FILE # 2738

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

CHUCK STOKES — LICENSEE OR PERMITTEE

2611 SO. 40TH ST. — ADDRESS

LINCOLN, NE 68506

NAME OF ESTABLISHMENT, IF ANY

T9N; R6E of 6th PM; Sec 21; Bk 7; Lot 3; Ridgewood Addition — 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: $ 60.00

FILE NO. 2738

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. 9 N ; Range 6 E. of the 6 PM ; Section 21 ;
   Block 7 : Lot 3 : 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 ☒ EXPERIMENTAL SYSTEM

4. Distance to public sewer: 7 miles ft.

Chuck Stokes
Signature of Applicant (Owner or Lessee)

2611 South 40th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/88. Date Frwd. 9/16/88. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Nobe
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-16-88. Date Frwd. 9-16-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 9-16-88. Date Frwd. 9-16-88. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-29-88 by: mm 2nd test not done yet.
Date: 11-26-88 by: mm
Date: _____ by: _____

PROVISIONAL
INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 11-30-88 By: Ron Mangum

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 9N ; Range 6E of the 6th P.M. ; Section & ¼ Section 21 .
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: July 7 to 11th . Weather: Precip. 0 Temp. 96°.

OWNER: _____

Address: 2611 South 40th

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	3ft	7-7	10:00	7-8	10:00	7-8	10:15	6"	10:45	6"	30	0	30/0
2	"	"	10:00	7-8	10:00	"	10:15	6"	10:45	5 7/8	30	1/8	30/1/8
3	"	"	10:00	7-8	10:00	"	"	6"	"	6"	30	0	30/0
4	"	"	10:00	7-8	10:00	"	"	6"	"	5 7/8	30	1/8	30/1/8
5	"	"	10:00	7-8	10:00	"	"	6"	"	6"	30	0	30/0
6	"	"	10:00	7-8	10:00	"	"	6"	"	6"	30	0	30/0
7	"	"	10:00	7-8	10:00	"	"	6"	"	6"	30	0	30/0
8	"	"	10:00	7-8	10:00	"	"	6"	"	5 7/8	30	1/8	30/1/8

Sum of Percolation Rates: _____
Average of Rates: Less than 1/8
Mean of Rates: _____

Chuck Stokes
Signature of Person Conducting Test

Address 1606 So 3rd. Phone 476-2846

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional system
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 ☐

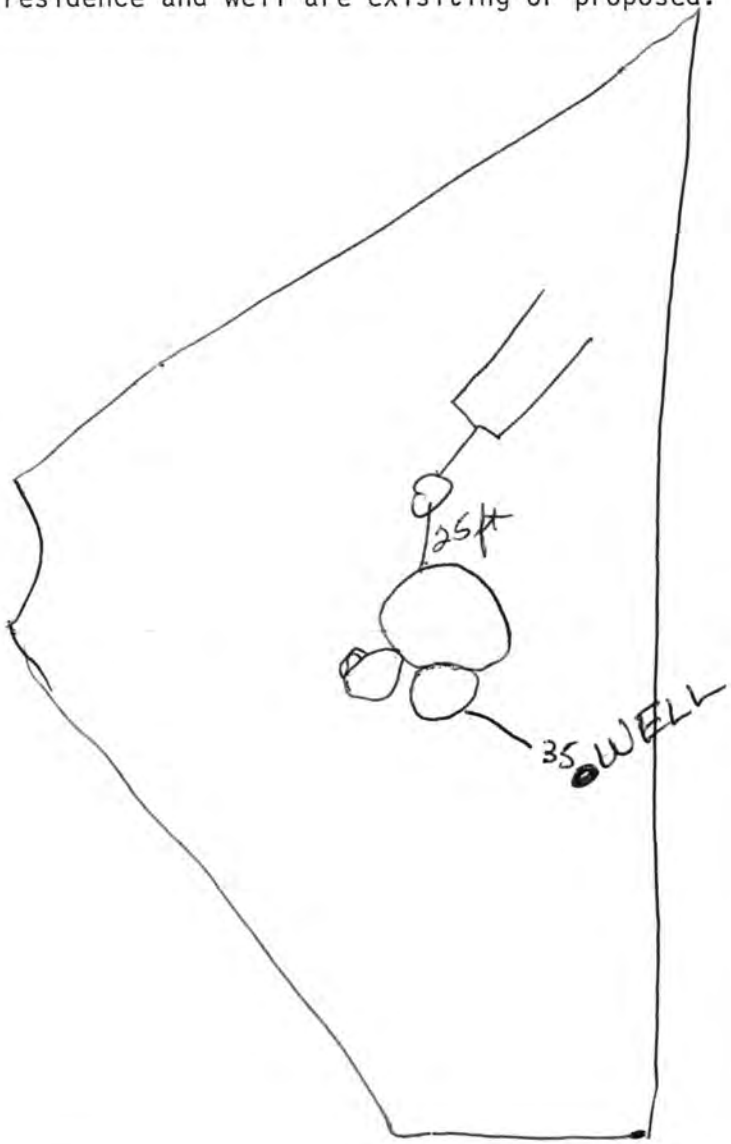
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: 11-24-88 Stokes Ridgewood Est.

FILE NO. _____

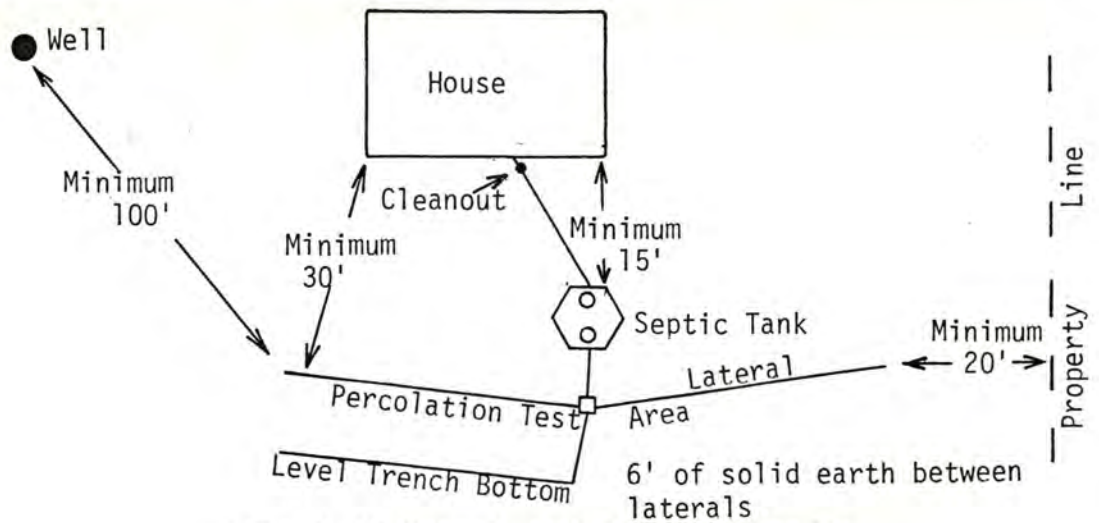
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC Sch 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 97 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line over 80 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

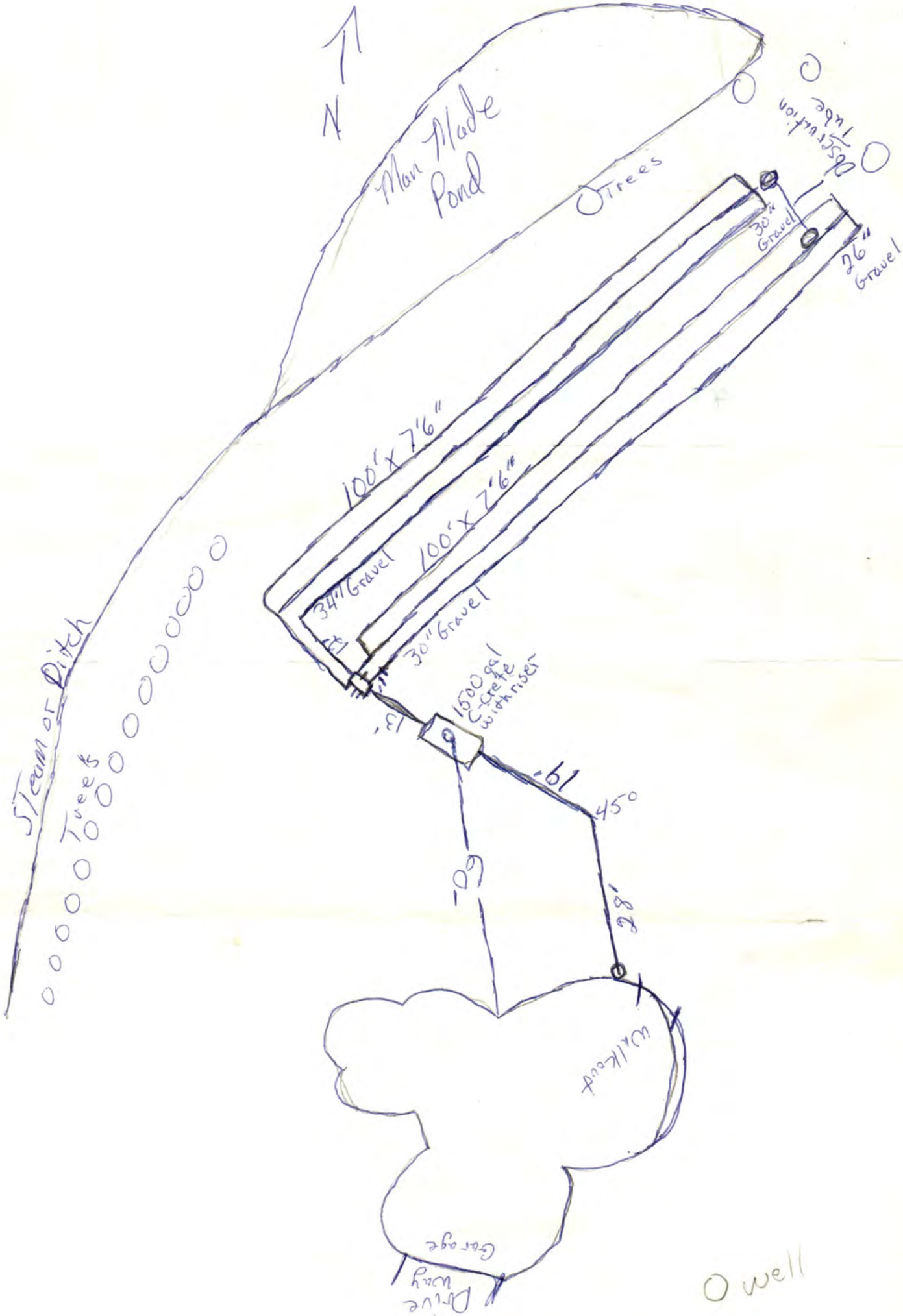
B. SEPTIC TANK:
1. Material C-Crete; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step Co.)
4. Manholes: Over Inlet; diam. X in.
Over Outlet; diam. X in.
Riser Above ☒ Below ☐ Grade 0 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12"-24" in. Slope
8. Distances to:
Well or Suction Line over 100 ft.; Stream 50 ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 13' 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, _____, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 7'6" ft.;
Slope 1" in/100 ft.; Average Depth 34" in.
4. Filter Material: Gravel
Depth of Material 30" in.
5. Distances to:
Well or Suction Line over 100 ft.; Stream 30 ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Man Made Pond
Trees
Distribution Tube
30" Gravel
26" Gravel
100' x 7'6"
100' x 7'6"
34" Gravel
30" Gravel
1500 gal Concrete with risers
13'
19'
45°
60'
28'
Walkout
Garage
Drive Way
Stream or Ditch
Trees
well