FILE NO. 1691

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 27, 1981
THIS LICENSE OR PERMIT EXPIRES

ROGER STEINMEYER — 1517 NEMAHA, LINCOLN NE
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E pm, Section 3, Lot 19 I.T.
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
55765 M27		60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

FORM 20103-047
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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1691

DATE: August 27, 1980

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. 9 N ; Range 6 E 6PM ; Section 3 ;
   Block _____ : Lot 19 IT : Addition _____
   Street Address 4141 SW 9th

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. TO BE DETERMINED BY SOIL PERCOLATION TEST

Roger R Steinmeyer
Signature of Applicant (Owner or Lessee)

1517 Nemaha, Lincoln, Neb 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/27/80. Date Frwd. 8/27/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowman

3. City or County Engineer: Date Rec'd. 8/27/80. Date Frwd. 8/27/80. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/8/81 by: JMN.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/8/81 By: J. Nelson

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

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: SE¼, SW¼, SW¼ Sec 3, T9N, R6E 6PM

Location: Township 9 N ; Range 6 ; Section & ¼ Section 3.
Property Dimensions: 660 ft. x 660 ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Oct 20, 80 to Oct 21, 80. Weather: Precip. 0 Temp. 50.

OWNER: Roger Steinmeyer

Address: 1517 Nemaha, Lnc.

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	38	10-20	9 Am	10-21	9:30 Am	10-21	9:30 Am	6½	1:30 Pm	5½	30	1	30/1
2	35	"	"	"	"	"	"	6	"	5⅜	"	⅞	30/⅞
3	36	"	"	"	"	"	"	7	"	5⅞	"	1⅛	30/1⅛
4	35	"	"	"	"	"	"	6	"	5⅜	"	⅞	30/⅞
5	36	"	"	"	"	"	"	6¾	"	5½	"	1¼	30/1¼
6	36	"	"	"	"	"	"	6½	"	5½	"	1	30/1

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

Roger Steinmeyer
Signature of Person Conducting Test

Address 1517 Nemaha, Lnc Phone 423-2301

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam, or Sharpsburg Silty Clay Loam
Date: November 12, 1980

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

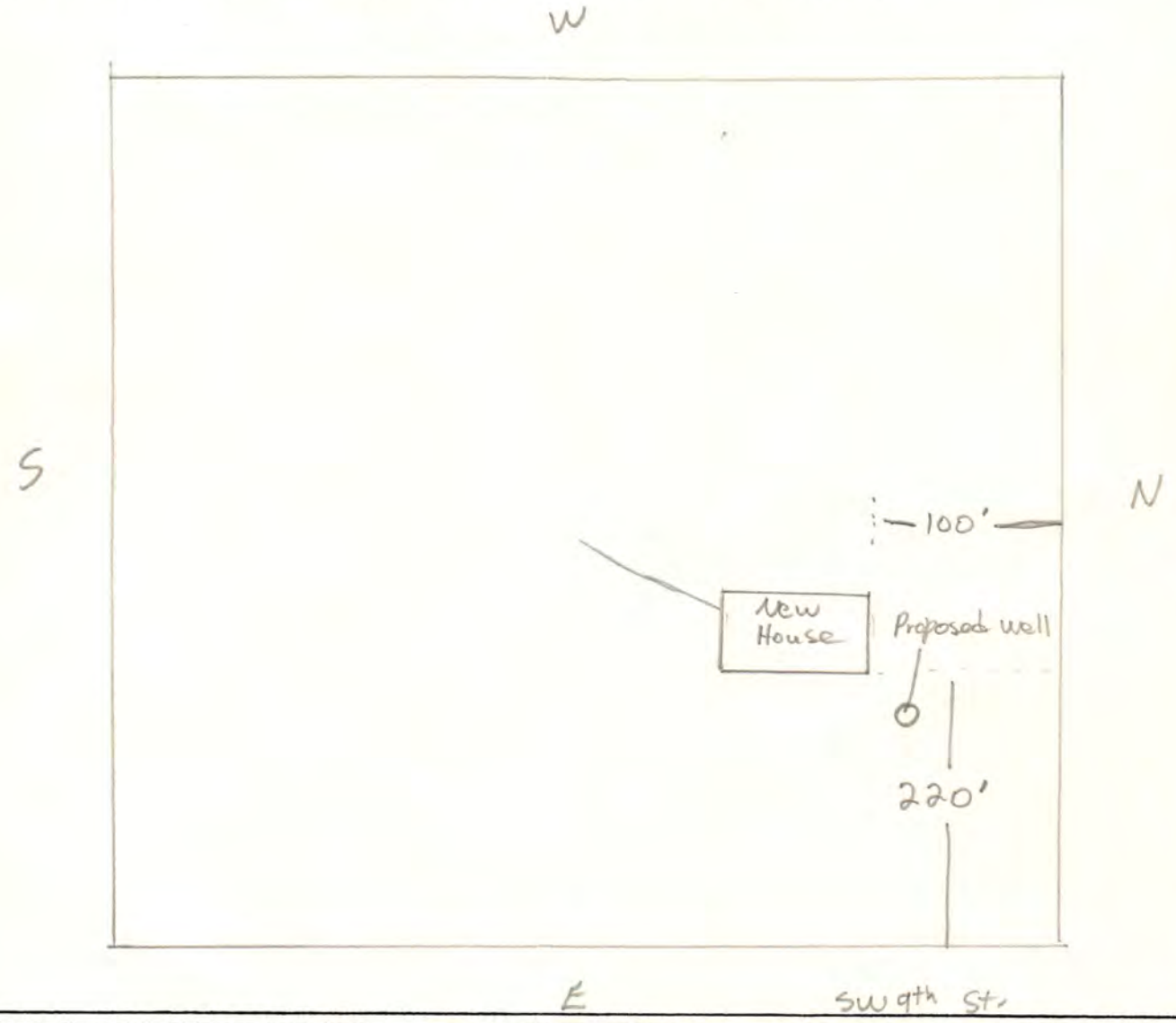
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: November 12, 1980

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 725 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

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. _____

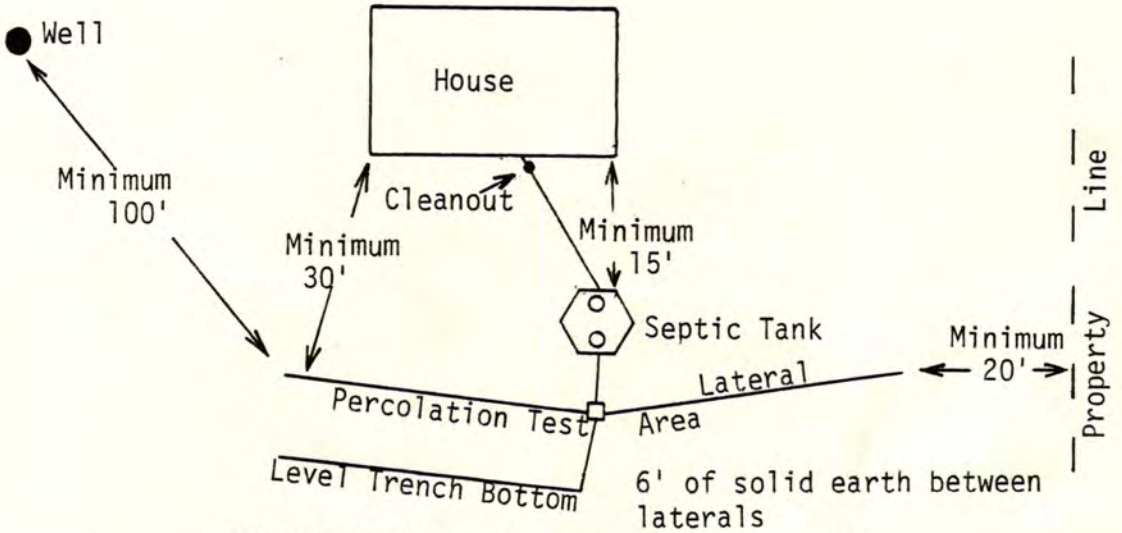
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 107 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material CON; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre CAST)
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 12 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material CON; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre CAST)
3. Distance from Septic Tank 4 ft.

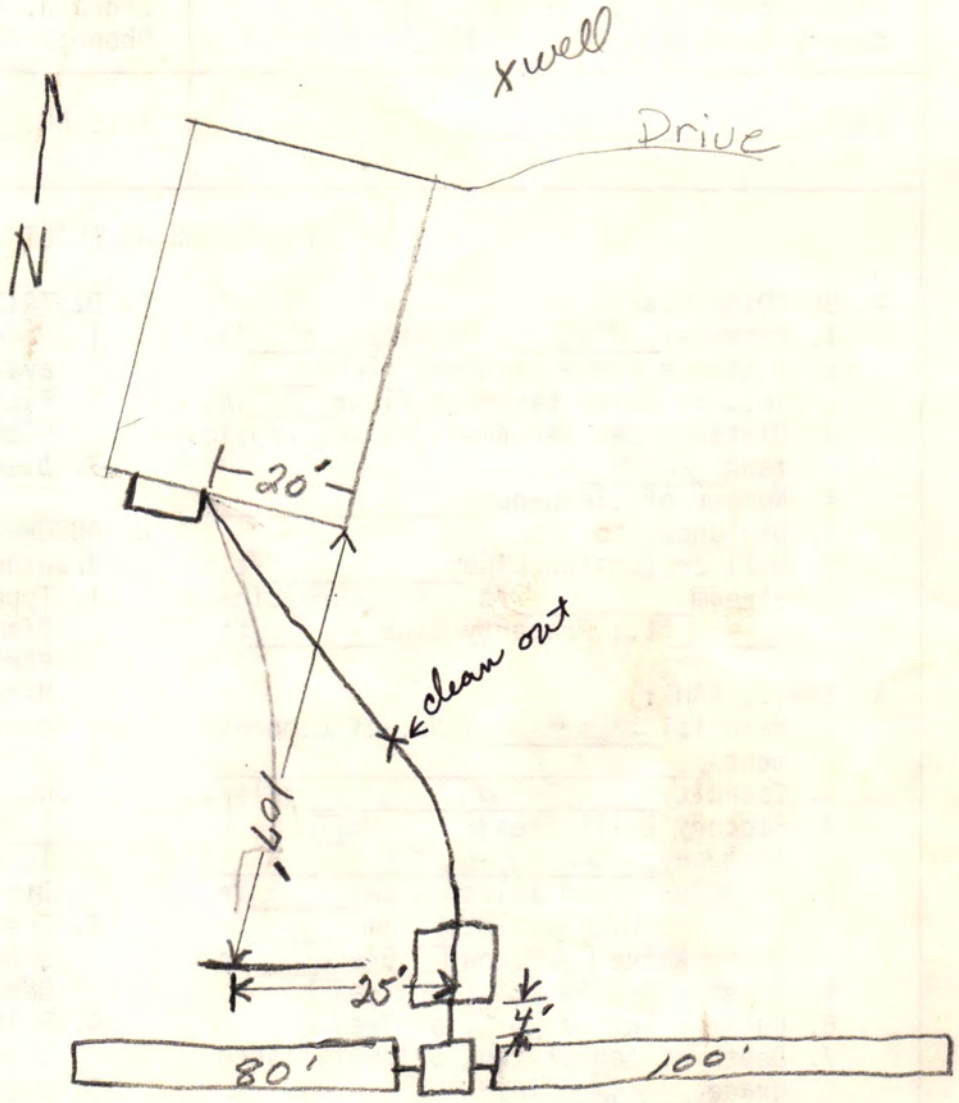
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 80, _____, _____, _____ ft.;
Total length of laterals 180 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 24 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_____



Capital City Trenching Doc.
Harold L Casement