FILE NO. 414

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 8, 1974 — THIS LICENSE OR PERMIT EXPIRES

Merle Hartley — LICENSEE OR PERMITTEE

Route #5 — ADDRESS

T10N; R6E; Sec. 2; Lot 15 &6; Grove Park Add. — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
621 0.155	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-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. 414

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

DATE: April 8, 1974

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 6E ; Section 2
Block ____; Lot p/5+6; Addition GROVE PARK
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.

D. Merle Hartley
Signature of Applicant (Owner or Lessee)

Route 5, Lincoln, Nebr 68508
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/8/74 . Date Frwd. 4/8/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-8-74 . Date Frwd. 4-8-74 . ACTION: Approved X ☐ Disapproved ☐ Signature: Chas Seal By Bl Stemmer

3. City or County Engineer : Date Rec'd. ____ . Date Frwd. 4-8-74 . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL North of I-80 @ 84th St.

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 [X]
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. 414

DATE: April 8, 1974

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. 10 N ; Range 6 E ; Section 2 ; Block ~~P 15+6~~; Lot P 15+6; Addition Grove Park.
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3
Describe: _____
Other Use _____
Describe: _____

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

D. Mike Hartley
Signature of Applicant (owner or lessee)

Route 5, Lincoln, Nebr. 68508
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-18-74 by: jw
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 4/8/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-18-74 by: James Mevaka

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. 414

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
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 ☐

Owner: _____
Address _____

Dates of Tests: 4-6-74 to 4-7-74. Weather: Precip. 0 Temp. 65°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	30"	4-6	8:00	4-6	2:00	4-7	1:00	6	1:30	4½	30	1½	
2	"	4-6	"	4-6	"	"	1:00	6	1:30	4½	30	1½	
3	"	4-6	"	4-6	"	"	1:00	6	1:30	5	30	1	
4	"	4-6	"	4-6	"	"	1:00	6	1:30	5	30	1	
5	"	4-6	"	4-6	"	"	1:00	6	1:30	5½	30	½	
6	"	4-6	"	4-6	"	"	1:00	6	1:30	5½	30	½	

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

Mele Hartley
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 8, 1974

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. 414

SPECIFICATIONS

DATE: _____

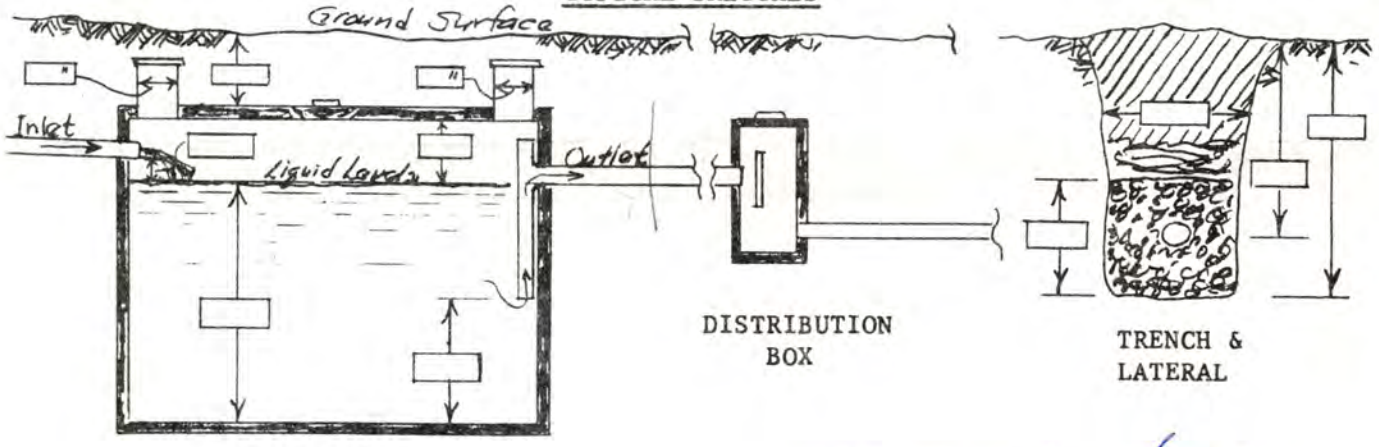
A. BUILDING SEWER: Tile
1. Material ~~CI~~; Diameter 4 in.
2. Distance above basement floor 6 ~~in.~~ ft.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ~~100~~ 50 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company PRE-CAST) 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 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 3.
2. Factory Built: Yes ☒, (Company Precast _____) 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.)

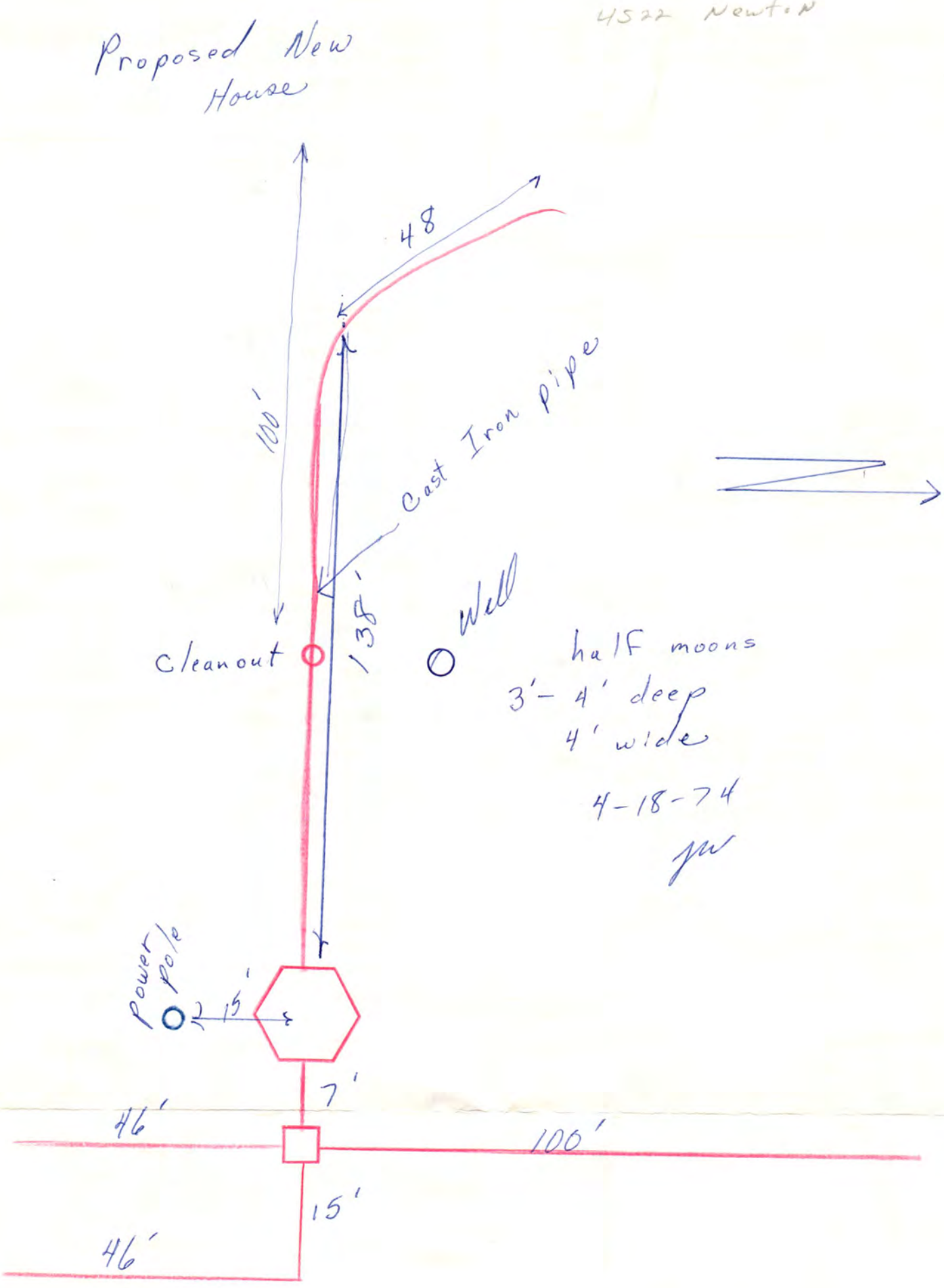
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: PRE-CAST
2. Lateral Lines: Depth below grade 24 in. Number 2; Length of each line ___ ft Total length of Laterals 188 ft.; Slope 4 in/100 ft. Diameter of pipe ___ in.; Shape _____ Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between 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 125 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



D. Mark Hartley
Signature of Applicant

4522 Newton


Proposed New House
48
100'
Cast Iron pipe
Cleanout
138'
Well
half moons
3'- 4' deep
4' wide
4-18-74
jw
Power pole
2
15'
7'
46'
100'
15'
46'