FILE #2112

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JANUARY 23, 1985 — THIS LICENSE OR PERMIT EXPIRES

CAROLYN KASTENS — LICENSEE OR PERMITTEE

GARTNER CONSTRUCTION — NAME OF ESTABLISHMENT, IF ANY

UNADILLA, NE 68454 — ADDRESS

T9N; R7E; Sec 12; Lot 14; Addition: I.T. NW¼; 98th & Pioneers — 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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 2112

DATE: 7-20-84

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 9E ; Section 12 ;
   Block [redacted] : Lot 14 : Addition Irregular tracts NW1/4
   Street Address 98th & Pioneer

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 3 Bedrooms main floor
   1 future Bedroom Basement

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

4. Distance to public sewer: _____ ft.

Gartner Constr Co
Cement Masters Serv Corp.
Signature of Applicant (Owner or Lessee)

Venedia Nebr. 68454
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/23/84. Date Frwd. 7/30/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/30/84. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Walt Williamson

3. City or County Engineer: Date Rec'd. 7-30-84. Date Frwd. 7-30-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/11/84 by: J.C.H. pipe, tank and about halfway to distribution box.
Date: 9/12/84 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/6/84 By: J.C. Nood

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

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
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Phone: 471-7800

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PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 12.
Property Dimensions: 1000 ft. x 1000 ft. Area: 25 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-14-84 to 7-15-84 . Weather: Precip. 0 Temp. 75°.

OWNER: Stephen Swanson

Address: So. 98th + Pioneers

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	36"	7-14	9:30 Am	7-15	8:30 Am	7-15	8:30 Am	6"	12:30 P.m	5"	30m	1"	
2	"	"	"	"	"	"	"	6"	"	4½"	30m	1½"	
3	"	"	"	"	"	"	"	6"	"	4½"	30m	1½"	
4	"	"	"	"	"	"	"	6"	"	5⅞"	30m	⅛"	
5	"	"	"	"	"	"	"	6"	"	5⅞"	30m	⅛"	
6	"	"	"	"	"	"	"	6"	"	5½"	30m	½"	

Mike Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Would stay in area of holes #1, 2, 3
Soil Type (SCS): Shelby Silty Clay Loam
Date: July 23, 1984 # Morrill Clay loam in area

Approved Percolation Rate (a)
A. 40 min./inch
B. min./inch
C. min./inch

Gerald C. Hoak
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 ☐

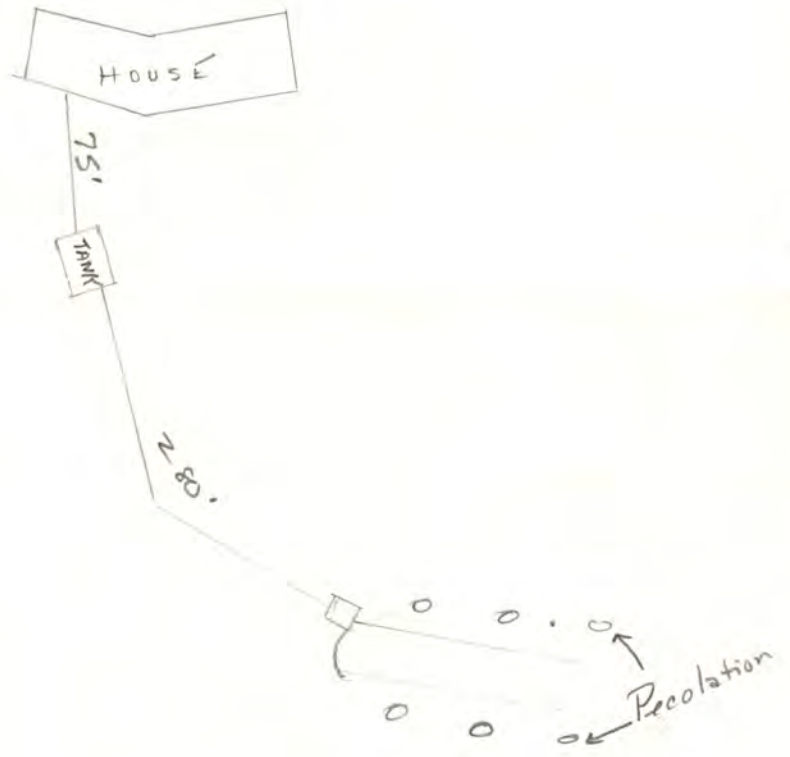
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



No well - Rural Water

Pioneer

REVIEWING ACTION

Remarks: _____

Date: July 23, 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 862 sq.ft.

Gerrold 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
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D

DATE: 9-21-84

FILE NO. _____

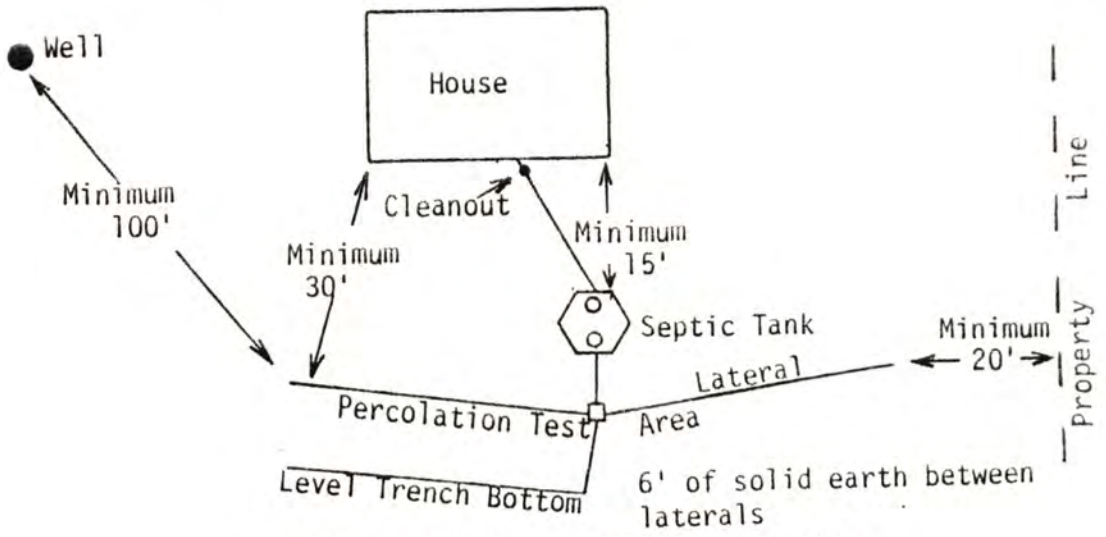
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast iron; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 34 in.
3. Distance between dwelling and septic tank 108 ft.
4. Number of clean-outs 4.
5. Distances to: rural water Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company Pre Cast Co)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☑ Grade 6 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 30 in.
8. Distances to: NA Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____
2. Factory Built: Yes ☑ No ☐ (Company Precast)
3. Distance from Septic Tank 206 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐ Diameter of Half Round 24" or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____.
2. Lateral Lines: Number 3; Length of each line 100', 64', 60', ____, ____ ft.; Total length of laterals 224 ft.; Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 4-6 in/100 ft.; Average Depth 42 in.
4. Filter Material: sand Depth of Material 30 in.
5. Distances to: NA Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9-21-84 INSTALLER Gartner Const. Co.

