LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 93390037001

Issued 12/27/93
Expires 06/27/94
Revenue Code 18754

Establishment
GERALD STEVENS
T10N R8E SEC 18
AL LARSONS
1711 DIXIE TRAIL

FEES: $50.00

TOTAL $50.00

Permittee
GERALD STEVENS
350 MADISON ST
BENNET NE 68317

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: 12-23-93

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 18 ;
Block _____ ; Lot _____ ; Addition Al Larsons Subdivision
Street Address 1711 Dixie Dr. Rekl Lot 5

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 5
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Junction Box 160 FT Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒, Stevens Const
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	2400 est
TOTAL	$	

_____
Signature of Applicant (owner or lessee)

Gerald Sterns 350 madison
Address Bennet Ne 68317

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 12-23-93
Filing Fee: $ 50.00

2. Site Visits:
Date: 12-23-93 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayfield

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-23-93 by: Ron Mayfield

FILE NO. 105

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 6, 1969
THIS LICENSE OR PERMIT EXPIRES

Mrs. Robert Hartshorn
LICENSEE OR PERMITTEE

Route 7, Lincoln, Nebraska
ADDRESS

T 10N; R 8E; Section 18; Blk. 1; Lot 5; Al Larsen Addition
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
143110.15 35	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
15349 MW	6 70	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

INTER-DEPARTMENT COMMUNICATION

TO : Charlie Seale

DEPARTMENT : Building Inspection

ATTENTION

CARBONS TO

DATE : May 6, 1969

FROM : Jerrold C. Hood

DEPARTMENT : Health

SUBJECT : Individual Sewage System Construction - File No. 105 (Mrs. Robert Hartshorn-Rt. 7)

The application and plans have been reviewed and approved for the construction of an individual sewage system on property legally described as:

T 10N; R 8E; Section 18; Blk. 1; Lot 5; Al Larsen Addition

Jerrold C. Hood, R.S., Chief
Section of General Sanitation
Division of Environmental Health

JCH:ls

FORM HD-30(67) REQUEST FOR SITE CLEARANCE I
INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 105

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 8E; Section 18;
Block 1; Lot 5; Addition Al Larsen
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.

Mrs Robert Hartshorn
Signature of Applicant (owner or lessee)

Rt-7, Lincoln, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/6/69. ACTION: Approved ____ ☒ Disapproved ☐
Date Frwd. 5/6/69. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 5/6/69. ACTION: Approved ____ ☑ Disapproved ☐
Date Frwd. _____. Signature: Charles Seals By C.O.

3. City Engineer: Date Rec'd. _____. ACTION: Approved ____ ☐ Disapproved ☐
Date Frwd. 5-6-69. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
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. 105

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 Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 8E; Section 18;
Block 1; Lot 5; Addition Al Larsen
Street Address _____.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bed Rooms 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-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Mrs Robert Hartshorn
Signature of Applicant (owner or lessee)

Rt 7 Lincoln Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: 9/13/69 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved ☒; Disapproved ☐: 5/6/69
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/13/69 by: Jerrold C. Hood

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. 105

PROPERTY WHERE SOIL TESTED: Duane Larson Add.
Location: Township EAST on holdrege
Section & ¼ Sect. 18
Property Dimensions: 500 ft. x 310 ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Robert Hartshorn
Address 6515 Fremont

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

Dates of Tests: 4-29-69 to 4-30-69. Weather: Precip. Fair Temp. 60 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	4/29	3:00	4/30	7:00	4/30	7:00	26	11:00		4 hr.	16	
2	36							26	11:00		4 hr.	22	
3	36							26	11:00		4 hr.	13	
4	36							26	11:00		4 hr.	17	
5	36							26	11:00		4 hr.	14	
6	36							26	11:00		4 hr.	13	

Donald Janner
Signature of Person Conducting Test

Address 3645 Adams
Phone: 466-3706

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. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Robert Hartshorn
Signature of Reviewing Official
Jerrold C. Wood

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. 105

SPECIFICATIONS

DATE: _____

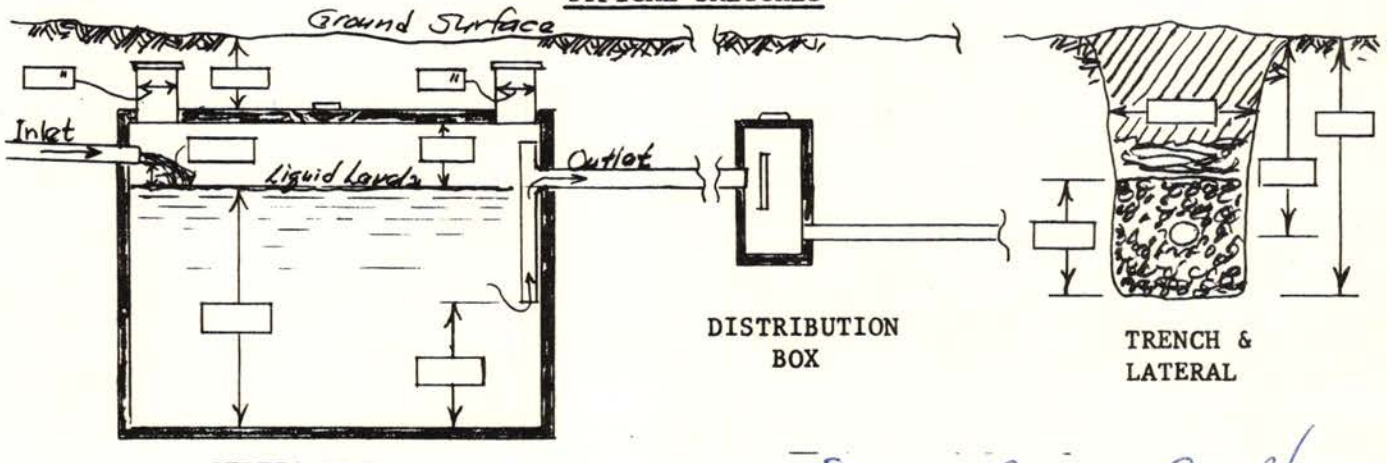
A. BUILDING SEWER:
1. Material Soil Pipe + Clay Tile; Diameter 4" in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 40½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments ONE.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company PRE-CAST) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 18 in.
8. Distances To:
Well or Suction Line 50+ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

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

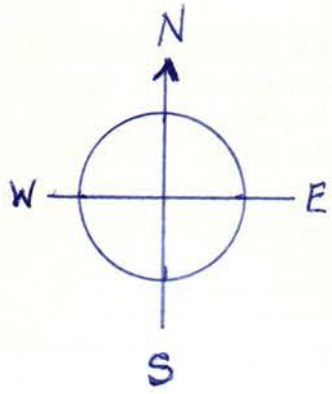
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Concrete HALF MOON
2. Lateral Lines: Depth below grade ___ in. Number 2; Length of each line 74± ft Total length of Laterals 148 ft.; 70 Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩ Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 15 minutes/inch

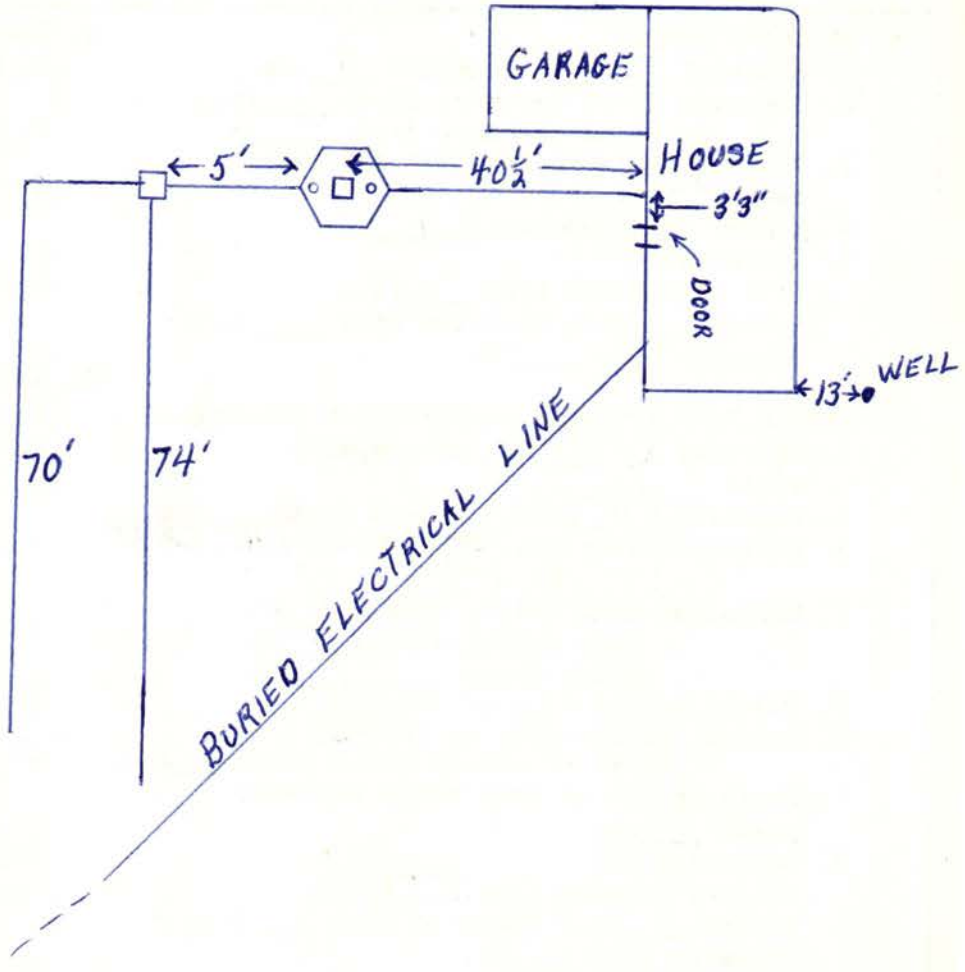
TYPICAL SKETCHES



SEPTIC TANK

Mrs Robert E. Hartshorn
Signature of Applicant


N
W
E
S


GARAGE
HOUSE
5'
40½'
3'3"
DOOR
13'
WELL
70'
74'
BURIED ELECTRICAL LINE