LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2746-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JOHN STROHMYER — ISSUED TO

4235 N.W. 57TH ST. — ADDRESS

LINCOLN, NE 68505

T8N; R7E; Sec. 4; Lot 13 I.T⅓ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2746 C

56th & Saltillo

DATE: 9/25/88

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 4 ;
   Block _____ : Lot 13 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: _____ ft.

John Stuhmyer
Signature of Applicant (Owner or Lessee)

4235 N. W. 57TH STREET
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/30/88. Date Frwd. 9/30/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/30/88. Date Frwd. 9/30/88. ACTION: Approved ☑ Disapproved ☐ Signature: Val Peterson

3. City or County Engineer: Date Rec'd. 9/30/88. Date Frwd. 9/30/88. ACTION: Approved ☑ Disapproved ☐ Signature: Larry D. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/1/88 by: L. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-7-88 By: Ron Morgan

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: September 30, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 774 sq.ft.

Gerald C. Hood
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 56th & Saltillo NW 1/4

Location: Township 8 ; Range 7 ; Section & ¼ Section 4 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 9/24/88 to 9/25/88 . Weather: Precip. _____ Temp. 80° .

OWNER: Terry & Bock

Address: _____

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	~~30~~ 24"	9/24	1:PM	9/25	1 PM	9/25	2:30	6"	3:00	5 3/4	30	1/4	
2	"	"	"	"	"	"	"	"	"	4 3/4	"	1	
3	"	"	"	"	"	"	"	"	"	4 3/4	"	1	
4	"	"	"	"	"	"	"	"	"	4 1/4	"	1 3/4	
5	"	"	"	"	"	"	"	"	"	5 7/8	"	1/8	

John Struthmyer
Signature of Person Conducting Test

Address 4235 NW 57th Phone 470-2262

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 28, 1988

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

Gerrold C. Hood
Signature of Reviewing Official

RECEIVED NOV 0 4 1988

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 474-1541

D

DATE:_____

FILE NO._____

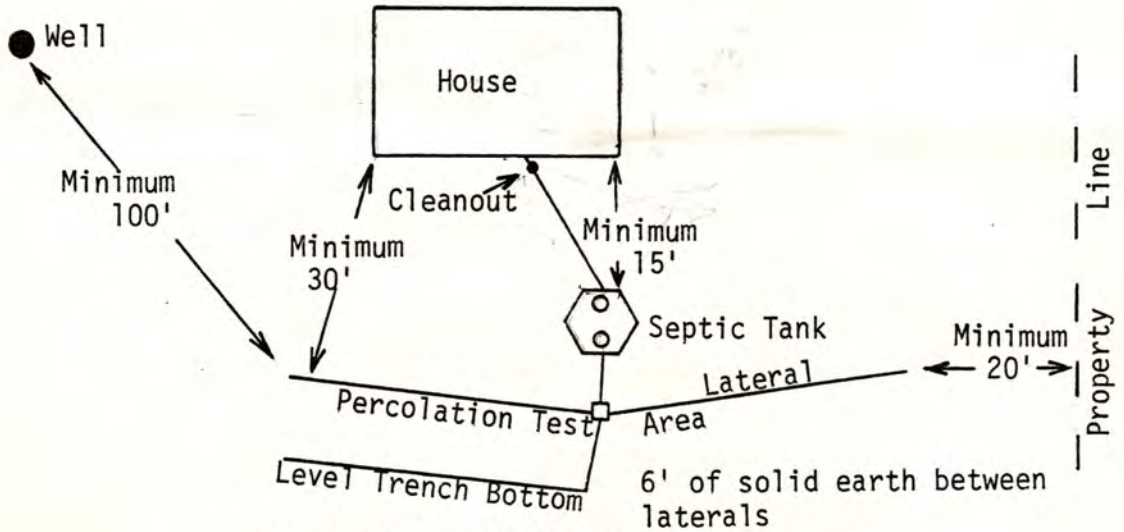
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 160 ; Diameter 4 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:
1. Material Pre Cast; No. of compartments 1000 .
2. Capacity_____gals.;
3. Factory Built: Yes ☒ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 Pre Cast.; Number - available outlets_____.
2. Factory Built: Yes ☒ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

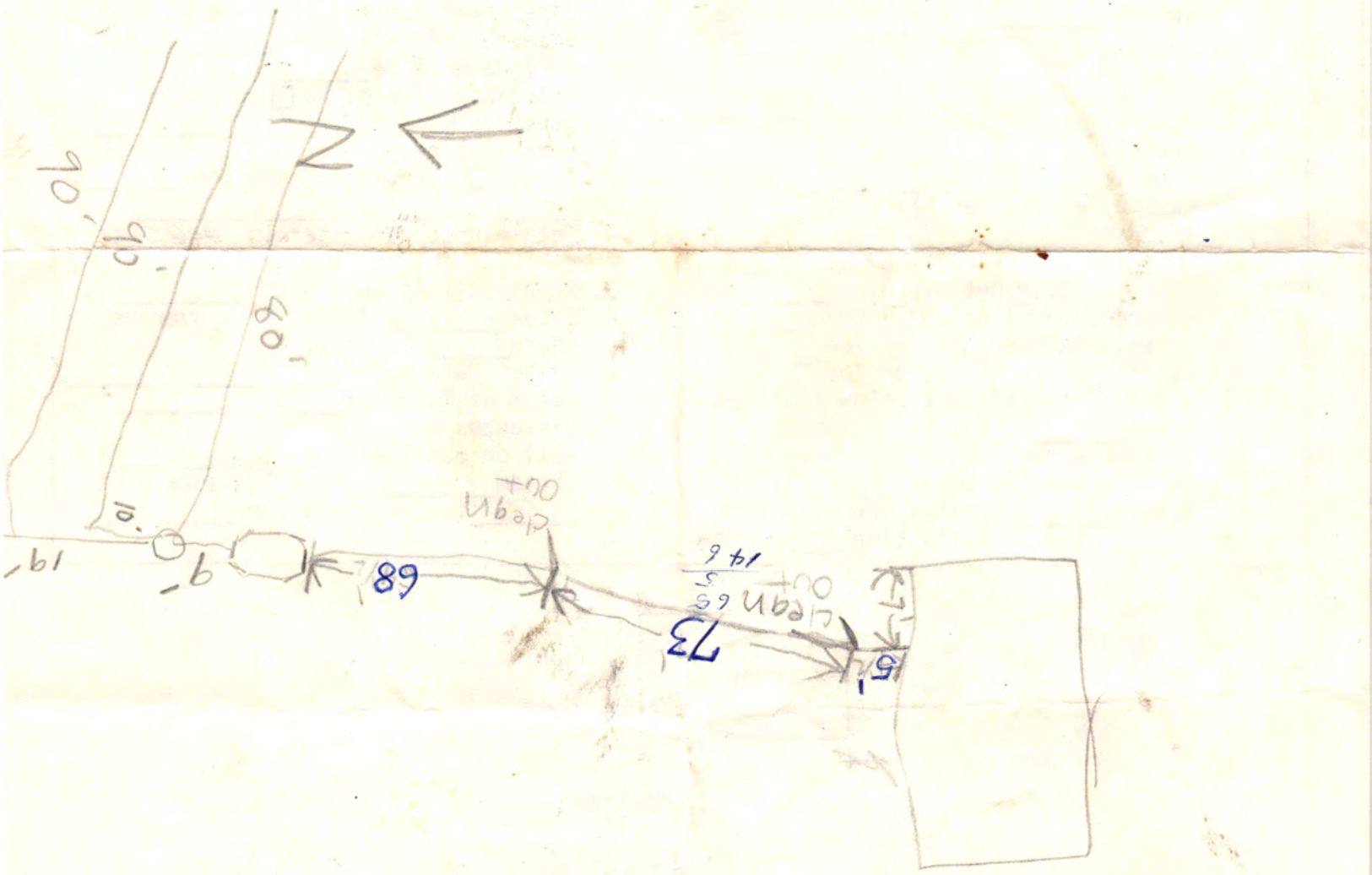
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number 3 ;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals 260 ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
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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: 471-7800

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FILING FEE: $ 60.00

FILE NO. 2746 C

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4. Distance to public sewer: _____ ft.

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Signature of Applicant (Owner or Lessee)

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Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Signature of Reviewing Official

FORM 20105-0477
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Division of Environmental Health
2200 St. Marys Avenue
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D

DATE:_____

FILE NO._____

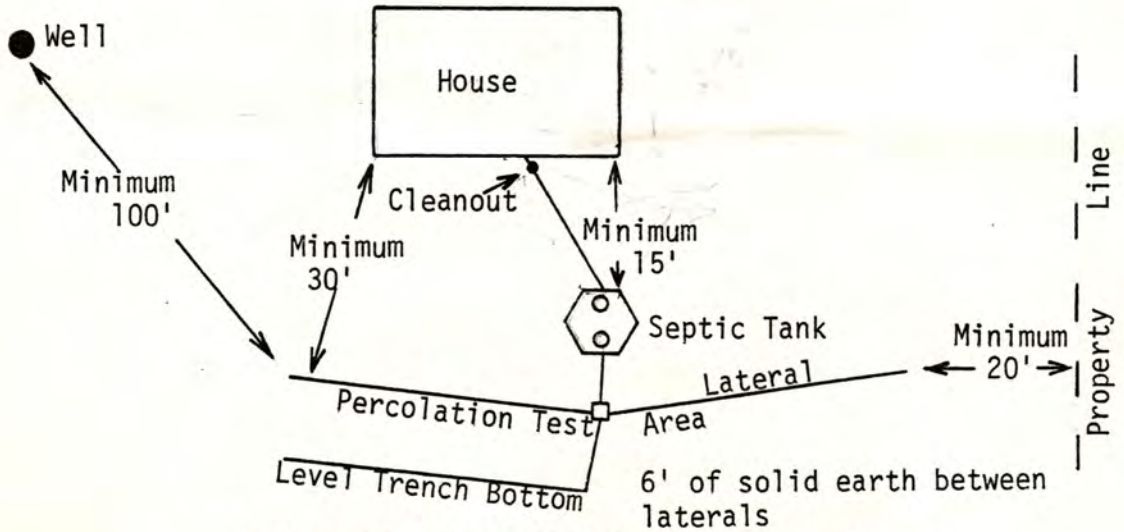
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AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

