CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1583

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — February 14, 1990
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Edward Virus — Route 5, Lincoln, NE 68508
LICENSEE OR PERMITTEE — ADDRESS

T11N, R6E, Section 35, Lot 8 North 1/2, Addition Cumberland Heights
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

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

A

FILING FEE: $ 100.00

FILE NO. 1583

DATE: _____

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: North ½ of Lot 8 Cumberland Heights, situated on the southwest quarter of

1. Legal description of property: Twp. 11 ; Range 6 ; Section 35 ;
   Block _____ : Lot N½ of 8 : Addition _____
   Street Address _____

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: _____ ft.

Edward P. Vieux
Signature of Applicant (Owner or Lessee)

R.F.D. # 5
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8-14-79. Date Frwd. 8-14-79. ACTION: Approved ☒ Disapproved ☐ Signature: James Mereka

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-14-79. Date Frwd. 8-14-79. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City ~~or County~~ Engineer: Date Rec'd. 8-14-79. Date Frwd. 8-14-79. ACTION: Approved ☒ Disapproved ☐ Signature: Al Imig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-17-79 by: JW
Date: 9/7/79 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/27/79 By: Jerrold C. Hood

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

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. 1583

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-30-79 to 1-31-79. Weather: Precip. 0 Temp. 70s.

OWNER:_____

Address:_____

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				
Hold 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	32"	7/30	5 39 PM	7/31	5 39 PM	7/31	5 39 PM	12"	8 PM	1½	30M	1¼	
2										1½		1¼	
3										5½		4	
4										8¾		1½	
5										3½		1¼	
6										8½		1¾	
				Refilled holes #4 & 6 at 7PM									

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:_____
Soil Type (SCS): Morrill Clay Loam
Date: August 1, 1979

Approved Percolation Rate (a)
A. 23 min./inch
B._____ min./inch
C._____ min./inch

Jerold 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 ☐

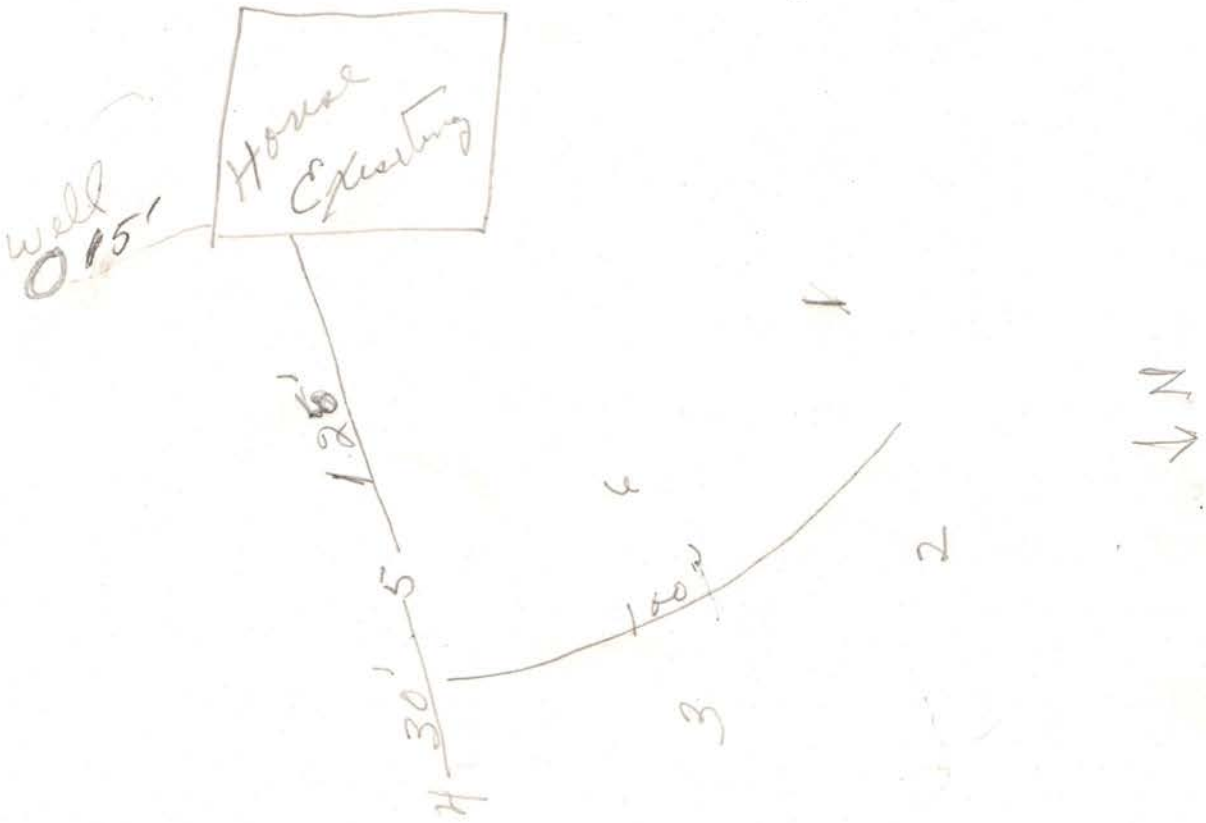
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

4' wide 166

Remarks: _____

Date: August 1, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 222 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 665 sq.ft.

Gerrald C. Hood
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. _____

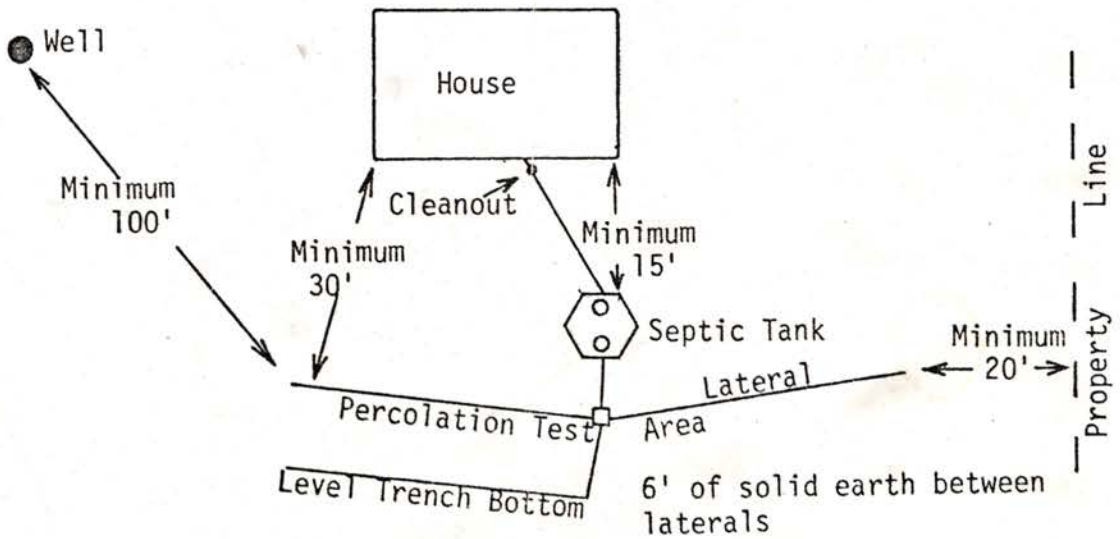
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 150 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:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Steps Co)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 24 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
3. Distance from Septic Tank _____ ft.

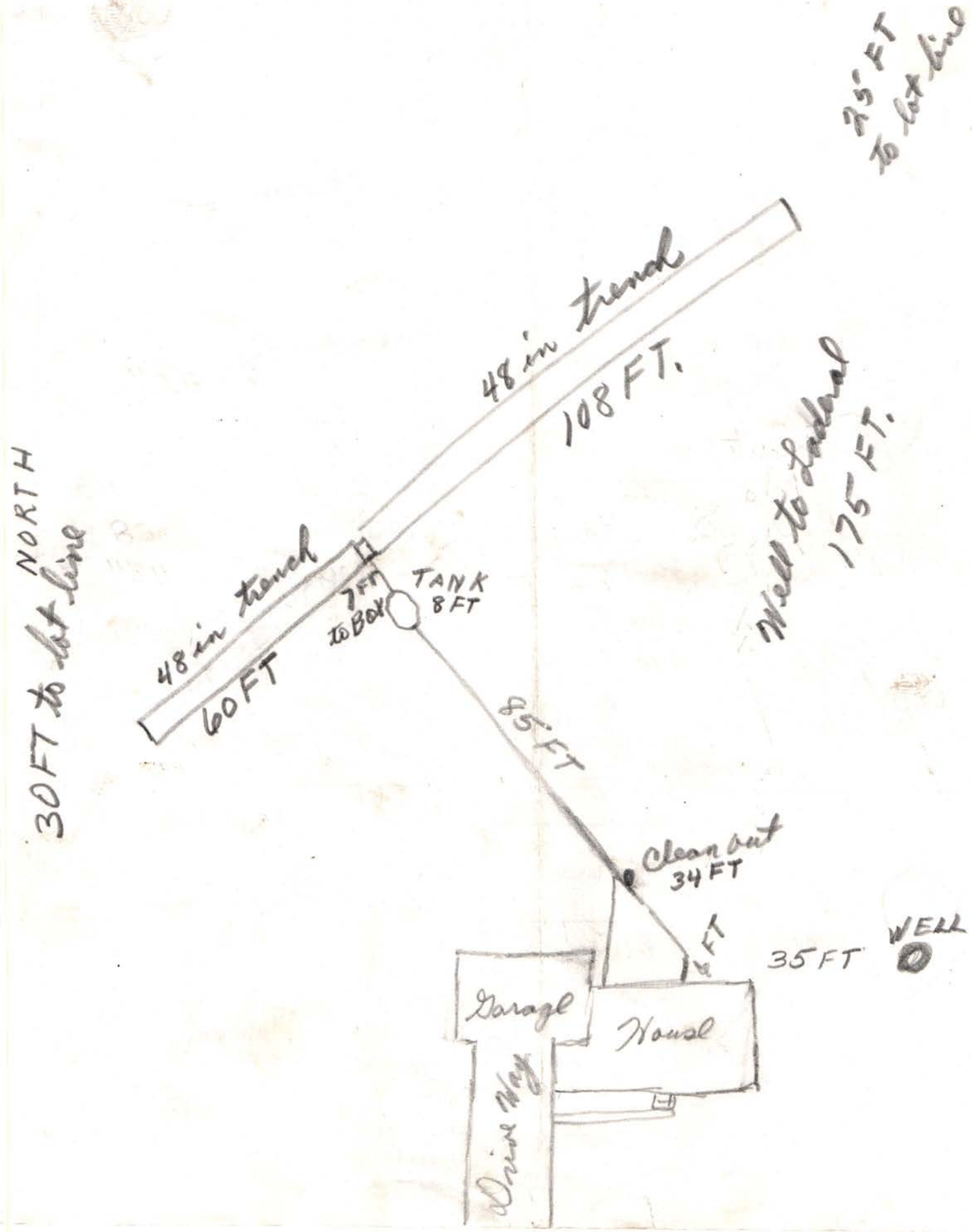
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 108, 60, _____, _____, _____ ft.;
Total length of laterals 168 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 48" ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 22 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 9-5-79 INSTALLER Edward P. Veins



LANCASTER COUNTY, NEBRASKA,



Fletcher

NOV 7 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 35 T. 11 R. 6 Block ___ Lot ___ Addition 6700 N. 1ST ST. LINCOLN
Owner ED VIRUS ~~435 5695~~ wrong RR#5 (21) Address 6820 ORCHARD ST. LINCOLN 68504

LOG OF WELL	
Depth ft. --to--	Description
0- 10	BRN CLAY
10- 30	SAND & YEL CLAY
30- 55	YEL CLAY
55-125	BLUE CLAY
125-145	VERY FINE BLUE SAND & CLAY
145-158	VERY FINE BLUE SAND
158-166	BLUE CLAY
166-170	FINE BLUE SAND
170-174	BLUE CLAY
174-175+	MED FINE BLUE SAND

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level) Ft. 170
Date Completed 10-10-96

Casing: Length, Ft. 155 ; Dia. In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15' Dia. In. 4"
Type PVC WOP , slot Size .018

Drop Pipe: Length, Ft. 160 Dia. In. 1"

Water Level, Surface to top of water, Ft.
Static 136 , Pumping 150 EST

Yield: 6.5 ggm, Measured ☒ Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

Address P. O. BOX 308 HICKMAN, NEBRASKA 68372

Date 6 November 1996

REMARKS _____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4