

FILE NO. 904

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION

February 22, 1977

TYPE OF LICENSE OR PERMIT

THIS LICENSE OR PERMIT EXPIRES

John Thiessen

600 North Cotner

LICENSEE OR PERMITTEE

ADDRESS

T10N; R8E; Sec. 31; Lot V;

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	
624-1535	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
42165	MAR 24 76	30.00		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

INTER-DEPARTMENT COMMUNICATION

TO Charles Seale
DEPARTMENT Building Inspections

DATE **August 23, 1976**

FROM Jerrold C. Hood

ATTENTION

DEPARTMENT Health

CARBONS TO

SUBJECT Individual Sewage System
Construction
File No. **904**

John Thiessen, 600 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. 31; Lot V;

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. 904

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

DATE: 4UG 23-76

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 31
Block _____; Lot V; Addition _____
Street Address _____
2. Property Use: Residential ☒; Commercial ☐
No. of Bedrooms 4 Describe: _____
Other Use ☐ Describe: _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐
4. Distance to public sewer: _____ ft.

JOHN THIESSEN
Signature of Applicant (Owner or Lessee)

600 N. COTNER.
Address LINCOLN NEBR. 68505

(Do not write below this double line)

REVIEWING ACTION

- | | | |
|------------------------------|----------------------------|---|
| 1. Health Department: | Date Rec'd. <u>8-23-76</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>8-23-76</u> | Signature: <u>James Wavelke</u> |
| 2. Supt. Bldg. Insp.: | Date Rec'd. _____ | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. _____ | Signature: <u>Paul D. Jensen</u> |
| 3. City or County Engineer : | Date Rec'd. <u>8/23/76</u> | ACTION: Approved ☒ Disapproved ☐ |
| | Date Frwd. <u>8/24/76</u> | Signature: <u>Joe Baugh</u> |

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: _____

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 31
_____; Block _____; Lot V; Addition _____
Street Address _____
2. Property Use: Residential _____ ☒ Commercial _____ ☐
No. of Bedrooms 4 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).

JOHN H. THEISSEN
Signature of Applicant (owner or lessee)
600 N COTNER
LINCOLN NEBR.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: \$ 30 . _____
2. Site Visits:
Date: 9-3-76 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ Disapproved ☐
by: James H. Wierka
4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-3-76 by: Ron Magunt

FILE NO.

Location: Township 10N; Range 8E
Section & $\frac{1}{4}$ Sect. 31 SE $\frac{1}{4}$
Property Dimensions: ft. x ft.

Owner: JOHN THIESSEN

Address 600 N. COTNER

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 ☐

Dates of Tests: AUG 19-76 to AUG 20-76. Weather: Precip. _____ Temp. _____

Sum of Percolation Rates: 10.75
Average of Rates: ~~10.75~~
Mean of Rates: 1.79

Norma Beyhous
Signature of Person Conducting Test

Address 3300 N 53rd
Phone: 466 5710

(Do not write below this line)

REVIEWING ACTION

REMARKS:

DATE: _____

Approved Percolation Rate(s)

A. 17 min./inch

B. _____ min./inch

C. _____ min./inch

James W. Everka
Signature of Reviewing Official

FILE NO. 904

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material _____; 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 FIBER GLASS No. of compart-
ments _____.
2. Capacity 1250 gals.; Liquid depth _____ in.
3. Factory Built: Yes ☐ (Company _____)
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.

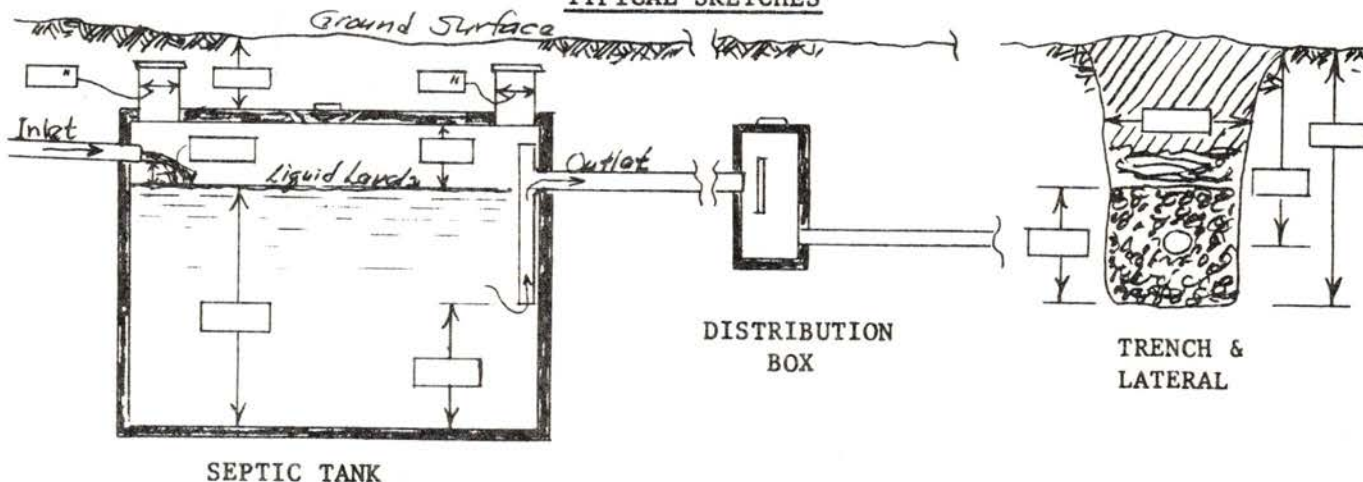
C. DISTRIBUTION BOX

1. Material _____; No. available out-
lets _____.
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.)

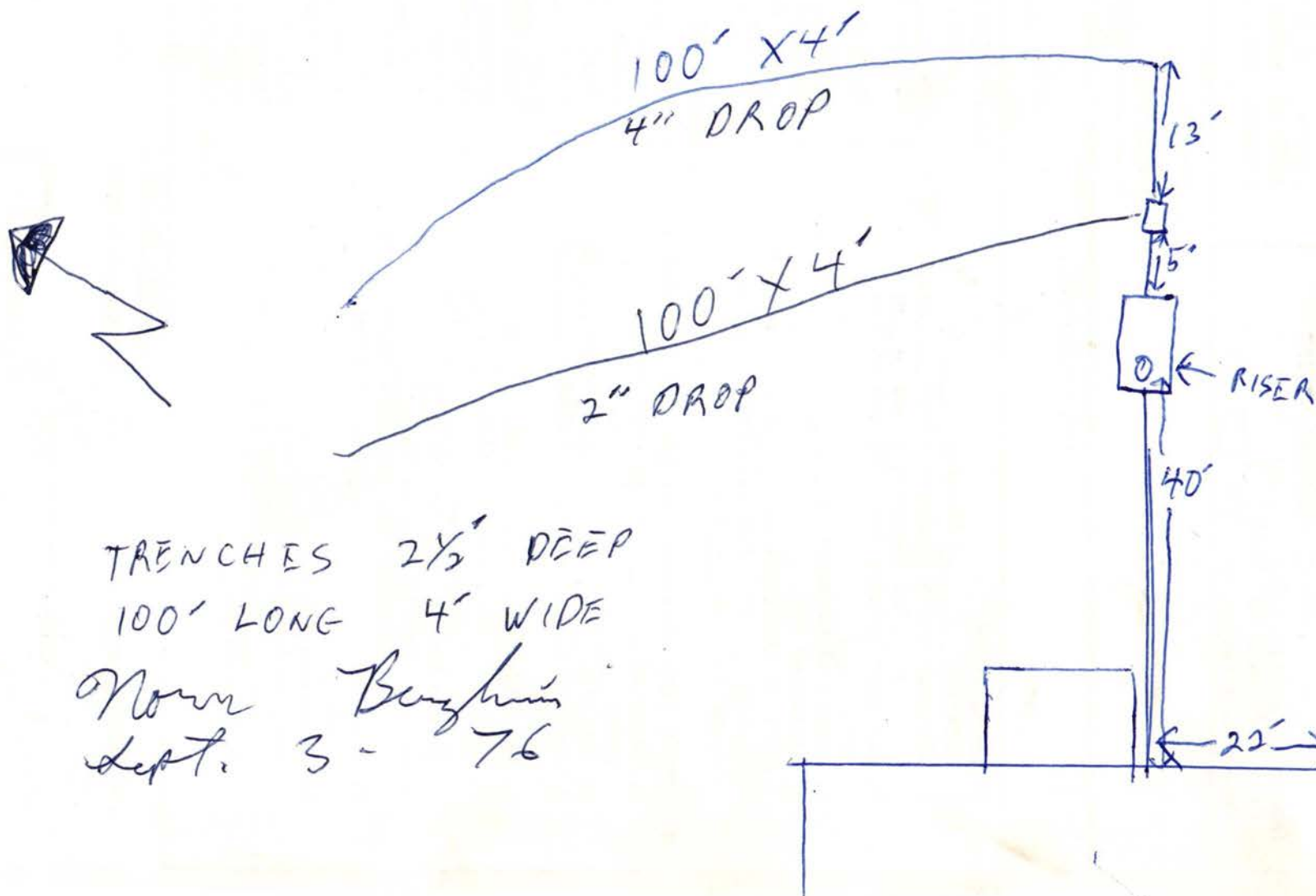
D. ABSORPTION FIELD: (Provide drawings.)

1. Type: HALF ROUND
2. Lateral Lines: Depth below grade _____ in.
Number _____; Length of each line _____ ft.
Total length of Laterals 198 ft.;
Slope _____ in/100 ft. Diameter of
pipe _____ in.; Shape _____
Material: concrete ☐; fiber
asbestos ☐; clay ☐; other _____
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



JOHN H. THIESSEN
Signature of Applicant



Beginning at a point 440.0' N ~~and~~ 33' W of
the S E corner of sec 31 extending N
parallel to and 33' W of the E line of
sec. 33. 409.0' then W 533.5' then
S 409.0' then E parallel to and 440.0' N
of the S line of sec. 31 then 535.5'
to point of beginning 5.02 acres

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

- ☒ Enclosed is \$150.00. Allow two weeks for processing. Incomplete information will delay processing.
☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 11800 VAN DORN ST WALTON
Twp 10N Range 8E Section 31 1/4 1/4 Block Lot 38 Addition
Directions to Property EAST ON VAN DORN ST

Location of Well West of House 15' Tap Location: Inside ☐ Outside ☒
Location of Sewage System East Side of House (30') Year Installed 1978
Septic

	NAME	ADDRESS	PHONE
Present Owner:	<u>Dale E. Michels</u>	<u>11800 VAN DORN ST</u> <u>WALTON NE 68461</u>	<u>488-8760</u>
Tenant/Buyer:	_____	_____	_____
Return to:	_____	_____	_____

Signature of Applicant [Signature] Address 11800 VAN DORN ST Date 5/6/93
Walton NE 68461

HEALTH DEPARTMENT USE ONLY

Date Received 05/14/93 Received \$150.00 ☒ Check ☐ Cash ☐
..... # 13918

PRELIMINARY STATUS--By Lorrell C. Hood DATE: 5/18/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☒	Approved ☒	Date <u>6/23/93</u> by <u>J.C.H.</u>
Bacteria	☒ <u>0</u> /ml	☐ _____ /ml	Provisional ☐	Date _____ / _____ / _____ by _____
Nitrate	☒ <u>0.2</u> ppm	☐ _____ ppm	Disapproved ☐	Date _____ / _____ / _____ by _____

Comments: FROST PROOF HYDRANT IS TOO CLOSE TO WELL. Call noted
6/23/93 J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Lorrell C. Hood R.E.H. S. Date 6/24/93

Approval or disapproval is based on State and local 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 operations.

