CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 6

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (Septic Tank)
TYPE OF LICENSE OR PERMIT

December 19, 1967
THIS LICENSE OR PERMIT EXPIRES

Mrs. John Hegel
LICENSEE OR PERMITTEE

450 W. Broadview Drive
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T 10N; R 8E; SE 1/4 Sec 18; Lot 2 & 4; Larson Subdivision
(Legal Description)
ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
007188	JN19 67	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	**DATE**	June 15, 1967
DEPARTMENT	Building Inspections	**FROM**	Del Weed
ATTENTION		**DEPARTMENT**	Health
CARBONS TO		**SUBJECT**	Individual Sewage Disposal System

The application and plans habe been reviewed and approved for the construction of an individual sewage disposal system on the Al Larson subdivision, Lot 2 and 4.

Del Weed, Chief
Section of General Sanitation
Division of Environmental Health

DW:Do

Septic tank collapsed and was replaced 8/27/68
I. C. H.

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR 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. 6

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. ____; Range ____; Section ____;
Block 5; Lot 4; Addition AL LARSON SUBD.
Street Address ____.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bedrooms 3. Describe: ____
Other Use ____ [ ]
Describe: ____

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

4. Distance to public sewer: NON-ACCESSABLE ft.

Fryberg & Petersen Constr Co. by
X F.M. Petersen For JOHN GORDON Hegel
Signature of Applicant (owner or lessee)

1501 No 6 ST LINCOLN
Address 466-3098

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. June 14, 1967. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. ____. Signature: Del Weed

2. Supt. Bldg. Insp.: Date Rec'd. June 16-67. ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. ____. Signature: Chas E Seale By LTS

3. City Engineer: Date Rec'd. JUNE 16-67 ACTION: Approved ___ [X] Disapproved [ ]
Date Frwd. ____. Signature: Richard L. Chase

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. 6

DATE: June 15, 1967

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 7E; Section 18; 6 PM
Block ____; Lot 2 and 4; Addition ____;
Street Address Larson Sub.

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 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-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 John Hegel
Signature of Applicant (owner or lessee)

450 W. Broadmeni Dr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: June 19, 1967
Filing Fee: $ 30.00

2. Date Site Clearance Jul June 19, 1967

3. Site Visits:
Date: June 19, 1967 by: D. Weed
*Date: 8/27/68 by: J.C.H.
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: ____
by: Del Weed

5. BUREAU OF LICENSES & PERMITS
Date Notified: June 19, 1967
Date Issued: June 19, 1967 Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: July 21, 1967 by: Del Weed

* Septic tank collapsed and was replaced. 8/27/68 J.C.H.

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. 6

PROPERTY WHERE SOIL TESTED:
Location: Township _____
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: Mr. John Hegel
Address 450 W. Brandeis Dr

Dates of Tests: June 14, 1967 to _____. Weather: Precip. rain Temp. 85 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	40												15 min
2	40												16 min
3	40												10 min
4	40												15 min
5	40												15 min
		WATER DROPPED 1 INCH EVERY 14 MINUTES											

Roger Bailey
Signature of Person Conducting Test

Address 4131 Clifford Drive
Phone: 489-5482

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Let is approved for installation of 1 unit sewage disposal system

DATE: June 15, 1967

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

Del Reed
Signature of Reviewing Official

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. 6

SPECIFICATIONS

DATE: June 15, 1967

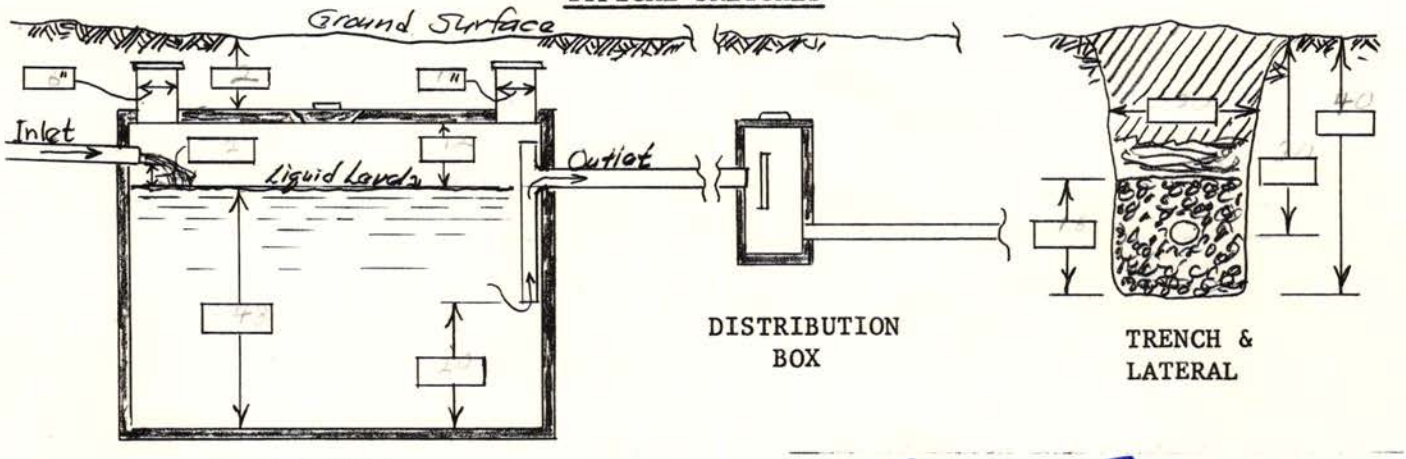
A. BUILDING SEWER: NONE
1. Material Fib-Glas; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fib-Glas; No. of compartments one.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes [X] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 16 in.
Below Grade 12 in.
5. Inlet: Baffle [ ]; or Tee [X]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 80 ft.;
Stream none ft.; Pressure Line none ft.;
Property Line 175 ft.

C. DISTRIBUTION BOX
1. Material none; 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: half-round
2. Lateral Lines: Depth below grade 40in.
Number ~~82~~ 62; Length of each line ~~100~~ 62 ft
Total length of Laterals ~~124~~ ft.;
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape half-round
Material: concrete [ ]; fiber -glass ~~asbestos~~ [X]; clay [ ]; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 30in.; Width 30 in.
4. Filter Material: gravel.
Depth of material from trench bottom 16 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream none ft.; Pressure Line 80 ft.
Property Line 30 ft.
6. Percolation Rate: 1/4 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Roger Bailey
Signature of Applicant

PLAN LAYOUT

200'
180'
160'
140'
120'
100'
80'
60'
40'
20'

System was altered after conversation with Mrs. Jan Hegel to include a distribution box, and (2) two, equal length laterals to give a total of 125 running feet of lateral

Del Weed
June 19, 1967

DIRECTION (N,S,E,W)

BUILDING DRAIN

60' 40' 20' 20' 40' 60'

SIDE OF BUILDING

SCALE: 1/8" = 5'