CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 77

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

April 7, 1969
THIS LICENSE OR PERMIT EXPIRES

Keith Biggerstaff
LICENSEE OR PERMITTEE

7120 Logan
ADDRESS

T 10N; R 6E; Sec. 31; Blk. 5; Lot 4; High Ridge Acres Addition
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
143-1535	10.0116	24.0114	
SERIAL NO.	DATE	AMOUNT	

APPLICATION

14500 001 78 30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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. 77

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 31;
Block 5; Lot 4; Addition HIGH RIDGE ACRES
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.

Kurt Bigenloff
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/7/68. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 10/7/68. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____. Signature: Charles Seal P.E.

3. City Engineer: Date Rec'd. 10-7-68. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 10-7-68. 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. 77

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 31;
Block 5; Lot 4; Addition HIGH RIDGE ACRES
Street Address _____.

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

Harold Bryantsoft
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: ~~10/7/68~~ by: _____
Date: 11/22/68 by: L.C.H.
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 10/7/68
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/22/68 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)

SOUTHWEST LOT

FILE NO. 77

PROPERTY WHERE SOIL TESTED:
Location: Township 10N
Section & ¼ Sect. 31
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: 10-5-68 to 10-6-68. Weather: Precip. CLEAR 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	24	10/5	1:30	10/6	11:00	10/6	11:00	20	3:00		4 hr.	10"	
2	26	10/5	1:30	10/6	11:00	10/6	11:00	21	3:00		4 hr	9½	
3	26	10/5	1:30	10/6	11:00	10/6	11:00	22	3:00		4 hr.	23	
4	25	10/5	1:30	10/6	11:00	10/6	11:00	21	3:00		4 hr	18½	
5	25	10/5	1:30	10/6	11:00	10/6	11:00	20	3:00		4 hr.	24	
6	25	10/5	1:30	10/6	11:00	10/6	11:00	21	3:00		4 hr.	24½	

Donald F. Tanner
Signature of Person Conducting Test

Sum of Percolation Rates
Average of Rates:
Mean of Rates: 15

Address _____
Phone: _____

(NOTE) NO. 1 AND 2 HOLES WERE AT SOUTH END OF LOT.

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 7, 1968

Gerrold 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. 77

SPECIFICATIONS

DATE: October 7, 1968

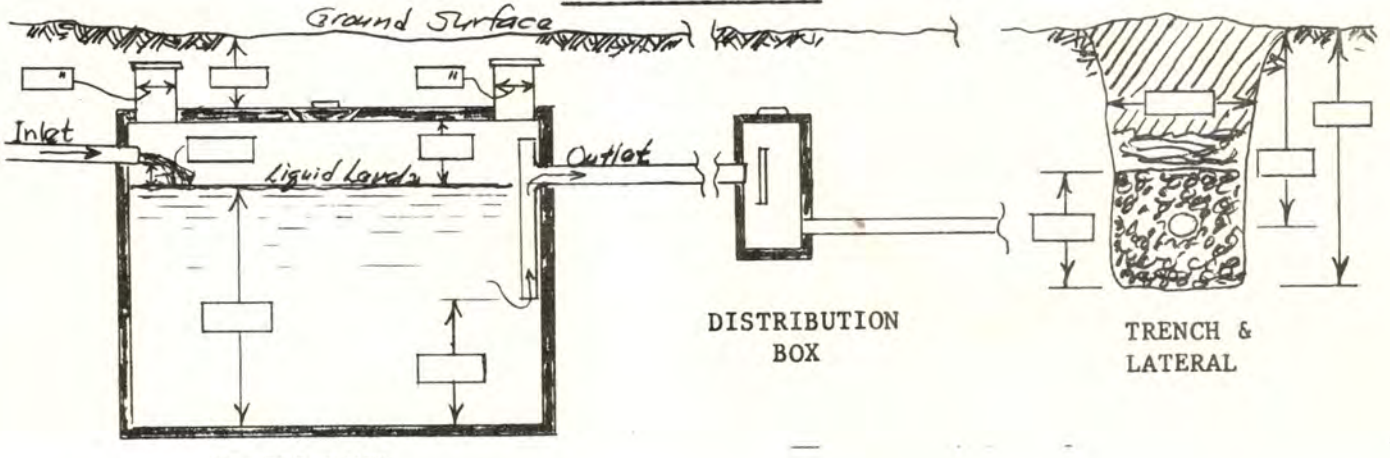
A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 23 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company PRE-CAST
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.

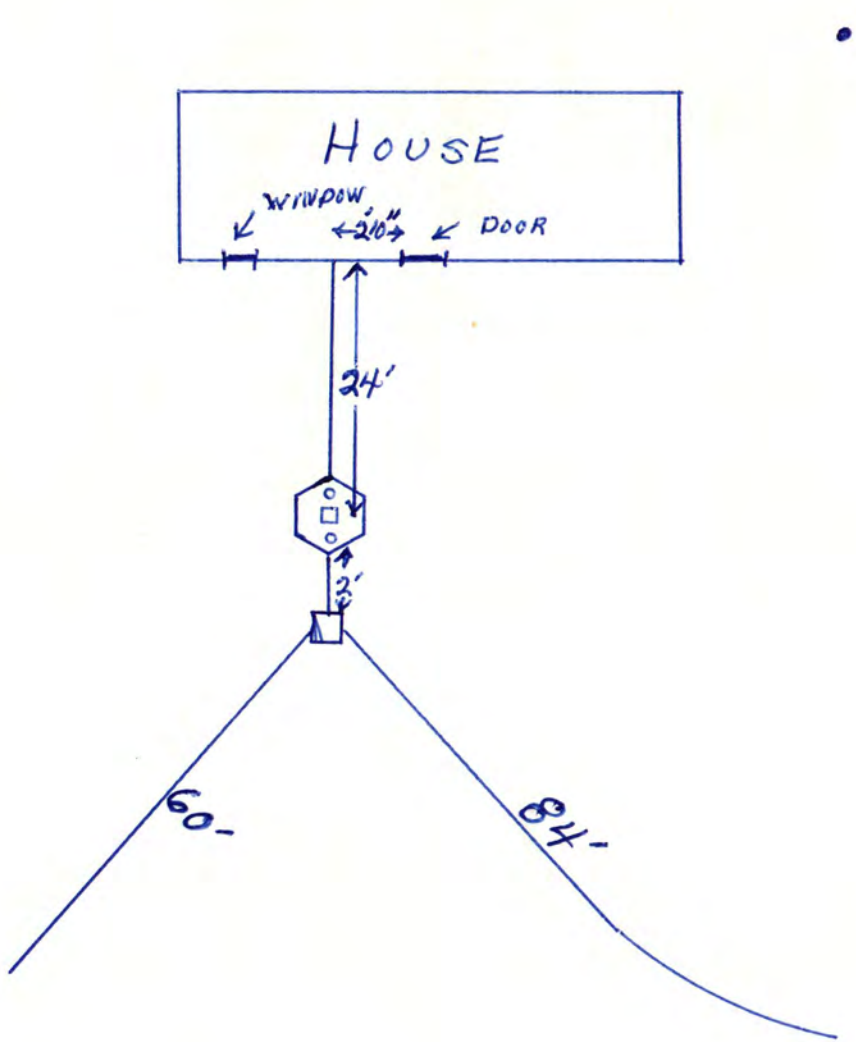
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST-STEP No ☐
3. Dimension: Length 20 in.; Width 14 in. Depth 13 in.
4. Distance from Septic Tank 2 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

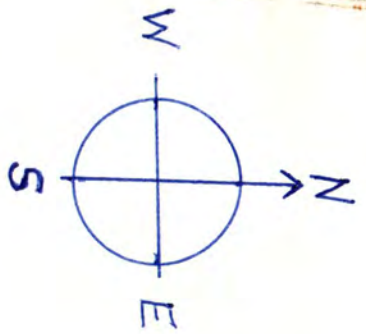
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: CONCRETE HALF MOON
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 60 ft Total length of Laterals 144 ft.; +84
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape C
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance 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 ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant


WELL
HOUSE
WINDOW
2'10"
DOOR
24'
3'
60'
84'


W
S
N
E