FILE #2012

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JANUARY 14, 1984 — THIS LICENSE OR PERMIT EXPIRES

JOEL S. DICKEY — LICENSEE OR PERMITTEE

333 W. CALVERT — ADDRESS

LINCOLN, NE 68522

T9N; R6E; Sec 9; Lot 22; Address: 5400 So. Coddington, Lincoln — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

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

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. 2012

DATE: 7-12-83

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 22 : Addition _____
   Street Address 5900 So. Cottington St LINCOLN NE

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.

Joel S Dickey
Signature of Applicant (Owner or Lessee)

333 W. Culvert
Lincoln, Nebr
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/14/83. Date Frwd. 7/15/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head

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

3. City or County Engineer: Date Rec'd. 7/15/83. Date Frwd. 7/15/83. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-2-83 by: [illegible]
Date: 8/3/83 by: J.C.H.
Date: 8-3-83 by: [illegible]

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-15-86 By: Ron Maynard

FORM 20165-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 9 .
Property Dimensions: 260 ft. x 504 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 7-9-83 to 7-10-83 . Weather: Precip. 0 Temp. 85 .

OWNER: Joel & Dubey
Address: 333 W Calvert

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	24"	7/9/83	1:00pm	7/10/83	3:45pm	7/10	3:45pm	8"	8:15pm	5 3/4	60 min	2 1/4"	60m 2 1/4
2								To		5 1/8		2 1/8"	2 1/8
3								8"		7 3/4"		1/4"	1/4
4										6"		2"	2
5										8"		0	0
6										6 1/2"		1 1/2	1 1/2
7										7"		1	1
8										7 1/2"		1/2	1/2

Paulman Gillespie
Signature of Person Conducting Test

Address 3308 N Cotner Phone 467-4792

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
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

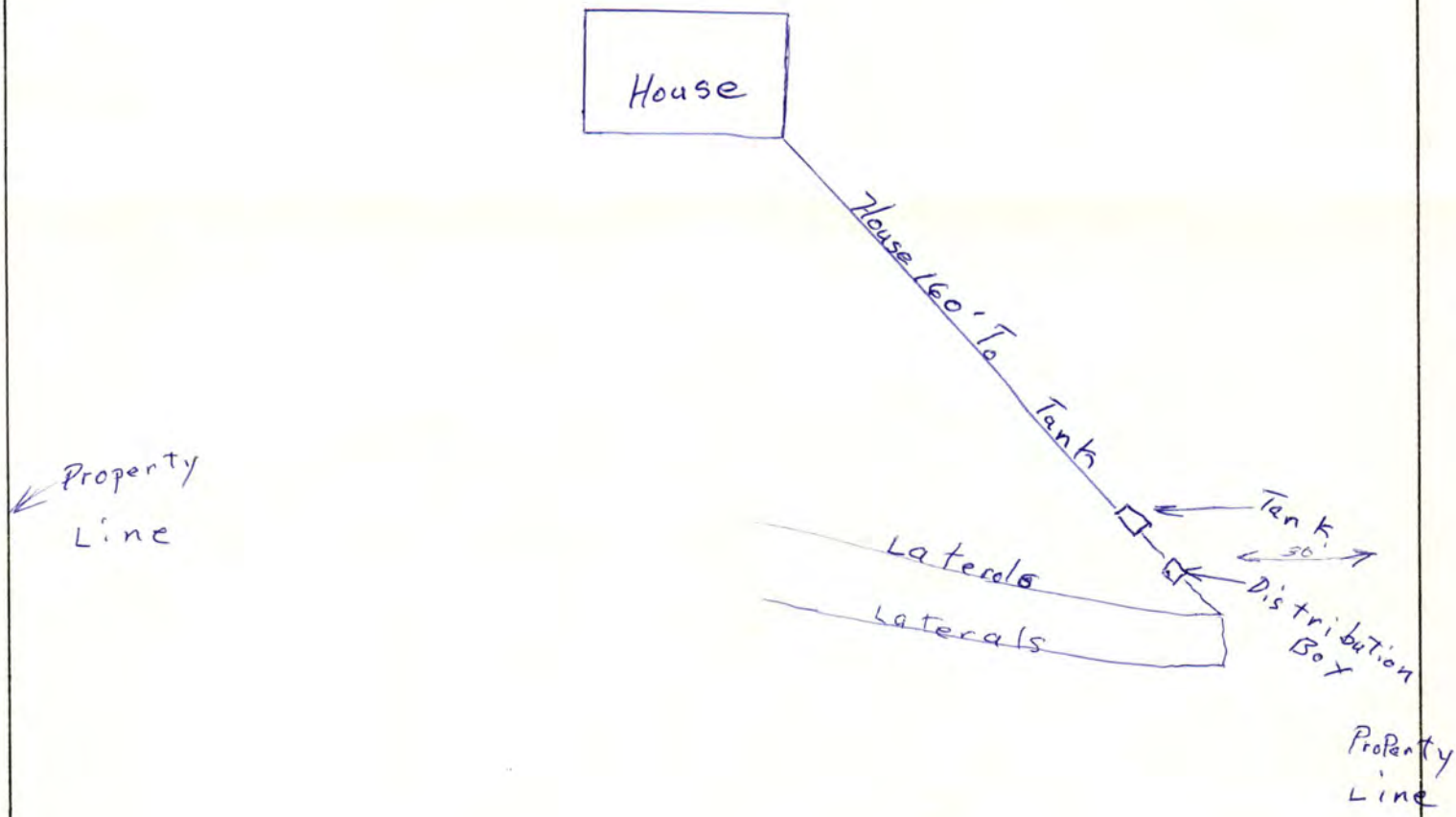
C

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

Well

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: July 14, 1983

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 929 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
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D

DATE: _____

FILE NO. _____

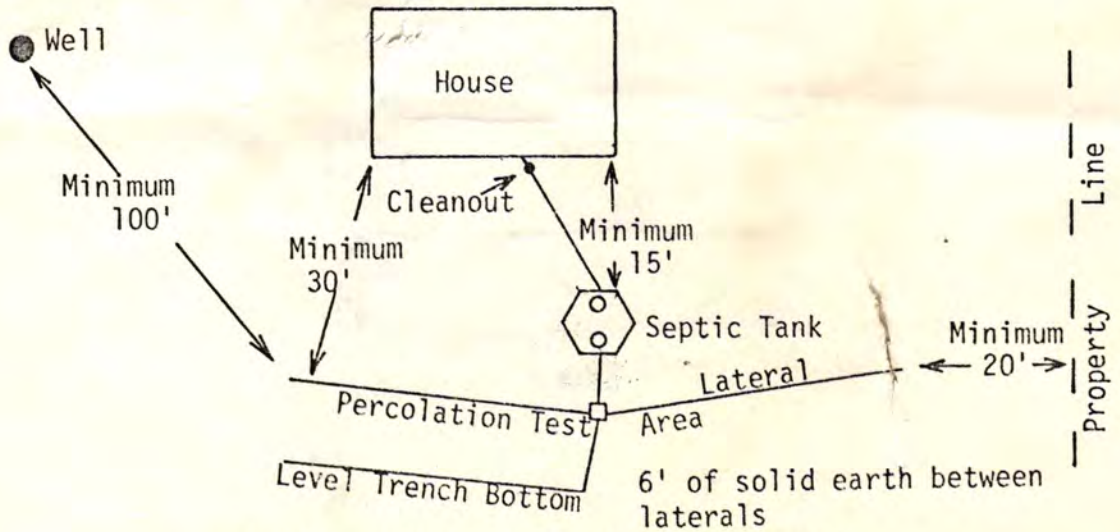
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 136 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 69 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 102 ft.

B. SEPTIC TANK:
1. Material Concrete No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre East)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 4 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 22 in.
8. Distances to:
Well or Suction Line 183' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 22' ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre East)
3. Distance from Septic Tank 15 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 76', 76', 80', _____, _____ ft.;
Total length of laterals 232 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 3½' in Ft
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 198 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 22 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8-3-83 INSTALLER Vogt Trenching

