FILE #2406

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

APRIL 1, 1987 — THIS LICENSE OR PERMIT EXPIRES

MELVIN E. GODDARD — LICENSEE OR PERMITTEE

2601 W. CLAIRE AVE. LINCOLN, NE 68523 — ADDRESS

T9N; R6E; Sec 9; Lot 14 I.T.; 2601 West Claire Ave. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

REC'D OCT 1 1986

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. 2406

DATE: 9/30/86

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. 9N ; Range 6E ; Section 9 ;
   Block _____ : Lot 14 I.T. : Addition _____
   Street Address 2601 West Claire Ave

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.

Melvin E. Goddard
Signature of Applicant (Owner or Lessee)

2601 W Claire Ave
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/1/86. Date Frwd. 10/2/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/2/86. Date Frwd. 10/2/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Henwood

3. City or County Engineer: Date Rec'd. 10-2-86. Date Frwd. 10-2-86. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/21/86 by: L. C. H. Replace mechanically damaged tank from earth moving operation
Date: 12/5/86 by: L. C. H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/21/86 By: Jerrold C. Hood

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
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PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 9 .
Property Dimensions: 374 ft. x 582.5 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/22 ~~to~~ _____. Weather: Precip. _____ Temp. 80°.

OWNER: Mel Hoddard
Address: 2601 W Claire Ave

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	36	9/22	2:00	9/22	6:00	9/22	6:30	2"	7:00/22	1 1/2"	30	1/2"	/
2	36	9/22	2:00	9/22	6:00	9/22	6:30	5"	7:00/22	3"	30	2"	
3	36	9/22	2:00	9/22	6:00	9/22	6:30	6"	7:00/22	4"	30	2"	
4	36	9/22	2:00	9/22	6:00	9/22	6:30	2"	7:00/22	1 1/2"	30	1/2"	

John Stromyer M.K.
Signature of Person Conducting Test

Address 4201 N627 Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: SEEMS A LITTLE FAST FOR ↓
Soil Type (SCS): Wymore Silty Clay Loam
Date: OCTOBER 1, 1986

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

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 ☐

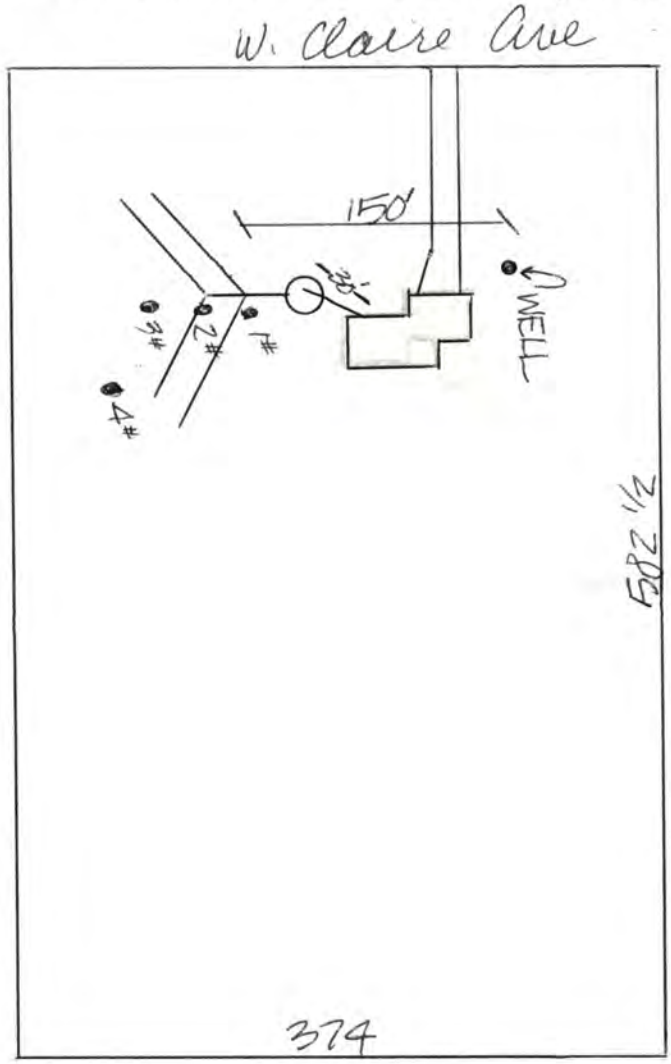
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

Date: OCTOBER 1, 1986

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 677 sq.ft.

Jerrold C. Wood
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. _____

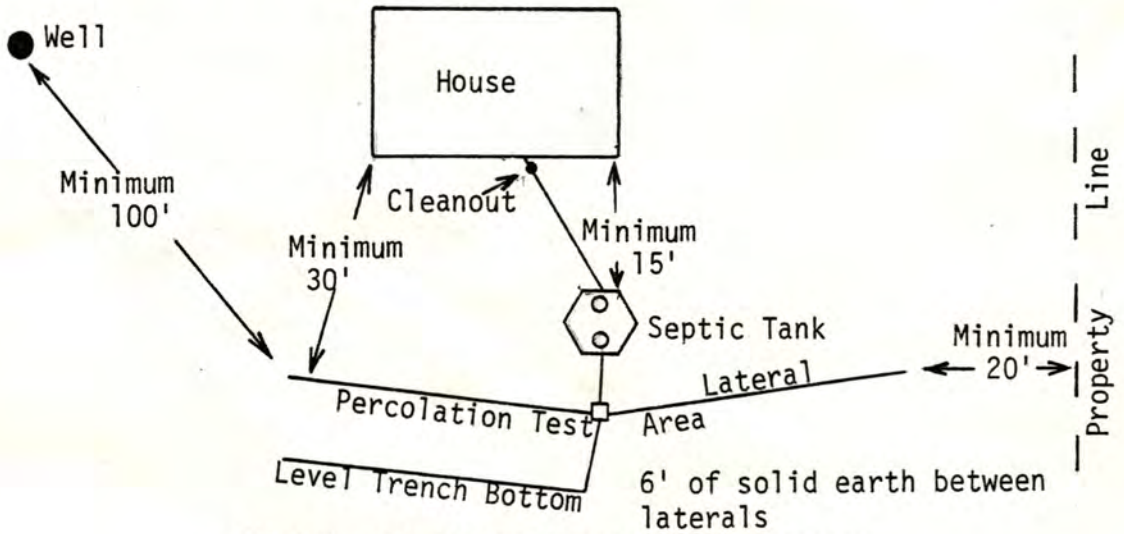
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 90 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line — ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
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 10" in.
8. Distances to:
Well or Suction Line — ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company Precast)
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 4" .
Material: fiberglass ☐ ; plastic ☒ ;
concrete ☐ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 80 , ____ , ____ ft.;
Total length of laterals 280 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6" in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 14" 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 Nov 12-86 INSTALLER Larry Schwarck

