LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 94380115701

SEWAGE INSTALLATION

Issued 04/19/94
Expires 09/14/94
Revenue Code 18754

Establishment

DAVE SCHMIDT
T9N R7E SEC 22
DUNROVIN 3RD ADD. BLK 1 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee

DAVE SCHMIDT
8120 DUNROVIN RD
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: $_____

FILE NO._____

84th & Yankee Hill Area

DATE: 4/15/94

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 22 ;
   Block 1 : Lot 1 : Addition DUNROVIN 3RD ADDATION
   Street Address 8120 Dunrovin
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.

Dave Schmidt
Signature of Applicant (Owner or Lessee)

8120 Dunrovin
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/18/94. Date Frwd. 4/19/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/19/94. Date Frwd. 4/19/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 4-19-94. Date Frwd. 4-19-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/9/94 by: J.C.H. Partial sewer & land
Date: 10/5/94 by: J.C.H.
Date: / / by:

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/4/94 By: Jerrold C. Hood

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

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: _____ to _____. Weather: Precip. _____ Temp. _____.

84th & Yankee Hill Area

OWNER: Dave Schmidt

Address: 8120 Dunrovin

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	24"	4/11/94	10:00	4/12	12:30	4/12	1:00	6"	1:30		30	1"	
2	"	"	"	"	"	"	"	"	"		"	1 1/4	
3	"	"	"	"	"	"	"	"	"		"	1"	
4	"	"	"	"	"	"	"	"	"		"	3/4	
5	"	"	"	"	"	"	"	"	"		"	1 1/2	
6	"	"	"	"	"	"	"	"	"		"	1 1/2	

John Steinmeyer
Signature of Person Conducting Test

Address 9811 N.W. 40th Phone 437-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Marsberg Clay Loam Close
Soil Type (SCS): Steinauer Loam
Date: April 18, 1994

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Head
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
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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: April 18, 1994

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 689 sq.ft.

Jerrold 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 10/3/94

FILE NO. _____

Dave Schmidt 8801 Dunrovin

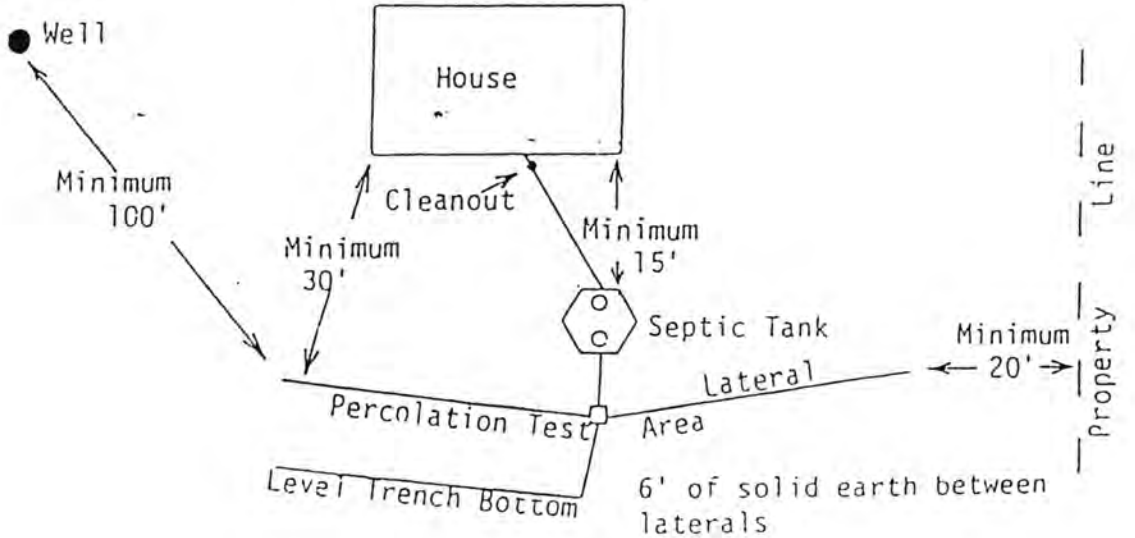
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 4 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line Rural wt ft.; Stream 100' + ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity _____ gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast step)
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 12 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round 15 or Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 48 ft.;
Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

[redacted]
8120 Dunrovin Rd. (SEPTIC)
T9N; R7E; Sec 22; Blk 1; Lot 1
DUNROVIN ACRES 3rd ADDITION

