FILE #2185

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 9, 1985 — THIS LICENSE OR PERMIT EXPIRES

MARK D. HANSEN — LICENSEE OR PERMITTEE

2315 SO. CANTERBURY LN. LINCOLN, NE 68512 — ADDRESS

T10N; R7E; Sec 14; Lot 56 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2185

DATE: 4-8-85

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 14 ; Block _____ : Lot 56 I.T. 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.

Mark D. Hansen
Signature of Applicant (Owner or Lessee)

2315 So Canterbury Lane 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/8/85 . Date Frwd. 4/9/85 . ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/9/85 . Date Frwd. 4/9/85 . ACTION: Approved ☐ Disapproved ☐ Signature: Gary McKeever

3. City or County Engineer: Date Rec'd. 4/9/85 . Date Frwd. 4/9/85 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT RECIEVED.

Site Visits:
Date: 7-1-85 by: Chris Morgan
Date: 8-16-85 by: Chris Morgan
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-85 By: Chris Morgan

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: 471-7800

B

FILE NO. 2185

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7E ; Section & ¼ Section NE¼ of 14
Property Dimensions: 573.04 ft. x 448.78 ft. Area: 5.39 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-24-84 to 4-25-84 . Weather: Precip. NO Temp. 50 .

OWNER: Mark Hansen
Address: 2315 So Canterbury Lane Lincoln 68512

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	22	4 24	8	4 25	12	4 25	10A	6	3P	[illegible]	60	1½	
2	"	"	"	"	"	"		"	"	4 7/8	"	1⅛	
3	"	"	"	"	"	"		"	"	4 7/8	"	1⅛	
4	"	"	"	"	"	"		"	"	4 3/4	"	1 3/8	
5	"	"	"	"	"	"		"	"	4 3/4	"	1 3/8	
6	"	"	"	"	"	"		"	"	5		1	

Signature of Person Conducting Test

Address 6710 N07 Phone 475-1486

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

(Do not write below this line)

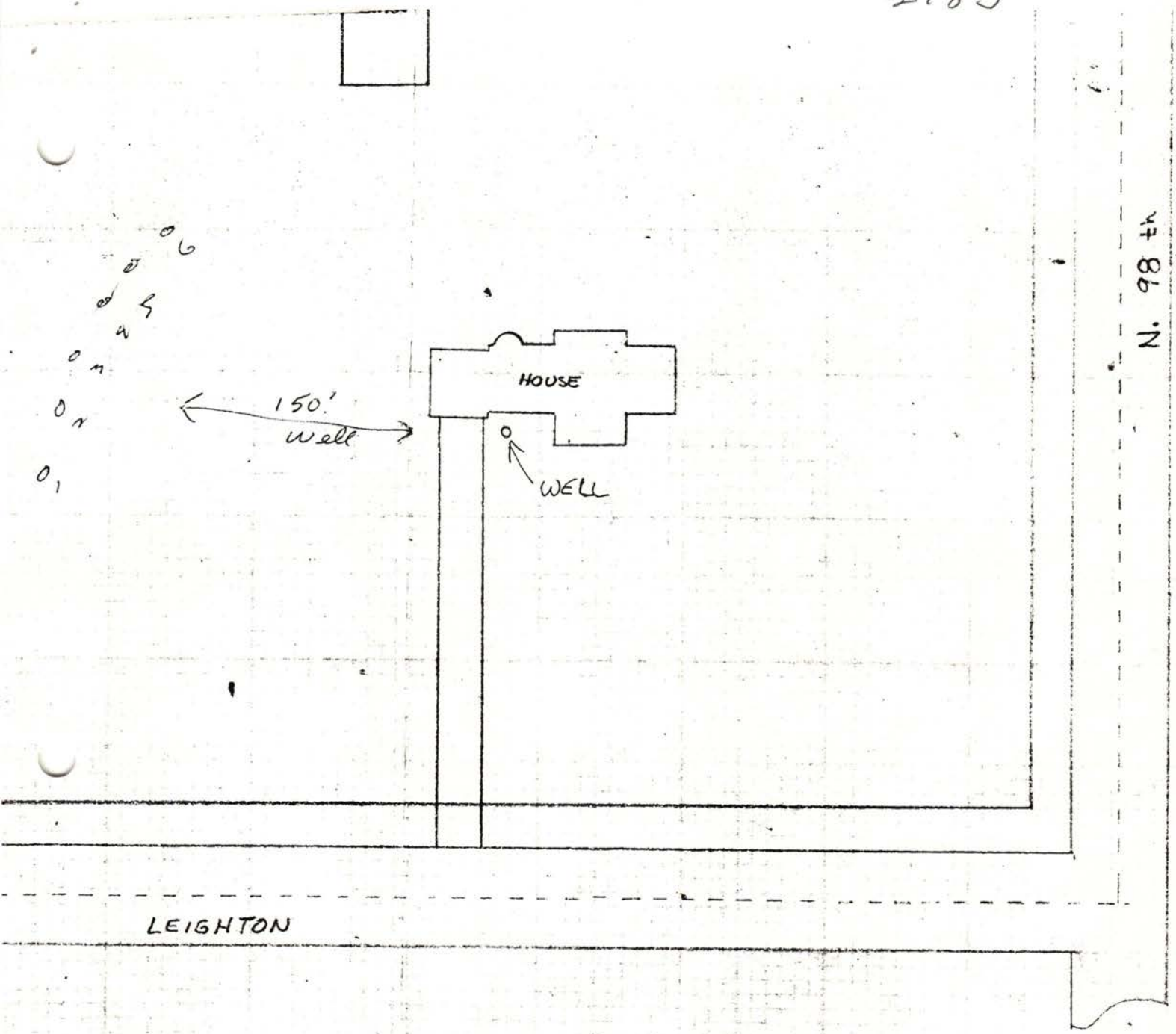
REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 2, 1984

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

2185



test at 22" depth

310' laterals

236' actual

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: 471-7800

C

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

FILE NO. 2185

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

REVIEWING ACTION

Remarks: _____

Date: APRIL 9, 1985

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~929~~ sq.ft.

Jerrold C. Hoos
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: 471-7800

D

DATE: Aug 12, 1985

FILE NO. _____
Mark Hansen 9700 Leighton

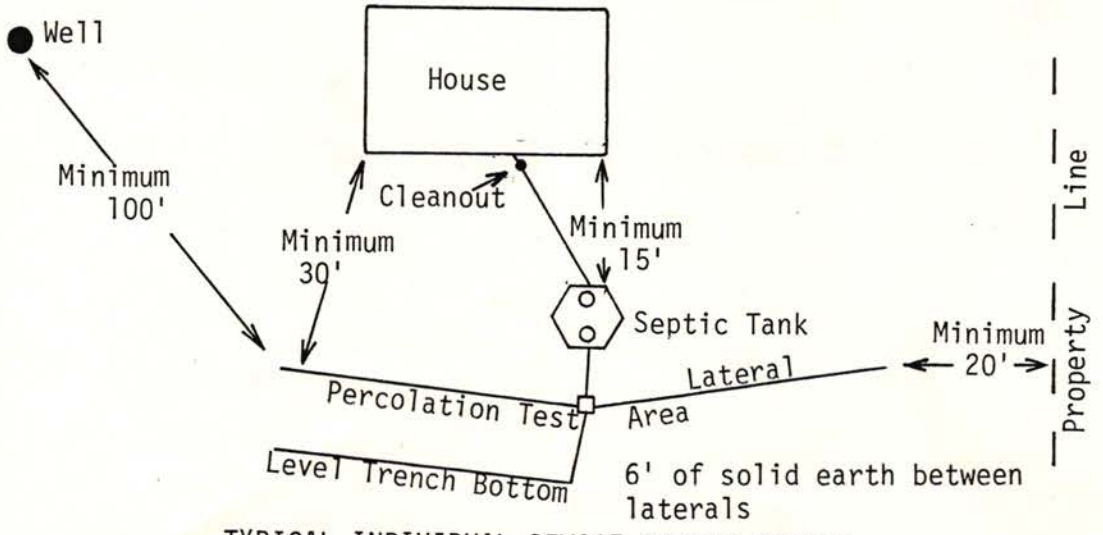
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 140' ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line 30' ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 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 12 in.
8. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
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 18" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100', 100', 50', _____, _____ ft.;
Total length of laterals 250 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel
Depth of Material 24" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

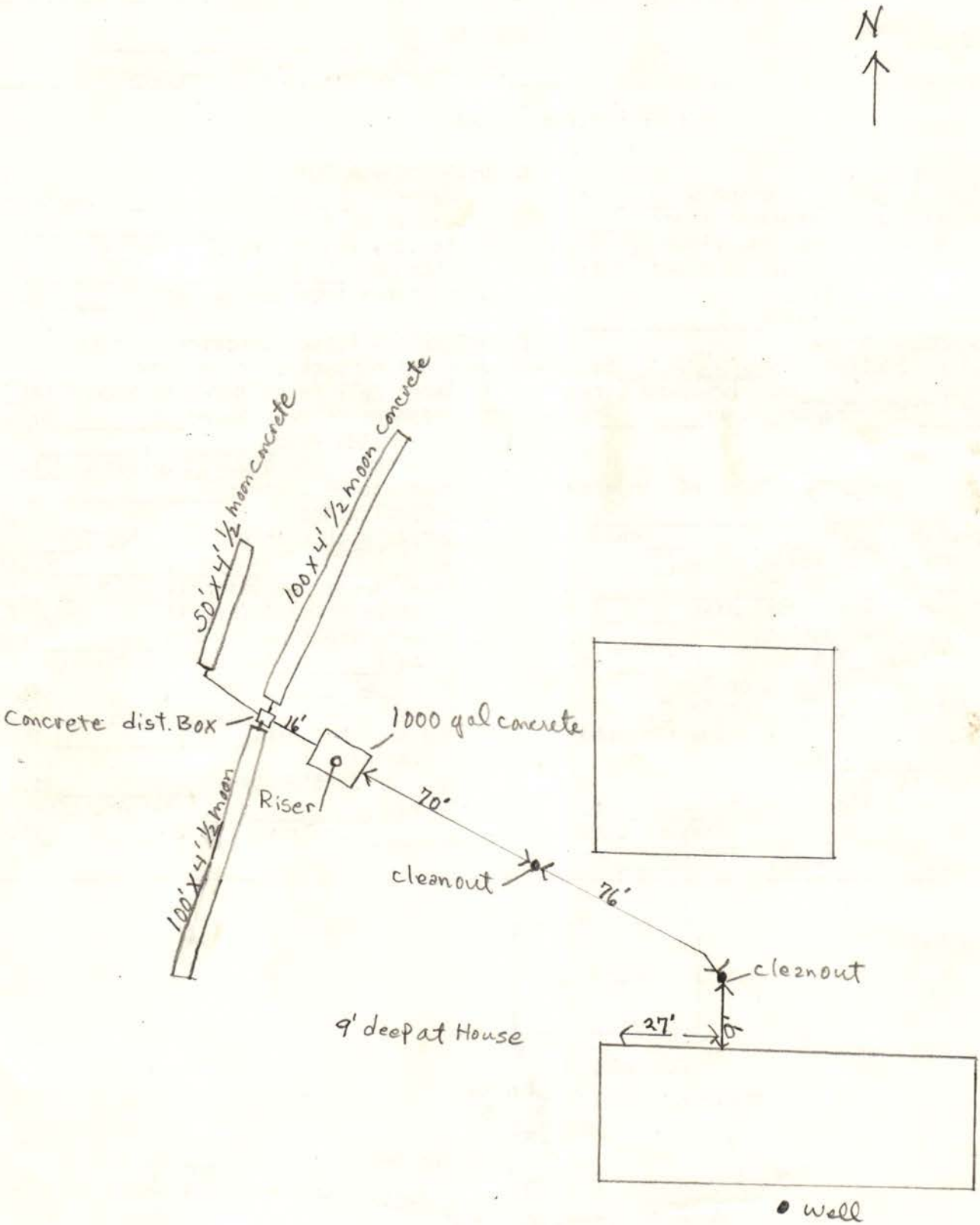


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE Aug 12 1985 INSTALLER Strohmyer

467-1627



008

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 9700 Leighton Ave

Twp 10N Range 7E Section 14 1/4 NE 1/4 ___ Block ___ Lot 56 Addition ___

Directions to Property ___

Location of Well 15ft south of front door (by bushes) Tap Location: Inside ☒ Outside ☒

Location of Sewage System 200 ft NW OF House in pasture Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	MARK HANSEN	9700 Leighton	465 2061 ck Nov 11-2-92
Tenant/Buyer:	(Same) refinance		
Return to:			

Signature of Applicant Mark Hansen Address 9700 Leighton Date 10/20/92

HEALTH DEPARTMENT USE ONLY

Date Received 10/26/92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By rm **DATE:** 10/26/92

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.4 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 10/26/92 by rm

Date 11/4/92 by rm

Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping. Recommend not allowing livestock over subsurface laterals.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard, R.S Date 11/5/92

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.