FILE NO. 1463

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

May 15 1979 — THIS LICENSE OR PERMIT EXPIRES

Robert Christiansen — LICENSEE OR PERMITTEE

Route 3, Lincoln, NE 68505 — ADDRESS

T10N, R7E, Section 2 W½ of NE¼ — 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
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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 474-1541

FILING FEE: $ 30-

FILE NO. 1463

DATE: 11/10/78

The undersigned hereby requests SITE CLEARANCE and PERMIT 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 7E; Section 2; W½ OF NE¼
   Block _____: Lot _____: Addition _____
   Street Address N 9401 Fletcher
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: N/A 3 ft.

Robert A. Christensen
Signature of Applicant (Owner or Lessee)

Rt 3 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/15/78. Date Frwd. 11/15/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/15/78. Date Frwd. 11/15/78. ACTION: Approved ☒ Disapproved ☐ Signature: Dave S. Haase
3. City ~~or County~~ Engineer: Date Rec'd. 11-15-78. Date Frwd. 11-15-78. ACTION: Approved ☒ Disapproved ☐ Signature: Al Haig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/7/79 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/11/79 By: Jerrold C. Hood

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. 1463

PROPERTY WHERE SOIL TESTED:

Location: Township Lanc. ; Range 2-10-7 ; Section & ¼ Section W½ NE¼.
Property Dimensions: 350 ft. x 1150 ft. Area: 9.25 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-9-78 to 11-10-78. Weather: Precip. 0 Temp. 50-60°F

OWNER: Robert A. Christiansen

Address: Rt 3 Linc.

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	3'	11/9	4:20P	11/10	12:10P	11/10	12:10P	20	12:40P	22½	30	2½	12
2								19		22		3	10
3								22½		25½		3	10
4								21		24		3	10
5								20½		24		3½	8.6
6								19		23		4	7.5

Robert A. Christiansen
Signature of Person Conducting Test

Address Rt 3 Lincoln Phone 464-0532

Sum of Percolation Rates: 58.1
Average of Rates: 9.7
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 13, 1978

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

Gerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

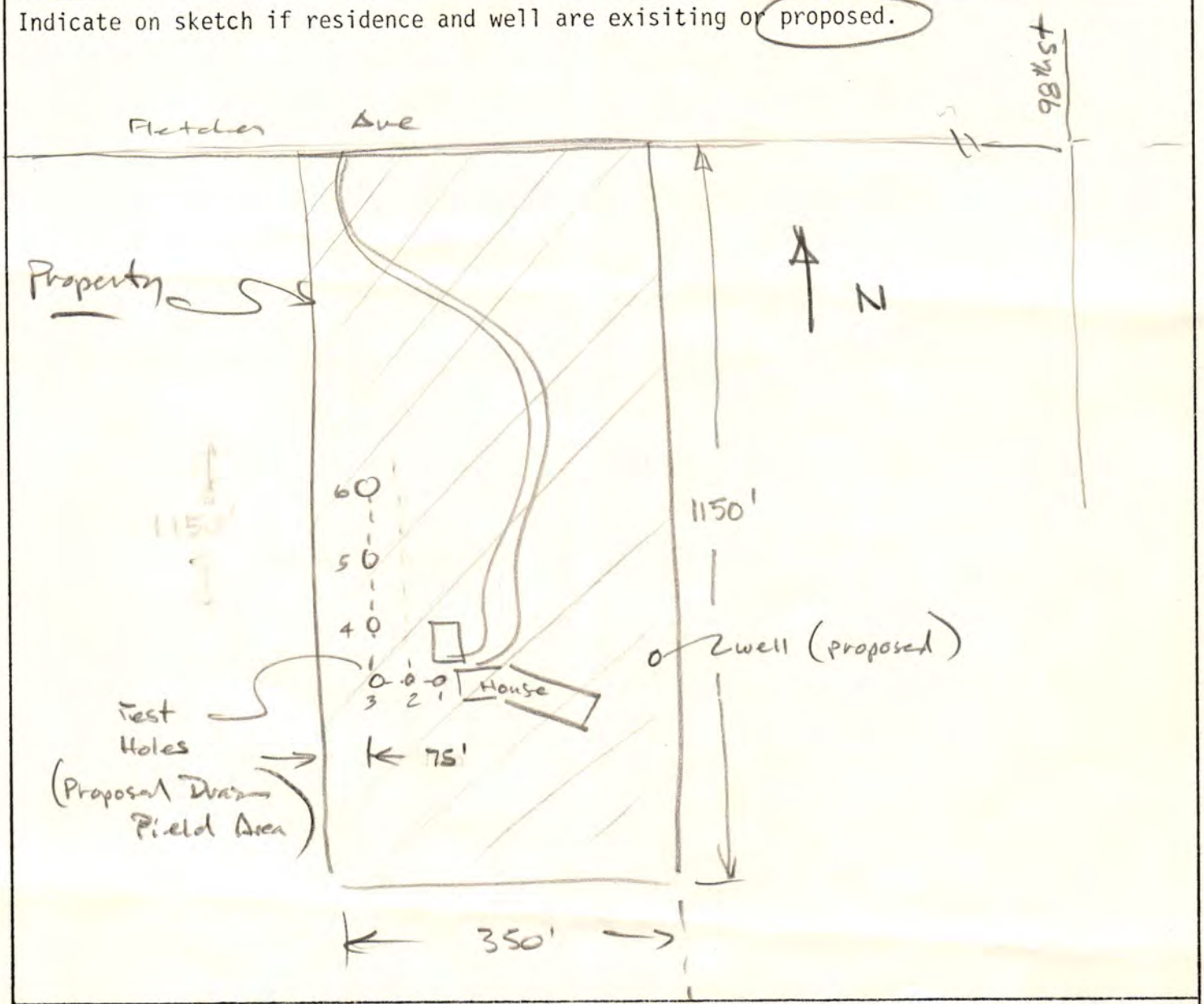
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1463

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE: _____

FILE NO. _____

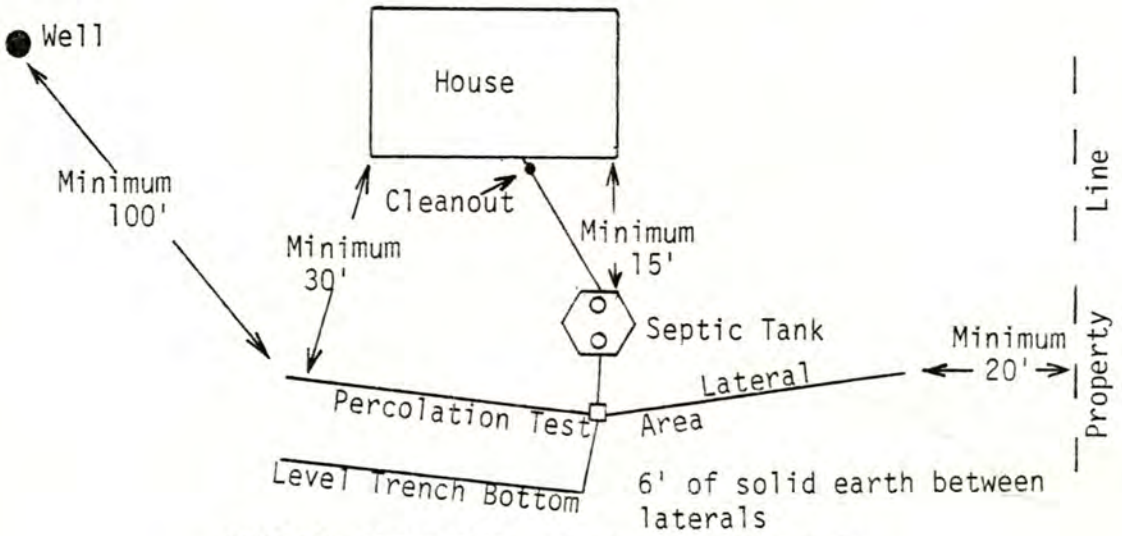
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SCDL 40 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 58 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 500+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material CONCRETE ; No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 _____ ; Number - available outlets _____ .
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

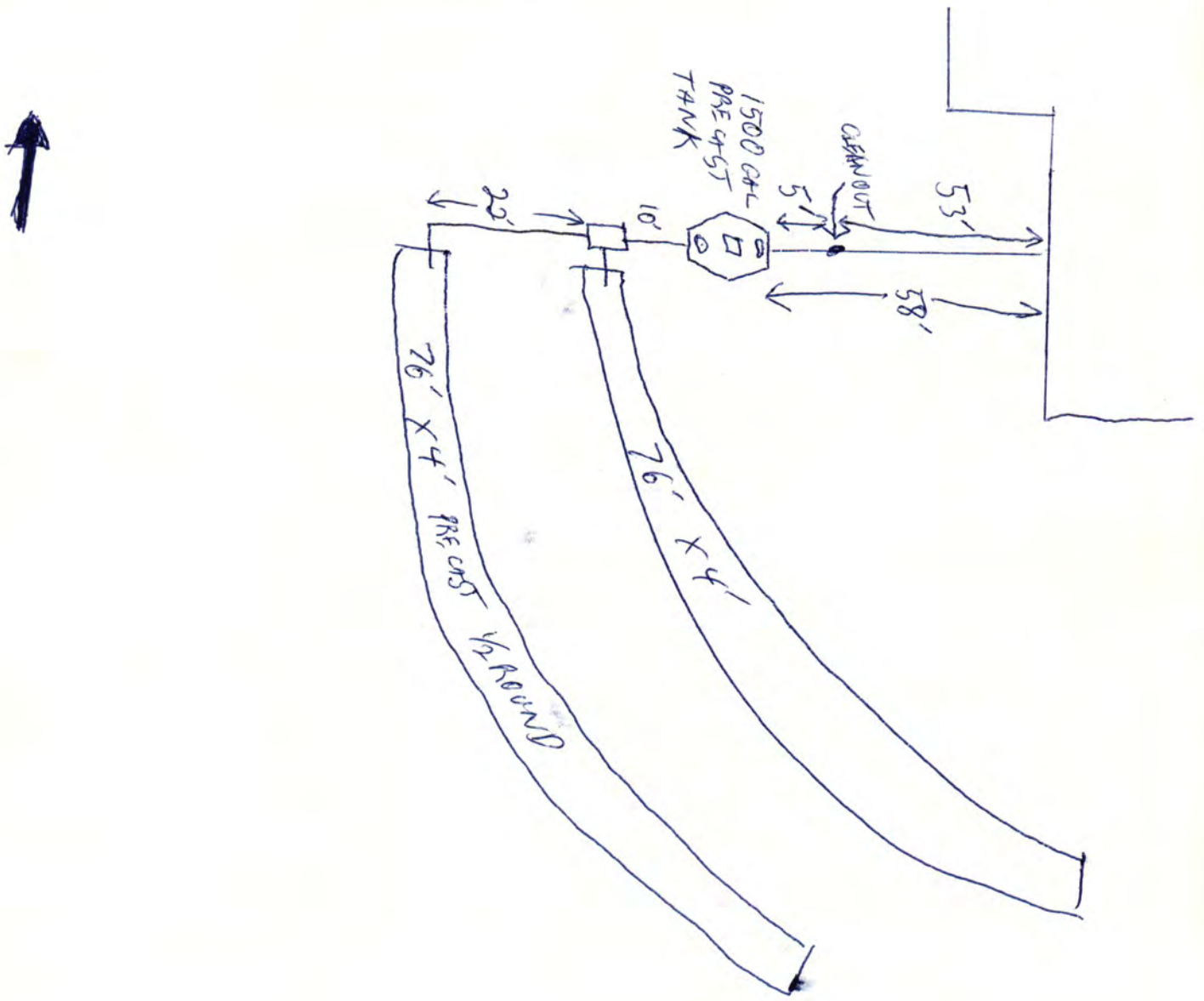
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16 or Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 76 , 76 , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 18 ft.
3. Trench dimensions: Width 24 ft.;
Slope 2 in/100 ft.; Average Depth 36 in.
4. Filter Material: GRAVEL
Depth of Material 18 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE JUNE 7 - 1979 INSTALLER NORM BERGHUIS



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2/2/92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7 ; RANGE 10; SECTION 7 ; BLOCK NE 1/4

LOT 15 ; ADDITION ; Street Address 9401 FLETCHER

Directions to Property 3/4 MI E. FROM 84TH & FLETCHER, S. SIDE - LONG DRIVEWAY

Location of Well 500 FT N. OF HOUSE Tap Location: Inside ☒ Outside ☒

Location of Sewage System W & S OF HOUSE Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT A. CHRISTIANSEN	9401 FLETCHER	467 1562
Tenant/Buyer:			
Return to:	OWNER, (ABOVE)	(ABOVE)	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Robert A. Christiansen Address 9401 Fletcher

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HEALTH DEPARTMENT USE ONLY

Date Received 2-4-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-5-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☒	Date 2-5-92 by RMA
Bacteria	☒	☐	Provisional: ☐	Date _____ by ____
Nitrate	☒ 3.3	☐	Disapproved: ☐	Date _____ by ____

Comments: Personnel checking to see if septic tank needs pumping. Original septic system apparently predates regulations. Addition of 100 ft extra subsurface lateral has been printed and inspected. Thus a provisional approval

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Ron Mangold, RS DATE 2-7-92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832