FILE NO. 591

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

October 7, 1975
THIS LICENSE OR PERMIT EXPIRES

Steven E. Anderson
LICENSEE OR PERMITTEE

3118 North 65th
ADDRESS

T10N; R8E; Section 18; Bl. 4; Lot 6; Al Larson Subdivision
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 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

APPLICATION

3491 8 AM 7-25 3660

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

INTER-DEPARTMENT COMMUNICATION

TO Charlie Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE **April 7, 1975**

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction - File No. **591**
Steven E. Anderson
3118 North 64th

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

T1ON; R8E; Section 18; Bl. 4; Lot 6; Al Larson Subdivision

Jerrold C. Hood, R.S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH: **ch**

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. 591

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

DATE: 3-30-75

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. 10N ; Range 8E ; Section 18
   Block 4 ; Lot 6 ; Addition AL LARSON SUB DIV.
   Street Address 11400 HOLDREDGE

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.

Steven E. Anderson
Signature of Applicant (Owner or Lessee)

3118 No. 64
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/7/75 . Date Frwd. 4/7/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 4-7-75 . Date Frwd. 4-7-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Chas Seale Supt of Bldg Inspection

3. City ~~or County~~ Engineer : Date Rec'd. 4-7-75 . Date Frwd. 4-7-75 . ACTION: Approved ☒ , Disapproved ☐ Signature:

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._____

DATE: 3-30-75

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. 10 N ; Range 8 E ; Section 18 ; Block 4 ; Lot 6 ; Addition AL LARSON Subdivision.
   Street Address 11400 Holoredge.

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).

Steven E. Anderson
Signature of Applicant (owner or lessee)

3118 No. 64
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 10-21-75 by: jw
   Date: by:
   Date: by:

3. Date: Approved [X]; Disapproved [ ] 11/7/75
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 10-21-75 by: James Wevelka

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. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 10N ; Range 8E
Section & ¼ Sect. 18 Lot 6 Bl. 4 ALCARSON SUBDIV;
Property Dimensions: 260 ft. x 510 ft.
Area: 3 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: STEVEN E. ANDERSON
Address 3118 No. 64th

Dates of Tests: 3-29-75 to 3-30-75. Weather: Precip. cl Temp. 46 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"	3/29	1:15	3/29	5:45	3/30	5:15	30"	7:15	29½"	120 MIN	½"	
2	36"	3/29	1:15	3/29	5:45	"	5:15	30"	7:15	29½"	"	½"	
3	"	3/29	1:15	3/29	5:45	"	5:15	29½"	7:15	28¾"	"	¾"	
4	"	3/29	1:15	3/29	5:45	"	5:15	31½"	7:15	30½"	"	1"	
5	"	3/29	1:15	3/29	5:45	"	5:15	29¼"	7:15	28¼"	"	1"	
6	"	3/29	1:15	3/29	5:45	"	5:15	30"	7:15	29⅛"	"	⅞"	

Sum of Percolation Rates _____
Average of Rates: .7708/120
Mean of Rates: _____

Steve Anderson
Signature of Person Conducting Test

Address 3118 No. 64
Phone: 466-2932

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 160 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 3-31-75

James Wevelka
Signature of Reviewing Official

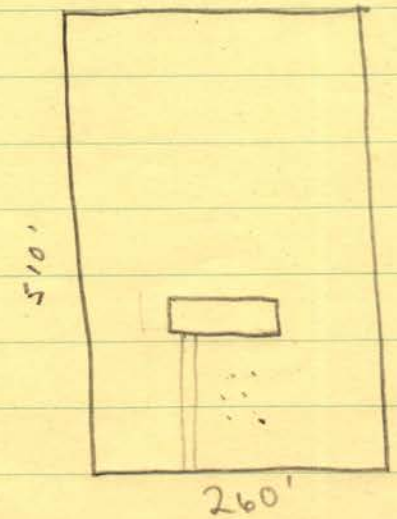
Water Levels ± 30 min Intervals

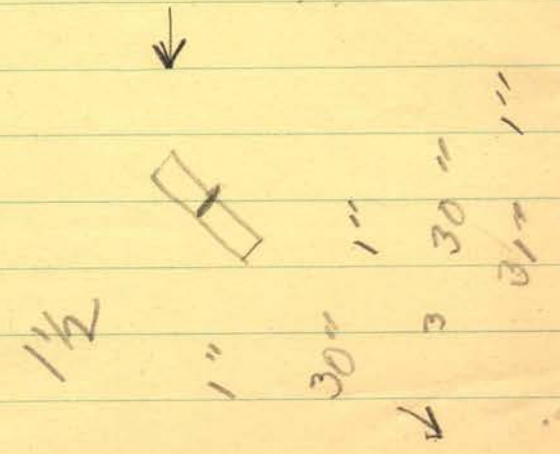
HOLES

	1	2	3	4	5	Total Drop
#1	30"	30"	29 3/4	29 5/8	29 1/2	1/2"
#2	30"	29 3/4	29 5/8	29 5/8	29 1/2	3/8"
#3	29 1/2"	29 1/4	29 1/4	29	28 3/4	3/4"
#4	31 1/2"	31 1/4	31	30 1/2	30 1/2	1"
#5	29 1/4"	29	28 7/8	28 5/8	28 1/4	1"
#6	30"	29 1/2	29 1/2	29 3/8	29 1/8	7/8"

Δ in water level between time periods

	1-2	2-3	3-4	4-5	Total
#1	0	1/4"	1/8"	1/8"	1/2"
#2	1/4"	1/8"	0	1/8"	1/2"
#3	1/4"	0	1/4"	1/4"	3/4"
#4	1/4"	1/4"	1/2"	0	1"
#5	1/4"	1/8"	1/4"	3/8"	1"
#6	1/2"	0	1/8"	1/4"	7/8"





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. _____

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: _____
Address _____

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

Dates of Tests: april 3-75 to april 4-75. 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	36"	4/3	5 PM	4/4	5 PM	4/4	5 PM	12"	7 PM	7½	30	3/4	
2										11		0	
3												1½	
4													
5										8½		1¼	
6										9		½	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 33rd
Phone: 432-3595

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

(Do not write below this line)

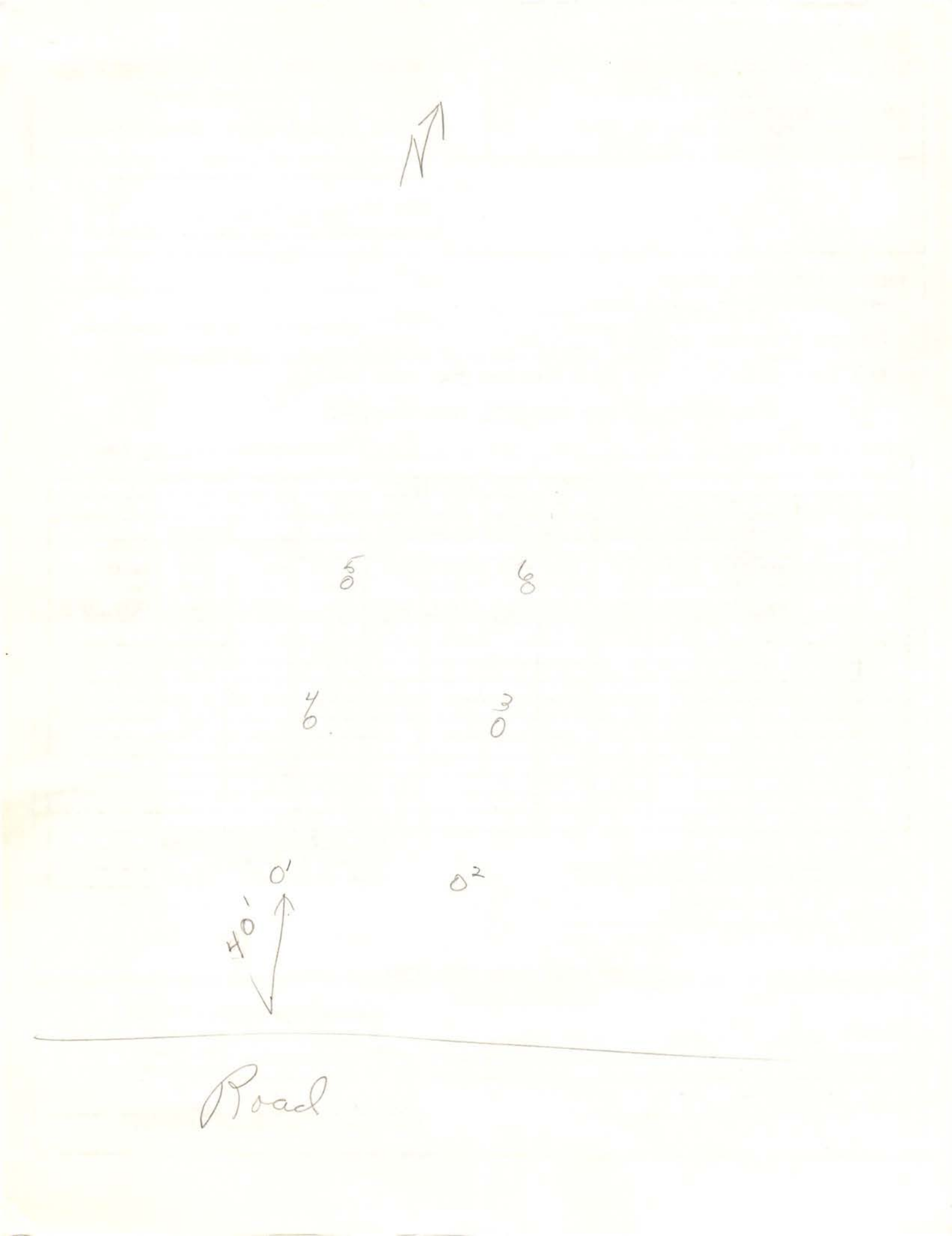
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: april 7, 1975

Jerrold C. Hood
Signature of Reviewing Official


N
5
6
4
3
O'
O'
O²
Road

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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. _____

SPECIFICATIONS

DATE: _____

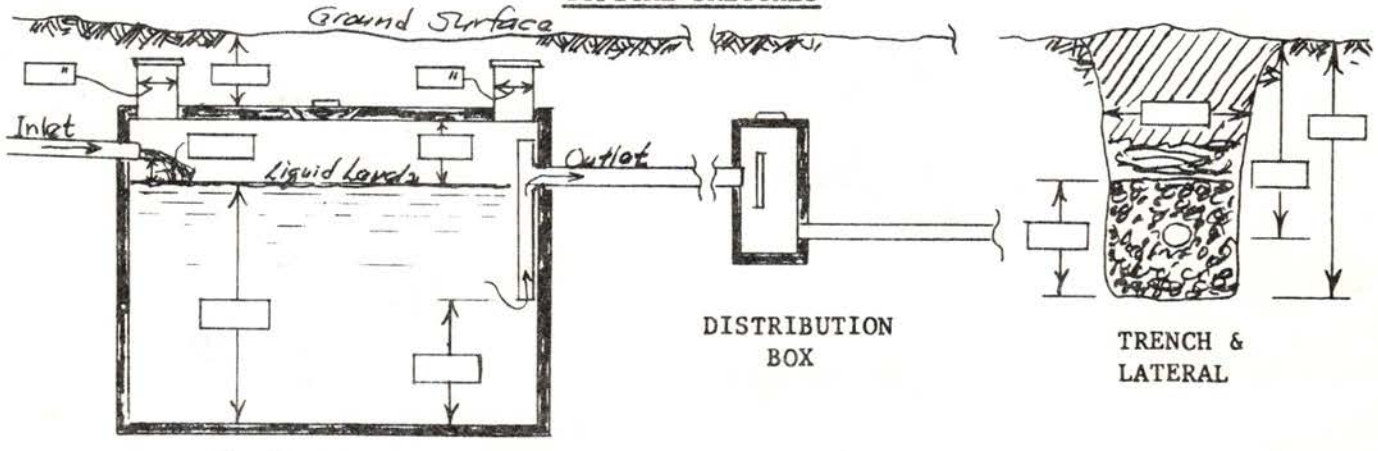
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor 12" in.; or below basement floor ____ in.
3. Distance between dwelling and septic tank 29 ft.
4. Number of clean-outs —.
5. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____ in.
3. Factory Built: Yes [X] (Company Pre-Cast
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 10 in.
8. Distances To:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.;
Property Line ____ ft.

C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 6.
2. Factory Built: Yes [X], (Company Pre-Cast 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.)

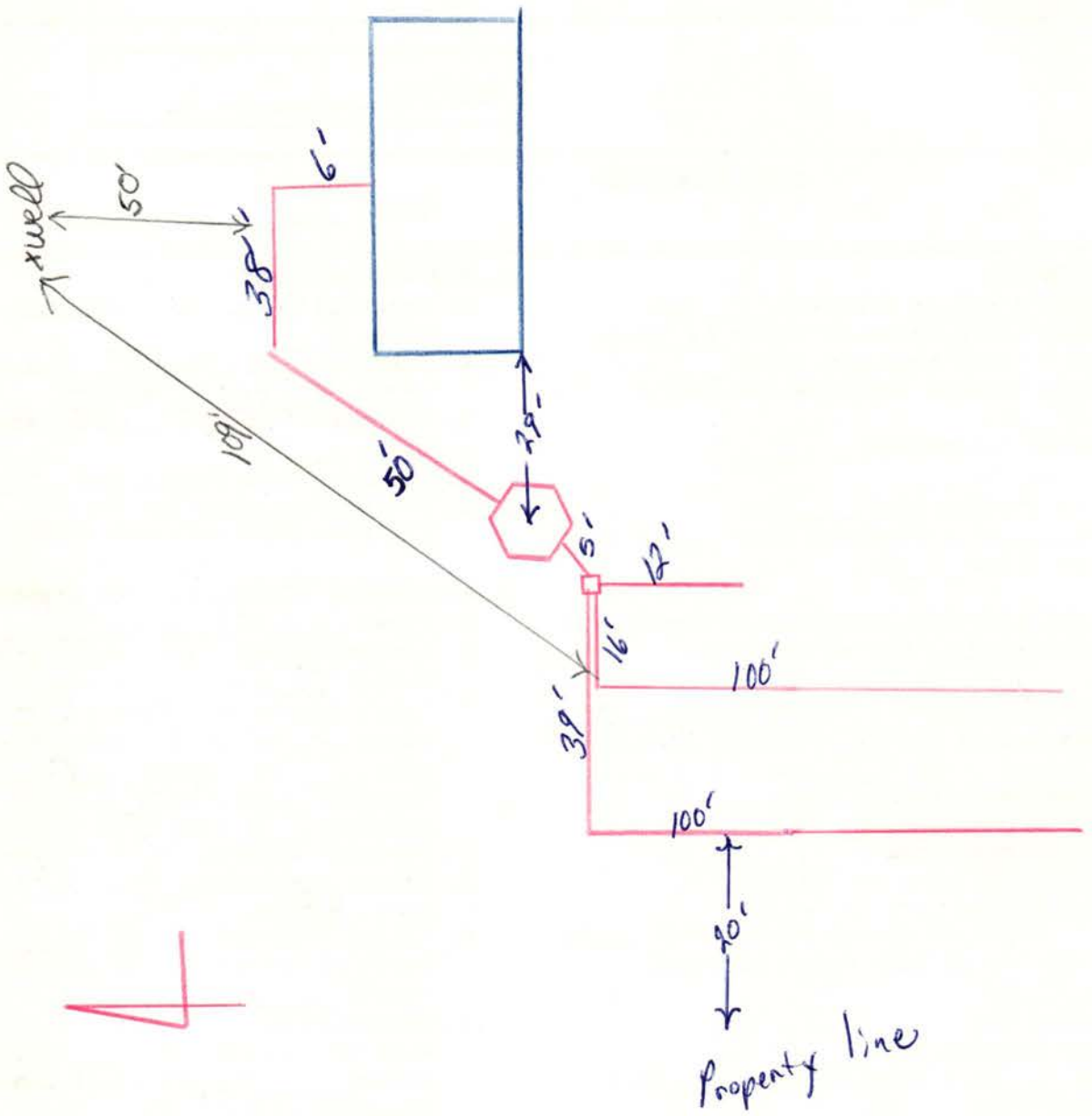
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade ____ in. Number 3; Length of each line ____ ft Total length of Laterals 208 ft.; Slope 4 in/100 ft. Diameter of pipe ____ in.; Shape O
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other ____
Distance 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 ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.
Property Line 20 ft.
6. Percolation Rate: ____ minutes/inch

TYPICAL SKETCHES



Signature of Applicant

11400 Holdrege



4' wide

3' deep

level - Conc. half moon

10-21-75

9203250006

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

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: March 17, 1992

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $45.00 ~~$75.00~~ #1502

Legal description of property: TWP. 10 N ; RANGE 7E ; SECTION 18

BLOCK 4 ; LOT 6 ; ADDITION Al Larson's Subdivision

Street Address 11400 Holdrege St., Lincoln, NE 68527

Directions to Property go to 112th & Holdrege St. go east-3rd house on north side of Holdrege

Location of Well N/A - on rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System 29 ft. 8 inches from S.W. corner of garage Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	Edgar W. and Vickie J. Waymire	11400 Holdrege St., Lincoln, NE	483-7626
Tenant/Buyer:			
Return To:	First Commerce Savings, Inc. ATTN: Mark Haley	6600 "O" St., Lincoln, NE 68510	434-6862

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

Signature of Applicant Mark D. Haley, V.P. Address 6600 "O" St., Lincoln, NE 68510

HEALTH DEPARTMENT USE ONLY

Date Received 03/19/92 ~~$150.00~~ Received $45.00 Check ☒ Cash ☐ #1851

Funk Water Dist PRELIMINARY STATUS--DATE 3-20-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☐	☐	Approved: ☐	Date 3-20-92 by
Bacteria	☐	☐	Provisional: ☐	Date ____ by ____
Nitrate	☐	☐	Disapproved: ☐	Date ____ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Public Supply

Approved: ☐

SEWAGE DISPOSAL SYSTEM:

Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Ron Moyer RS DATE 3-20-92

FN 20215-1079R
FORM 23-9