FILE # 2812

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

PERRY A. KEYS 3704 N.W. FAIRWOOD — LICENSEE OR PERMITTEE

LINCOLN, NE 68521 — ADDRESS

T9N; R6E; Sec. 16; Blk 2; Lot 1; Equestrian Estates; 2200 W. Saddle Horn Road — 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

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

FILE NO. 2812

DATE: _____

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 16 ;
Block 2 : Lot 1 : Addition Equestrian Estates 1st Add
Street Address 2200 W. Saddle Horn Rd.

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 RERUN PERC TEST TO CONFIRM

Terry A Kyp
Signature of Applicant (Owner or Lessee)

3704 NW Fairwood
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/3/89 . Date Frwd. 4/4/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/4/89 . Date Frwd. 4/4/89 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 4-4-89 . Date Frwd. 4-4-89 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 5-12-89 by: wide seepage Bed
Date: _____ by: _____
Date: _____ by: _____

EXPERIMENTAL

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-12-89 By: _____

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

FORM 23-43

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 9 ; Range 6 ; Section & ¼ Section 16 NW
Property Dimensions: 311 ft. x 380 ft. Area: 3 1/4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/28 to 3/29 . Weather: Precip. .05 Temp. 65 .

OWNER: Perry Keys
Address: 3704 NW FAIRWOOD

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	3/28	1:00	3/29		3/29	1:00	5	1:30	4 3/4	30	1/4	
2	30	3/28	1:00	3/29		"	1:00	5	1:30	4 3/4	30	1/4	
3	30	3/28	1:00	3/29		"	1:00	5	1:30	4 3/4	"	1/4	
4	30	3/28	1:00	3/29		"	1:00	5	1:30	4 3/4	"	1/4	
5	30	3/28	1:00	3/29		"	1:00	5	1:30	4 3/4	"	1/4	
6	30	3/28	1:00	3/29		"	1:00	5	1:30	4 3/4	"	1/4	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Will try different area.
Soil Type (SCS): Wilmore Silty Clay & Loam
Date: April 3, 1989

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hoag
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:

Location: Township 9N ; Range 6E ; Section & ¼ Section 16 NW .
Property Dimensions: 350 ft. x 400 ft. Area: 3¼ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4/8 to 4/9 . Weather: Precip. _____ Temp. 40° .

OWNER: _____

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"	4/8	12:30	4/9		4/9	2:30	5"	3:00	4½	30	½	60/1
2	30"	4/8	12:30	4/9		4/9	2:30	5"	3:00	4½	30	½	60/1
3	30"	4/8	"	4/9		"	2:30	5"	3:00	4⅜	30	⅝	60/1¼
4	30"	4/8	"	"		"	2:30	5"	3:00	4½	30	½	60/1
5	30"	4/8	"	"		"	"	5"	3:00	4¾	30	¼	60/½
6	30"	4/8	"	"		"	"	5"	3:00	4½	30	½	60/1

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

Terry A Kuzy
Signature of Person Conducting Test

Address 3704 NW FAIRWOOD Phone 474-1494

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

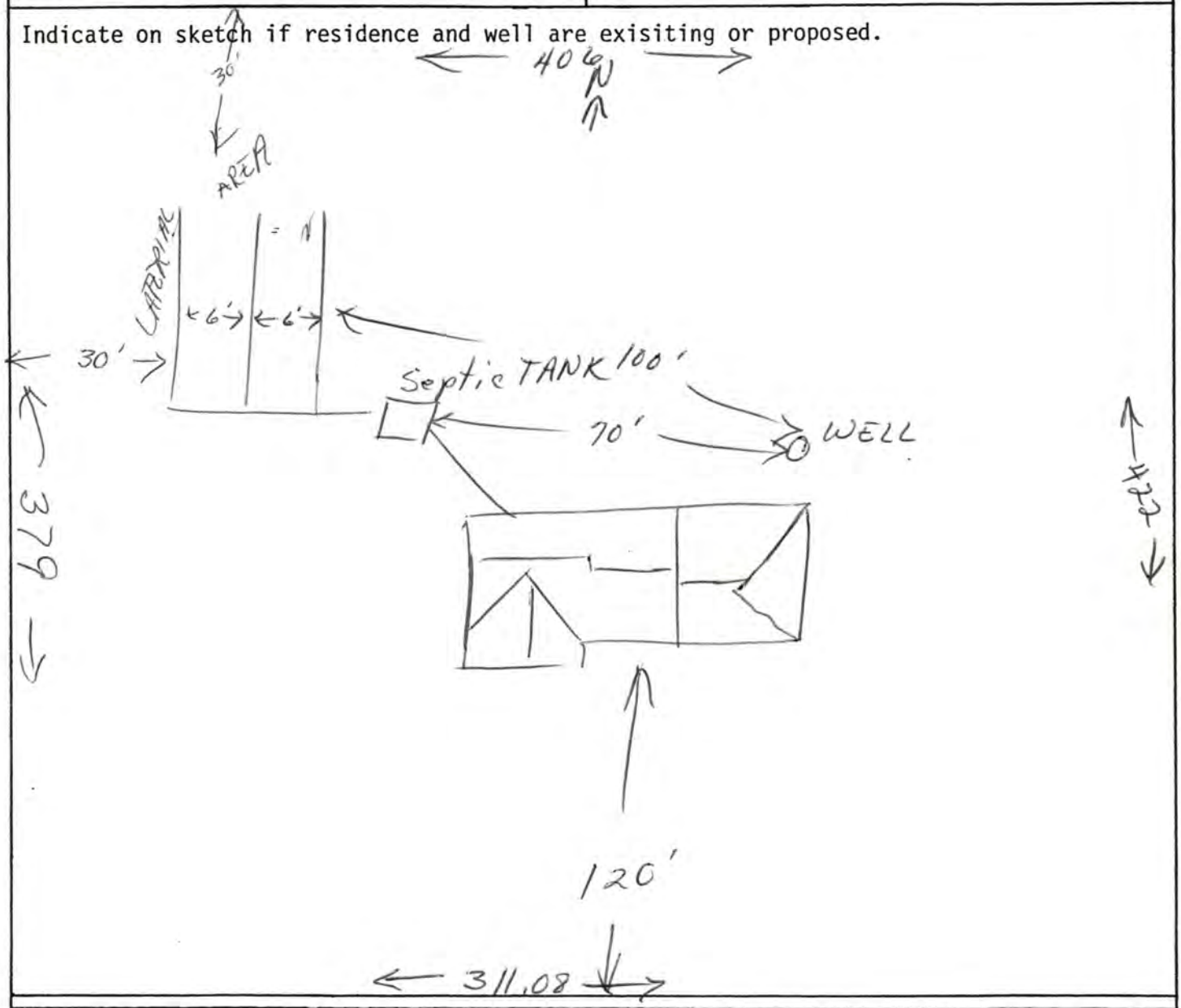
Date: APRIL 10, 1989

Approved Percolation Rate (a)
A. 74 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:_____

Minimum Design Requirement

1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____

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: 471-7800

D

DATE: _____

FILE NO. _____

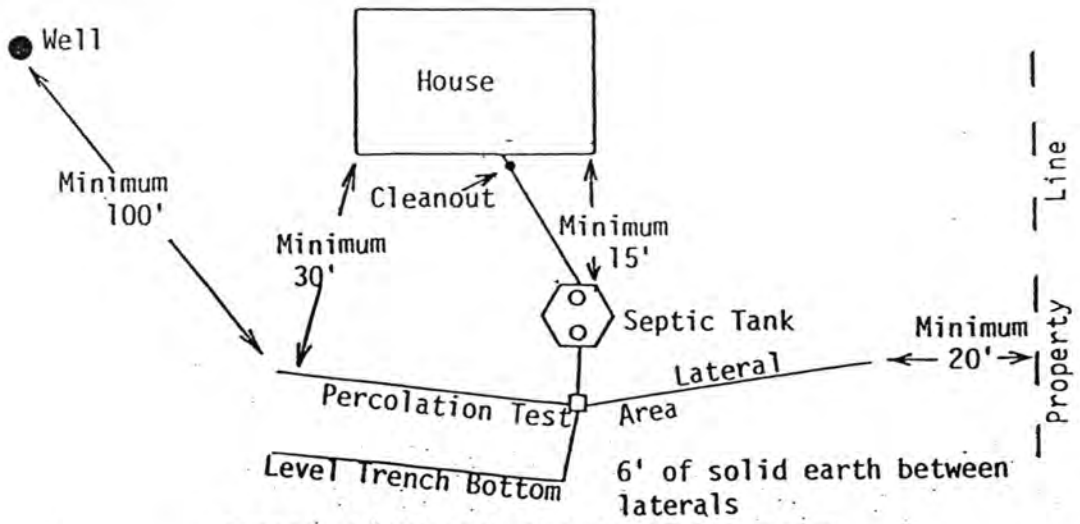
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 ; Diameter 4 in.
2. Distance above basement floor 5 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 78 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

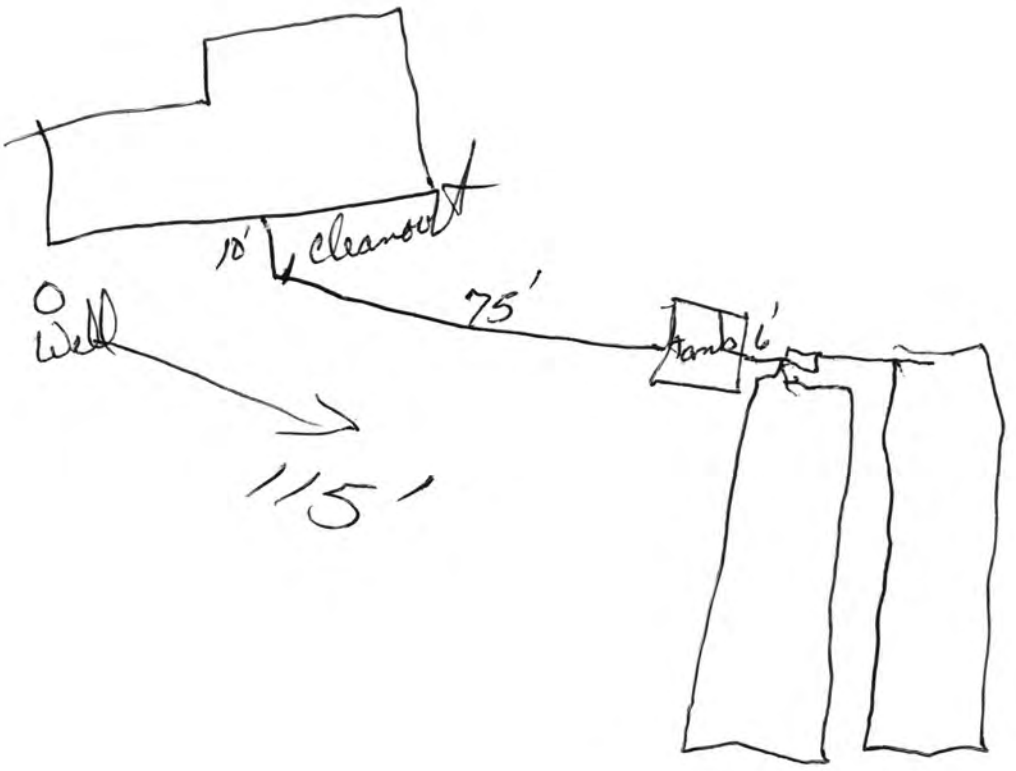
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 108 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 6 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 in .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , ____ , ____ , ____ , ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 8 ft.;
Slope 3 in/100 ft.; Average Depth 38 in.
4. Filter Material: gravel
Depth of Material 6" in.
5. Distances to:
Well or Suction Line 115 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


15'
cleanout
75'
well
tank
6'
115'


N