FILE NO. 811

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 3, 1976 — THIS LICENSE OR PERMIT EXPIRES

Joe & Erika Barton — LICENSEE OR PERMITTEE

2710 Laurel Avenue, Lincoln — ADDRESS

T10N; R6E; Sec. 33; Bl. 2; Lot 1; — 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.	DATE	AMOUNT
624-1535		

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-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. 811

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

DATE: May 5 - 76

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. 10 N ; Range 6 E ; Section 33
   Block 2 ; Lot 1 ; Addition GREEN 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.

JOE + ERIKA BARTON
Signature of Applicant (Owner or Lessee)

2710 LAUREL AV.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/6/76 . Date Frwd. 5/6/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 5/6/76 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Bob Sons
3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 5-6-76 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

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. 811

DATE: MAY 5 - 76

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. 10 N ; Range 6 E ; Section 33 ; Block 2 ; Lot 1 ; Addition GREEN ACRES .
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms _____ 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).

JOE + ERICKA BARTON
Signature of Applicant (owner or lessee)

2710 LAUREL AVE
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-6-76 by: JW
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 5/6/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-6-76 by: James Wenneker

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. 811

PROPERTY WHERE SOIL TESTED:
Location: Township 10N ; Range 6E
Section & ¼ Sect. 33
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: JOE & ERIKA BARTON
Address 2710 LAUREL AVE

Dates of Tests: MAY 3 to MAY 4. Weather: Precip. ____ Temp. ___°

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	MAY 3	5:00	MAY 4	5:00	MAY 4	6:10	10 5/8	6:40	11 3/8	30	3/4	
2	"	"	"	"	"	"	"	11 5/8	"	12 3/4	"	1 1/8	
3	"	"	"	"	"	"	"	10 3/8	"	11	"	5/8	
4	"	"	"	"	"	"	"	11 3/4	"	12 5/8	"	7/8	
5	"	"	"	"	"	"	"	17 1/4	"	19	"	1 3/4	
6	"	"	"	"	"	"	"	13 1/4	"	14 3/8	"	1 1/8	

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

Miriam Berghaus
Signature of Person Conducting Test

Address 3300 N 53
Phone: 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 6, 1976

Jerrold C. Hood
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. _____

SPECIFICATIONS

DATE: July 6 - 76

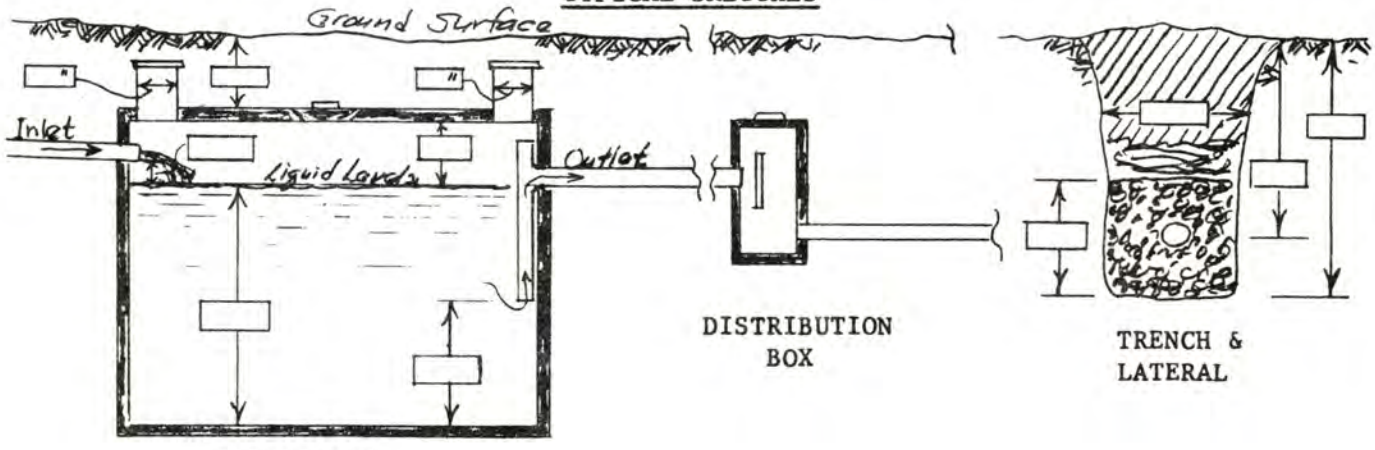
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBER GLASS; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company CARLAGLOS
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 ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

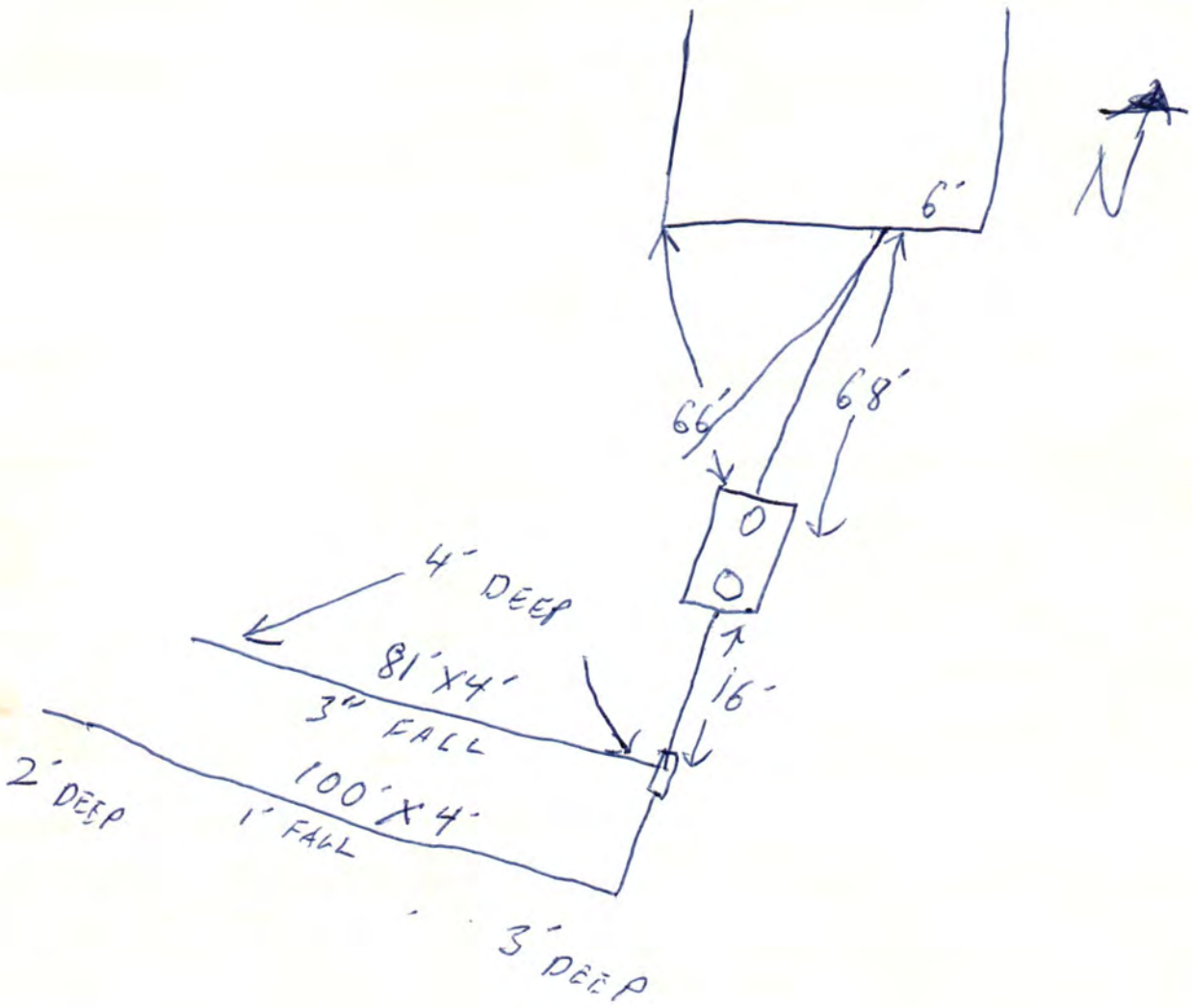
C. DISTRIBUTION BOX
1. Material CONCRETE; No. available outlets _____.
2. Factory Built: Yes ☒, (Company _____ PRE CAST No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 100 ft Total length of Laterals 181 ft.; 81
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___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



July 6 - 76

Norm Bergkamp

2401 SW 23 Rd.

ATTN: Justin