FILE NO. 150

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — November 15, 1970

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Louis J. Kadovy — 2925 South 47th Street

LICENSEE OR PERMITTEE — ADDRESS

T 11N; R 6E; Section 35; Lot 16; Addition — Cumberland Heights

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
143-1535	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-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 11N; Range 6E; Section 35;
Block ___; Lot 16; Addition Cumberland Heights;
Street Address 10 7th Lincoln.

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

Other Use ____ ☐
Describe: _____

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

4. Distance to public sewer: mile ft.

Louis J. Hadan
Signature of Applicant (owner or lessee)

2925 to 47
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/15/70. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 5/15/70. Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5-15-70. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 5-15-70. Signature: Chas Sealey Ed Skinner

3. City Engineer: Date Rec'd. 5-15-70. ACTION: Approved ☐ Disapproved ☒
Date Frwd. ". Signature: J. Blessing

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

DATE: 5-14-70

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11N; Range 6E; Section 35;
Block ____; Lot 16; Addition Cumberland Heights
Street Address NO 7 Lincoln

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 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-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

David J Kadavy
Signature of Applicant (owner or lessee)

2925 NO 47
Address
728

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00 ____

2. Date Site Clearance ____

3. Site Visits:
Date: 10/12/70 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 5/15/70
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/12/70 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 11N
Section & ¼ Sect. 35
Property Dimensions: ___ ft. x ___ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: Louis J. Hadaz
Address 2925 So 47

Dates of Tests: 5-13-70 to 5-14-70. Weather: Precip. NO Temp. 50 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	5-13	4P	5-13	8P	5-14	3P	6	5-14	5 7/8	30	7/8	60 - 1 3/4
2	36	"	"	"	"	"	"	"	"	5 5/4	30	3/4	60 - 1 1/2
3	36	"	"	"	"	"	"	"	"	5 5/4	30	3/4	60 - 1 1/2
4	36	"	"	"	"	"	"	"	"	5 3/8	30	5/8	60 - 1 1/4
5	36	"	"	"	"	"	"	"	"	5	30	1	60 - 2
6	36	"	"	"	"	"	"	"	"	5 5/8	30	3/8	60 - 1 3/4

Sum of Percolation Rates
Average of Rates: 60 - 1 7/8
Mean of Rates:

Scotts Pumping Inc DBA
Signature of Person Conducting Test

Address 3800 NO 27
Phone: 434-9393

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: May 15, 1970

Approved Percolation Rate(s)
A. 37½ min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. _____

SPECIFICATIONS

DATE: 5-14-70

A. BUILDING SEWER:

1. Material Clay; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1.
5. Distances To:
   Well or Suction Line 50 ft.;
   Stream 50 ft.; Pressure Line 50 ft.;
   Property Line 50 ft.

B. SEPTIC TANK (Provide construction drawings.)

1. Material ~~Concrete~~ CEMENT FIBER; No. of compartments 1. 750
2. Capacity 1000 gals.; Liquid depth 62 in.
3. Factory Built: Yes ☒ (Company Pre Cast)
   No ☐
4. Manholes: Over Inlet; diam. 6 in.
   Over Outlet; diam. 6 in.
   Below Grade 8 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 100 ft.;
   Stream ____ft.; Pressure Line ____ft.;
   Property Line ____ft.

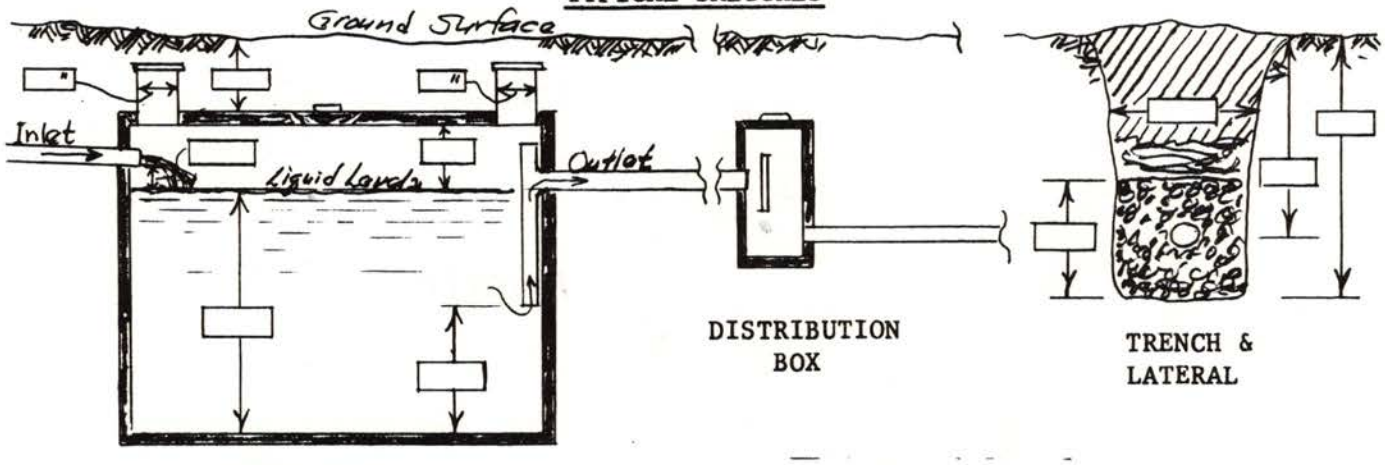
C. DISTRIBUTION BOX

1. Material Cement; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast)
   No ☐
3. Dimension: Length 18 in.; Width 8 in. Depth 12 in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☒, No ☒
   (If yes, show detailed plans.)

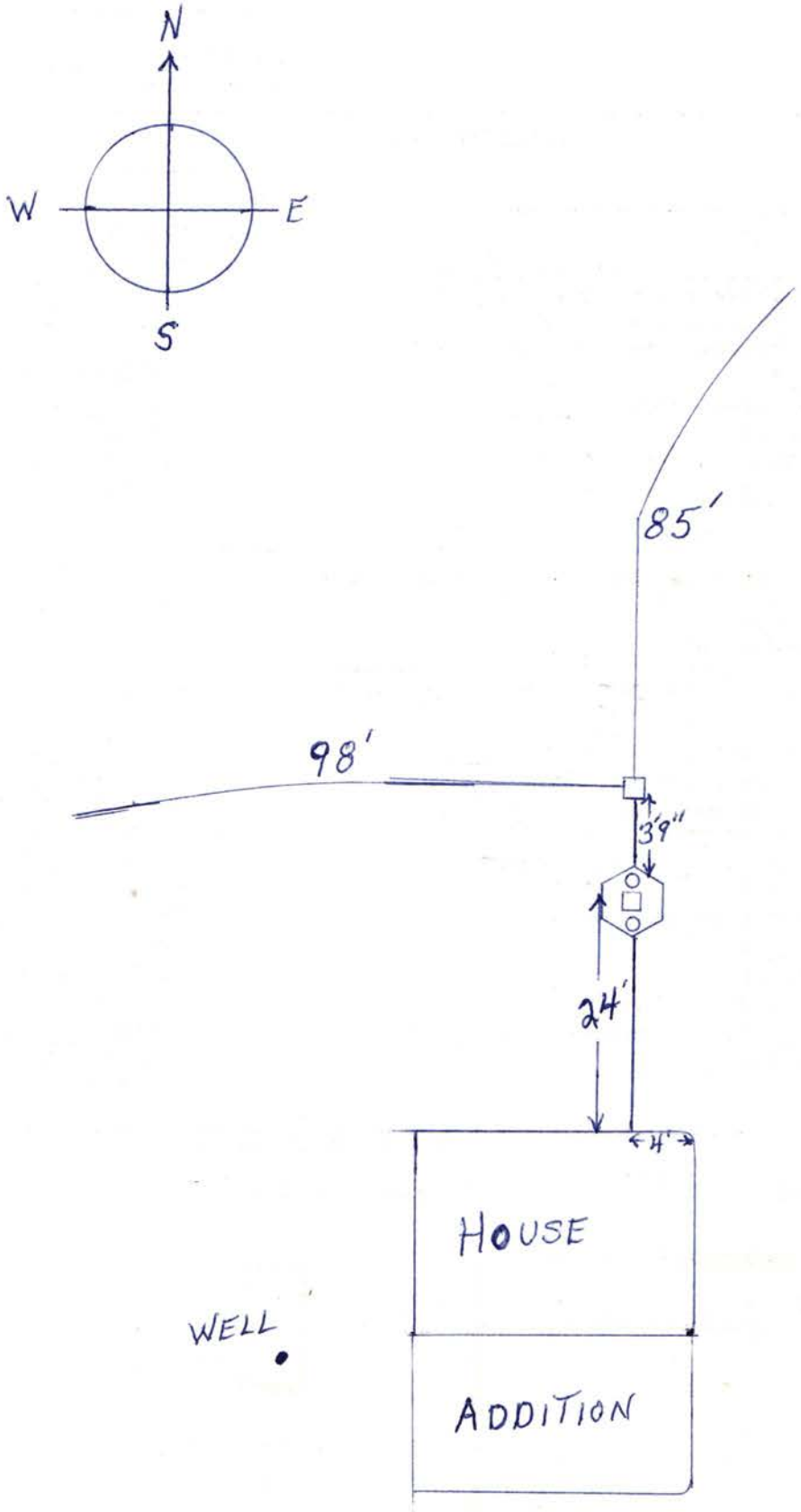
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: Cement
2. Lateral Lines: Depth below grade 34 in.
   Number 2; Length of each line ___ft
   Total length of Laterals 184 ft.;
   Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ∩
   Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
   Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: 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: _____minutes/inch

TYPICAL SKETCHES



Travis J. Hadsey
Signature of Applicant


N
W
E
S
85'
98'
3'9"
24'
4'
HOUSE
WELL
ADDITION

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 6601 North 7th

Twp 11N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 16 Addition Cumberland Heights

Directions to Property Lot 16, except the South 309 feet & except the East 20 feet thereof Cumberland Heights, Lancaster County, NE

Location of Well Southwest corner of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cliff Repka	6601 N. 7th Lincoln NE 68521	439 4745
Tenant/Buyer:	James Calhoun	5921 N 14th Lincoln NE 68521	477 6881
Return to:	James Calhoun	5921 N 14th Lincoln NE 68521	477 6881

Signature of Applicant James Calhoun Address 5921 N 14th Lincoln NE 68521 Date 1/21/95

HEALTH DEPARTMENT USE ONLY

Date Received 01/23/95 JP Received $150.00 Check ☑ #693 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 1/27/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, L.S Date 2/6/95

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.

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 6601 NORTH 7TH → EXCEPT S 309' & E 20'

Twp 11N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 16 Addition CUMBERLAND HEIGHTS

Directions to Property APPROX 1 MILE NORTH OF 7TH & FLETCHER

Location of Well BEHIND HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH OF HOUSE Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	KENNEDY & BETTY KROGH	6601 N. 7TH LINCOLN NE 68521	477-0331
Tenant/Buyer:	CLIFF & LYNN REPKA	6941 ANTLER DRIVE LINCOLN NE 68516	421-7605
Return to:	CLIFF REPKA	6941 ANTLER DRIVE LINCOLN, NE 68516	421-7605 WK 483-4900

Signature of Applicant Cliff C. Repka Address 6941 ANTLER DRIVE LINCOLN, NE 68516 Date 12/1/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/1/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By R Marquardt **DATE:** 12/2/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑ *	☐	Approved ☑	Date ___/___/___ by ___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☐ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: Recommend continuing to check every 3 yrs to see if septic tank needs pumping. *If cereal is used for livestock, it must be moved 100 ft or more from the well. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ * see above **SEWAGE DISPOSAL SYSTEM** Approved: ☑ Provisional Approval: ☐

Approved by Ron Marquardt, R.S. Date 12/7/93

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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