FILE NO. 2060

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JULY 13, 1984 — THIS LICENSE OR PERMIT EXPIRES

R. WOBIG, WOBIG CONSTRUCTION CO. INC., 1143 SUMNER, LINCOLN, NE 68502 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R6E; Sec. 9; Lot 15 IT, 2101 W. Claire — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16X	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
66350	JUN 16 84	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 20103-0477
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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2060

DATE: 1-12-84

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 15 I.L. : Addition _____
   Street Address 2101 W. Claire

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Single Family res.

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

4. Distance to public sewer: _____ ft.

R C Wolig.
Signature of Applicant (Owner or Lessee)

1143 Sumner
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/12/84. Date Frwd. 1/13/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/13/84. Date Frwd. 1/13/84. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City ~~or County~~ Engineer: Date Rec'd. 1-13-84. Date Frwd. 1-13-84. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL Approved for 20+ Acres only Dept.

Site Visits:
Date: 5-11-84 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-12-84 By: [illegible]

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:

Location: Township 9N ; Range 6E ; Section & ¼ Section 9 SW ¼
Property Dimensions: _____ ft. x _____ ft. Area: 20+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: Sept 17 to 18 . Weather: Precip. 0 Temp. 60 .

OWNER: Jim Wobig
Address: 2101 W. Claire

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	31	9-17	12:30	9-18	12:00	9-18	12:30	6"	4:0	5 ½	30 mm	½	
2	28	"	"	"	"	"	"	"	"	5 ¼	"	¾	
3	18	"	"	"	"	"	"	"	"	dry	"	6	
4	33	"	"	"	"	"	"	"	"	5	"	1	
5	28	"	"	"	"	"	"	"	"	2	"	4	
6	30	"	"	"	"	"	"	"	"	4.5	"	1.5	

R C Wobig
Signature of Person Conducting Test

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

Address 1143 Sumner Phone 475-3288

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Crete Silt Loam close to Sharpsburg Silty Clay Loam
Date: January 12, 1984

Approved Percolation Rate (a)
A. 13 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 ☐

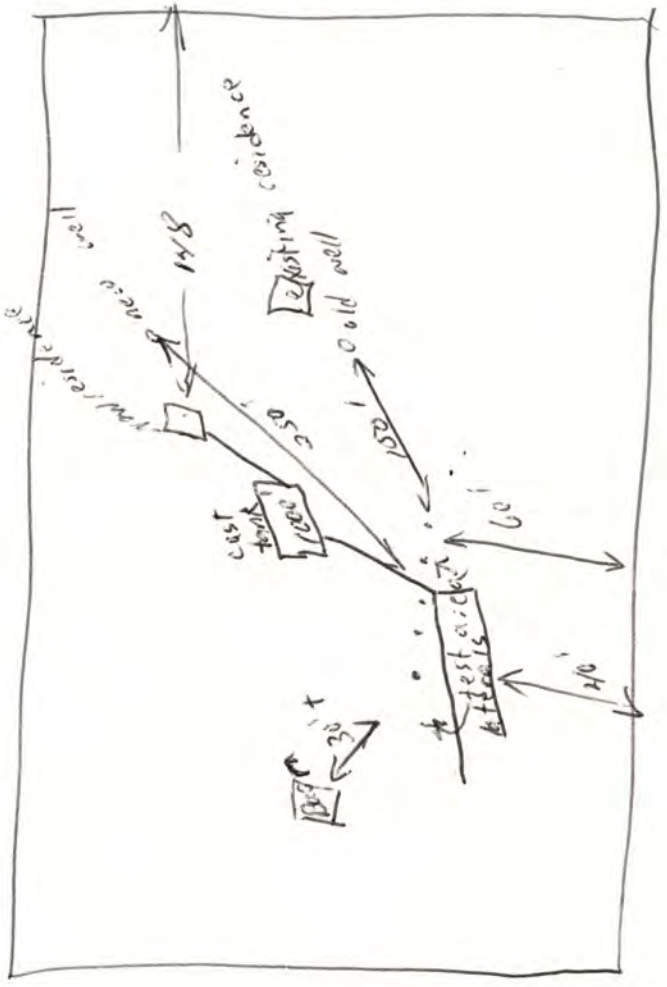
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

Date: January 12, 1984

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 543 sq.ft.

Jerrold 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: 6-11-84

FILE NO. _____

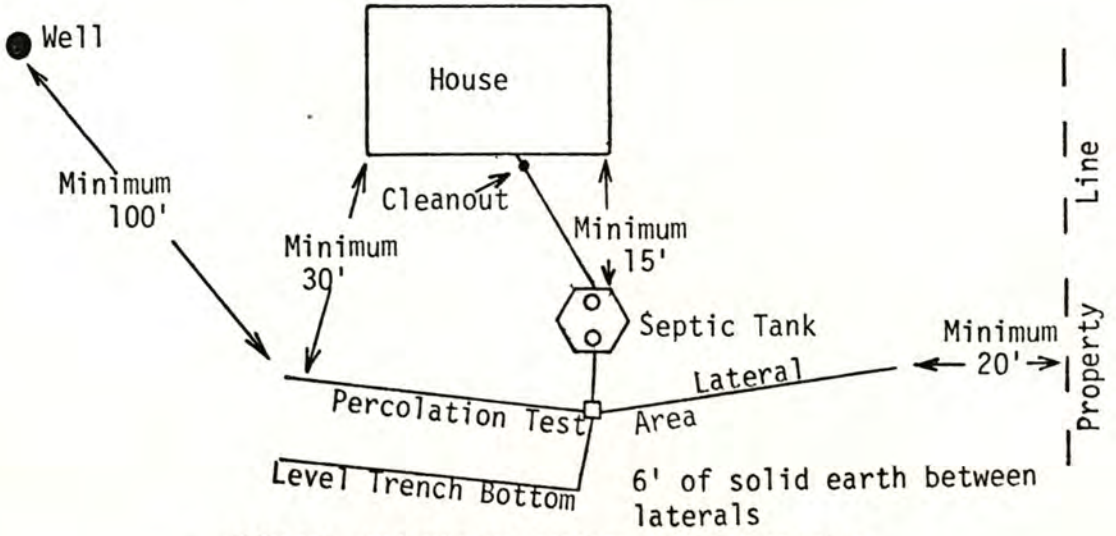
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: PVC
1. Material ~~Cast~~ ; Diameter 4" in.
2. Distance above basement floor 5' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 110 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 50' ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material conc ; No. of compartments 1.
2. Capacity 1000 gal. gals.;
3. Factory Built: Yes ☒ No ☐
(Company Ice 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 18 in.
8. Distances to:
Well or Suction Line 150+' ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 50' ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Ice Cast)
3. Distance from Septic Tank 10 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 2 ; Length of each line 100', 100', ____, ____, ____ ft.;
Total length of laterals 200' ft.;
Distance between lateral lines 10' ft.
3. Trench dimensions: Width 3' ft.;
Slope 2 in/100 ft.; Average Depth 3'6" in.
4. Filter Material: gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line 170' ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 30-40' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 6-11-87 INSTALLER Wolvig Const. Co. Inc.

N

