CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 614

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — November 7, 1975

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert E. Jordan — Route #6, Box 49C Lincoln

LICENSEE OR PERMITTEE — ADDRESS

T10N; R6E; Sec. 30-S½-SE¼-SE¼, I. T.; Lot 23; EXTEND

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	
110.15	110.16	148.14	6-2	
SERIAL NO. 624-1535	DATE	AMOUNT		

APPLICATION

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 614

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

DATE: 5/3/75

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Lot 33, Irregular tracts S½ SE¼ SE¼ Section 30 T10N R6E,
Twp._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: Drain field

5. Work to be done by: Owner ☐; or Contractor ☒, Jay Felton
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Robert E. Jordan
Signature of Applicant (owner or lessee)

Rt 6 Box 49C Lincoln Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: May-16-75 by: DM
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: May-16-75 by: Lowell Maynard

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. 614

SPECIFICATIONS

DATE: _____

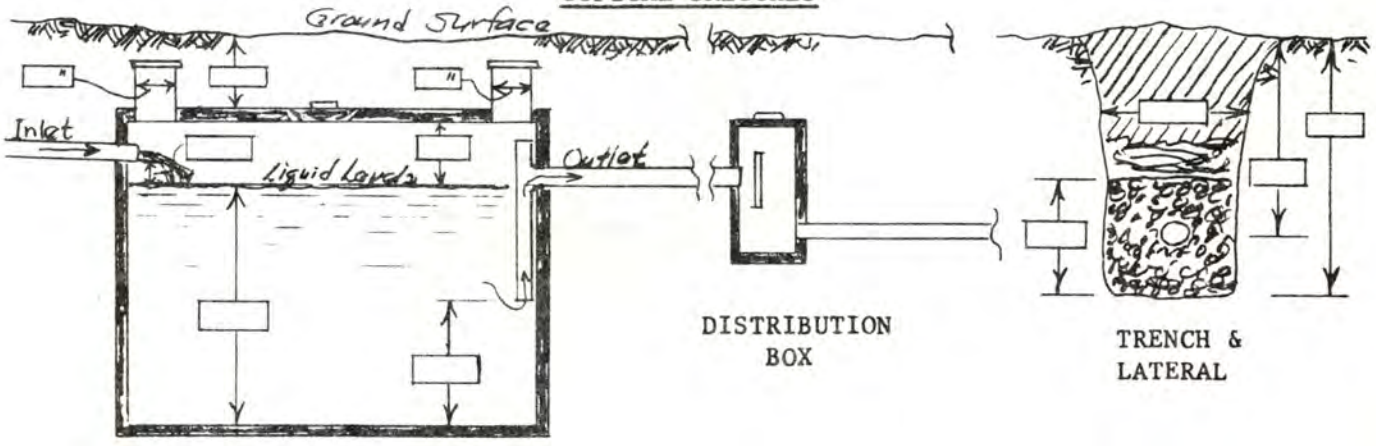
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____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 Ree Cast Step Co) 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 ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

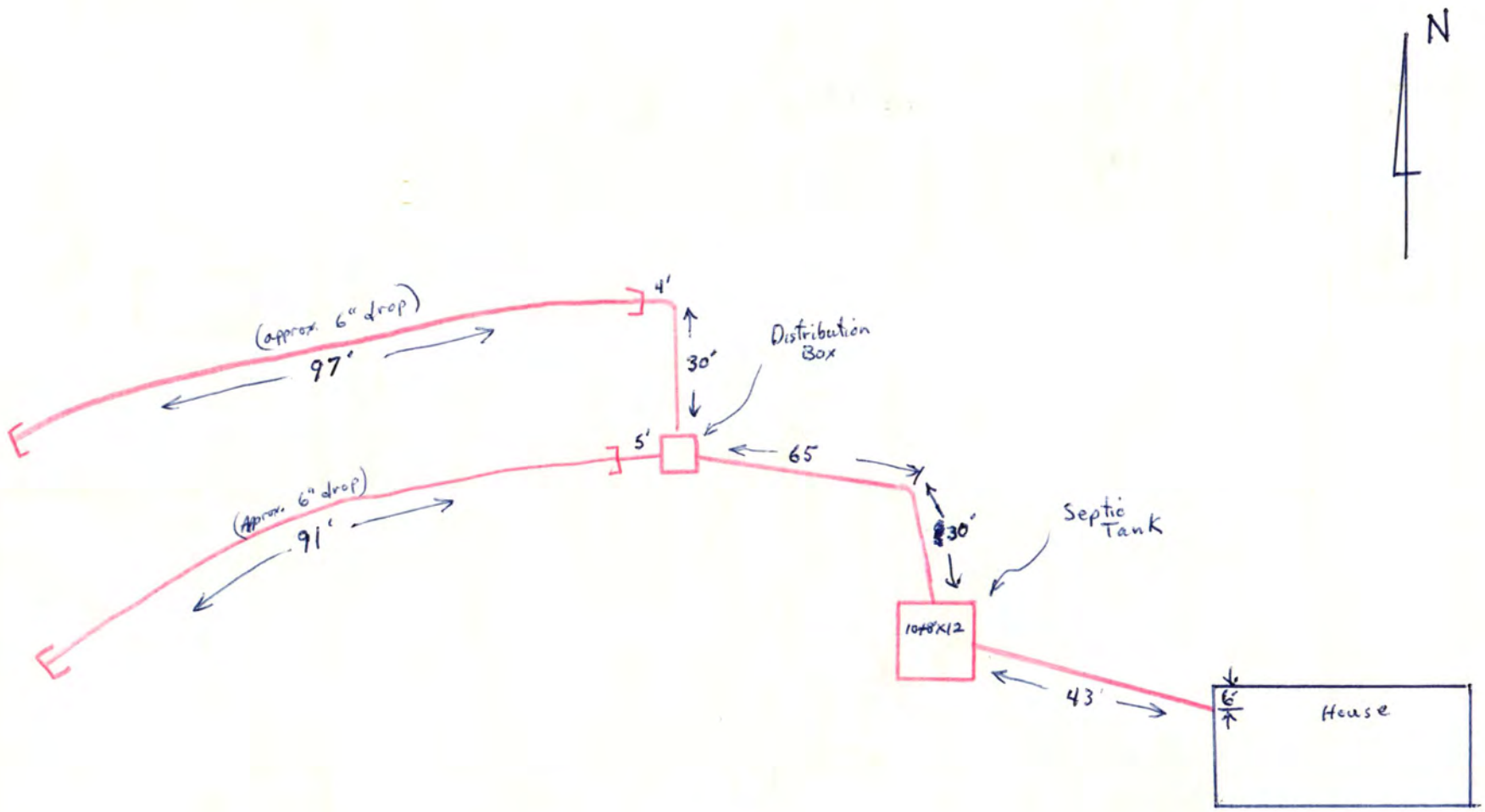
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Ree Cast Step Co) No ☐
3. Dimension: Length 24 in.; Width 14 in. Depth 13 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 181 ft.; Slope 6 in/100 ft. Diameter of pipe ____ in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 2-3½ in.; Width 48 in.
4. Filter Material: Road gravel. 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



mm May-16-75

Sewer line from house, septic tank & line to distribution box were already backfilled.

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 40

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

October 4, 1968
THIS LICENSE OR PERMIT EXPIRES

Ron Tubbs
LICENSEE OR PERMITTEE

Rt. 6, Box 49AA
ADDRESS

T 10; R 6; Sect. 30; Lot 23
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
12786	MAR 4 68	30.00 -

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-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. 40

DATE: March 28, 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. 10; Range 6; Section 30;
Block ____; Lot 23; Addition ____;
Street Address Rt #6 Box 49AA.

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.)

Ron Tubbs
Signature of Applicant (owner or lessee)

Rt #6 Box 49AA -23
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 4/4/68
by: Jerrold E. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____

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. 40

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. 10; Range 6; Section 30;
Block ____; Lot 23; Addition ____;
Street Address Rt #6 Box 49AA.

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: 3 miles ~~ee~~.

Ron Tubbs
Signature of Applicant (owner or lessee)

Rt #6 Box 49AA
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/4/68. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 4/4/68. Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. ____. Signature: Charles Seal By E.H.

3. City Engineer: Date Rec'd. 4-4-68. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. ____. Signature: Richard D. Thompson

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

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. 40

PROPERTY WHERE SOIL TESTED:
Location: Township 10
Section & ¼ Sect. ____
Property Dimensions: 328.78 ft. x 662.57 ft.
Area: 5+ Acres acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☑
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Ron Tubbs
Address Rt #6 Box 49 A Lincoln

Dates of Tests: 3/30 68 to 3/31/68. Weather: Precip. Trace Temp. 37 to 88° 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"	3/30	8 AM	3/30	9 PM	3/31	8 AM	18"	8.50	ALL	50	ALL	1½ to
2	36"	"	"	"	"	"	8.05	"	8.55		"	Hole	2"
3	36"	"	"	"	"	"	8.10	"	9.00	Below	"	Clear	in
4	36"	"	"	"	"	"	8.15	"	9.05		"	Below	final
5	36"	"	"	"	"	"	8.20	"	9.10	gravel	"	gravel	10 Min
6	36"	"	"	"	"	"	8.25	"	9.15		"		

Ron Tubbs
Signature of Person Conducting Test

Address Rt #6 Box 49 A Lincoln, Nebr
Phone: 432 8228

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: On site check revealed some sandy soil at this location

DATE: April 4, 1968

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

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. 40

SPECIFICATIONS

DATE: _____

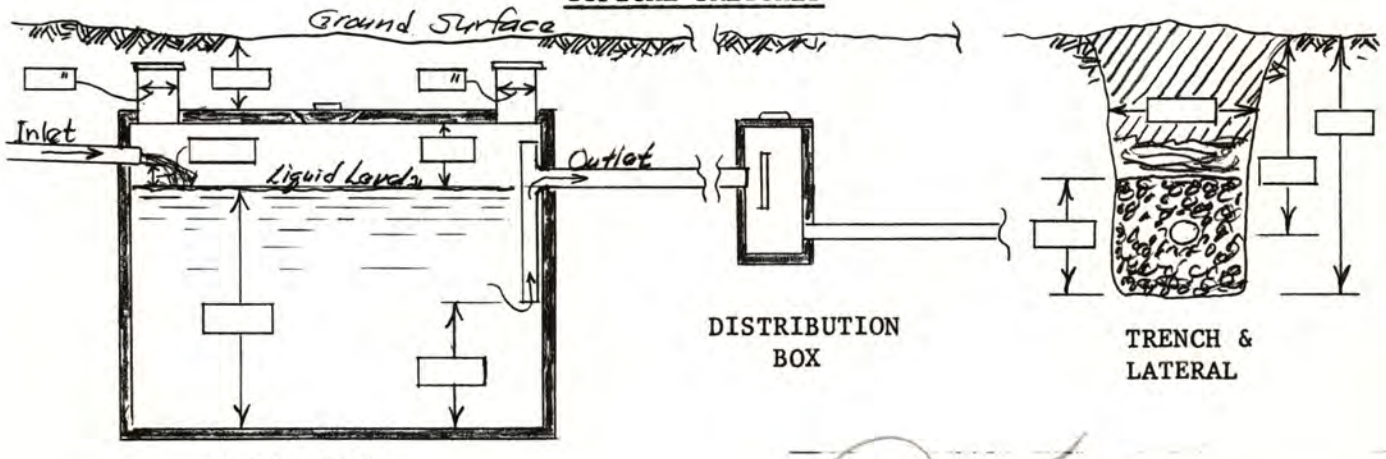
A. BUILDING SEWER:
1. Material S, I Pipe & Clay; Diameter 4" in.
2. Distance above basement floor ____ in.; or below basement floor 40" in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 3.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 16" in.
Over Outlet; diam. 16" in.
Below Grade 24" in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 8" in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 150 ft.

C. ~~DISTRIBUTION~~ Diversion BOX
1. Material Conc; No. available outlets 4.
2. Factory Built: Yes ☐, (Company _____)
No ☒
3. Dimension: Length 48 in.; Width 24" in.
Depth 24 in.
4. Distance from Septic Tank 12 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Plastic 4" Agt
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 62 ft
Total length of Laterals 125 ft.;
Slope 6" in/100 ft. Diameter of pipe 4 in.; Shape Round
Material: concrete ☐; fiber ✓
asbestos ☐; clay ☐; other ____
Distance between lateral lines 60 ft.
3. Trench Dimensions: Depth 36 in.;
Width 36 in.
4. Filter Material: gravel.
Depth of material from trench bottom 12" in.
5. Distances To:
Well or Suction Line 160 ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line ____ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Ron Tubbs
Signature of Applicant

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. 40

SPECIFICATIONS

DATE: _____

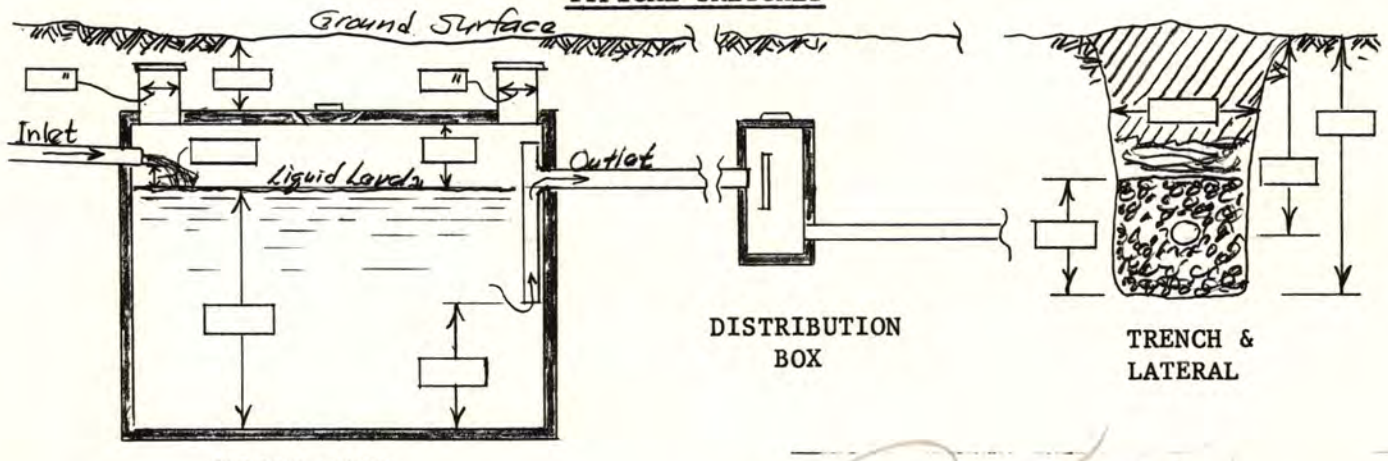
A. BUILDING SEWER:
1. Material Soil Pipe & Clay; Diameter 4" in.
2. Distance above basement floor ____ in.; or below basement floor 40" in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 3.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 16" in.
Over Outlet; diam. 16" in.
Below Grade 24" in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet 8" in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line 150 ft.

C. ~~DISTRIBUTION~~ DIVERSION BOX
1. Material Conc; No. available outlets 4.
2. Factory Built: Yes ☐, (Company _____) No ☑
3. Dimension: Length 48 in.; Width 24 in. Depth 24 in.
4. Distance from Septic Tank 12 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Plastic Approx
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 62 ft
Total length of Laterals 125 ft.;
Slope 6" in/100 ft. Diameter of pipe 4 in.; Shape Round
Material: concrete ☐; fiber ✓ asbestos ☐; clay ☐; other _____
Distance between lateral lines 50 ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 160 ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line ____ ft.
6. Percolation Rate: _____ minutes/inch

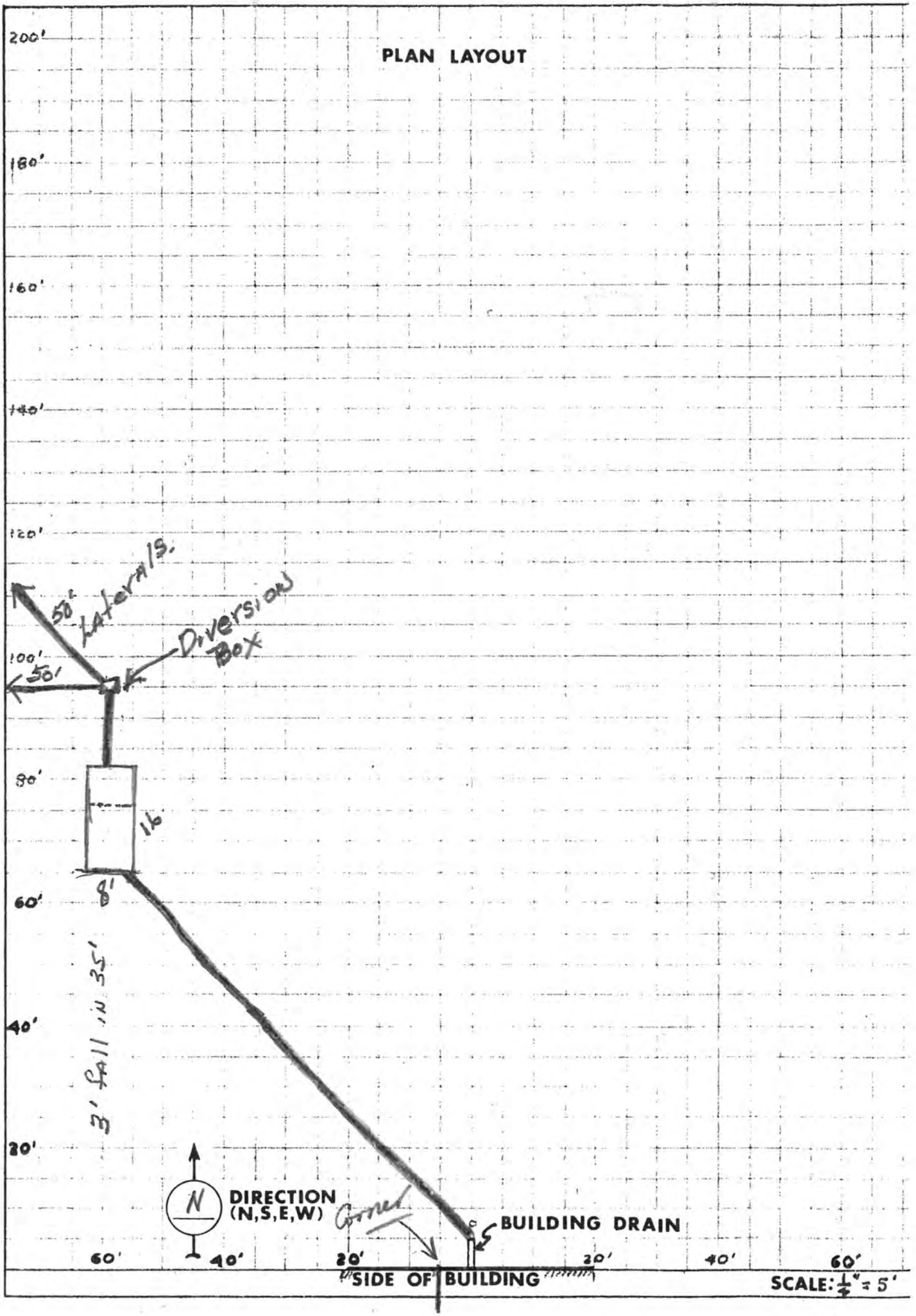
TYPICAL SKETCHES



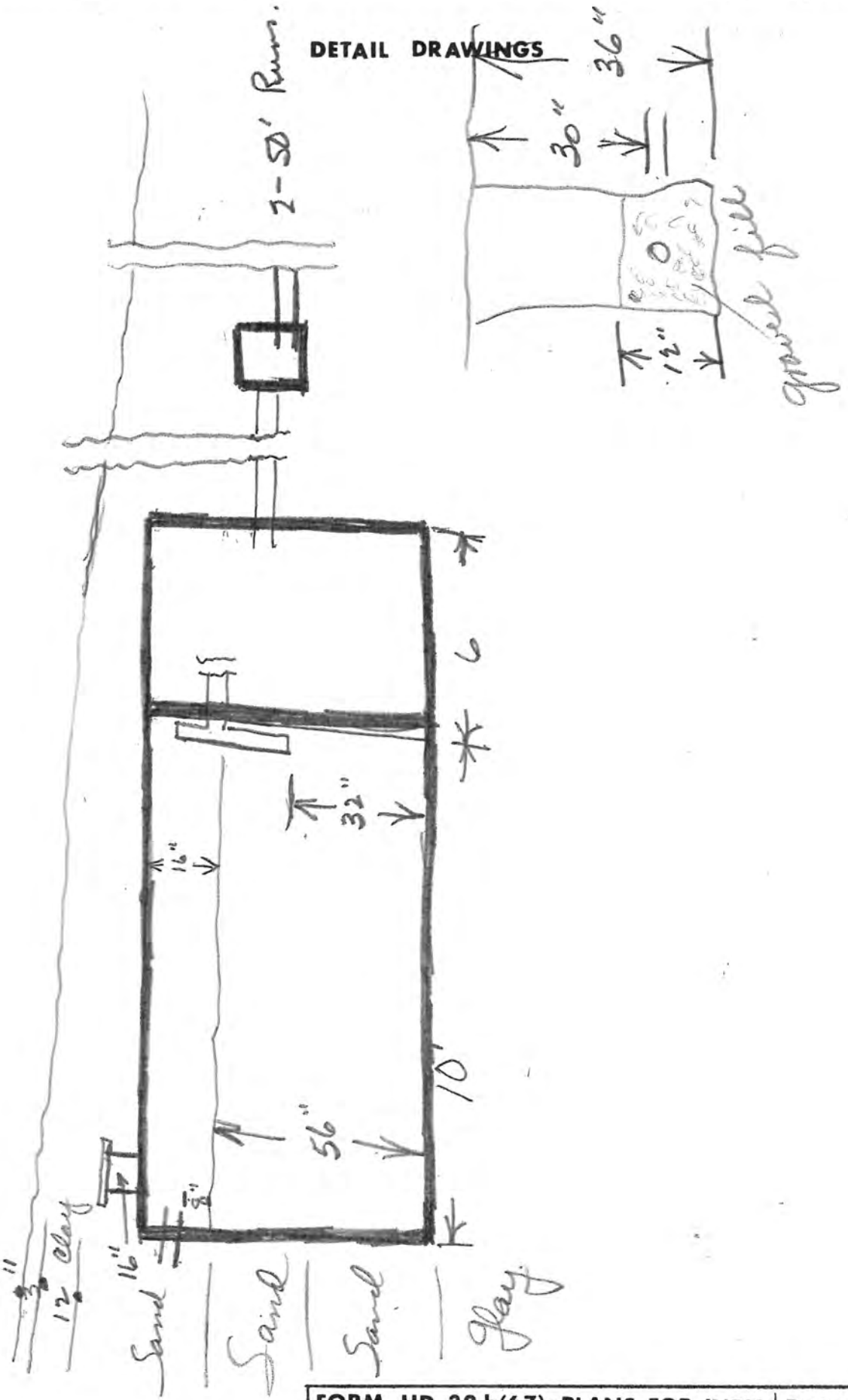
SEPTIC TANK

Ron Tubbs
Signature of Applicant

PLAN LAYOUT


200'
180'
160'
140'
120'
100'
80'
60'
40'
20'
50'
Laterals
Diversion Box
50'
16
8'
3' fall in 35'
N
DIRECTION (N,S,E,W)
Corner
BUILDING DRAIN
60'
40'
20'
20'
40'
60'
SIDE OF BUILDING
SCALE: 1/8" = 5'

DETAIL DRAWINGS



FORM HD 32 b(67): PLANS FOR INDV SEWAGE SYSTEM	Date
Name Ronald L. Tubbs	
Address R.F.D. 6 Box 79A Lincoln	FILE NO. 40

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 8000 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

This form must be completed and returned to requ

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☑ Evaluation of the Individual Water System Date: 11-9-'90

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 6E; SECTION 30; BLOCK ____

LOT 231; ADDITION _____; Street Address 4100 West "A" St, Lincoln, NE

Directions to Property Straight out West "A" St. to west

Location of Well App. 16-18 ft. to NE of hse Tap Location: Inside ☑ Outside ☑

Location of Sewage System App. 45-50 ft. to NW corner of hse Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Robert & Marilyn Farrar	4100 West "A" St.	474-0188
Tenant/Buyer:	Vincent & Lorene Reinert	725 Sunny Slope Rd	489-0207
Return to:	Vincent & Lorene Reinert	" "	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Vincent L Reinert Address 725 Sunny Slope Rd 68505

==========

HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 9, 1990 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 13, 1990

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 11/13/90 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 4/15/91 by J.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: HYDRANT TOO CLOSE TO WELL. Corrected 4/15/91 J.C.H.

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold E. Head R.S. DATE APRIL 19, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832