FILE NO. 307

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 20, 1973 — THIS LICENSE OR PERMIT EXPIRES

Arlon E. Bartels — LICENSEE OR PERMITTEE

2035 North 52nd — ADDRESS

T11N: R6E: Sec. 35: Lot 20: Cumbeland Heights Add. — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: Non-Transferable

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
621.1535 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-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. 307

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

REC'D OCT 20 19??

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. 11 ; Range 6 ; Section 35 ;
Block ___ ; Lot 20 ; Addition CUMBERLAND Hgts
Street Address 6400 R.R. 5 .

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms 3 . Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

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

Orlon E. Bartels
Signature of Applicant (owner or lessee)

2035 No 52nd
Address LINCOLN, NEBR 68504

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10-20-72. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 10-20-72. Signature: James Weverka, R.S.

2. Supt. Bldg. Insp.: Date Rec'd. 10-20-72. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. 10-20-72. Signature: Chas Seale By BS.

3. City Engineer: Date Rec'd. ____. ACTION: Approved ___ [✓] Disapproved [ ]
Date Frwd. 10-26-72. Signature: [illegible]

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. 307

DATE: 10-19-72

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. _____; Range ____; Section 35-11-6
Block _____; Lot 20; Addition Cumberland Hgt.
Street Address RR#5.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 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.)

Alan E. Barth
Signature of Applicant (owner or lessee)

2035 No 52nd
Address Lincoln Nebr 68504

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: 10-20-72
Filing Fee: $ 30.00

2. Date Site Clearance _____

3. Site Visits:
Date: 2/20/74 by: L. C. H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: _____
by: James Wevelba

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/20/74 by: Jerrold E. 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. 307

PROPERTY WHERE SOIL TESTED: LOT 9 OF 2ND CUMBERLAND HTS. Owner: ARLON BARTELS

Location: Township ____
Section & ¼ Sect. 35-11-6
Property Dimensions: 658 ft. x 650 ft.
Area: 10 acres. (Attach sketch of property showing hole location).

Address 2035 NO 52nd LINCOLN, NEBR.

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Dates of Tests: Oct 18 to Oct 19. Weather: Precip. 0 Temp. 30 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	10-18	6:50	10-19	650	10-19	6:55	6"	7:25	5 3/8	30	5/8	
2	36	10-18					658		7:30	5 1/4	30	3/4	
3	36	10-18					7:00		10 55	5 1/8	30	1/8	
4	36	10-18					7:02		10 56	4 7/8	30	1 1/8	
5	36	10-18					7:04		10 58	5	30	1	
6	36	10-18					7:06		11:00	5 1/8	30	7/8	

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

Signature of Person Conducting Test

Address 2035 NO 52nd
Phone: 466-6552

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 10-20-72

James Wevelka, R.S.
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. 307

SPECIFICATIONS

DATE: _____

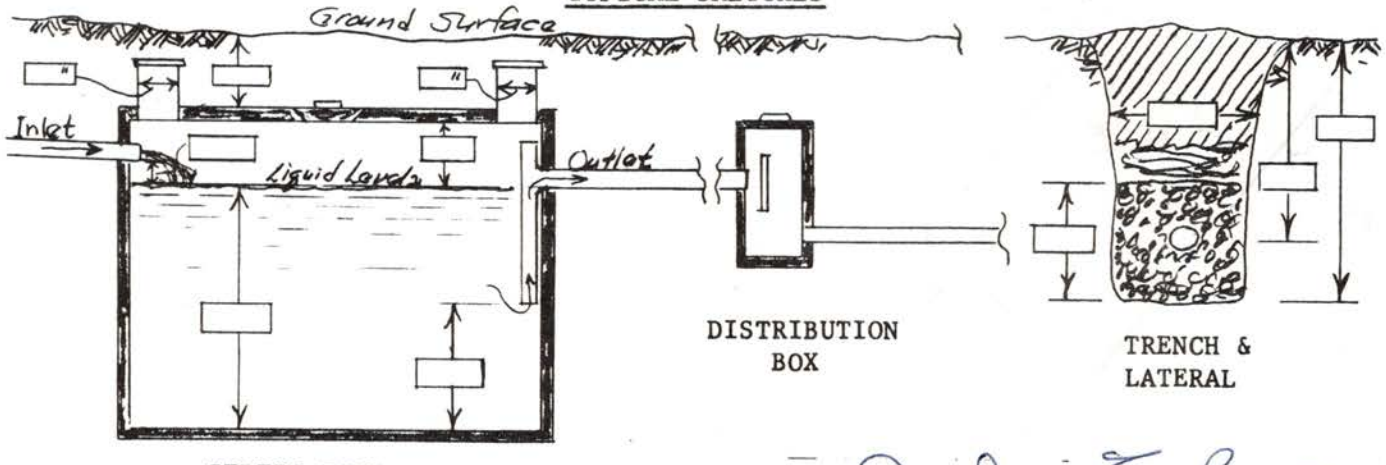
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 99 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON.; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 100+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

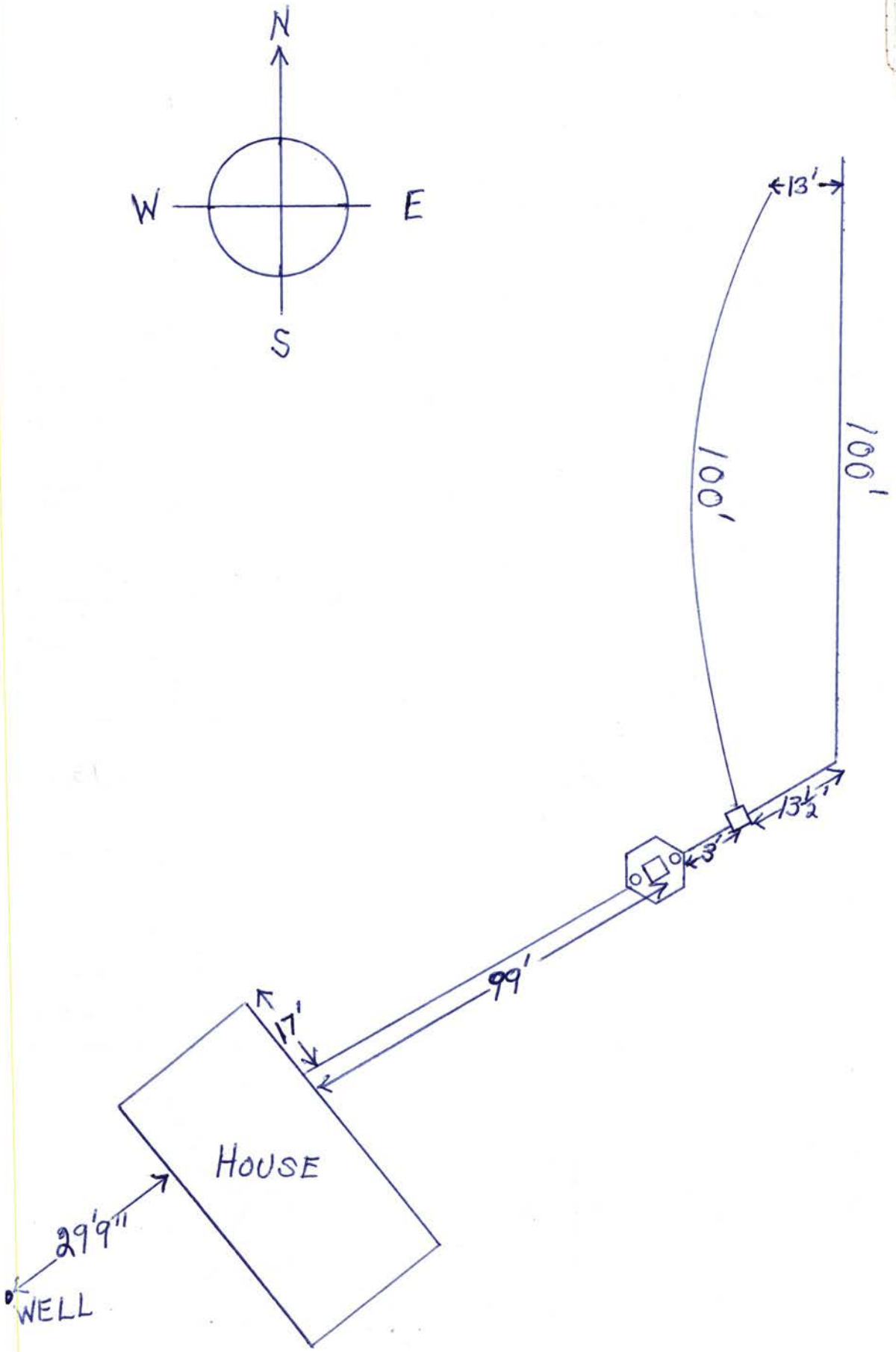
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 3 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

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 200 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines 13 ft.
3. Trench Dimensions: Depth 36 in.; Width 48 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: 34 minutes/inch

TYPICAL SKETCHES



Arlon E. Bates
Signature of Applicant


N
W
E
S
13'
100'
100'
13½'
3'
99'
17'
HOUSE
29'9"
WELL

011

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: 2-14-92

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

Legal Description of Property: TWP. 11N ; RANGE 6E ; SECTION 35 ; BLOCK ____

LOT 21 ; ADDITION Cumberland Hts ; Street Address 301 Pennsylvania Ave

Directions to Property First house east of 1st & Pennsylvania Ave on the So. Side of Pennsylvania Ave

Location of Well Back of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System Front of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Arlon Bartels	309 Pennsylvania Ave.	435-8914
Tenant/Buyer:	Mike Slocum	Rt 1 Box 147 Denton	4768153
Return to:	Charles West	5620 Normal Blvd 68506	489-2923

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

Signature of Applicant [signature] Address ____

HEALTH DEPARTMENT USE ONLY

Date Received 2-28-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-28-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒ 5 shock treat off	☐	Approved:	☒	Date 2-28-92 by [illegible]
Bacteria	☒	☒	Provisional:	☐	Date 3-6-92 by mcl_2 0.7
Nitrate	☒ 0.4 180 feet	☐	Disapproved:	☐	Date 3-10-92 by [illegible]

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

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Marquart DATE 3-16-92

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