
A. BUILDING SEWER:
1. Material Tile; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 125 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 400 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Precast)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade 24" 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 24 in.
8. Distances To:
Well or Suction Line 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 400 ft.

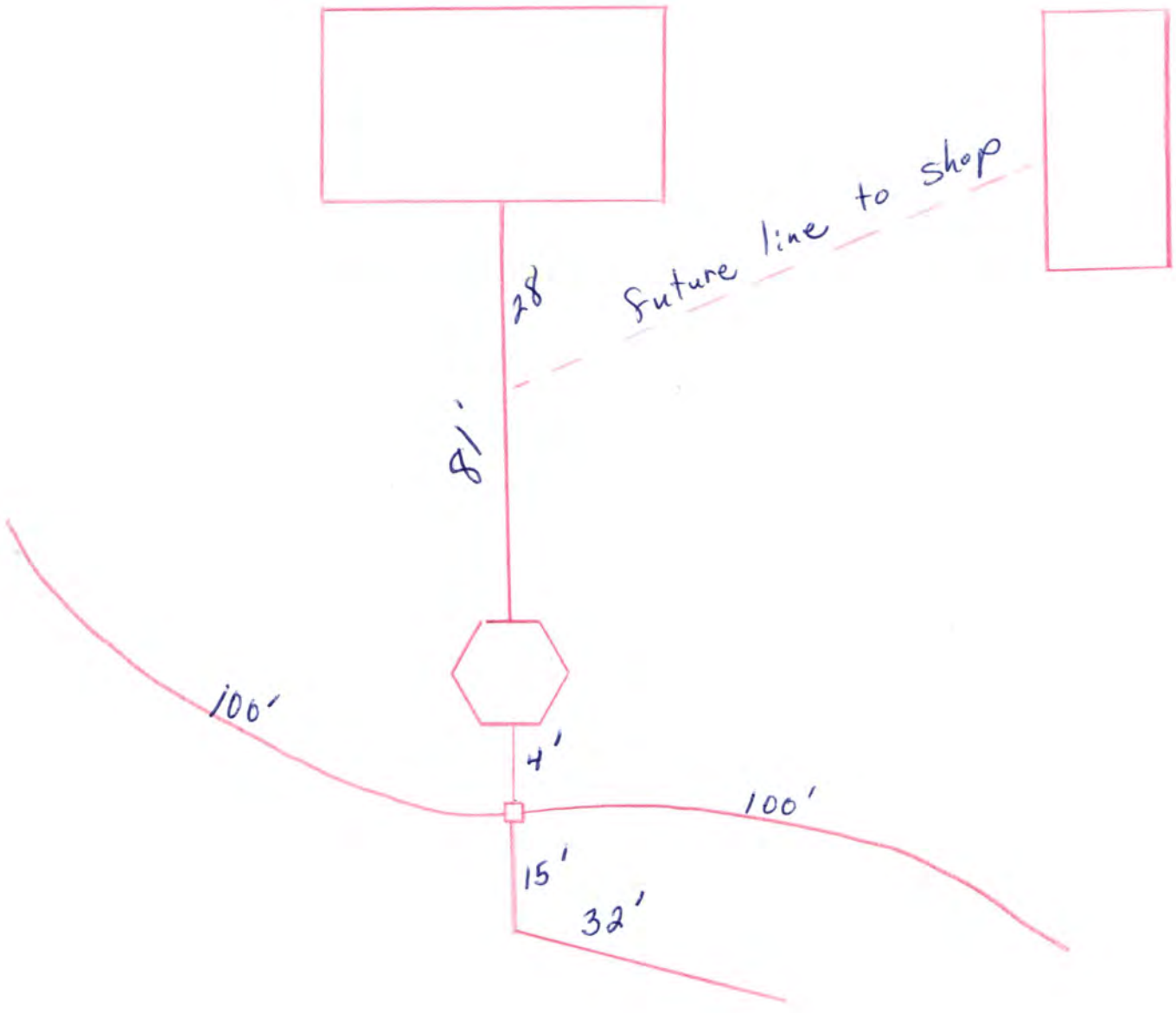
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Precast)
No ☐
3. Dimension: Length 20 in.; Width 14 in.
Depth ___ in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ___
2. Lateral Lines: Depth below grade 12 in.
Number 2; Length of each line ___ ft
Total length of Laterals 229 ft.;
Slope ___ in/100 ft. Diameter of pipe ___ in.; Shape ½ moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ___ in.;
Width 48 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



9-9-75
jw

4' wide
concrete half moons
4' deep

N