CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 34

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

June 6, 1968
THIS LICENSE OR PERMIT EXPIRES

Delbert Bagley
LICENSEE OR PERMITTEE

324 Orcutt West
ADDRESS

T 10N; R 8E; Sec. 18; Block 1; Lot 2
(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
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
02109	DEC 6 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**	December 6, 1967
DEPARTMENT	Building Inspection	**FROM**	Jerrold C. Hood
ATTENTION		**DEPARTMENT**	Health
CARBONS TO		**SUBJECT**	Individual Sewage Disposal System FILE NO. 34 (Delbert Bagley)

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

T 10N; R 8E; Sec. 18; Block 1; Lot 2

Larson Subdivision.

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

JCH:gf

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. 34

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 2; Addition Larson Subdivision;
Street Address _____.

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

Other Use _____ [ ]
Describe: _____

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

4. Distance to public sewer: 2 mi ft.

Delbert Beagley by E T
Signature of Applicant (owner or lessee)

324 Orcutt West
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/6/67. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 12/6/67. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 12-6-67. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 12-6-67. Signature: Chas A Seale L I

3. City Engineer: Date Rec'd. 12-6-67. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. " . Signature: K.R. 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. 34

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 2; Addition Larson Subdivision
Street Address _____.

2. Property Use: Residential _____ [✓]; Commercial _____ [ ]
No. of Bed Rooms 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-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.)

Delbert Bagley
Signature of Applicant (owner or lessee)

324 Orcutt Ave West
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 12/6/67
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/ /68 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. 34

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

Owner: Delbert Bagley
Address 324 Orcutt west

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

Dates of Tests: Dec 1-67 to Dec 2-67. Weather: Precip. 0 Temp. 40 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	12-1		12-2		12-1	11.00	13½	12-2	27	4hrs	13½	
2	36							13		27½		14"	
3	36							13½		31		18½	
4	36							13½		30		17½	
5	36							13½		29		16½	
6	36							13½		28		15½	
												95½"	

Elmer Tanner
Signature of Person Conducting Test

Address 345 Adams st
Phone: 466-2462

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Percolation rate is good.

Approved Percolation Rate(s)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: December 6, 1967

Gerrold C. Hood
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. 34

SPECIFICATIONS

DATE: _____

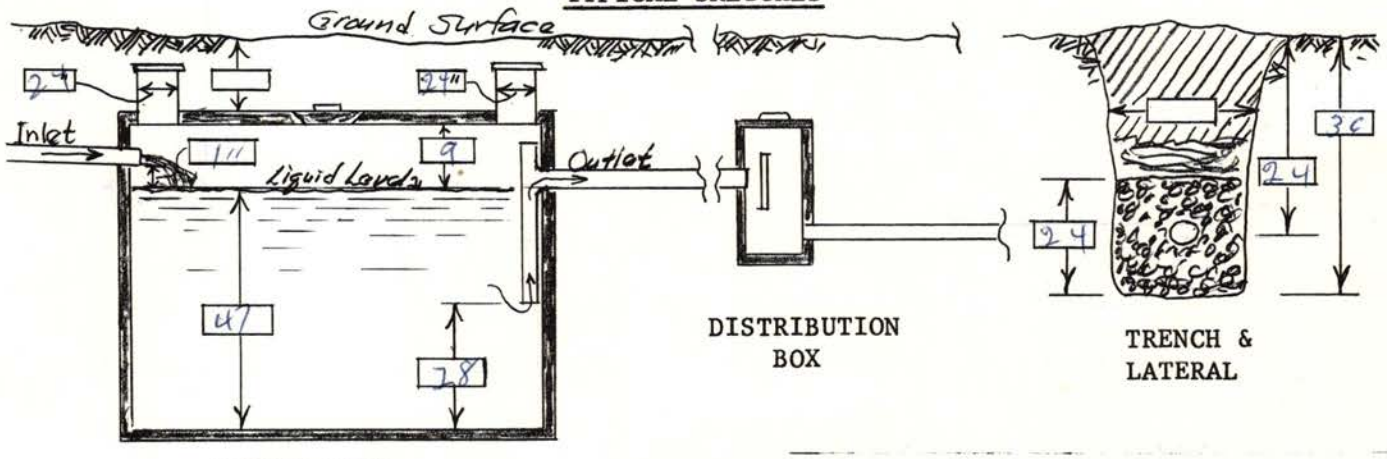
A. BUILDING SEWER:
1. Material TILE; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank 123 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 1.
2. Capacity 1-piece gals.; Liquid depth 47 in.
3. Factory Built: Yes [X] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 24 in.
Below Grade 18" in.
5. Inlet: Baffle [ ]; or Tee [X]
6. Outlet: Baffle [ ]; or Tee [X]
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 125 ft.;
Stream 600 ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE CAST-STEP No [ ]
3. Dimension: Length 21 in.; Width 14 in. Depth 12 in.
4. Distance from Septic Tank 3 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 36 in.
Number 1; Length of each line 100 ft
Total length of Laterals 100 ft.;
Slope 4 in/100 ft. Diameter of pipe 24 in.; Shape ∩
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 125 ft.;
Stream 600 ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 15 minutes/inch

TYPICAL SKETCHES

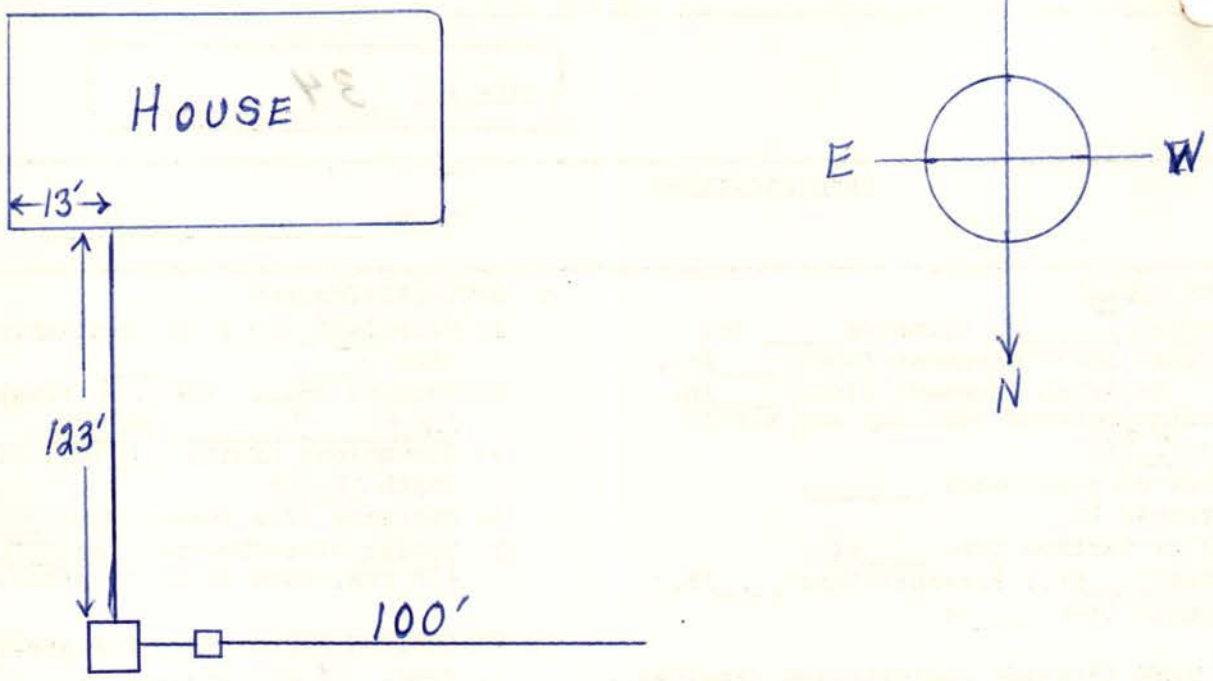


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Signature of Applicant



SEPTIC TANK CONSTRUCTION (TOP VEIW)

