FILE NO. 1774

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

March 26, 1978 — THIS LICENSE OR PERMIT EXPIRES

Kenneth Byrne — LICENSEE OR PERMITTEE

4111 North 44 Street, Lincoln, NE — ADDRESS

T11N, R6E, Section SW¼ of 35, Lot 32, 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
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
47005	SEP 26 77	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

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. 1174

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

DATE: 9-23-77

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 SW¼ 35
   Block ____; Lot 32; Addition CUMBERLAND HEIGHTS
   Street Address 600 FLETCHER

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.

Kenneth C Byrne
Signature of Applicant (Owner or Lessee)

4111 No. 44th 68504
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/26/77. Date Frwd. 9/26/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 9/26/77. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch
3. City or County Engineer: Date Rec'd. 9/26/77. Date Frwd. 9/26/77. ACTION: Approved ☒ Disapproved ☐ Signature: Max Smith

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 [X]
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. 1174

DATE: 9-23-77

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. 11 N ; Range 6 E ; Section SW¼ 35 ; Block ; Lot 32 ; Addition CUMBERLAND HEIGHTS
Street Address 600 FLETCHER .

2. Property Use: Residential [3]; Commercial [ ]
No. of Bedrooms 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-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).

Kenneth C Byrne
Signature of Applicant (owner or lessee)

4111 No 44th 68504
Address (HOME 464-9508)
WORK 472-3100

(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 [X]; Disapproved [ ] 9/26/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/28/77 by: Jerrold C. Hood

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 474-1541)

FILE NO. 1174

PROPERTY WHERE SOIL TESTED:
Location: Township 11N : Range 6
Section & ¼ Sect. SW 35
Property Dimensions: 310 ft. x 635 ft.
Area: 4.53 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: KENNETH C. BYRNE
Address: 600 FLETCHER

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30"	9-21	1 30 PM	9-22	7 30 PM	9-23	4:05	20	4 25	20 3/4	30	3/4"	
							4:10	21	4:40	21 7/8	30	7/8	
							4:15	19	4:45	19 5/8	30	5/8	
							4:20	24	4:50	24 1/2	30	1/2	
							4:25	23	4:55	23 5/8	30	5/8	
							4:30	25	5:00	25 7/8	30	7/8	

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

Kenneth C Byrne
Signature of Person Conducting Test

Address 4111 No 44th Lincoln 68504
Phone 464-9508

(Do not write below this line)

REVIEWING ACTION

REMARKS: Sharpsburg silty clay loam. C.C.P.D.
DATE: September 26, 1977

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

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 474-1541)

FILE NO. _____

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

Owner: KENT BYRNE
Address: 4111 N 41st

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

Dates of Tests: Sept 27 to Sept 28. Weather: Precip._____Temp._____

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	25	Sept 27	7:00	Sept 28	7:30	Sept 28	4:20	18	9:50	18 3/4	30	3/4	
2								20 1/4		21 7/8		1 5/8	
3								16		17 5/8		1 3/8	
4								14 5/8		16 1/8		1 1/2	
5								23		24 3/8		1 3/8	
6								14 1/4		15 1/4		1	

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

Signature of Person Conducting Test

Address 3300 N 53

Phone 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: _____

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

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. 1174

SPECIFICATIONS

DATE: _____

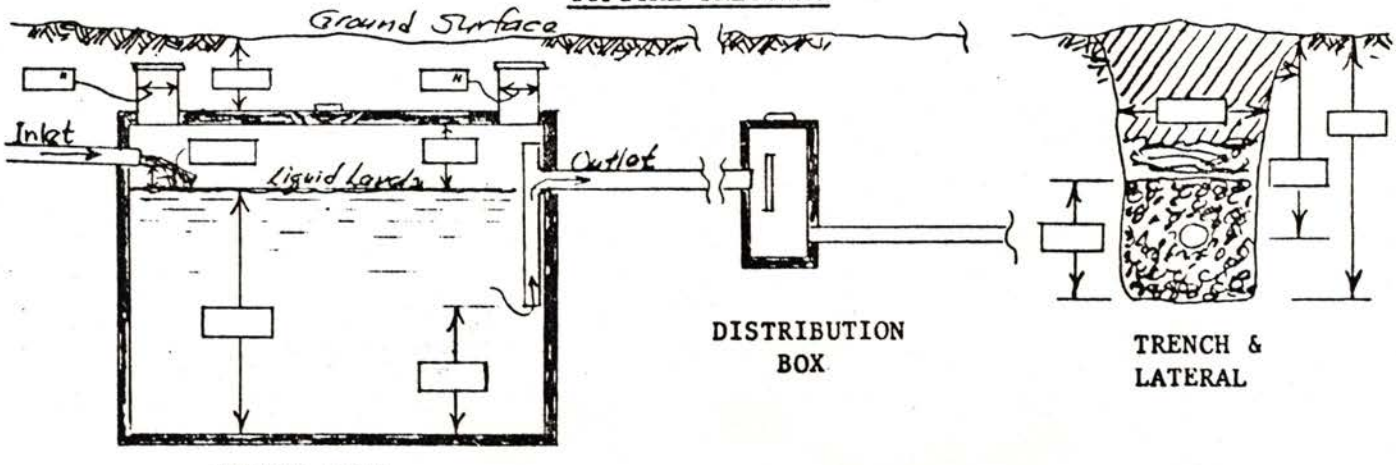
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 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.

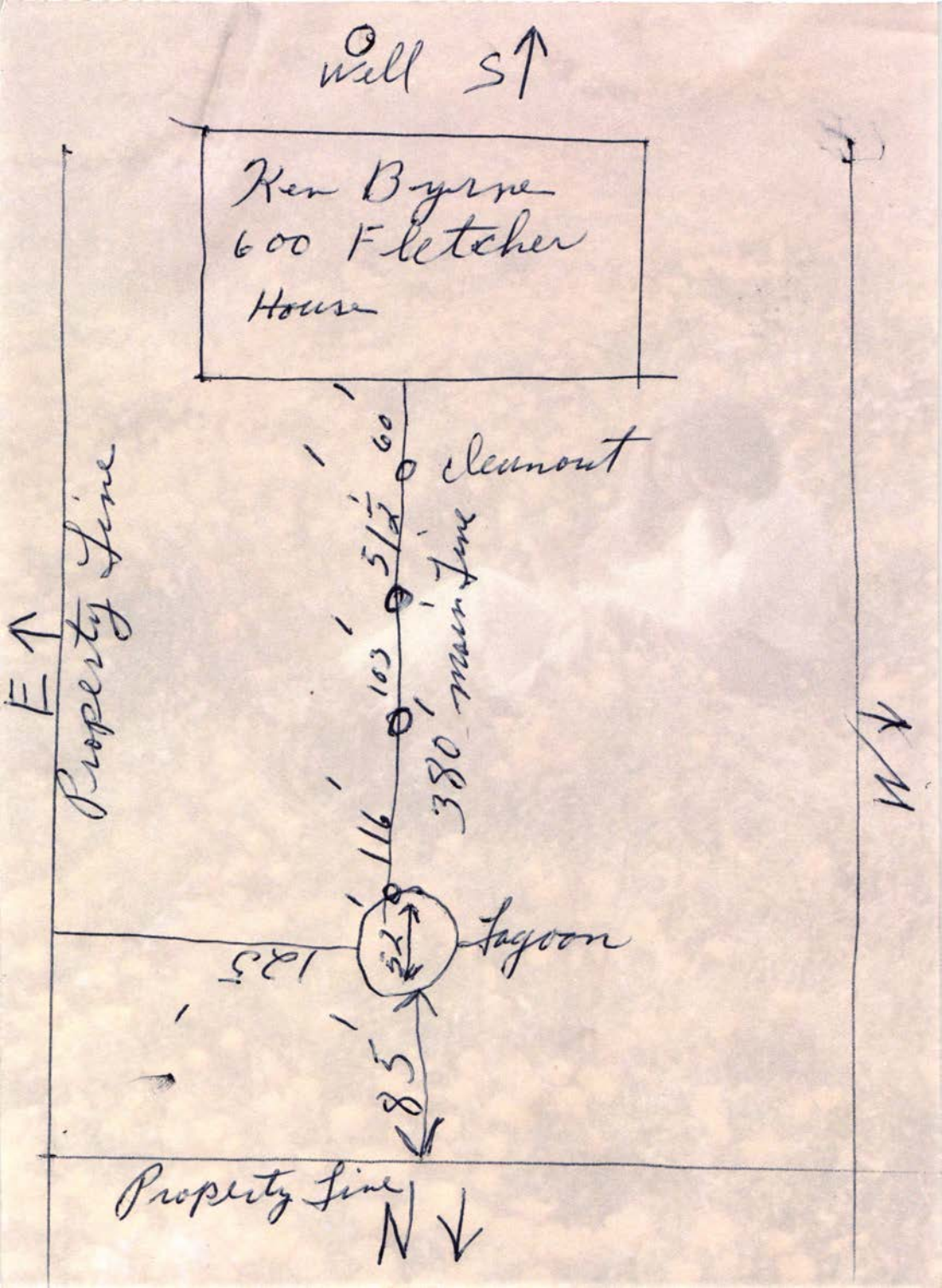
C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals 169 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

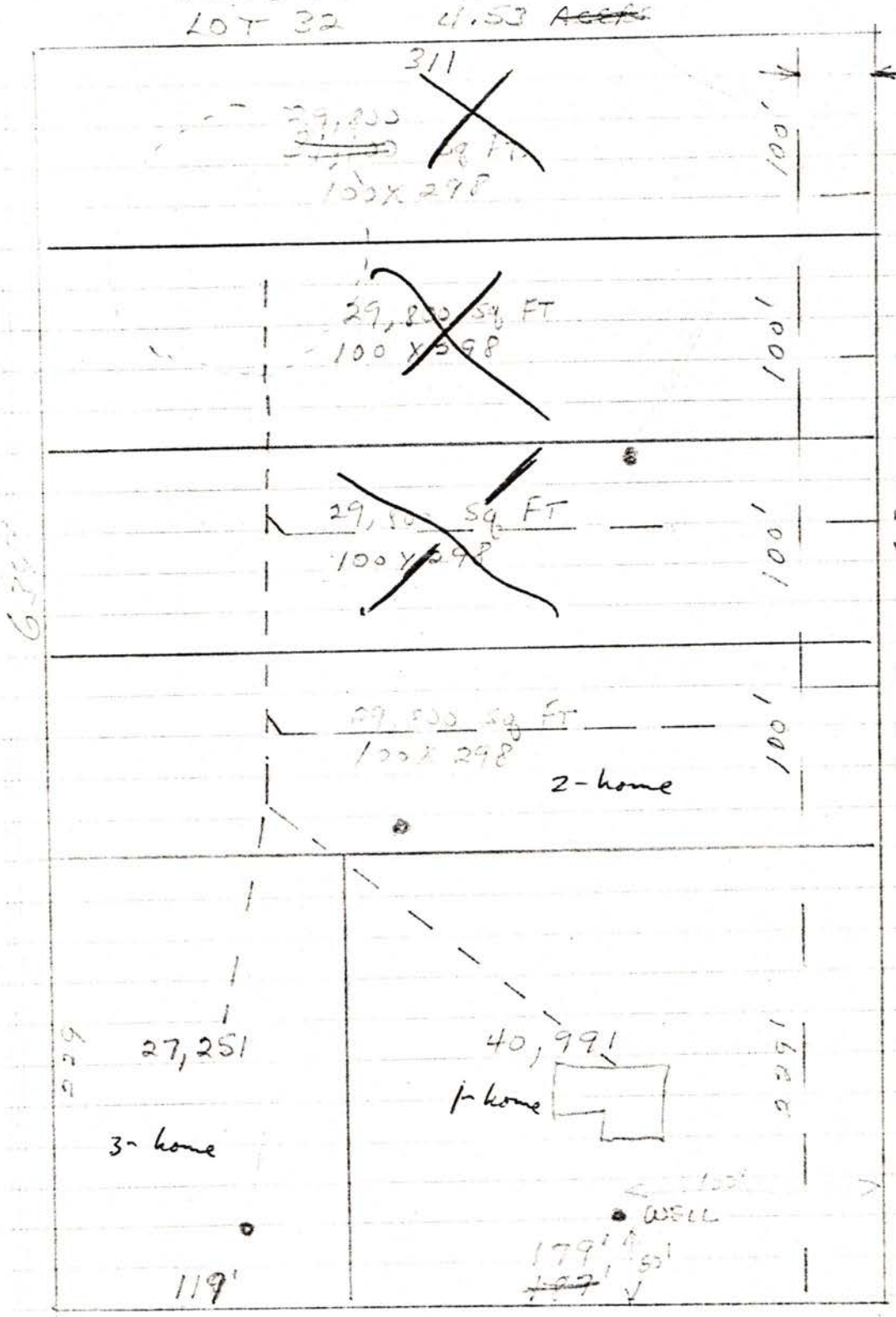
TYPICAL SKETCHES



_____
Signature of Applicant


Wall St
Ken Byrne
600 Fletcher
House
Cleanout
60
5½"
103
116
380 main Line
E
Property Line
W
183
32"
Lagoon
85'
Property Line
N

CUMBERLAND HEIGHTS
LOT 32 1.53 ~~ACRE~~

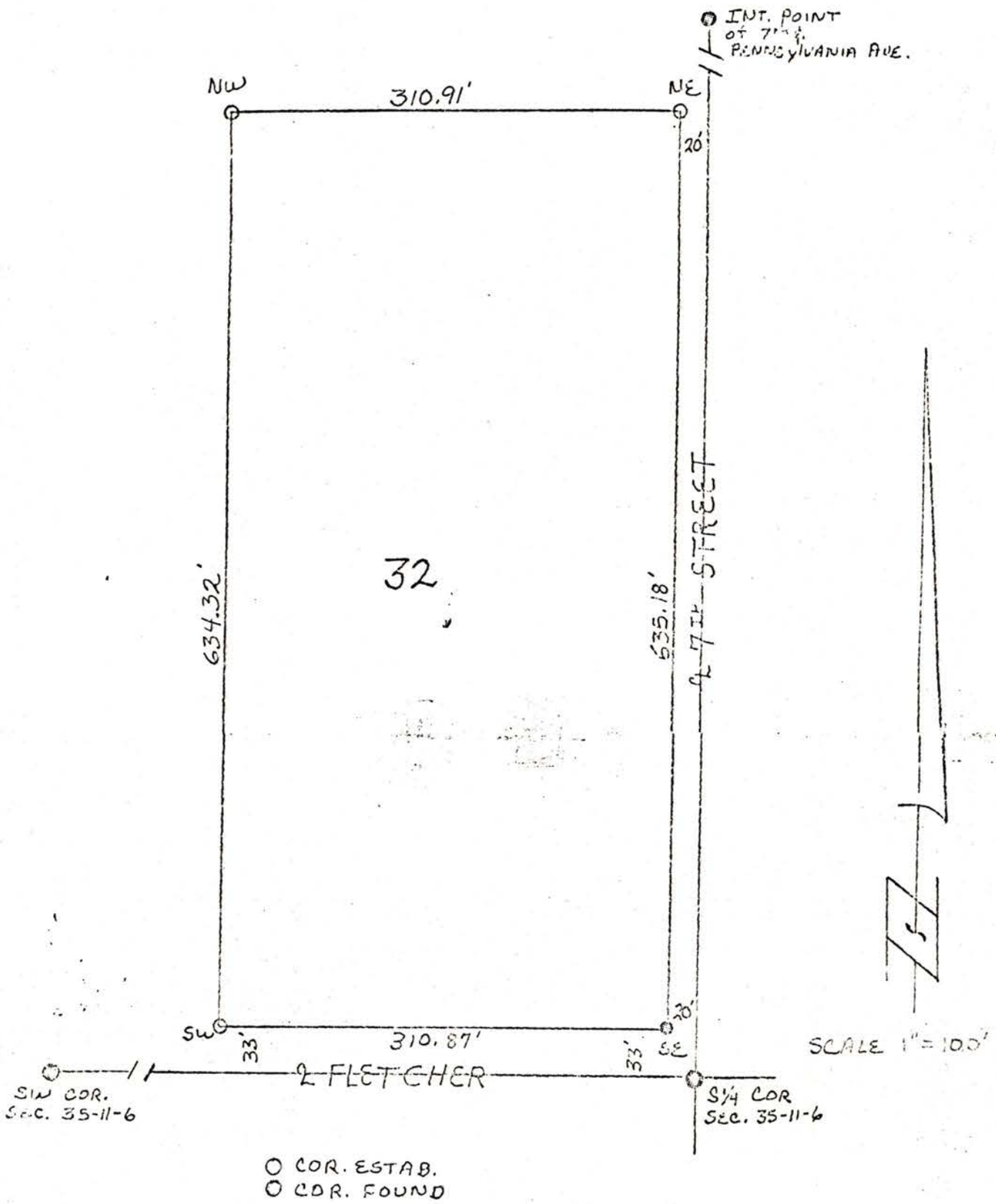


LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: LOT 32 CUMBERLAND HEIGHTS

SW¼ **Section** 35 **T.** 11 **N, R.** 6 **E of 6th P.M.**



I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

NEBRASKA REGISTERED LS-252 LAND SURVEYOR ROBERT B. BATES, JR

Land Surveyor's Seal

Signed this 17 **day of** Aug **19** 77

Name: Robert B. Bates, Jr

Surveyor's license No. L.S. 252