FILE NO. 514

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

March 5, 1975 — THIS LICENSE OR PERMIT EXPIRES

Mrs. Bob Gilliam — LICENSEE OR PERMITTEE

Route #6 — ADDRESS

T10N; R6E; Sec. 31; Bl. 1; Lot 4; High Ridge West 1st 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	
624-1535 410.15	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-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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. 514

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

DATE: Sept. 4 - 1974

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31
Block 1 ; Lot 4 ; Addition High Ridge West 1st. 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.

Mrs. Bob Gilliam
Signature of Applicant (Owner or Lessee)

Rt. 6
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9-5-74 . Date Frwd. 9-5-74 . ACTION: Approved ☐ Disapproved ☒ Signature: James Weverka

2. Supt. Bldg. Insp.: Date Rec'd. 8-5-74 . Date Frwd. 8-5-74 . ACTION: Approved ☐ Disapproved ☒ Signature: Chas Seals Walt Williamson

3. City or County Engineer : Date Rec'd. 8-5-74 . Date Frwd. 8-5-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Rich Robinson

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
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. 514

DATE: Sept. 4, 1974

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 appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. _____; Range _____; Section _____; Block 1; Lot 4; Addition High Ridge West Acres 1st Addition
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 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-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Rt. 6 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 9-5-74
Filing Fee: $ 30.00

2. Site Visits:
Date: Oct-11-74 by: sm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: James Wlewicka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-11-74 by: Ron Maynard

Endicott Clay Products Co

Post Office Box 17 • Fairbury, Nebraska 68352 • 402/729/3315

1 3/4 3/4 3/4 1/4 1/2 1/2

2 2 3/4 1 1/2 1 1/2 1/2

3 4" 1" 3/4 1 1/2 3/4 1

4 1 1/2 1 1 1/4 3/4 1 1

5 1/4 1/4 1/4 1/4 1/4 1/4

6 2 1/2 2 2 1 1/2 3/4 1

Lot 4 Blk 1

DON HAMILL

FORM HD- 43(73) 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 475-6221)

FILE NO. 514

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. 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)

Sum of Percolation Rates _____
Average of Rates: .71/30
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official

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. 514

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 48½ ft.
4. Number of clean-outs 0.
5. Distances To:
   Well or Suction Line 50+ ft.;
   Stream 10+ ft.; Pressure Line 10+ ft.;
   Property Line 20+ ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material Concrete; No. of compartments 1.
2. Capacity 750 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company _____) 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 ___ in.
7. Depth of top of tank below finished grade ___ in.
8. Distances To:
   Well or Suction Line 50+ ft.;
   Stream 25+ ft.; Pressure Line 25+ ft.;
   Property Line 20+ ft.

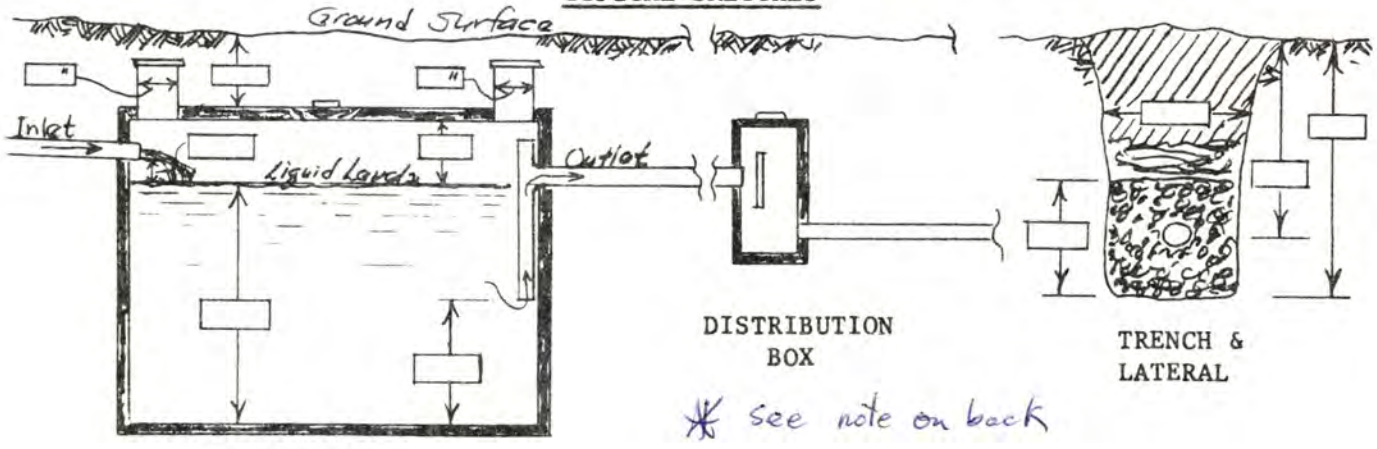
C. DISTRIBUTION BOX

1. Material Concrete; No. available outlets 6.
2. Factory Built: Yes ☑, (Company pre-cast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 13½ ft.
5. Serial Distribution: Yes ☐, No ☑ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)

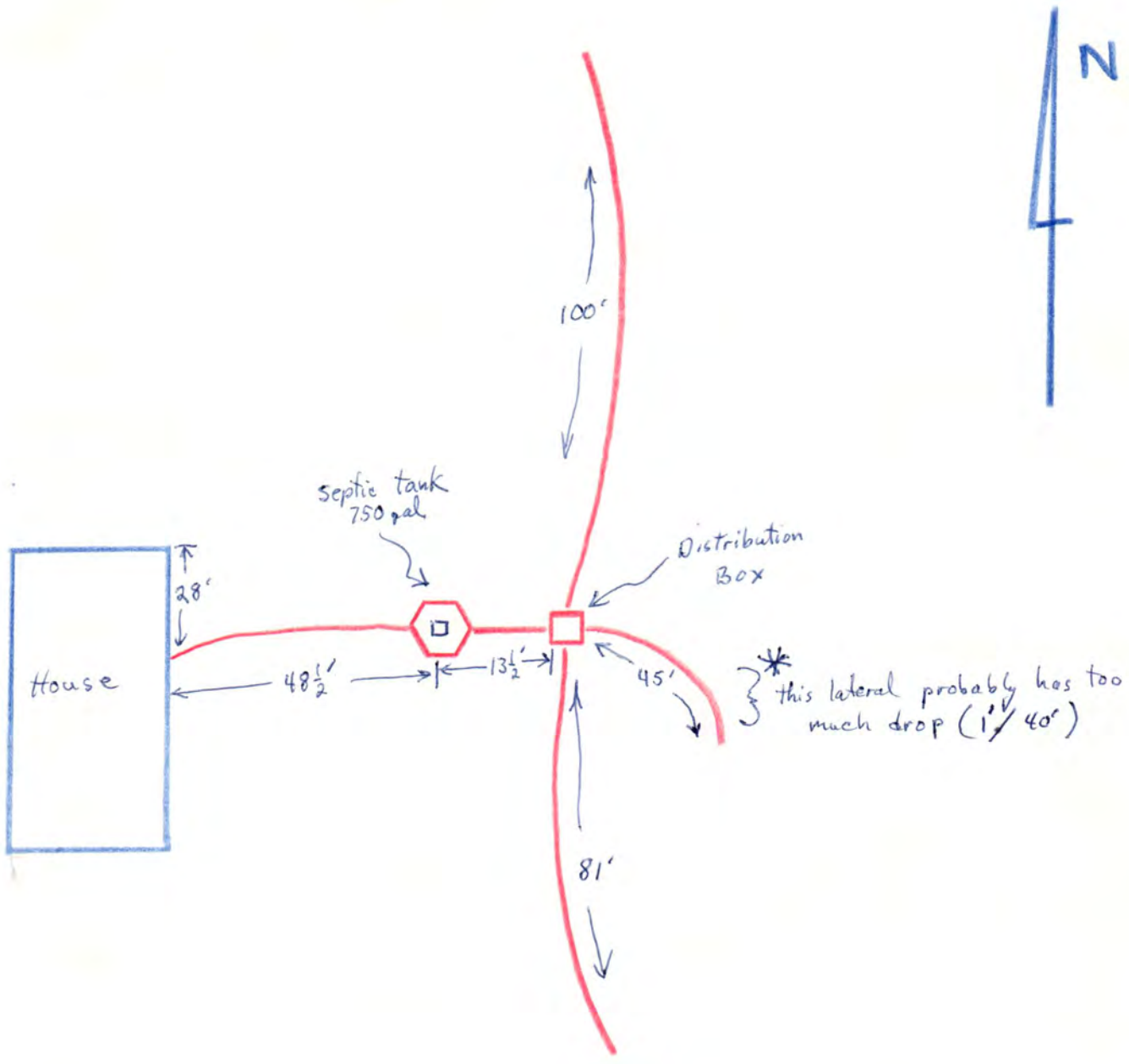
1. Type: 4" perforated pipe
2. Lateral Lines: Depth below grade 10 in. Number 3; Length of each line 100 ft Total length of Laterals 199 ft.; 81-45
   *Slope < 6 in/100 ft. Diameter of pipe ___ in.; Shape _____
   Material: concrete ☐; fiber asbestos ☐; clay ☐; other plastic
   Distance between lateral lines 9+ ft.
3. Trench Dimensions: Depth 24 in.; Width 36 in.
4. Filter Material: gravel. Depth of material from trench bottom 10-12 in.
5. Distances To:
   Well or Suction Line 100+ ft.;
   Stream 50+ ft.; Pressure Line 30+ ft.
   Property Line 20+ ft.
6. Percolation Rate: 4/4 minutes/inch

TYPICAL SKETCHES



* see note on back

_____
Signature of Applicant


N
100'
septic tank
750 gal
Distribution
Box
28'
House
48½'
13½'
45'
* this lateral probably has too much drop (1'/40')
81'

rm

Oct-11-74

004

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: High Ridge West Acres Street Address 2000 Southwest 50th St.

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block 1 Lot 4 Addition First

Directions to Property TAKE West A St. To Southwest 50th -- South on S.W. 50th TO END OF ROAD (S.W. 50th is Approx. 2½ Miles From Coddington AND West A St.) House is Green w/ white Trim

Location of Well FRONT OF South West Corner of GARAGE Tap Location: Inside ☑ Outside ☐

Location of Sewage System BACKYARD, Directly EAST OF House Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	Robert L. & Patricia E. Yates	2000 Southwest 50th St. Lincoln NE 68522	438-2250 OR Office: 474-8557
Tenant/Buyer:			
Return to: (No Later Than Nov. 13, 1992)	Barbara Hill	First Commerce Savings P.O. Box 80036, Lincoln NE 68501	434-4806

Signature of Applicant Patricia E. Yates Address 2000 Southwest 50th St. Lincoln NE 68522 Date 10/30/92

HEALTH DEPARTMENT USE ONLY

Date Received 10/30/92 Received $150.00 #6488 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 11/2/92

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ <0.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 11/6/92 by L.C.H.

Date 11/13/92 by L.C.H.

Date 11/16/92 by L.C.H.

Comments: ELECTRICAL CONDUIT PLATE IS BROKEN, CAP IS A LITTLE LOOSE ONE BOLT IS BROKEN OFF ANOTHER NOT TIGHT. THE SEPTIC TANK DEFINITELY SHOULD BE CHECKED TO SEE IF IT NEEDS PUMPING. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.P. Date 11/18/92

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.