FILE # 2010

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JANUARY 11, 1984 — THIS LICENSE OR PERMIT EXPIRES

K. M. PETERSEN — LICENSEE OR PERMITTEE

4029 SO. 48 STREET — ADDRESS

LINCOLN, NE 68506

T9N; R7E; Sec. 20; [redacted]; Lot 2; Add. Country Acres — 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

[illegible] 1-83 [illegible]

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. 2010

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 7E ; Section 29 ;
   Block [redacted] : Lot 2 : Addition Country Acres 1st Add
   Street Address 4900 Trotten Circle
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☐
4. Distance to public sewer: _____ ft.

K. M. Petersen
KEN PETERSEN, BUILDER
Signature of Applicant (Owner or Lessee)

4029 So 48th St. Lincoln 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/11/83. Date Frwd. 7/11/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoag
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City ~~or County~~ : Engineer Date Rec'd. 7-11-83. Date Frwd. 7-11-83. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER AVAILABLE

Site Visits:
Date: 10-5-83 by: _____
Date: 10-6-83 by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-6-83 By: _____

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. _____

PROPERTY WHERE SOIL TESTED: [redacted] Lot 2 Country Acres 1st add

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: 7-9 to 7-10. Weather: Precip. — Temp. 95°.

OWNER: Ken Petersen, Builder

Address: 4029 So 48th Lincoln 68506

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"	7-9	7 PM	7-10	6 PM	7-10	8:30 AM	6"	9:00 AM	7"	30	1	
2								11 7/8		13"		1 1/8	
3								16 1/4		17 1/8		7/8	
4								9 7/8		10 1/2		5/8	
5								8 1/2		9 1/4		3/4	
6								7 1/2		7 3/4		1/4	
								8		8 1/2		1/2	

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

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Phone 423-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: Sawyer Clay Loam Close
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: July 11, 1983

Approved Percolation Rate (a)
A. 34 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 ☐

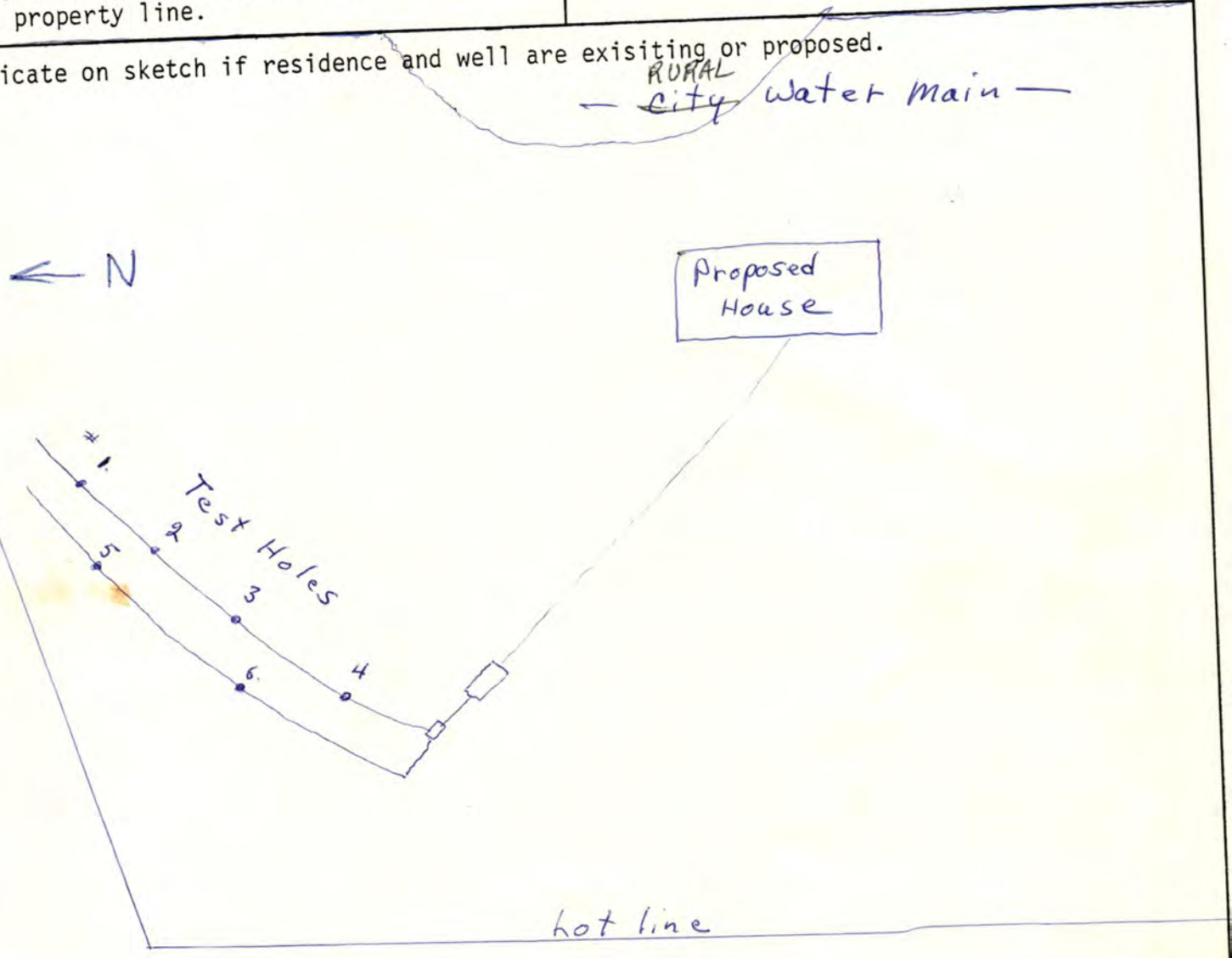
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: July 11, 1983

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1064 sq.ft.

Jerrold C. Hoak
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
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D

DATE: _____

FILE NO. _____

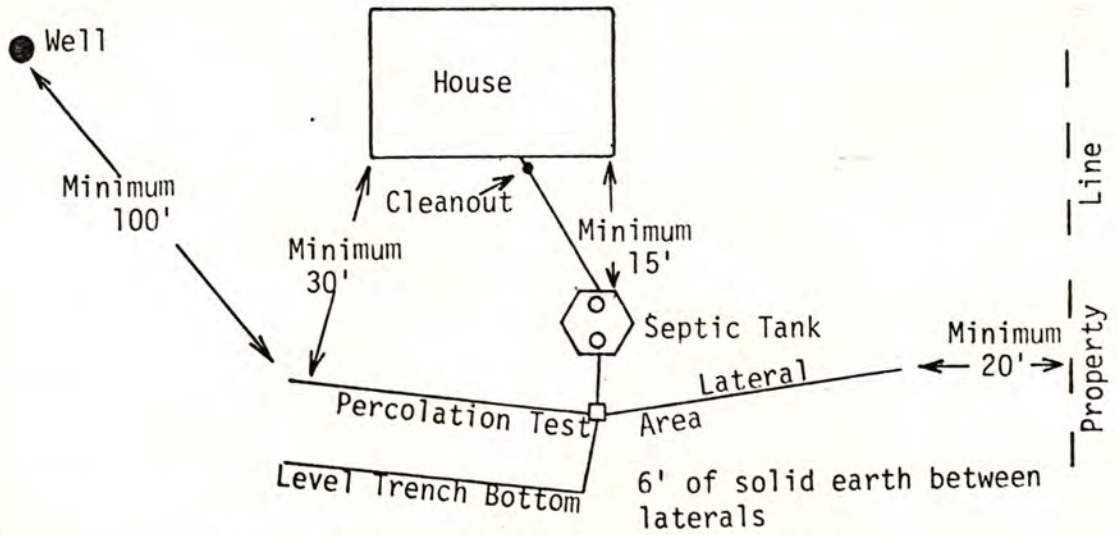
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 66 ft.
4. Number of clean-outs _____.
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 1500 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 10 in.
8. Distances to:
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 10 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 , 55 , _____ ft.;
Total length of laterals 355 ft.;
Distance between lateral lines 16 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line — ft.;
Stream _____ ft.; Pressure Line 40± ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 10-5-83 INSTALLER Larry Schwarck

