FILE NO. 370

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

June 12, 1974
THIS LICENSE OR PERMIT EXPIRES

Mr. Ron Williams
LICENSEE OR PERMITTEE

2141 1/2 North Cotner
ADDRESS

T10N; R8E; Sec. 30; Lot P12 I.T.; Addition NE/4
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION
ADDRESS

NON-TRANSFERABLE
REMARKS:

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

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: Charles Seale

DEPARTMENT: Building Inspections

ATTENTION:

CARBONS TO:

DATE: December 12, 1973

FROM: Jerrold C. Hood

DEPARTMENT: Health

SUBJECT: Individual Sewage System Construction
File No. 370
Mr. Ron Williams
2141 1/2 North Cotner

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

T10N; R8E; Sec. 30; Lot P12 I.T.; Addition NE/4

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

JCH sjf

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. 370

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. 10; Range 8; Section 30;
Block ___; Lot P12I.L.; Addition NE¼; NE/4
Street Address part lot 12 Track 450' 305'.

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: ___ ft.

Ron Williams by R.B.
Signature of Applicant (owner or lessee)

2141½ N Cotner
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/11/73. Date Frwd. 12/12/73.
ACTION: Approved [X] Disapproved [ ]
Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: Date Rec'd. 12-12-73. Date Frwd. 12-12-73.
ACTION: Approved [X] Disapproved [ ]
Signature: Chas Seal by Bob Kinney

3. City Engineer: Date Rec'd. 12-12-73. Date Frwd. —.
ACTION: Approved [ ] Disapproved [X]
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. 370

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 30;
Block _____; Lot P12I.T.; Addition NE/4; NE/4
Street Address Tract 750' 305'

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [Y]; 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.)

Ron Williams
Signature of Applicant (owner or lessee)

2141 1/2 N. Cotner
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance _____

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

4. Date: Approved [X]; Disapproved [ ]: 12/11/73
by: Jerrold C. Hood

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

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/1/74 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. 370

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: Ron Williamson
Address 2141 ½ N. Cotner

Dates of Tests: Dec 2 to Dec 3. Weather: Precip. ___ Temp. 50°

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	38	Dec 2		Dec 3		Dec 3					1h	7	
2												4	
3												4	
4												2	
5												2	
6												4	

Roger Bailey
Signature of Person Conducting Test

Address 4131 C L F Ford
Phone: 4898205

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

1" over 30 min
wrong

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: December 11, 1973

Approved Percolation Rate(s)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoop
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. 370

SPECIFICATIONS

DATE: _____

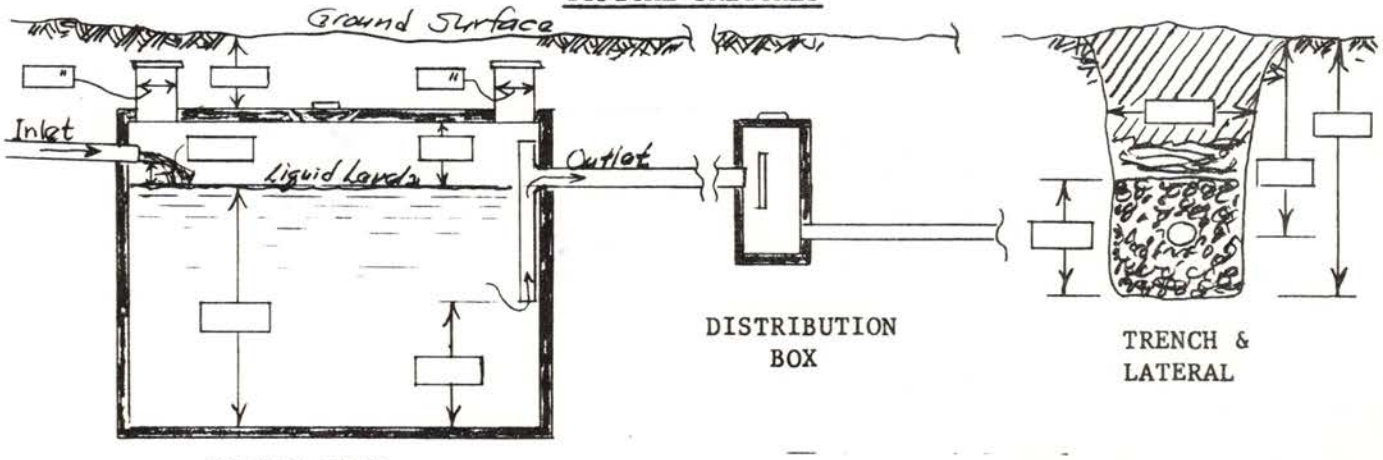
A. BUILDING SEWER:
1. Material PLASTIC; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;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

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☒ (Company CORR-A-GLASS
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 ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

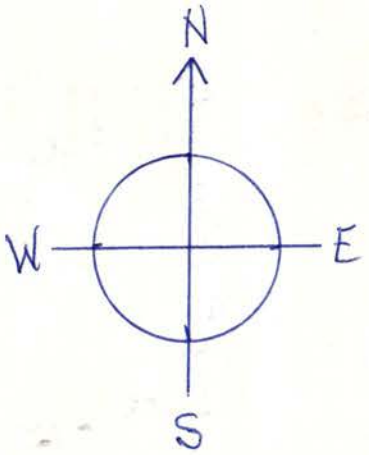
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 12 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

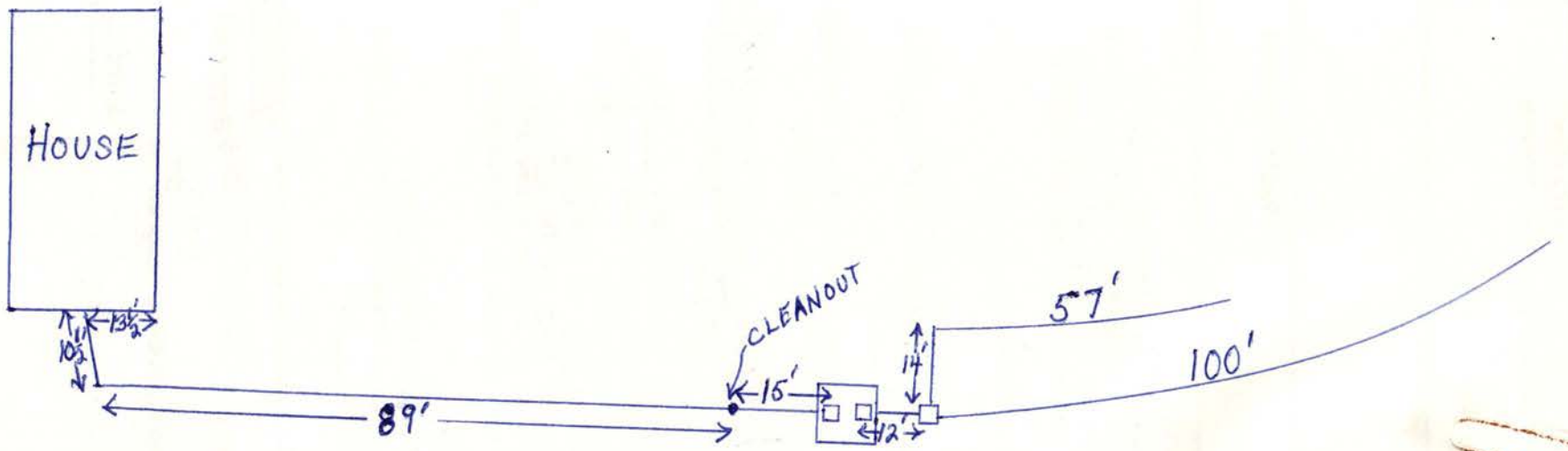
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF Round
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line ___ft Total length of Laterals 157 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between 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


N
W
E
S


HOUSE
10½'
13½'
89'
CLEANOUT
15'
14'
4½'
57'
100'