CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 818

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

November 14, 1976 — THIS LICENSE OR PERMIT EXPIRES

School District #13 (L. E. Spahn, Secretary) — LICENSEE OR PERMITTEE

RFD 5; Lincoln, NE — ADDRESS

T11N; R6E; Sec. 20; Lot 17 I. T. — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE

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

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

624-1535

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. 818

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

DATE: _____

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 20
Block _____; Lot 17 I.T. ; Addition _____
Street Address _____

2. Property Use: Residential _____ ☐ ; Commercial _____ ☐
No. of Bedrooms _____. Describe: _____
Other Use _____ ☒
Describe: SCHOOL #13

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

4. Distance to public sewer: _____ ft.

I E Spahn, Secretary District 13
Signature of Applicant (Owner or Lessee)

R 5 Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/17/76. Date Frwd. 5/17/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5/17/76. Date Frwd. 5/17/76. ACTION: Approved ☒ Disapproved ☐ Signature: Chas Hall

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Joe Bird

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 ☒
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. 818

DATE: _____

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 20 ; Block ; Lot 17 I.T ; Addition .
Street Address .

2. Property Use: Residential ☐ Commercial ☐
No. of Bedrooms Describe:
Other Use ☒
Describe: SCHOOL # 13

3. Type of Individual Sewage Disposal System: Septic Tank ☒ 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).

I E Spahn, Secretary District 13
Signature of Applicant (owner or lessee)

R 5 Lincoln Neb
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ NO . FEE

2. Site Visits:
Date: 8-8-77 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐ 5/17/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-8-77 by: _____

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. 818

PROPERTY WHERE SOIL TESTED:
Location: Township 11 ; Range 6
Section & ¼ Sect. SE¼ 20
Property Dimensions: ___ ft. x ___ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: School Dist #13
Address R.R. 5 Lincoln NE 68508

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

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ____ 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	4-17	10.00	4-18	10.00								
2	36												
3	36												
4	36												
5	36												
6	36												

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

Signature of Person Conducting Test

Address 2E Lyons Rt 5
Phone: 435 1464

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: May 17, 1976

Gerald C. Wood
Signature of Reviewing Official

20 - 11 - 6

SE ¼

Sunday Start 2.00

	2.30	3.00	3.30	4.00	4.30	5.00	5.30	6.00
1	3 ½	3	3	2 ½	1 ¾	2	1	1
2	3	2	1 ¾	2	1 ½	1 ¾	¾	1 ½
3	2 ¾	2	1 ½	1 ½	1	1	1	1
4	3	2 ½	2	2	1	1	½	¾
5	1 ¾	1 ½	1 ½	1	¾	1	½	1
6	3 ¾	2 ½	2 ¼	3	1	2 ½	1 ¾	2

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. 818

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

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

B. SEPTIC TANK (Provide construction drawings.)

1. Material _____; No. of compartments _____.
2. Capacity 600 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
   No ☐
4. Manholes: Over Inlet; diam. ____in.
   Over Outlet; diam. ___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 ____ft.;
   Stream ____ft.; Pressure Line ____ft.;
   Property Line ____ft.

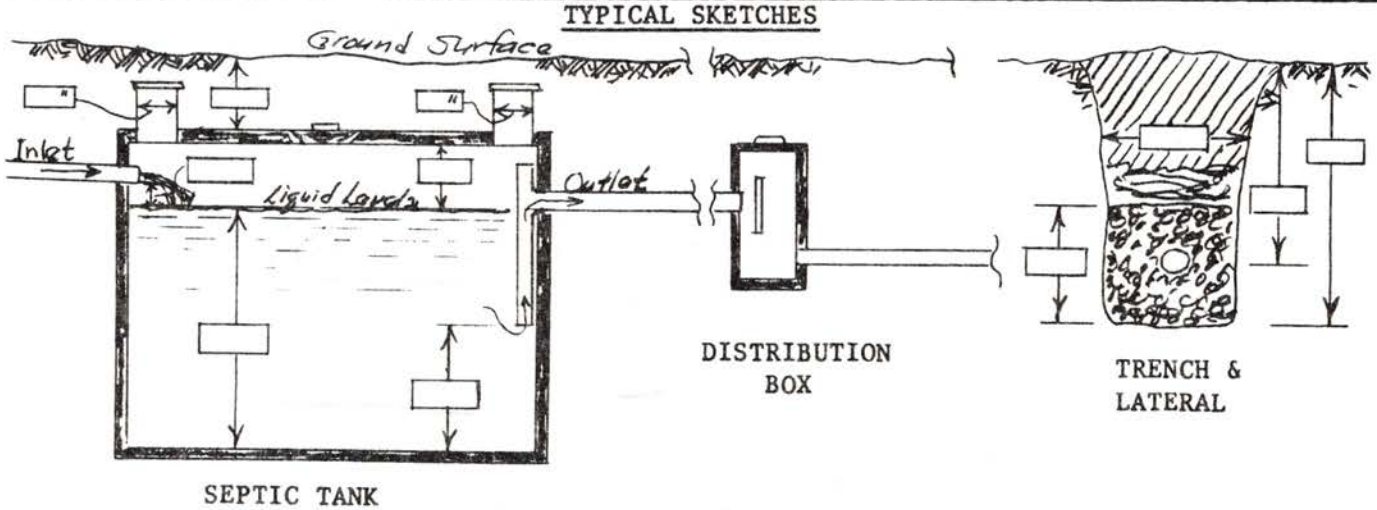
C. DISTRIBUTION BOX

1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
   No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)

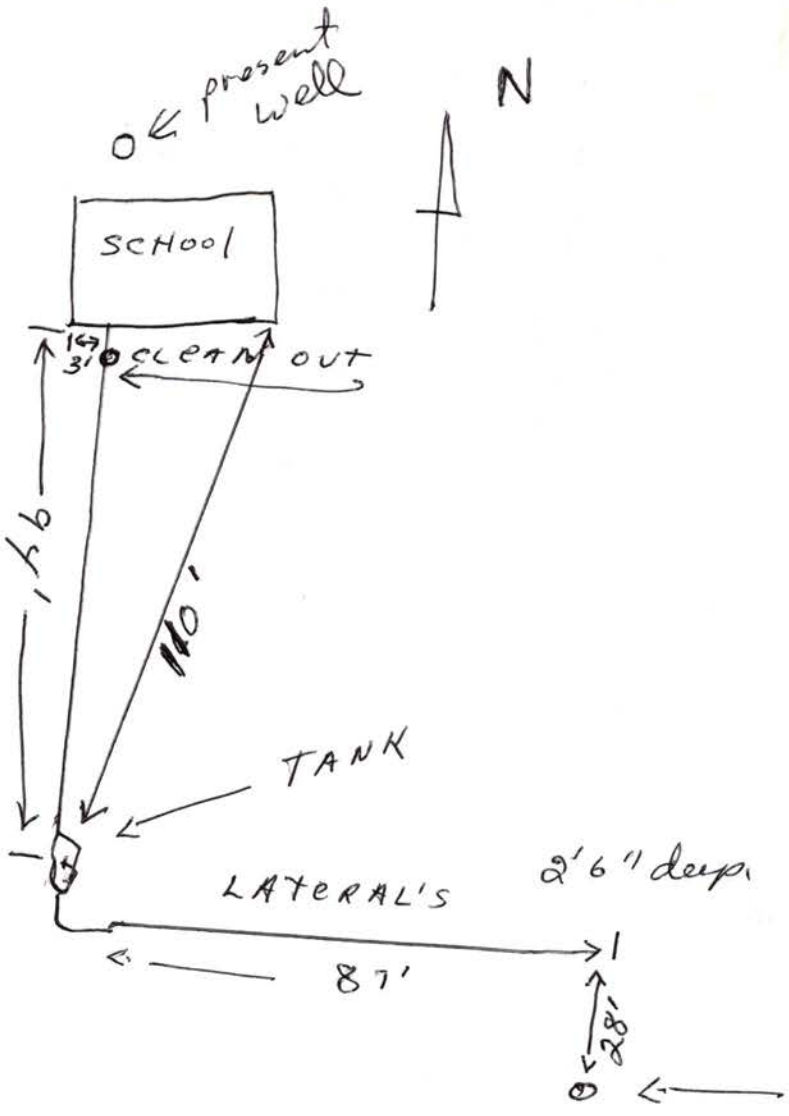
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number 1; Length of each line ___ft Total length of Laterals 65 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: _____. Depth of material from trench bottom _____in.
5. Distances To:
   Well or Suction Line ____ft.;
   Stream _____ft.; Pressure Line ____ft.
   Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

_____
Signature of Applicant



OLD WELL
University well abandoned - filled with gravel to 6' from ground surface. 3' of casing removed & concrete plug put in top.

George H. Boal
aug 8 - 1977