FILE NO. 739

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

May 25, 1976 — THIS LICENSE OR PERMIT EXPIRES

Action Plumbing — LICENSEE OR PERMITTEE

5609 South 50th — ADDRESS

T11N; R5E; Sec. 34-SW¼; — 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
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-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. 739

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

DATE: 11/12/75

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

42 ACRES

1. Legal description of property: Twp. 11 N ; Range 5 E ; Section 34 SW 1/4
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ [X] ; Commercial _____ [ ]
No. of Bedrooms 2 . Describe: _____
Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: _____ ft.

Action Plumbing Inc James J Kruble
Signature of Applicant (Owner or Lessee)

5408 S-50 Lincoln Neb
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/24/75 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____ . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-26-75 . ACTION: Approved [X] Disapproved [ ]
Date Frwd. 11-26-75 . Signature: Williamson

3. City or County Engineer : Date Rec'd. _____ . ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____ . 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 [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. 739-8

DATE: 11-17-75

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 5 E ; Section 34 ; Block ; Lot ; Addition .
Street Address .

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

Action Plumbing Inc James J Kuefler
Signature of Applicant (owner or lessee)

5608 So 56 Lincoln Neb
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4-23-76 by: jw
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 4/24/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-23-76 by: James J Wewerka

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. 739-B

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

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	11-21	10:30	11-22	10:30	11-22	11:00	6¼	11:30	4¾	30	1½	30/1½
2	36	11-21	10:30	11-22	10:30	11-22	11:00	6	11:30	5	30	1	30/1
3	36	11-21	10:30	11-22	10:30	11-22	11:00	6	11:30	4¾	30	1¼	30/1¼
4	36	11-21	10:30	11-22	10:30	11-22	11:00	6	11:30	4	30	2	30/2
5	36	11-21	10:30	11-22	10:30	11-22	11:00	7¾	11:30	5¾	30	2	30/2
6	36	11-21	10:30	11-22	10:30	11-22	11:00	5¾	11:30	4	30	1¾	30/1¾

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

Signature of Person Conducting Test

Address _____
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Retest in different spot.

Approved Percolation Rate(s)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: November 24, 1975

Gerald 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 475-6221)

FILE NO. 739-~~82~~

PROPERTY WHERE SOIL TESTED:
Location: Township 30SE; Range 11N
Section & ¼ Sect. 34
Property Dimensions: ____ ft. x ____ ft.
Area: 40.1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☒

Owner: John O. DuHon
Address RR Malcom

Dates of Tests: 11-13-75 to 11-14-75. Weather: Precip. 0 Temp. 50 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	42	11-13	12:05	11-14	12:00	11-14	12:00	6"	12:30	5¼	30	¾	30/¾
2	36	11-13	12:06	11-14	"	11-14	"	"	"	5¾	30	¼	30/¼
3	42	11-13	12:07	11-14	"	11-14	"	"	"	5¾	30	¼	30/¼
4	42	11-13	12:08	11-14	"	11-14	"	"	"	5¾	30	¼	30/¼
5	42	11-13	12:09	11-14	"	11-14	"	"	"	5¾	30	¼	30/¼
6	42	11-13	12:10	11-14	"	11-14	"	"	"	5¼	30	¾	30/¾

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

Signature of Person Conducting Test

Address
Phone:

(Do not write below this line)

REVIEWING ACTION

REMARKS:

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

DATE:

Signature of Reviewing Official

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. 739-B

SPECIFICATIONS

DATE: _____

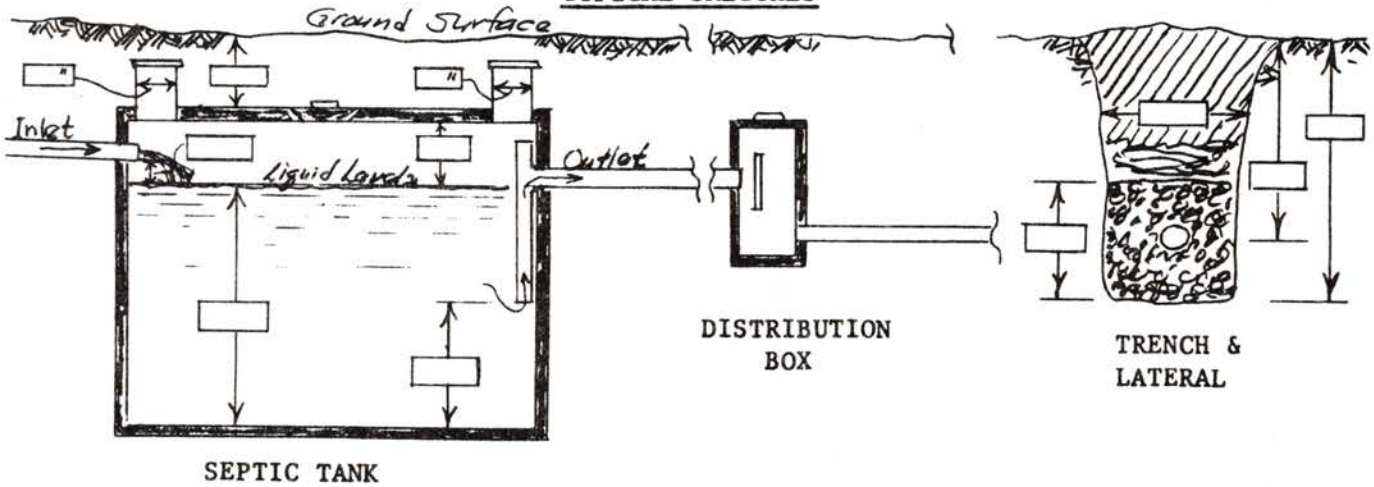
A. BUILDING SEWER:
1. Material Tile ; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1 .
5. Distances To:
Well or Suction Line 200 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1 .
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Precast)
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 24 in.
8. Distances To:
Well or Suction Line 200 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 6 .
2. Factory Built: Yes ☒, (Company Precast) No ☐
3. Dimension: Length 24 in.; Width 14 in. Depth ___ in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Concrete
2. Lateral Lines: Depth below grade 24 in. Number 2 ; Length of each line ___ ft Total length of Laterals 103 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: Gravel . 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

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. _____

SPECIFICATIONS

DATE: _____

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 95 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 CON; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☑ (Company PRECAST) 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 8 in.
8. Distances To:
   Well or Suction Line 200 ft.;
   Stream ___ ft.; Pressure Line ___ ft.;
   Property Line ___ ft.

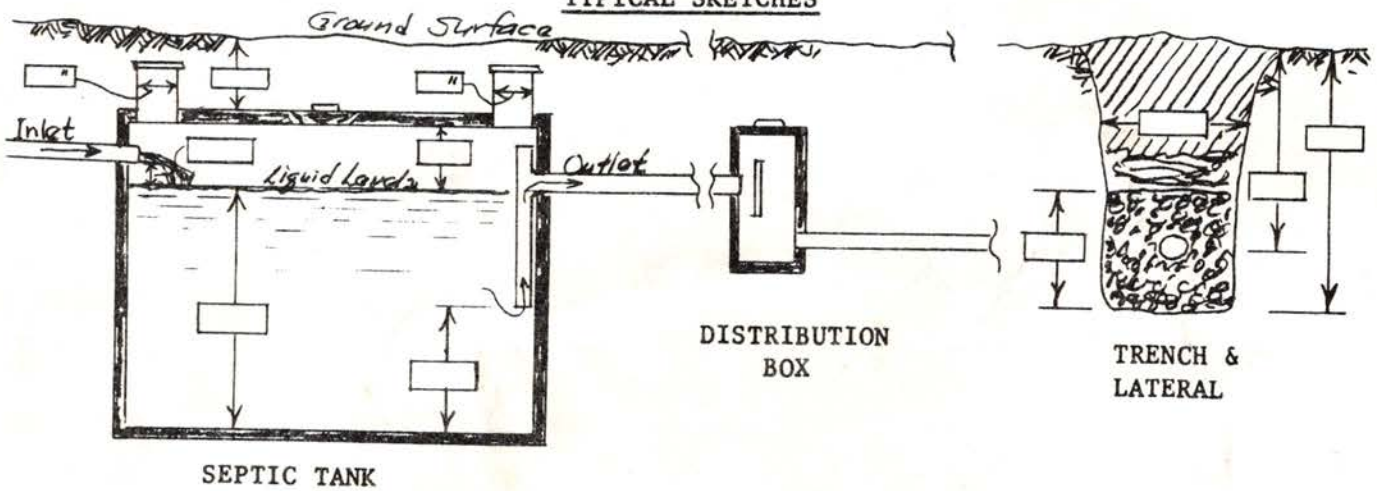
C. DISTRIBUTION BOX

1. Material CON; No. available outlets ____.
2. Factory Built: Yes ☑, (Company PRECAST) 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.)

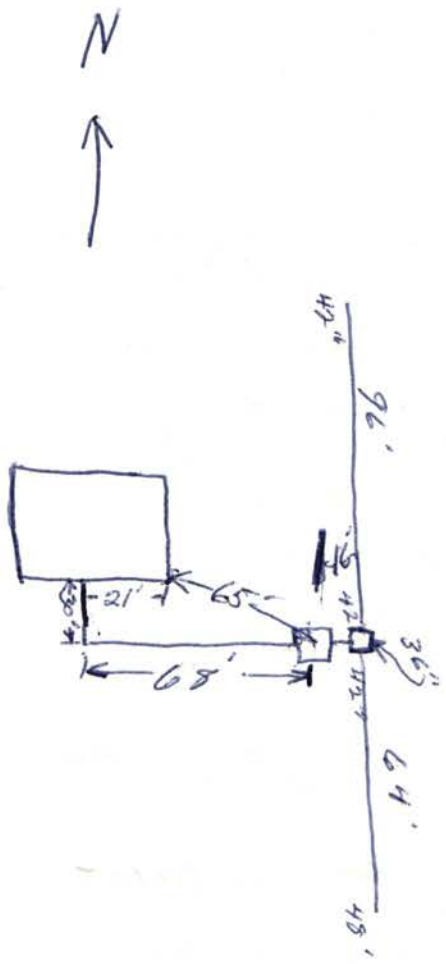
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: FLAT MOON 2×48
2. Lateral Lines: Depth below grade 3½ in. Number 2; Length of each line 96 ft Total length of Laterals 160 ft.; Slope 0 in/100 ft. Diameter of pipe 24 in.; Shape MOON Material: concrete ☑; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines N/A ft.
3. Trench Dimensions: Depth 42 in.; Width 48 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom 24 in.
5. Distances To:
   Well or Suction Line 100 ft.;
   Stream ____ ft.; Pressure Line ___ ft.
   Property Line ___ ft.
6. Percolation Rate: _____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant



Harold
Casemaw

4-23-76 jw

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: June 8, 1990

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

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 34; BLOCK ___

LOT 20 (SW¼ of SW¼); ADDITION _____; Street Address _____

Directions to Property 4 miles north of Emerald to Fletcher Rd, then ¾ mile west, on North side of road (long driveway)

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

Location of Sewage System SE of House Year Installed 1977-?

	NAME	ADDRESS	PHONE
Present Owner:	John Dutton	5705 Antares Ct. - Dallas, Texas	
Tenant/Buyer:	Elton Mendenhall	721 Rockhurst Dr - Lincoln	489-6156
Return to:	Lee Sittler (Home Real Estate)	225 No. Cotner, Lincoln 68505	467-4663

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

Signature of Applicant Lee Sittler Address 225 No. Cotner - Lincoln

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 8, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-11-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☒ Corrected	Approved:	☒	Date 6-11-90 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date 6-14-90 by [illegible]
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: Electrical conduit needs repair. 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 Maynard DATE 6-19-90

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