CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 11

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

January 17, 1968 — THIS LICENSE OR PERMIT EXPIRES

Marvin E. Dennis — LICENSEE OR PERMITTEE

Taken out by Keith Merchant

2941 Hitchcock — ADDRESS

Marvin E. Dennis — NAME OF ESTABLISHMENT, IF ANY

NW¼ of NE¼, T 10, R 6, Sect. 31 — 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
01656	JAN 17	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. 11

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: NW ¼ of NE ¼ EAST of 6th P.M.
Twp. 10; Range 6; Section 31;
Block ____; Lot ____; Addition ____;
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.

Keith Muenchau
Signature of Applicant (owner or lessee)

Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. July 3 1967. ACTION: Approved ___ [✓] Disapproved [ ]
Date Frwd. ____. Signature: Del Weed

2. Supt. Bldg. Insp.: Date Rec'd. July 17, 1967 ACTION: Approved ___ [✓] Disapproved [ ]
Date Frwd. July 17 1967 Signature: L Fishburn

3. City Engineer: Date Rec'd. 7-17-67. ACTION: Approved ___ [✓] Disapproved [ ]
Date Frwd. " ". Signature: R Clinton

REMARKS OR REASONS FOR DISAPPROVAL ____

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

Date Applicant Notified: July 17 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. 11

DATE: July 12, 1967

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: N.W. 1/4 of NE 1/4 Twp. 10; Range 6 East of 6th P.M.; Section 31;
Block ____; Lot ____; Addition ____;
Street Address ____.

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.)

Marion L. Dennis
Signature of Applicant (owner or lessee)

2941 Hitchcock
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: July 12, 1967
Filing Fee: $ 30.00

2. Date Site Clearance July 17, 1967

3. Site Visits:
Date: July 14, 1967 by: H. Weed
Date: July 14, 1967 by: H. Weed
Date: July 17, 1967 by: H. Weed

4. Date: Approved [✓]; Disapproved [ ]: 7/17/67
by: H. Weed

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: July 21, 1967 by: ____

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. 11

NW ¼ of NE ¼ East of 6th P.M.

PROPERTY WHERE SOIL TESTED: Owner: _____

Location: Township 10-6

Section & ¼ Sect. 31 Address _____

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 ☐

Dates of Tests: 6-28- ~~29~~ to 6-29. Weather: Precip. None Temp. 80 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	6-28	9 AM		4 P.M.	6-29	2 P.M.	31"	4 PM	4"	120	27"	4.4 min
1	36	7/14	10 Am		11:00	7/14	4:00				15	1"	15
2	36	7/14	10 Am		4:00	7/14	4:00				16	1"	16
Taken up Weed													

Sum of Percolation Rates 31
Average of Rates: 15.5
Mean of Rates: _____

Kirk Meacham
Signature of Person Conducting Test

Address 7331 Vine St
Phone: 466-0426

(Do not write below this line)

REVIEWING ACTION

REMARKS: did not accept top reading as valid, conducted test hole reading my log on 8 new holes. D. Weed

Approved Percolation Rate(s)
A. 16 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 17 1967

Del Weed
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. 11

SPECIFICATIONS

DATE: _____

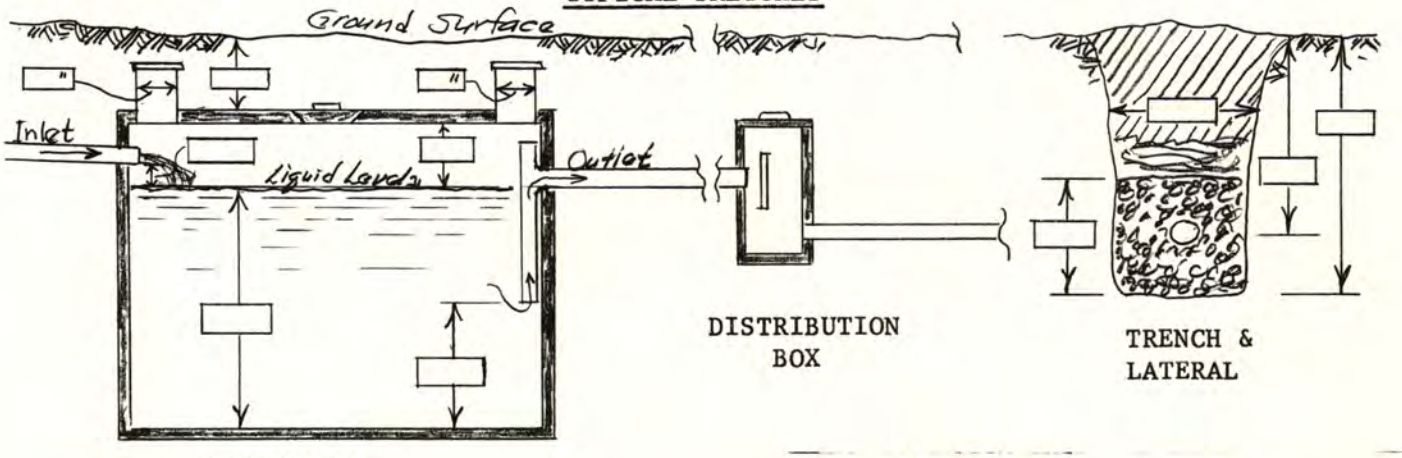
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company Pre Cast Steps) 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 2 in.
7. Depth of top of tank below finished grade 14 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 100 ft.

C. DISTRIBUTION BOX
1. Material Cement; No. available outlets 5.
2. Factory Built: Yes ☑, (Company Pre Cast Steps) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

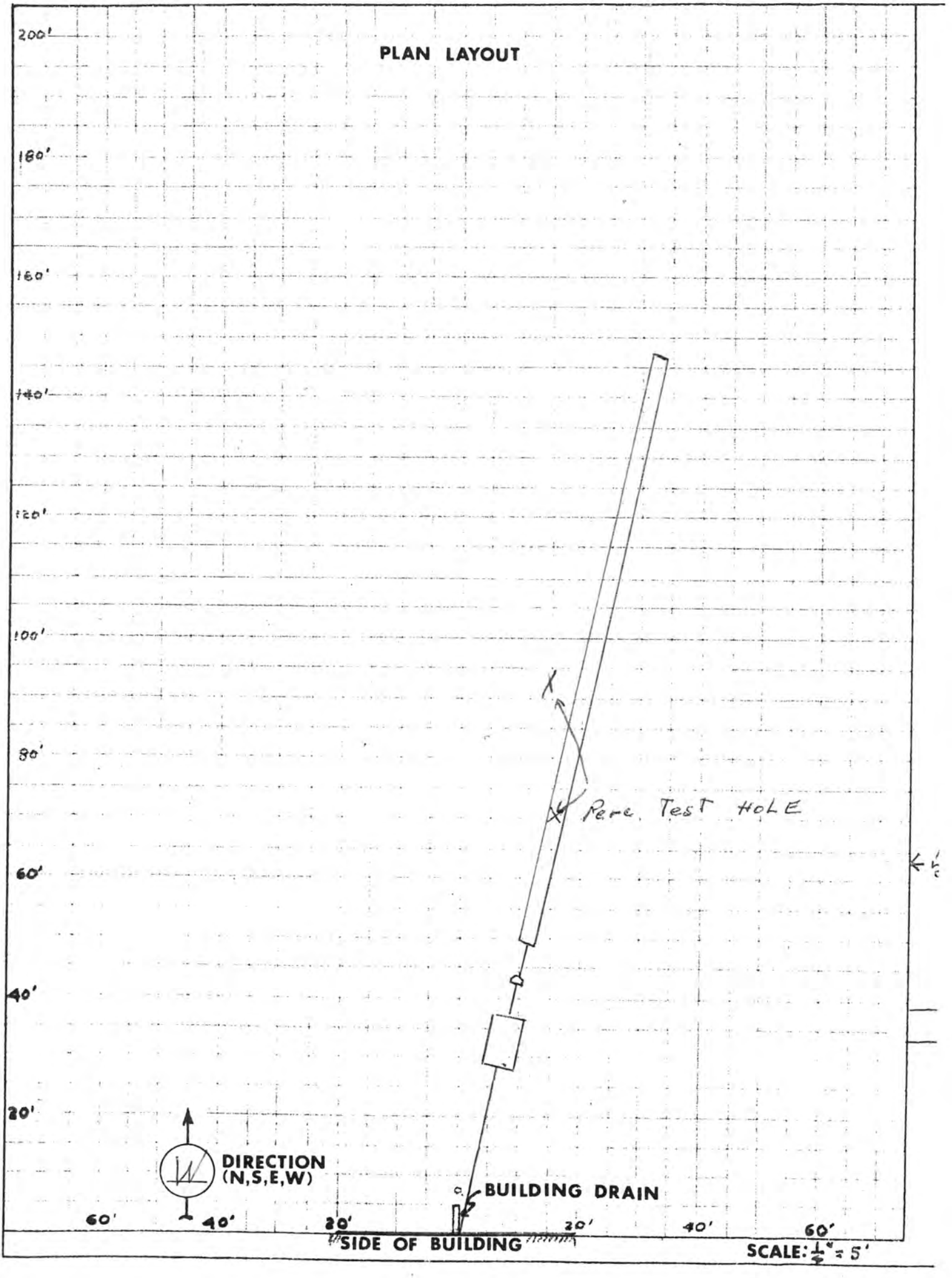
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Cement
2. Lateral Lines: Depth below grade 12 in.
Number 1; Length of each line 100 ft
Total length of Laterals 100 ft.;
Slope 12 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.;
Width 30 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 8 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line 100 ft.
6. Percolation Rate: ~~10~~ 16 minutes/inch

TYPICAL SKETCHES

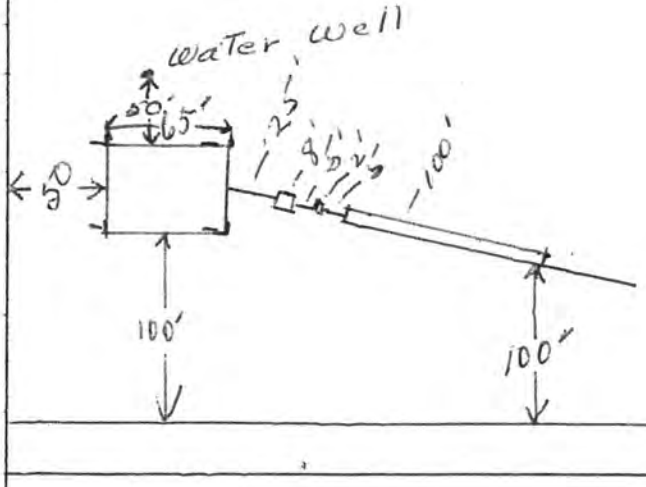


Kent Meuenchen
Signature of Applicant 466-0426

PLAN LAYOUT


200'
180'
160'
140'
120'
100'
80'
60'
40'
20'
Perc. Test HOLE
DIRECTION
(N,S,E,W)
BUILDING DRAIN
60'
40'
20'
20'
40'
60'
SIDE OF BUILDING
SCALE: 1" = 5'

DETAIL DRAWINGS



FORM HD 32 b(67): PLANS FOR INDV SEWAGE SYSTEM	Date
Name	
Address	FILE NO. 11