CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1449

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — MAY 2, 1979
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Gaylan Koch — R.R. 1A, Box 113, Dewitt, NE 68341
LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 21, Block 6, Lot 4, Addition Ridgewood
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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: $ 30.00

FILE NO. 1449

DATE: Nov 2, 1978

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 ; Section 21 ; Block 4 : Lot 4 : Addition Ridgewood
   Street Address _____

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.

EXPERIMENTAL
SEEPAGE- EVAPOTRANSPIRATION

Gaylan Koch
Signature of Applicant (Owner or Lessee)

RR1A Box 113
DeWitt Nebr 68341
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/2/78. Date Frwd. 11/2/78. ACTION: Approved ☒ Disapproved ☐ Signature: Conditional Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/2/78. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 11-3-78. Date Frwd. 11-3-78. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: May 1979 by: jw
Date: 6-18-79 by: jw
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL*
Date: 6-18-79 By: James Weverka

*Provisional Approval Only

Kidgewood

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
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B

FILE NO. 1449

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-25-78 to 10-26-78. Weather: Precip. 0 Temp. 50°.

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	32"	10/25	3 PM	10/26	3 PM	10/26	6 PM	12"	6 PM	10¼	30M	½	
2												¼	
3								12"		9¾		¾	
4								12		10		½	
5												⅛	
6												¼	
				Water Still in holes #2 #5 #6									

Robert D Johnson
Signature of Person Conducting Test

Address 2618 N 3rd Phone_____

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._____min./inch
B._____min./inch
C._____min./inch

_____
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 ☐

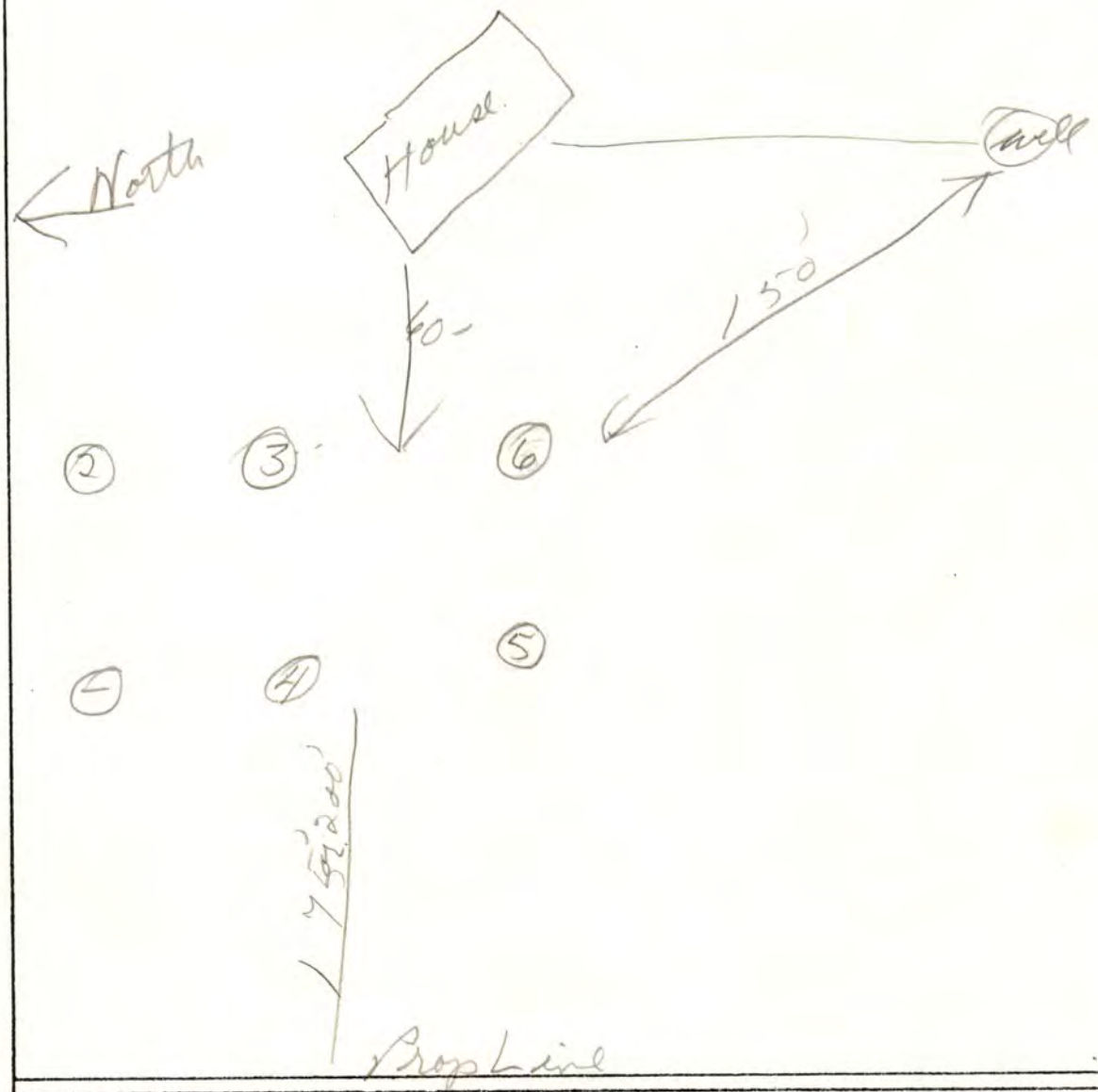
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1449

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: 474-1541

D

DATE: _____

FILE NO. _____

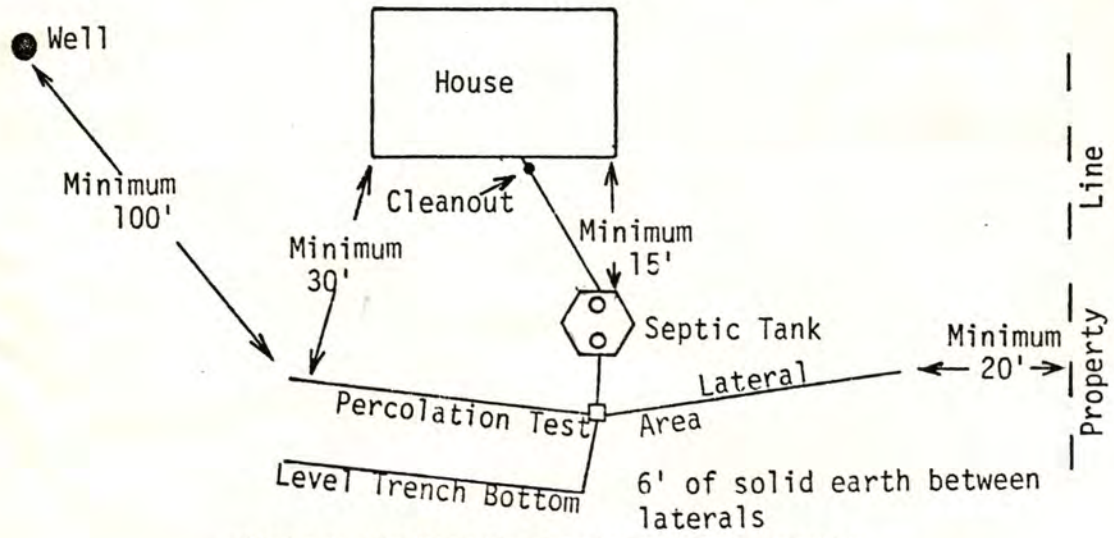
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast Iron; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 14" in.
3. Distance between dwelling and septic tank 69 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 110 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 150 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company precast Stp)
4. Manholes: Over Inlet; diam. 6x12 in.
Over Outlet; diam. 10x16 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 175' ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 143 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company precast Stp)
3. Distance from Septic Tank 12 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 4 ; Length of each line 100', 100', 100', 100', ____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 8 ft.;
Slope 2½" in/100 ft.; Average Depth 18" in.
4. Filter Material: Gravel
Depth of Material 30" in.
5. Distances to:
Well or Suction Line 112 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 186' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE June 18, 19 79 INSTALLER Gaylan Kock

