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. 397-C

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

DATE: 3-15-74

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 14
   E½ of NE¼ of NW¼
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 3 . Describe: _____
   Other Use _____ ☐
   Describe: _____

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

4. Distance to public sewer: _____ ft.

Rodney A. Bruhn
Signature of Applicant (Owner or Lessee)

1630 N. 61 Lincoln Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/15/74 . Date Frwd. 3/18/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Noot

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 3-18-74 . ACTION: Approved ☑ Disapproved ☐ Signature: Wesley Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

M. Lipsky 3/15/74

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. 397-C

DATE: 3-15-74

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 14 E½ of NE¼ of NW¼; Block _____; Lot _____; Addition _____.
   Street Address _____.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
   No. of Bedrooms 3
   Describe: _____
   Other Use _____
   Describe: _____

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).

Robert A Brehm
Signature of Applicant (owner or lessee)

1630 N. 61, Lincoln, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
   Filing Fee: $ 30.00

2. Site Visits:
   Date: _____ by: _____
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 9/15/74
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5/8/74 by: Stephen F. Schaal

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. 397-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Rodger T Brehm
Address _____

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

Dates of Tests: March 2 to March 3. Weather: Precip. 0 Temp. 50's 60's 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"	3/2	10 PM	3/3	9 AM	3/3	9 AM	14"	11 AM	13"	30"	1	
2	"	"	"	"	"	"	"	"	"	9 1/4	"	1	
3	"	"	"	"	"	"	"	"	"	11 1/2	"	1/2	
4	"	"	"	"	"	"	"	"	"	10 1/2	"	3/4	
5	"	"	"	"	"	"	"	"	"	9	"	2 1/2	
6	"	"	"	"	"	"	"	"	"	7	"	1 1/2	

Robert D Johnson
Signature of Person Conducting Test

Address 426 N W 13th
Phone: 438-3595

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

(Do not write below this line)

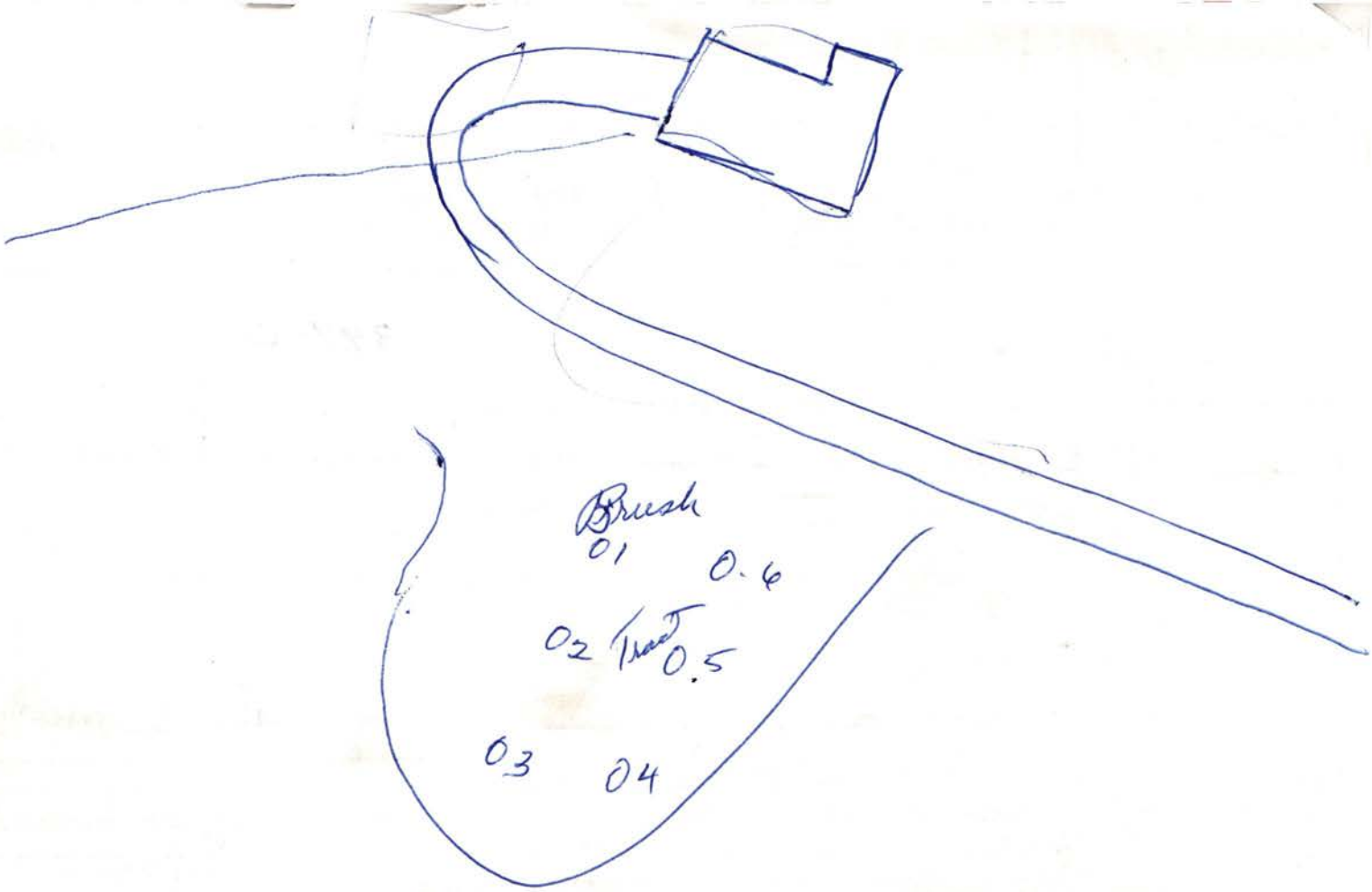
REVIEWING ACTION

REMARKS: _____

DATE: _____

Approved Percolation Rate(s)
A. ~~60~~ 30 min./inch
B. _____ min./inch
C. _____ min./inch

James Wevelka
Signature of Reviewing Official



3 Bedrooms

3' wide

250 ft of lateral

4' wide

188 ft of lateral

1000 gal tank

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. 397-C

SPECIFICATIONS

DATE: _____

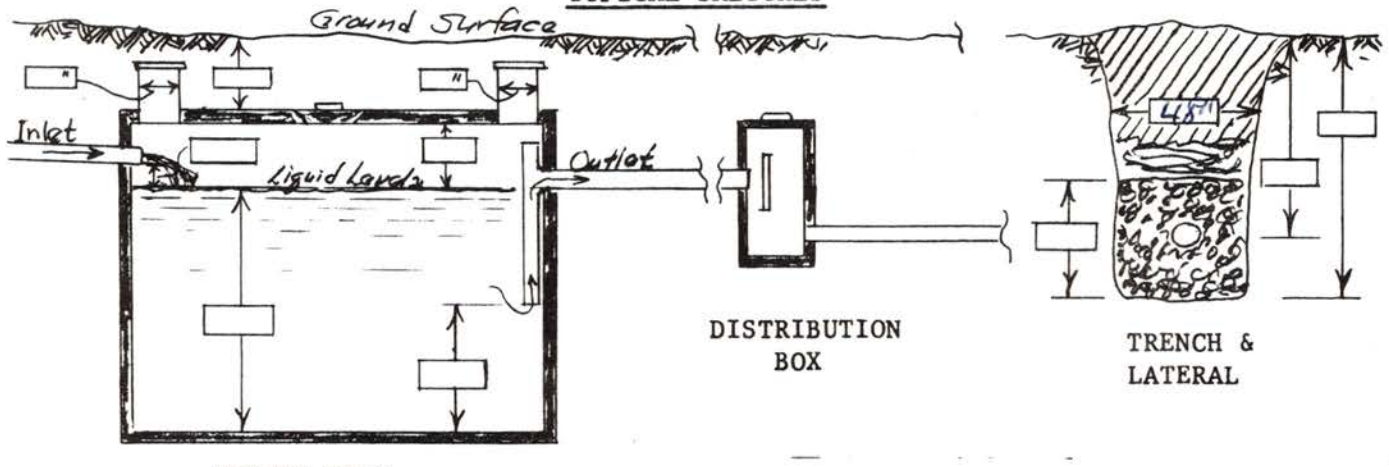
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 73' ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ~~100'~~ ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 3.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company _____) No ☐
4. Manholes: Over Inlet; diam. 8' in.
Over Outlet; diam. 8" in.
Below Grade 12" 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 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 No. available outlets 3.
2. Factory Built: Yes ☒, (Company _____) No ☐
3. Dimension: Length ~~20~~ in.; Width 13 in. Depth 12 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 MOON CONCRETE
2. Lateral Lines: Depth below grade ~~36~~ in. Number 3; Length of each line ~~100~~ 60 ft 40
Total length of Laterals 180 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 36 in.; Width 48 in.
4. Filter Material: Pea Size GRAVEL
Depth of material from trench bottom 6" in.
5. Distances To:
Well or Suction Line ~~100'~~ ft.;
Stream ____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: See Attached minutes/inch

TYPICAL SKETCHES



Signature of Applicant

5-8-74

