FILE NO. 353

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 21, 1974 — THIS LICENSE OR PERMIT EXPIRES

George N. Wilkerson — LICENSEE OR PERMITTEE

6819 Aylesworth — ADDRESS

T10N; R6E; Section 30. Lot 11, 12p13; Cushmans 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	
624-1535 110.15	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. 353

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 30;
Block ____; Lot 11,12 & 13; Addition Cushman Park
Street Address _____.

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

Other Use ____ ☐
Describe: _____

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

4. Distance to public sewer: _____ft.

Geo. N. Wilkerson Jr. Gen. T.
Signature of Applicant (owner or lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/21/73. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 8/22/73. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☑ Disapproved ☐
Date Frwd. 8/22/73. Signature: Charlie Seale By RH

3. Dep. City Engineer: Date Rec'd. 8-22-73. ACTION: Approved ☐ Disapproved ☒
Date Frwd. " . Signature: J. L. Blessing

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. 353

DATE: _____

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 30;
Block _____; Lot 11,12 & 13; Addition Eastman Park
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 2 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-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.)

Geo. N. Wilkerson Jr. C.E.T.
Signature of Applicant (owner or lessee)

_____
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: 10/18/73 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 8/21/73
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/18/73 by: Jerrold C. Hood

Mr. Hood

434-6232 434-8883/Bus.

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. 353

PROPERTY WHERE SOIL TESTED:
Location: Township 10 North
Section & ¼ Sect. SE¼ OF SECTION 30
Property Dimensions: 420 ft. x 627 ft.
Area: 6.05 ± acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: Geo. N. Wilkerson Jr. CET
Address 6819 Aylesworth Lincoln Ne 68505

Dates of Tests: aug 9 73 to aug 10 73. Weather: Precip. T Temp. 85 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	8/9	6PM	8/10	6PM	8/10	6PM	12	730 PM	6	30	12	
2	"	"	"	"	"	"	"	"	"	9	"	3¼	
3	"	"	"	"	"	"	"	"	"	6¾	"	1¾	
4	"	"	"	"	"	"	"	"	"	5	"	2	
5	"	"	"	"	"	"	"	"	"	6	"	1¼	
6	"	"	"	"	"	"	"	"	"	6	"	1½	

Robert D Johnson
Signature of Person Conducting Test

Address 426 NW 13th
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. 21 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 21, 1973

Jerrold 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. 353

SPECIFICATIONS

DATE: _____

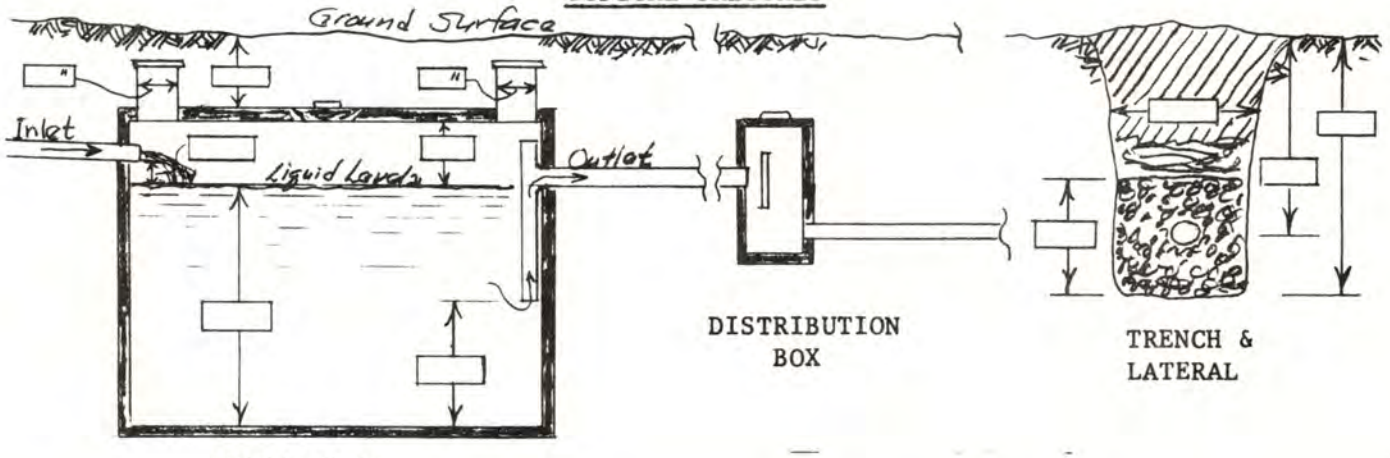
A. BUILDING SEWER:
1. Material CAST IRON; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 22 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 750 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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.

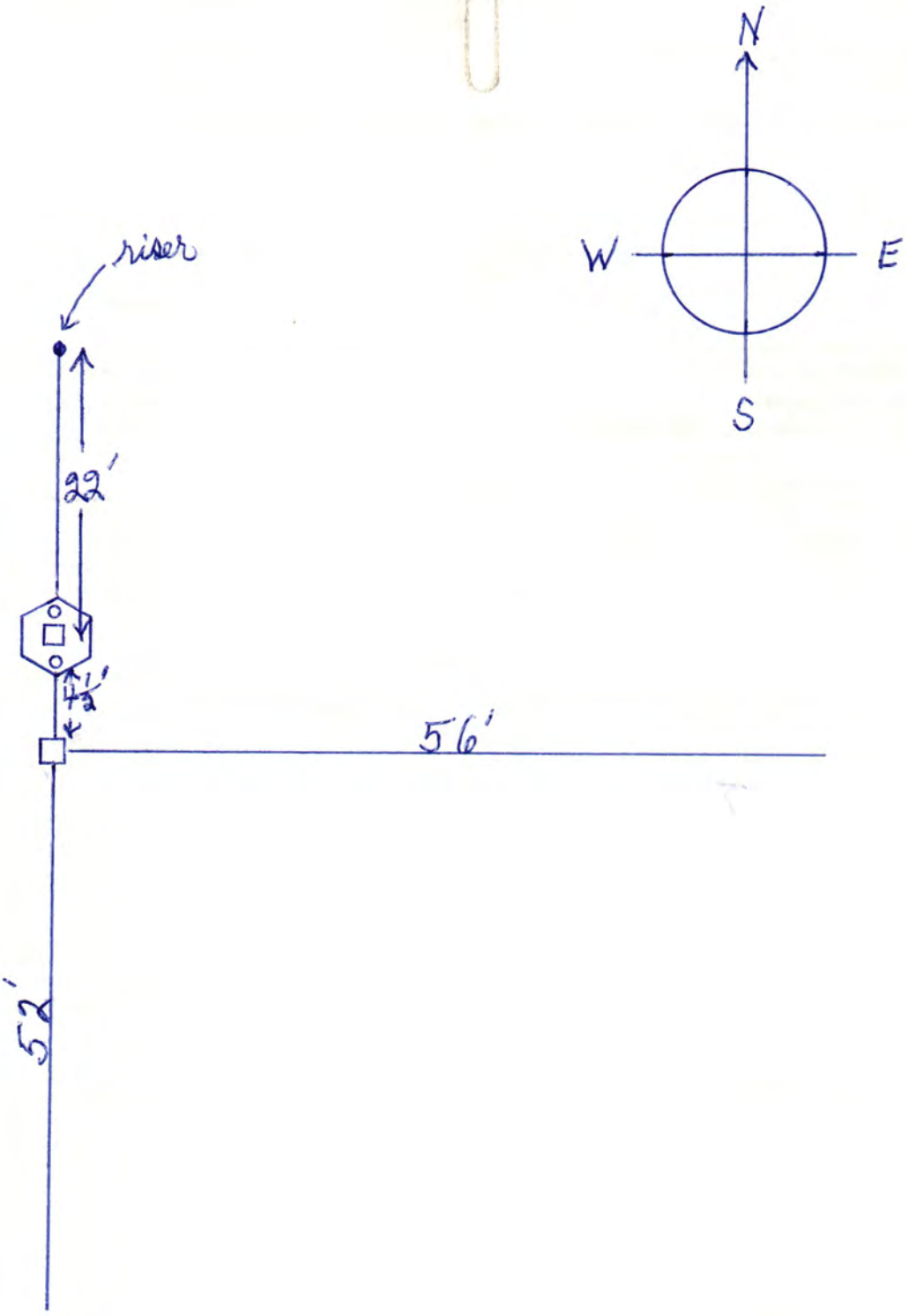
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 4½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line 56 ft
Total length of Laterals 108 ft.; ~~152~~
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: 21 minutes/inch

TYPICAL SKETCHES



Signature of Applicant



• WELL 100'+