FILE NO. 407

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

October 1, 1974 — THIS LICENSE OR PERMIT EXPIRES

Ken Hake — LICENSEE OR PERMITTEE

3800 Stockwell — ADDRESS

T10N; R8E of 6P.M.; Section 30 — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-10.15	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: April 1, 1974

FROM: Jerrold C. Hood

DEPARTMENT: Health

SUBJECT: Individual Sewage System Construction
File No. 407
Ken Hake, 3800 Stockwell

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; 6f 6P.M.; Section 30.

Jerrold C. Hood, R. S., Chief
Section of General Sanitation
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. 407

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

DATE: April 1 1974

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: west tract Part of Lot 2 S½ of N½ Sec 30

1. Legal description of property: Twp. 10 N ; Range 8E 6PM Section 30
   Block ____; Lot ____; Addition ____
   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.

Ken Hoke
Signature of Applicant (Owner or Lessee)

3800 Stockwell Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 4/1/74 . Date Frwd. 4/1/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 4-1-74 . Date Frwd. 4-1-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Williamson
3. City or County Engineer: Date Rec'd. 4/1/74 . Date Frwd. same . ACTION: Approved ☒ Disapproved ☐ Signature: [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. 407

DATE: April 1, 1974

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: West Tract Part of Lot 2 S½ of NE Sec 30
Twp. 10N; Range 8E 6PM; Section 30; Block ____; Lot 2; Addition ____.
Street Address ____.

2. Property Use: Residential Yes ☐; 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).

Ken Hake owner
Action Plumbing Inc James Krejci
Signature of Applicant (owner or lessee)

5608 So 50
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4/23/74 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☐; Disapproved ☐ 4/1/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/23/74 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. 407

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

Owner: Ken Hake
Address 3800 Stockwell

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

Dates of Tests: 3/30 to 3/31. Weather: Precip. 0 Temp. 60° F.

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	36"	3/30	2:00 PM	3/31	11:00 AM	3/31	11 PM	12	1 PM	9"	30'	1/2	
2		"	"	"	"	"	"	"	"	7"	"	3/4	
3		"	"	"	"	"	"	"	"	5½"	"	1 3/4	
4		"	"	"	"	"	"	"	"	4½"	"	5/8	
5		"	"	"	"	"	"	"	"	7"	"	3/4	
6		"	"	"	"	"	"	"	"	5"	"	1/4	

Robert D Johnson
Signature of Person Conducting Test

Address 426 NW 13th
Phone: 432 3595

Sum of Percolation Rates _____
Average of Rates: 9375/30
Mean of Rates: _____

(Do not write below this line)

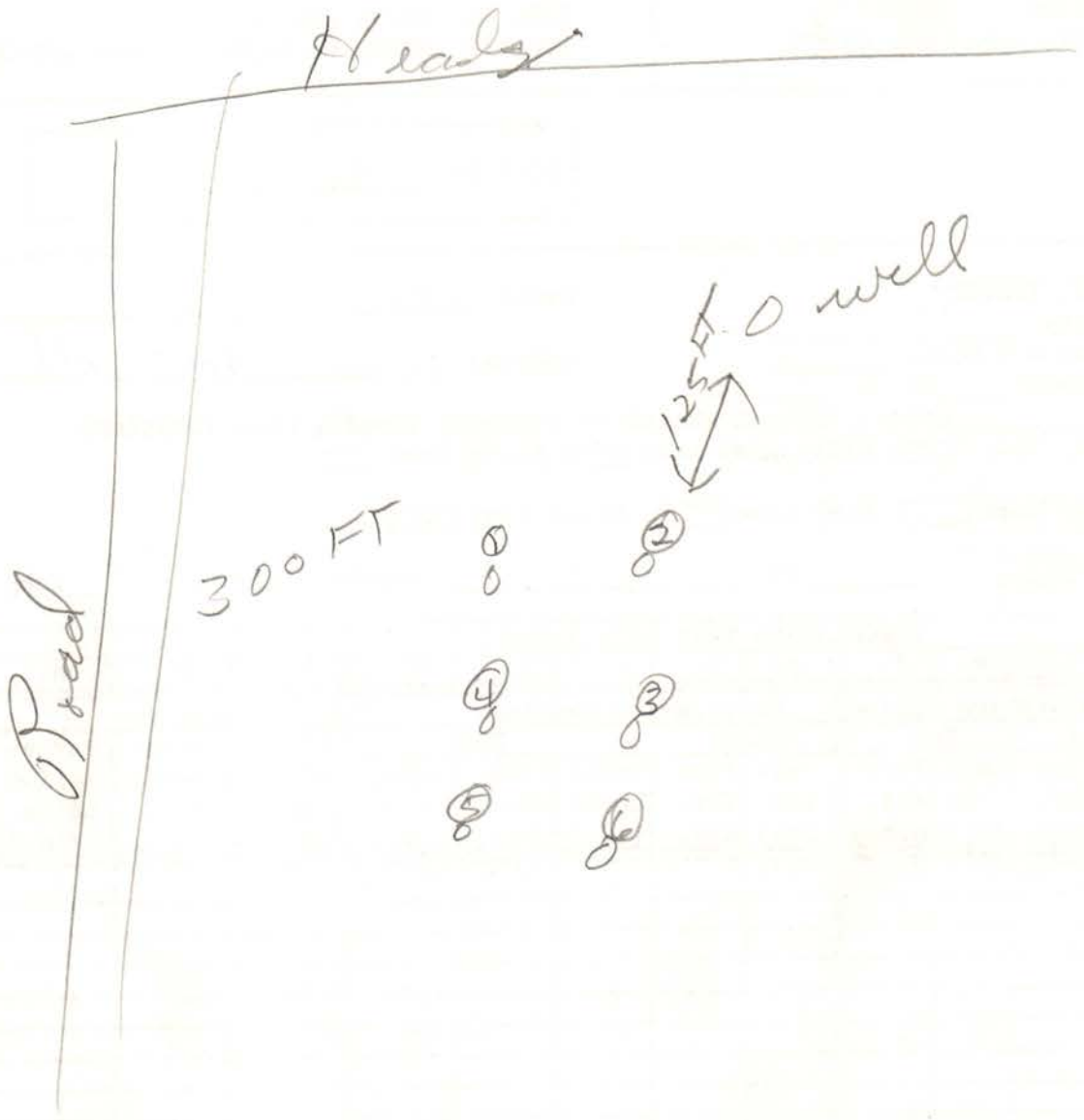
REVIEWING ACTION

REMARKS: _____

DATE: 4-1-74

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

James Nevetka
Signature of Reviewing Official


Heads
Road
300 FT
1
2
3
4
5
6
125 FT
well

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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. 407

SPECIFICATIONS

DATE: April 1 1974

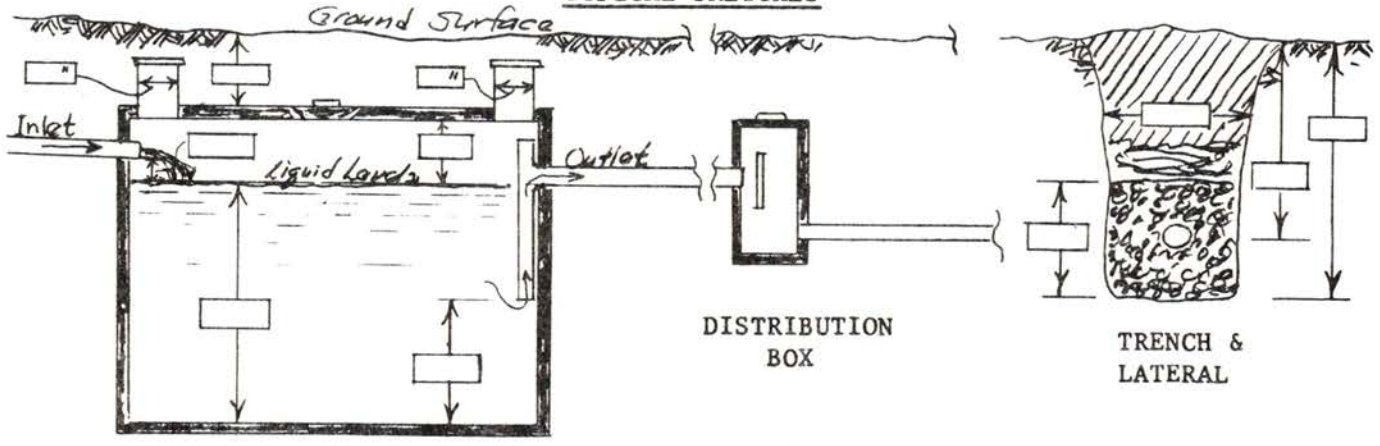
A. BUILDING SEWER:
1. Material Tile; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line 150 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company Precast)
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 24 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

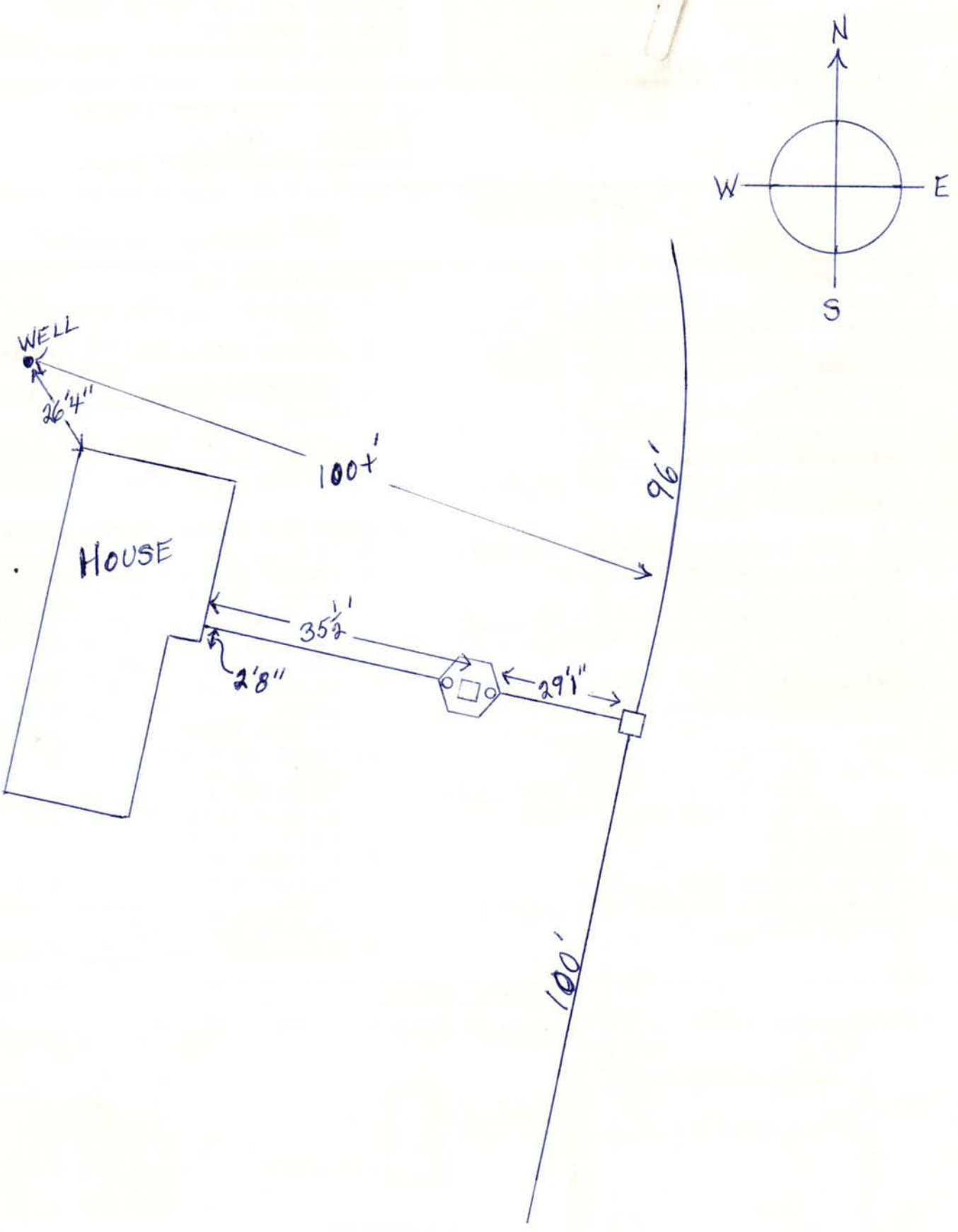
C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 4.
2. Factory Built: Yes ☒, (Company Precast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Concrete
2. Lateral Lines: Depth below grade 24 in. Number 2; Length of each line 100 ft Total length of Laterals 196 ft.; +96
Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 150 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 125 ft.
6. Percolation Rate: 32 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WELL
26'4"
100+'
96'
HOUSE
35½'
2'8"
29'1"
100'

007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 3-26-93

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10N; RANGE 8E; SECTION 30; BLOCK ____

LOT 35; ADDITION _____; Street Address 520 South 112th Street

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Kenton Mawson Hake	520 South 112th, Lincoln	488-0792
~~Tenant/Buyer~~:		Ken's work	474-4444
Return to:	Security Federal Savings	P.O. Box 81009, Lincoln 68501	474-4444

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

Signature of Applicant Christy Reuhar Address Security Federal

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HEALTH DEPARTMENT USE ONLY

Date Received 03/29/93 Received $150.00 Check ☒ #39746 Cash ☐

PRELIMINARY STATUS--DATE APRIL 2, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4/2/93 by J.CH.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 1.1 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Gerald E. Hoad R.E.H.S. DATE APRIL 8, 1993

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

REAL ESTATE TRANSFER / LOAN APPROVAL

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: May 15, 1992

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. ___; RANGE ___; SECTION ___; BLOCK ___

LOT ___; ADDITION ___; Street Address ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	Kenton H. Hake & Maureen	530 So. 112th, Lincoln 68520	488-0792 home
Tenant/Buyer:			
Return to:	Security Federal Savings	PO Box 80609, 1330 N St. Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela D. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY #150.00

Date Received 05/14/92 Received $75.00 Check ☒ Cash ☐ # 28807

PRELIMINARY STATUS--DATE MAY 15, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 5/15/92 by CH
Bacteria	☐	☐	Provisional:	☐	Date ___ by ___
Nitrate	☐	☐	Disapproved:	☐	Date ___ by ___

Comments: ___

___

___ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Wilson C. Hood R.E.H.S. DATE MAY 30, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832