FILE NO. 1577

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

February 7, 1980
THIS LICENSE OR PERMIT EXPIRES

Harry Meginnis
LICENSEE OR PERMITTEE

4701 West A Street, Lincoln, NE
ADDRESS

T10N, R6E, Section 31, Block 3, Lot 1, Addition High Ridge Acres
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE (Alter, Extend and Repair)

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.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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. 1577

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

DATE: _____

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: Twp. 10N ; Range 6E ; Section 31 ;
Block 3 ; Lot 1 ; Addition HIGH RIDGE ACRES
Street Address _____

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Add lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑, John Struthmyer
Contractor's Name

6. Estimated cost of project:

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

You have legal from Previous System

Harry Maximic
Signature of Applicant (owner or lessee)

4701 West A
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

FORM 20105-0477
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: 474-1541

B

FILE NO. 1577

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER: Harry Meginnis Jr
Address: 4701 West A

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	6/5	4:00	6/6	4:00	6/6	4:00	6"	6:00	5 3/4	30	1/4	
2	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	
3	"	"	"	"	"	"	"	"	"	5 3/4	"	1/4	
4	"	"	"	"	"	"	"	"	"	5	"	1	
5	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	
6	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	

John Strohmyer
Signature of Person Conducting Test

Address 4401 No. 27th Phone 467-1627

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

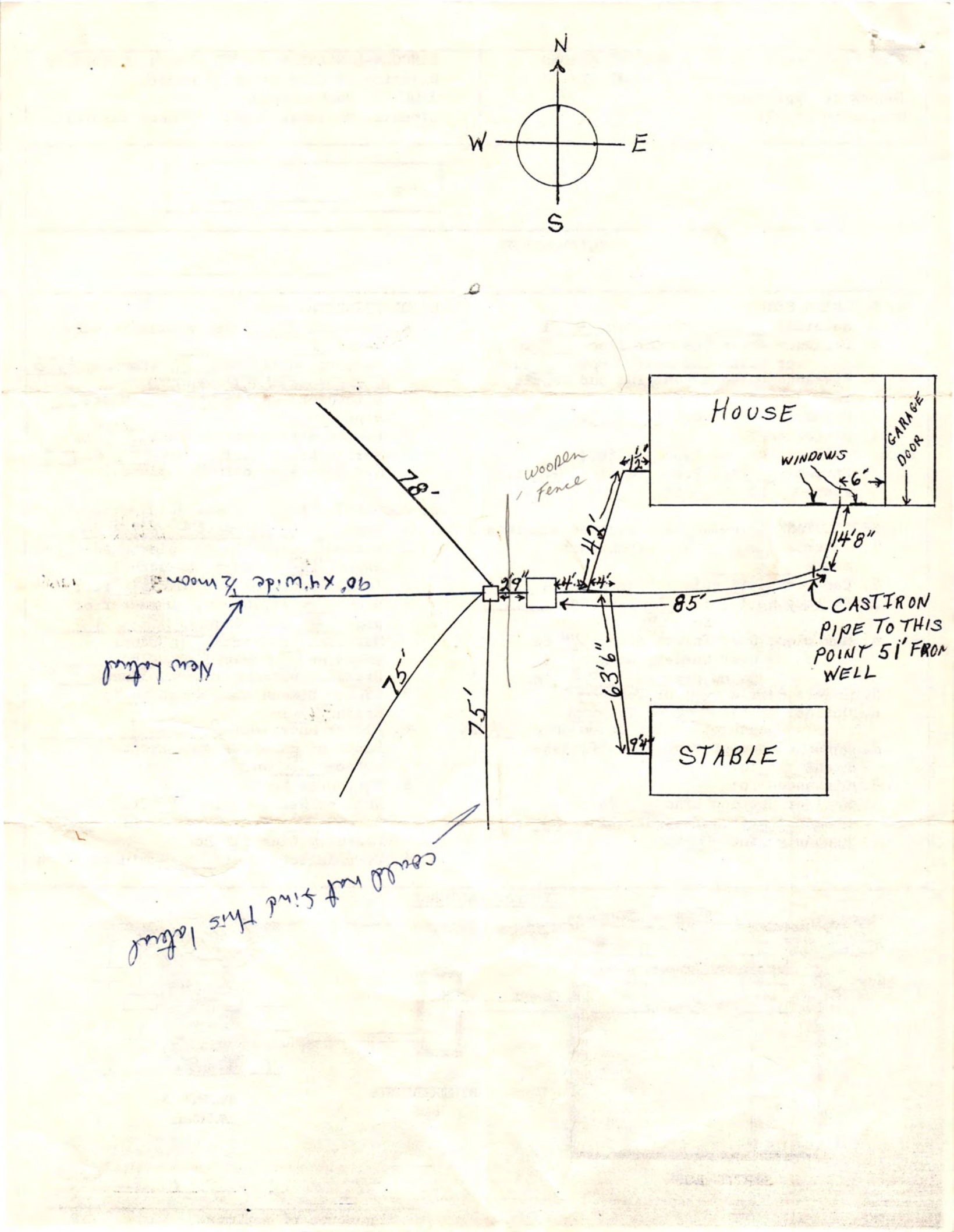
(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Judson Silt Loam
Date: August 7, 1979

Approved Percolation Rate (a)
A. 53 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Wood
Signature of Reviewing Official


N
W
E
S
HOUSE
GARAGE DOOR
WINDOWS
6'
1½'
42'
14'8"
78'
Wooden Fence
2'9"
4'
4'
85'
CASTIRON PIPE TO THIS POINT 51' FROM WELL
63'6"
9'4"
STABLE
75'
75'

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. L2

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

January 17, 1968 — THIS LICENSE OR PERMIT EXPIRES

Herbert Robertson — LICENSEE OR PERMITTEE

12602 W. Dodge Rd, Omaha, Neb. — ADDRESS

Herbett Robertson — NAME OF ESTABLISHMENT, IF ANY

NE¼ of Sect. 31, T 10, R 6 — 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
01657	JA17 67	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-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. 12

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 NE¼ 31;
Block ____; Lot ____; Addition ____;
Street Address W. A St.

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

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

4. Distance to public sewer: 2 mile ft.

Herbert Robertson
Signature of Applicant (owner or lessee)

12602 W. Dodge Rd. Omaha
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7-17-67. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 7-17-67. Signature: Del Weed

2. Supt. Bldg. Insp.: Date Rec'd. 7-17-67. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. 7-17-67. Signature: Charles Seal R.S.

3. City Engineer: Date Rec'd. 7-17-67. ACTION: Approved ___ [✓] Disapproved [ ]
Date Frwd. ____. Signature: RAC Livingston

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [X] Disapproved [ ]

Date Applicant Notified: July 18 1967 Signature Del Weed

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. 13

DATE: 7-16-67

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 NE. 1/4 3;
Block _____; Lot _____; Addition _____;
Street Address W. A St.

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

Other Use None [ ]
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.)

Herbert Robertson
Signature of Applicant (owner or lessee)

12602 W. Dodge Rd. Omaha
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: July 17 1967
Filing Fee: $ 30.00

2. Date Site Clearance July 17 1967

3. Site Visits:
Date: July 17 1967 by: D. Weed
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: July 17 1967
by: Del Weed

5. BUREAU OF LICENSES & PERMITS
Date Notified: July 17 1967
Date Issued: July 17 1967 Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: Jerrold C. Hood

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. 12

PROPERTY WHERE SOIL TESTED:
Location: Township 10
Section & ¼ Sect. N.E¼ of Sec. 31
Property Dimensions: 560 ft. x 530 ft.
Area: 6 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Herbert Robertson
Address 12602 W. Dodge Rd. Omaha

Dates of Tests: 7-14-67 to 7-16-67. 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"	7/14/67	5:30 pm	~~7/15~~	4:00 pm	7/14	4:00 pm		8:00 p.		150 min	23	8 min/inch
2	36"	7/14/67	"	7/14	"	7/14	"		7:00 pm		180 min	23	8 min/inch
3	36"	7/14/67	"	7/14	"	7/14	"		7:00 pm		180 min	22	8 min/inch
4	36"	7/14/67	"	7/14	"	7/14	"		7:00 pm		180 min	22	8 min/inch
5	36"	7/14/67	"	7/14	"	7/14	"		7:00 pm		180 min	20	9 min/inch

Sum of Percolation Rates 8.41
Average of Rates: 8.2 min/inch
Mean of Rates:

Signature of Person Conducting Test

Address Herbert Robertson
Phone: 391-9933

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 8.2 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 18, 1967

Signature of Reviewing Official

Fri Filled holes 5:30 P.M Refilled 7:00 P.M.

Sat 4:00 P.M Refilled to top 36" Deep

1	6.15 P.M	22"
2		24"
3		24"
4		25"
5		20"

Sun 10 A.M Filled

	1:00	P.M
1		23
2		23
3		22
4		22
5		20

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. 12

SPECIFICATIONS

DATE: 7-16-67

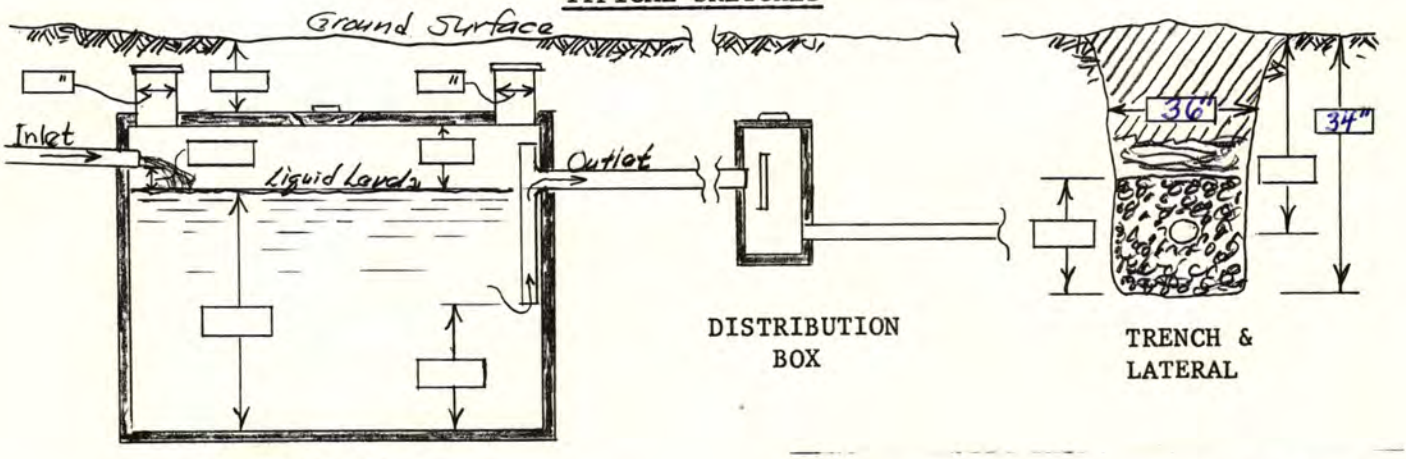
A. BUILDING SEWER:
1. Material Clay; Diameter 4" in.
2. Distance above basement floor 84 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 115 ft.;
Stream None ft.; Pressure Line 65 ft.;
Property Line 130 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete Blocks; No. of compartments 1.
2. Capacity 1000+ gals.; Liquid depth 51 in.
3. Factory Built: Yes ☐ (Company ___)
No ☒
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. ___ in.
Below Grade 24" in.
5. Inlet: Baffle ☐; or Tee ☒
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 4" in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 115 ft.;
Stream None ft.; Pressure Line 65 ft.;
Property Line 130 ft.

C. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST STEP No ☐
3. Dimension: Length 24 in.; Width 18 in. Depth 16 in.
4. Distance from Septic Tank 29" ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ORANGEBURG
2. Lateral Lines: Depth below grade 22 in. Number 3; Length of each line 75 ft Total length of Laterals 225 ft.; (+252) Slope 4 in/100 ft. Diameter of pipe 4 in.; Shape Round Material: concrete ☐; fiber asbestos ☐; clay ☒; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 34 in.; Width 36 in.
4. Filter Material: Gravel. Depth of material from trench bottom 8 in.
5. Distances To:
Well or Suction Line 132 ft.;
Stream None ft.; Pressure Line 95 ft.
Property Line 55 ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES

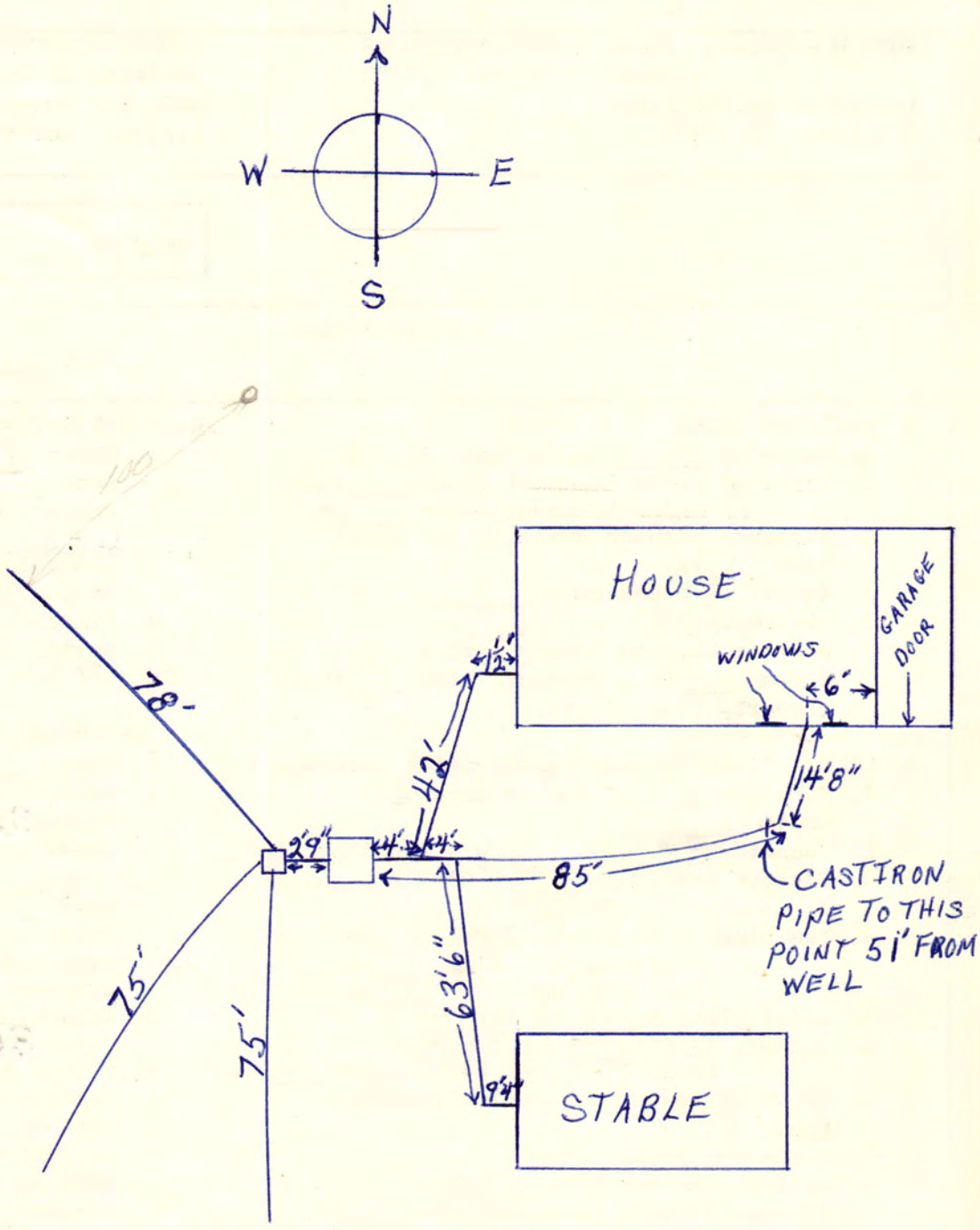


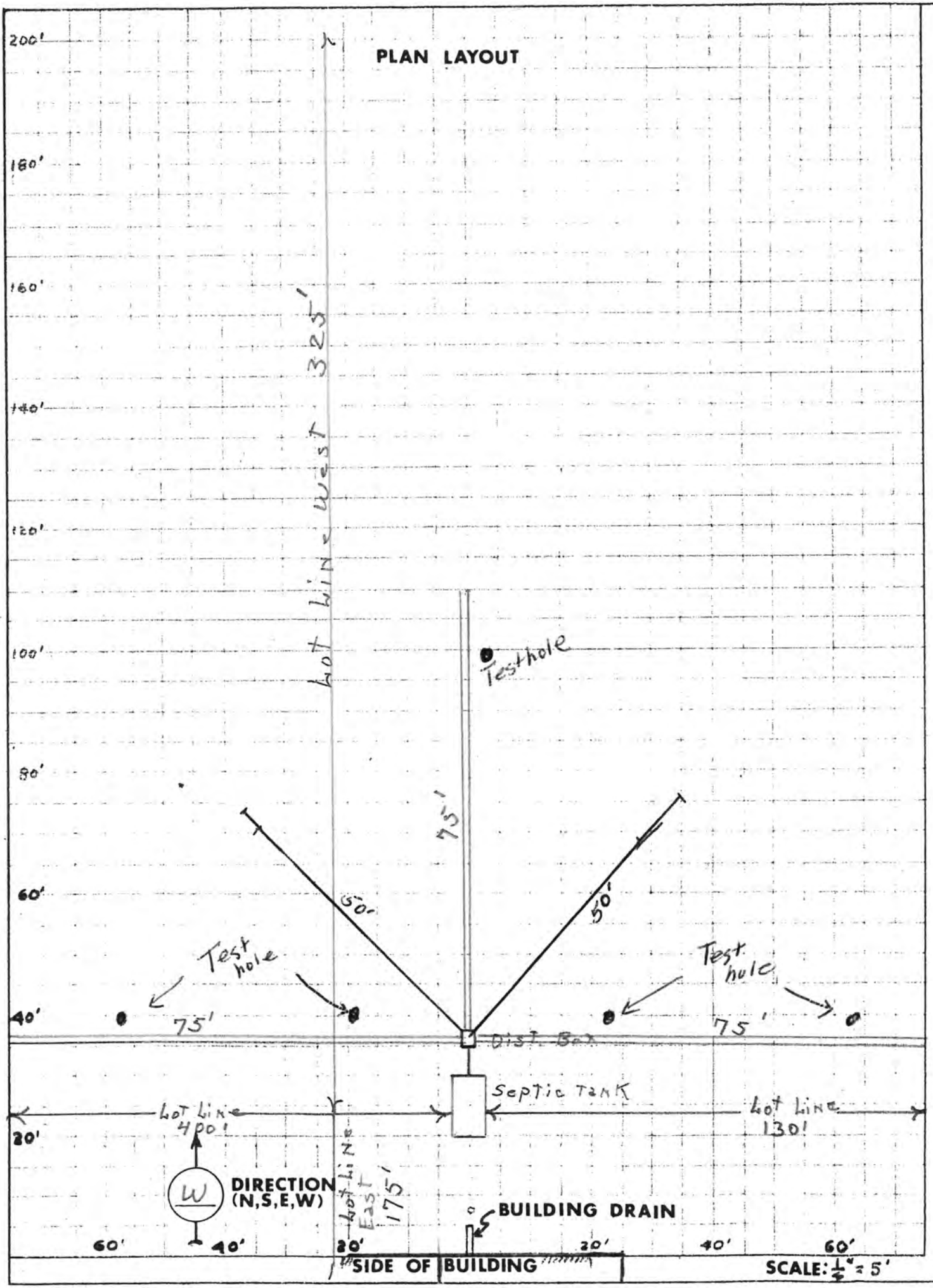
SEPTIC TANK

DISTRIBUTION BOX

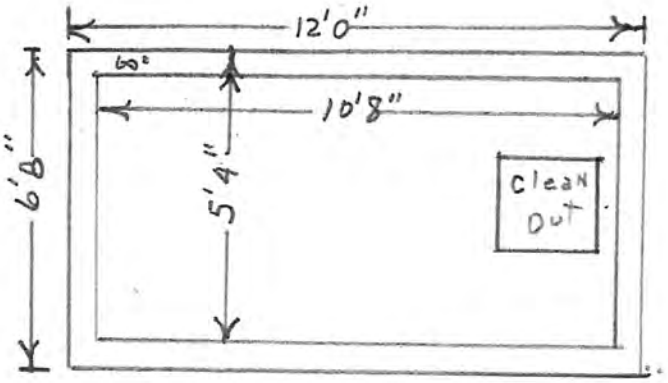
TRENCH & LATERAL

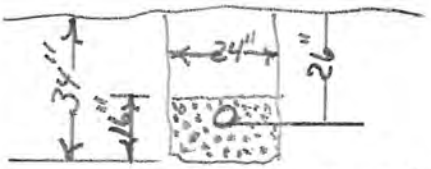
Herbert Robertson
Signature of Applicant


N
W
E
S
100
78'
75'
75'
HOUSE
GARAGE DOOR
WINDOWS
6"
1½"
42'
14'8"
9'9"
4'
4'
85'
CAST IRON PIPE TO THIS POINT 51' FROM WELL
63'6"
9'4"
STABLE

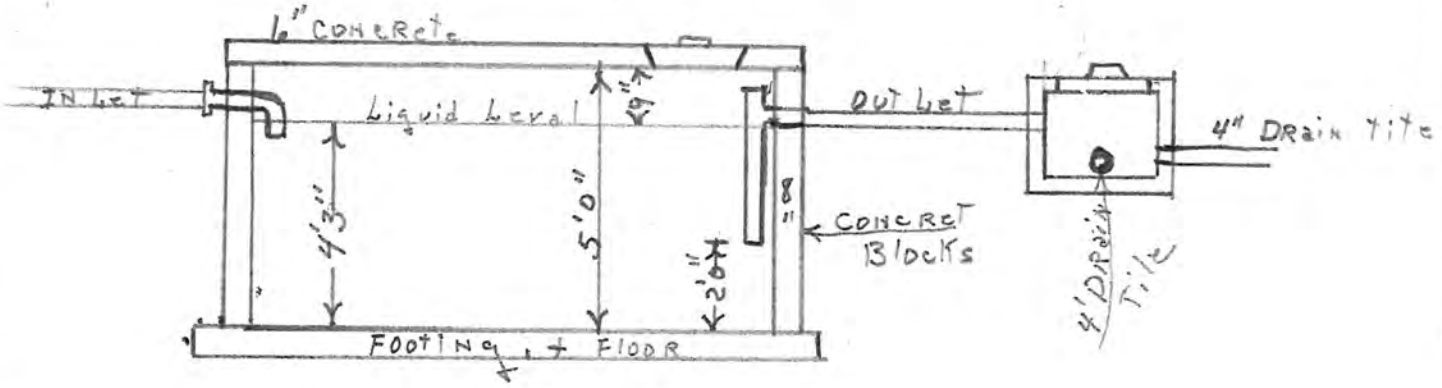

PLAN LAYOUT
200'
180'
160'
140'
120'
100'
80'
60'
40'
20'
Lot Line West 325'
Testhole
75'
50'
50'
Test hole
Test hole
75'
75'
Dist. Box
Septic Tank
Lot Line 400'
Lot Line 130'
Lot Line East 175'
W
DIRECTION (N,S,E,W)
BUILDING DRAIN
60'
40'
20'
20'
40'
60'
SIDE OF BUILDING
SCALE: 1/4" = 5'

DETAIL DRAWINGS





Plans approved
July 17, 1967
Del Weed



FORM HD 32 b(67): PLANS FOR INDV SEWAGE SYSTEM	Date July 17, 1967
Name Herbert Robertson Address 12602 W. Dodge Rd. Omaha	FILE NO. 12

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 4701 WEST A ST Lincoln NE

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition HIGHLAND ACRES

Directions to Property From Cornhusker + A ST - go WEST 2½ miles on LEFT side of road

Location of Well _____ Tap Location: Inside ☑ Outside ☐

Location of Sewage System WEST SIDE OF HOUSE Year Installed 1964

	NAME	ADDRESS	PHONE
Present Owner:	PAUL + GERTRUDE Wichterman		
Tenant/Buyer:	John + Chris MacKenthaut	1350 SW 24TH ST Lincoln NE 68522	438-3303
Return to:	John + Chris MacKenthaut	same	

Signature of Applicant John MacKenthaut Address 1350 SW 24TH ST Lincoln NE 68522 Date 12/23/92

HEALTH DEPARTMENT USE ONLY

Date Received 12/22/92 Received $150.00 Check ☐ Cash ☐ #1017 F. Commerce

PRELIMINARY STATUS--By Paul Dorleman **DATE:** 12/30/92

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ 20.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend septic tank be pumped if not done so in the past 2 years. No visible evidence of septic system failure at this time

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☐

Approved by Paul Dorleman Date 1/5/93

Approval or disapproval is based on State and local 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 operations.