CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 54

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

December 14, 1968 — THIS LICENSE OR PERMIT EXPIRES

Dr. H.M. Hammer by M.J. Sampson — LICENSEE OR PERMITTEE

Lincoln — ADDRESS

Twp. 10N; Range 6E; Sec. SE 1/4 2; Lot H, replat Lots 4 & 5, Grandview Heights — 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
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
13397	JUN 14 68	30.00 CK.

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. 54

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 6E; Section SE¼ 2;
Block ____; Lot H; Addition GRANDVIEW HEIGHTS
Street Address ↑ REPLAT LOTS 4 & 5.

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.

Dr H. M. Hammer
Signature of Applicant (owner or lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/14/68. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 6/14/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6/14/68. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 6/14/68. Signature: Alice Steele

3. City Engineer: Date Rec'd. ____. ACTION: Approved ____ ☑ Disapproved ☐
Date Frwd. 6-14-68. Signature: RAClifton

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. 54

DATE: June 14, 1968

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 6E; Section SE¼2;
Block ____; Lot H; Addition GRANDVIEW HEIGHTS
Street Address ← REPLAT LOTS 4+5

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. of Bed Rooms 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-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.)

Dr H.M. Hammer
Signature of Applicant (owner or lessee)
By W.J. Sampson

Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: 7/26/68 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐: 6/14/68
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/26/68 by: Jerrold C. Hood

7/26/68 Not all of installation was seen before covering, but by appearances and discription by installer appears to have been installed correctly. J.C.H.

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. 54

PROPERTY WHERE SOIL TESTED:
Location: Township 10N
Section & ¼ Sect. SE¼ 42
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: DR. H. M. HAMMER
Address _____

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

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ___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"	6-6	11.00	6-7	11.00	6-7	11:00	33"	3:00		4 hrs	17.2	
2	36"	6-6	11.00	6-7	11.00	6-7	11:00	33"	3:00		4 hrs	22.2	
3	36"	6-6	11.00	6-7	11.00	6-7	11.00	33"	3:00		4 hrs	26"	
4	36"	6-6	11.00	6-7	11.00	6-7	11.00	33"	3:00		4 hrs	28.2	
5	36"	6-6	11.00	6-7	11.00	6-7	11.00	33"	3:00		4 hrs	27	
6	36"	6-6	11.00	6-7	11.00	6-7	11.00	33"	3:00		4 hrs	28	

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

Elmer Tanner
Signature of Person Conducting Test

Address 3645 Adams St
Phone: 466-2462

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: June 14, 1968

Gerrold C. Hoak
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. 54

SPECIFICATIONS

DATE: _____

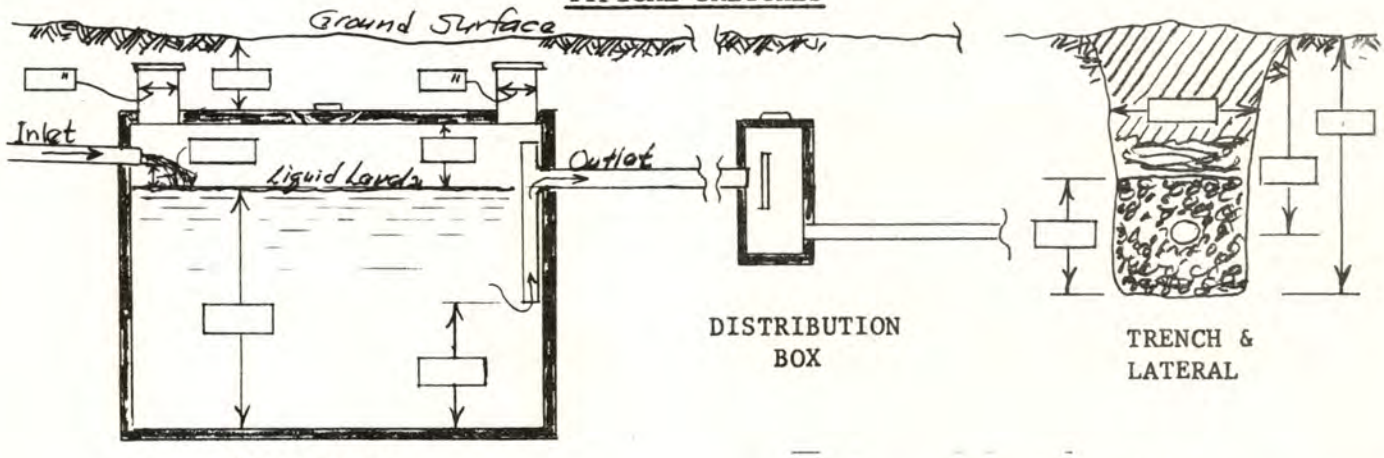
A. BUILDING SEWER:
1. Material CLAY; Diameter 4 in.
2. Distance above basement floor 48 in.; or below basement floor ____ in.
3. Distance between dwelling and septic tank 44 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 5 in.
Over Outlet; diam. 5 in.
Below Grade ____ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

C. DISTRICTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST STEP) No ☐
3. Dimension: Length 19 in.; Width 13 in. Depth 14 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

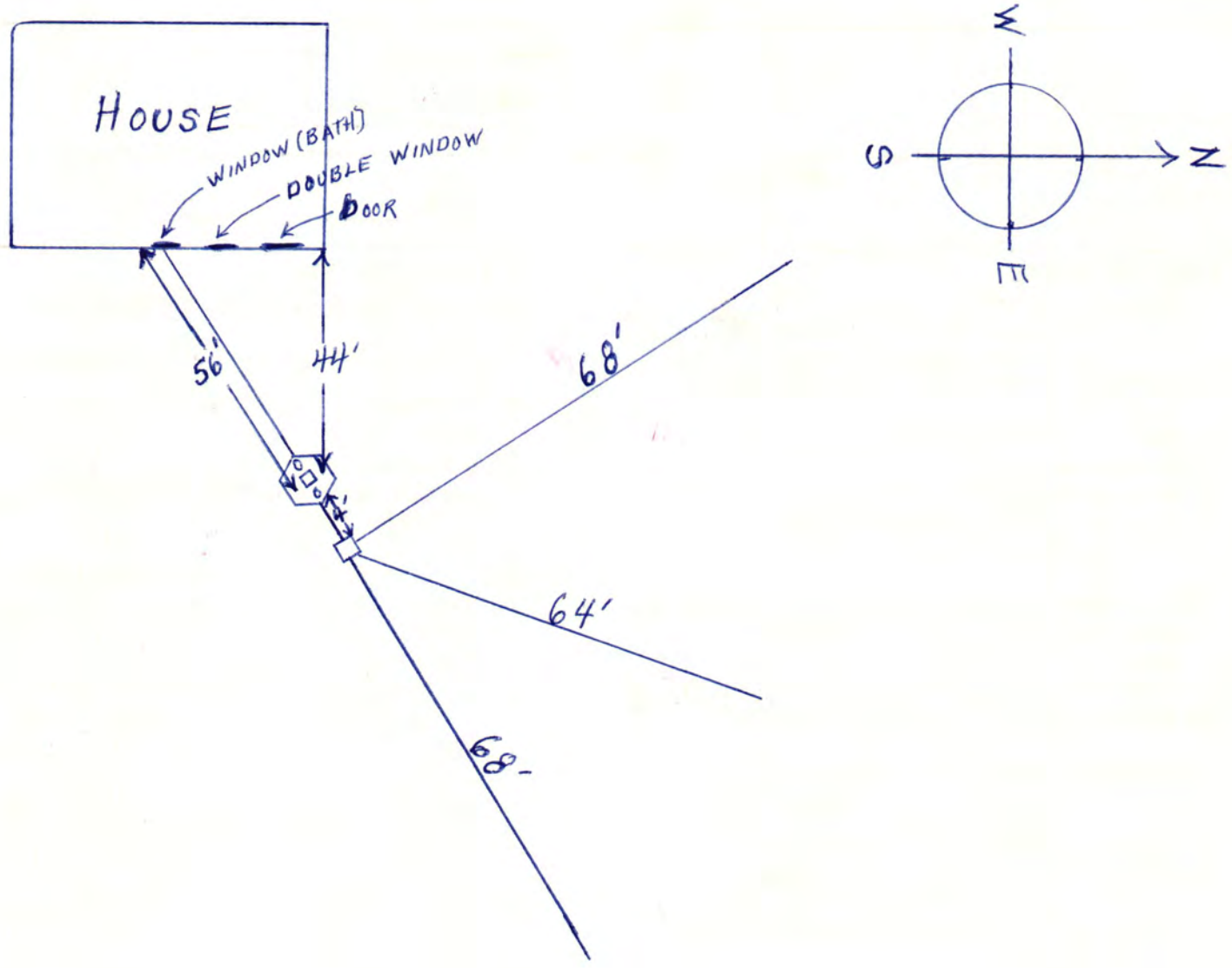
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND CONCRETE
2. Lateral Lines: Depth below grade ____ in.
Number 3; Length of each line 68 ft +64
Total length of Laterals 200 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ____
Distance between lateral lines — ft.
3. Trench Dimensions: Depth 60 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom 16 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

Dra H M Hammes
Signature of Applicant by MJA


HOUSE
WINDOW (BATH)
DOUBLE WINDOW
DOOR
56'
44'
68'
64'
68'
W
S
N
E