FILE NO. 443

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 10, 1974 — THIS LICENSE OR PERMIT EXPIRES

Alan G. Culver — LICENSEE OR PERMITTEE

1340 Furnas — ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T11N; R6E; Sec. 35; Bl. 1; Lot 2; Cumberland Heights — LEGAL DESCRIPTION

ADDRESS

REMARKS:

NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-110.15	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. 443

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

DATE: 9 MAY 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. 11N ; Range 6E ; Section 35
Block 1 ; Lot 2 ; Addition CUMBERLAND HEIGHTS
Street Address _____

2. Property Use: Residential YES ☒ ; Commercial _____ ☐
No. of Bedrooms 2 . Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: MILES · 2 ~~ft.~~

Adam G. Culver
Signature of Applicant (Owner or Lessee)

1340 FURNAS
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/10/74 . Date Frwd. 5/10/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 5/10/74 . Date Frwd. 5/10/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Walt Williamson

3. City ~~or~~ County Engineer : Date Rec'd. 5/10/74 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: D.K. Smith

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._____

DATE: 9 MAY 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. 11N ; Range 6E ; Section 35 ; Block 1 ; Lot 2 ; Addition CUMBERLAND HEIGHTS .
Street Address _____.

2. Property Use: Residential YES [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).

Wm S. Culver
Signature of Applicant (owner or lessee)

1340 FURNAS
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7/15/74 by: J. C. H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ] 5/10/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/15/74 by: Jerrold C. Hood

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 11N; Range 6E
Section & ¼ Sect. 35 - SW1/4
Property Dimensions: 631 ft. x 331 ft.
Area: 5 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Owner: Alan Culver
Address 1340 FURNAS

Dates of Tests: 5-8-74 to 5-9-74. Weather: Precip. ½" Temp. 60° 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"	5/8	6 PM	5/9	6 PM	5/9	6 PM	12"	8 PM	5	30M	2	
2	"	"	"	"	"	"	"	"	"	10¼	"	¾	
3	"	"	"	"	"	"	"	"	"	10	"	¾	
4	"	"	"	"	"	"	"	"	"	11	"	¼	
5	"	"	"	"	"	"	"	"	"	4	"	2	
6	"	"	"	"	"	"	"	"	"	11	"	¼	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 10, 1974

Gerrold 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. 443

SPECIFICATIONS

DATE: 9 MAY 1974

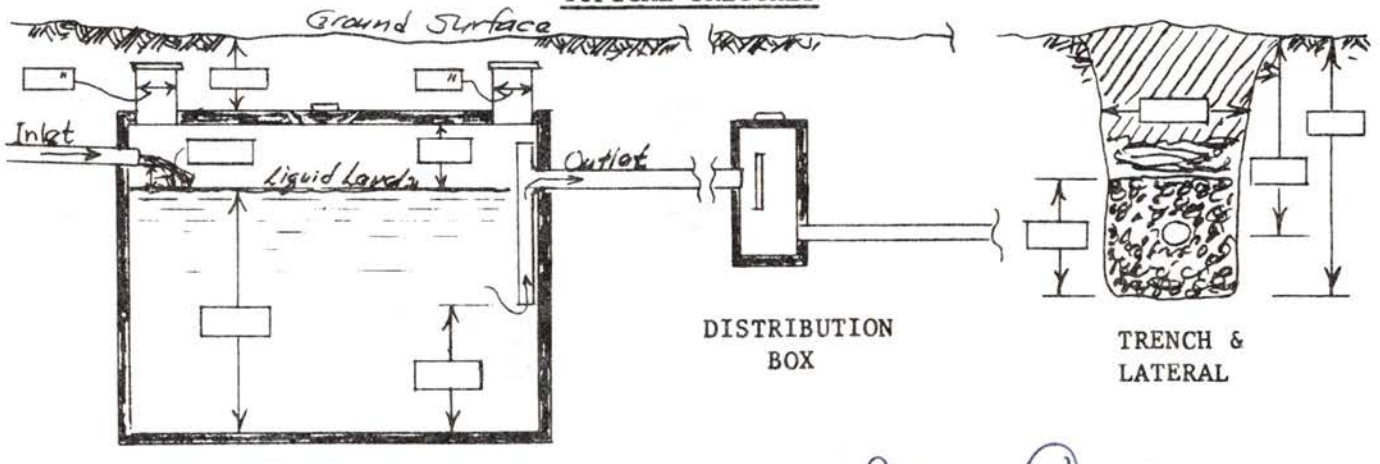
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 7½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company Precast Stop
No ☐
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Below Grade ____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

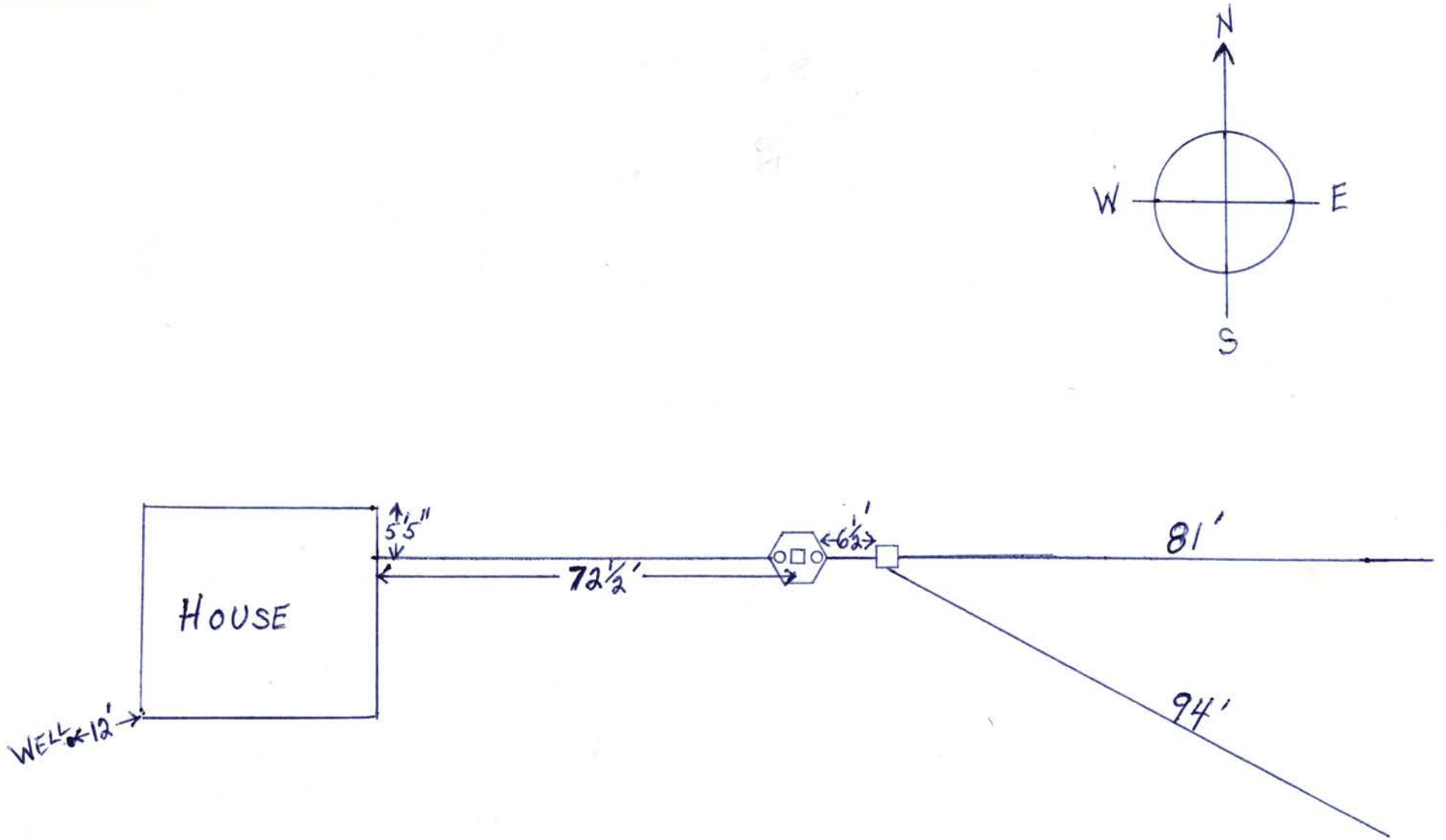
C. DISTRICTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company precast
No ☐
3. Dimension: Length 24 in.; Width 18 in.
Depth 18 in.
4. Distance from Septic Tank 6½ ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ~~N~~ ROUND PLASTIC
2. Lateral Lines: Depth below grade ____in.
Number 2; Length of each line 94 ft
Total length of Laterals 175 ft.; 181
Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape Half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom ____in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 32 minutes/inch

TYPICAL SKETCHES



Alan Culver
Signature of Applicant


N
W
E
S
HOUSE
5'5"
72½'
6½'
81'
94'
WELL
12'

004

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

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: Street Address 601 Humphrey Ave

Twp 11N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 2 Addition Cumberland Heights

Directions to Property West Hwy 34 to Fletche Ave, take 1st street north to Humphrey

Location of Well Southeast corner of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Alan Culver	601 Humphrey Ave Lincoln NE 68521	477-2857
Tenant/Buyer:	Tom Shoal	5718 NW 4th Lincoln, NE 6852	477-9395
Return to:	Marlin Lyon First Commerce Saving	P.O. Box 80036 Lincoln, NE 68501	434-4800

Signature of Applicant Tom Shoal Address 5718 NW 4th Lincoln, NE 68521 Date 10/4/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/6/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Nobbe **DATE:** 10/7/93

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 10/22/93 by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: COULDN'T FIND WELL, SEWAGE SYSTEM LEAKS OUT NORTHEAST OF HOUSE, Original installation predates County regulations. This is a provisional approval.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard, RS Date 10/22/93

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.

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FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 6E ; Section 35 ;
Block _____ ; Lot 2 ; Addition Cumberland Heights
Street Address 601 Humphrey Av.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2 Describe _____

Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Took out 20' lateral + added gravel 4' deep + put back pipe

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Sintek Inc
Contractor's Name
6710 N. 27th 6710 Nor 68524

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL under $100	$

Signature of Applicant (owner or lessee)

RT 5 Lincoln NE 68524
Address

(Do not write below this line)

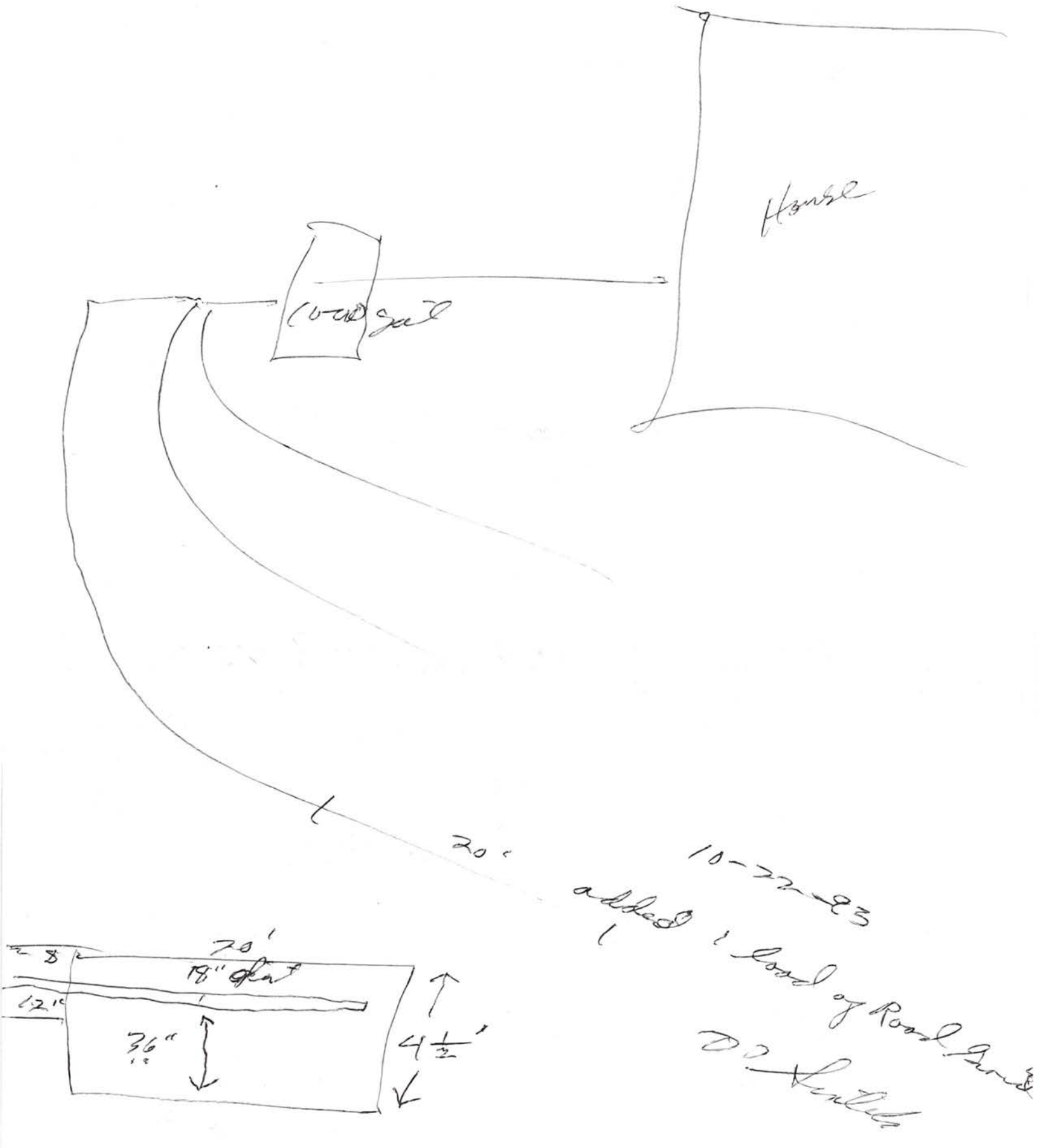
REVIEWING ACTION

1. Date Rec'd: /
Filing Fee: $ NO Fee

2. Site Visits:
Date: 10-22-93 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Marquardt
Provisional

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-22-93 by: Ron Marquardt


House
(6-car) garage
20'
10-22-93
added 1' load of Road Gravel
70'
8"
18" slab
12"
36"
4½'
N