FILE # 2706

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

CITY OF LINCOLN, PARKS & RECREATION 2740 "A" ST. LINCOLN, NE 68502
LICENSEE OR PERMITTEE — ADDRESS

PIONEERS GOLF COURSE T9N; 6E; Sec 5; Lot 12
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ NO FEE	018754	$ NO FEE

Valid Receipt Only if Machine Receipted In This Space

Serial No.	Date and Amount
	3/2/78 NO fee

APPLICATION

HEALTH
ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

Pioneers Golf

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: $ No Fee

FILE NO. 2706

DATE: July 29, 1988

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 6E ; Section 5 ; Block — : Lot 12 : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Golf Course Rebuilding Absobtion Field

3. Type of Individual Sewage Disposal System: Septic Tank ☒ (Existing) ; Other ☐

4. Distance to public sewer: _____ ft.

for Parks & Rec. Parks Mncmnik
Signature of Applicant (Owner or Lessee)

2740 A Str.
Address Lincoln, NE. 68502

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/1/88. Date Frwd. 8/2/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/2/88. Date Frwd. 8/2/88. ACTION: Approved ☒ Disapproved ☐ Signature: Walt Stuhr

3. City or County Engineer: Date Rec'd. 8-2-88. Date Frwd. 8-2-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dean Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-14-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-14-88 By: Ron Magnuson

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 ; Section & ¼ Section 5 NW¼
Property Dimensions: 2533 ft. x 1794 ft. Area: 104 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 25, 1988 to July 26, 1988. Weather: Precip. N/A Temp. 89° ±

OWNER: City of Lincoln, Parks & Rec.

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	34	7/25	11:15	7/26	10:30	7/26	1:22 ~~10:30~~	21⅜	1:53	22¼	32	⅞	36.57
2	38	"	"	"	"	"	1:22	23	1:53	24⅜	31	1⅜	22.55
3	39	"	"	"	"	"	1:23	25	1:54	26½	31	1½	24.80
4	36	"	"	"	"	"	1:23	24⅝	1:54	25¼	31	⅝	49.60
5	35	"	"	"	"	"	1:24	26½	1:55	27⅝	31	1⅛	27.56
6	37	"	"	"	"	"	1:25	27¼	1:55	29¾	30	2½	12.00
7	38	"	"	"	"	"	1:25	27	1:59	28½	34	1½	22.67
8	35	"	"	"	"	"	1:26	25	1:59	25¾	33	¾	44.00
9	36	"	"	"	"	"	1:27	25⅝	1:59	27	32	1⅜	23.27
10	35	"	"	"	"	"	1:27	25⅜	2:00	26½	33	1⅛	29.33

Sum of Percolation Rates: ~~292.38~~
Average of Rates: ~~24.36~~
Mean of Rates: 36.00 see other sheet

Sheet 1 of 2

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Thorpsburg Silty Clay Loam
Date: AUGUST 1, 1988

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

Gerrold C. Hood
Signature of Reviewing Official

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_____; 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._____.

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	39	7/25	11:15	7/26	10:30	7/26	1:28	20 7/8	~~1:26~~ 2:00	23 5/8	32	2 3/4	11.36
12	38	"	"	"	"	"	~~2:00~~ 1:29	22 7/8	2:01	24 1/2	32	1 5/8	19.69

Sheet 2 of 2

Pat Lucenik
Signature of Person Conducting Test

Sum of Percolation Rates: 323.4
Average of Rates: 26.95
Mean of Rates: 30.48

Address 2740 A St. Phone 471-7847
(Parks & Rec. offic (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 ☐

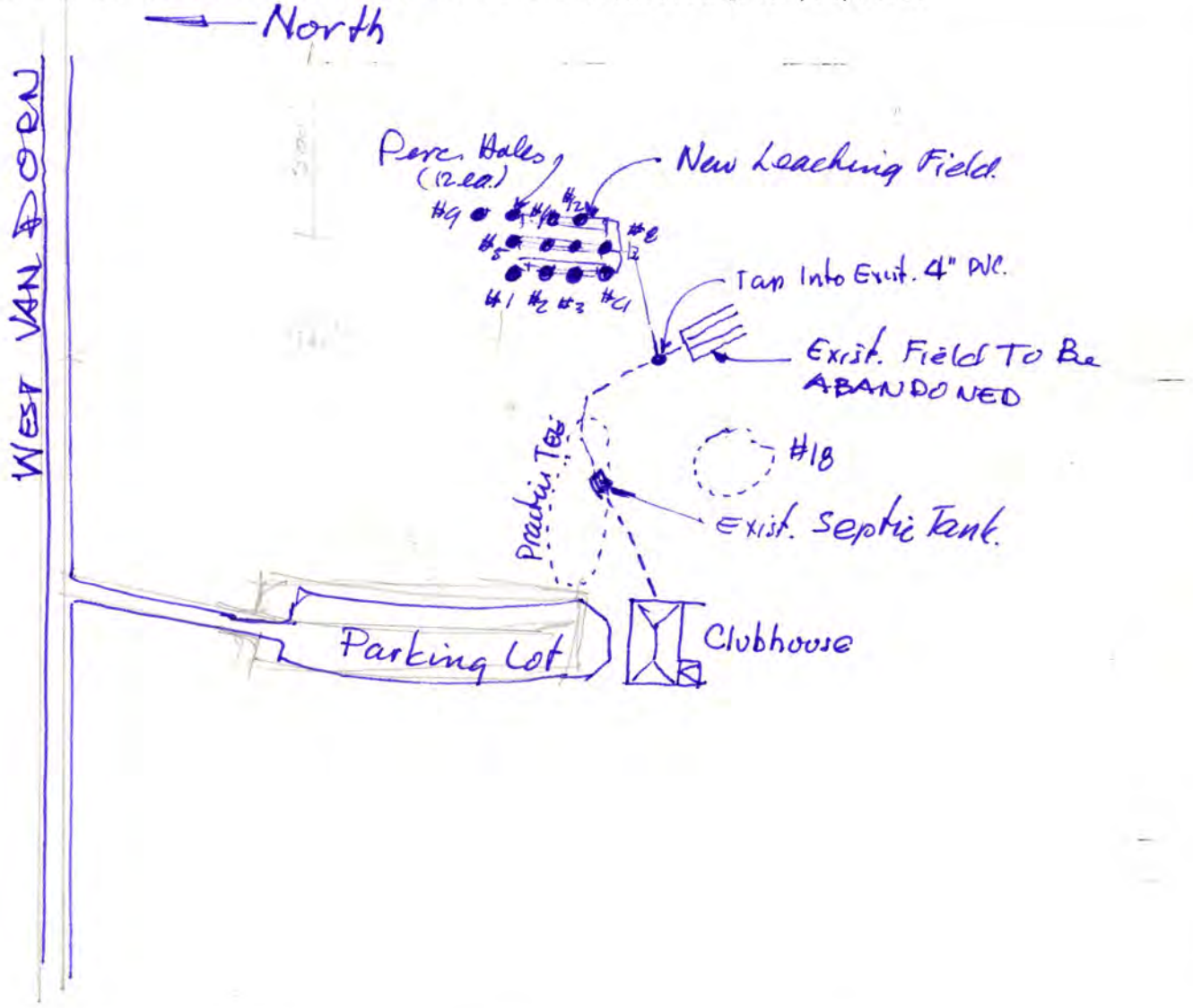
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: July 28, 1988

FILE NO. _____

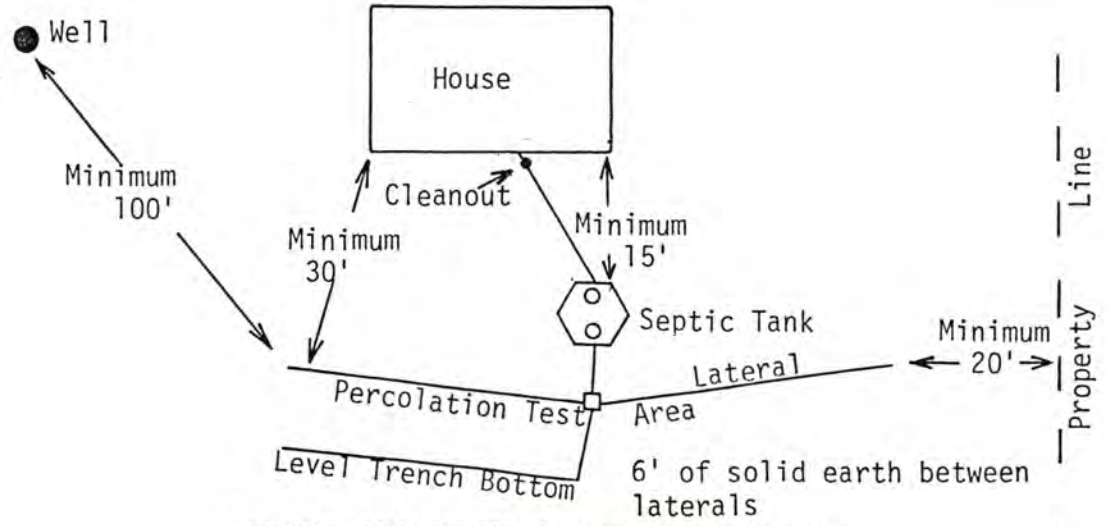
SPECIFICATIONS AS BUILT (Installation of new Absorbtion FIELD

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

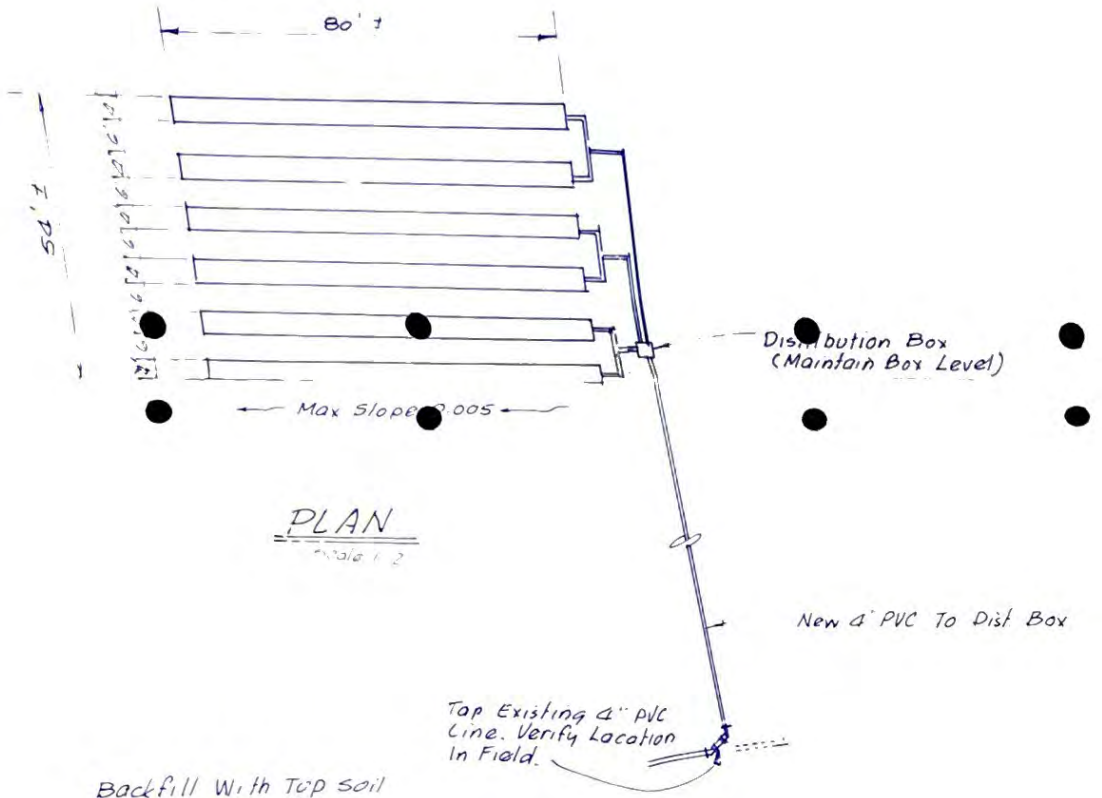
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7.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

C. DISTRIBUTION BOX:
1. Material Cone ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 330 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 6 ; Length of each line 80, _____, _____, _____, _____ ft.;
Total length of laterals 480 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 6" in/100 ft.; Average Depth 36" in.
4. Filter Material: gravel
Depth of Material 22" ± 1 in.
5. Distances to:
Well or Suction Line N/A ft.;
Stream N/A ft.; Pressure Line 150 ft.; Property Line 500 ft.

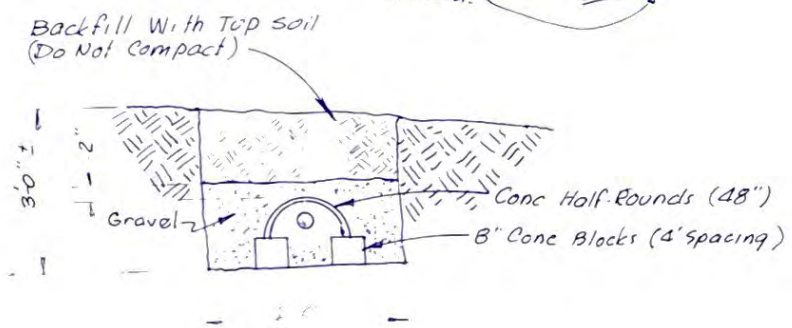


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



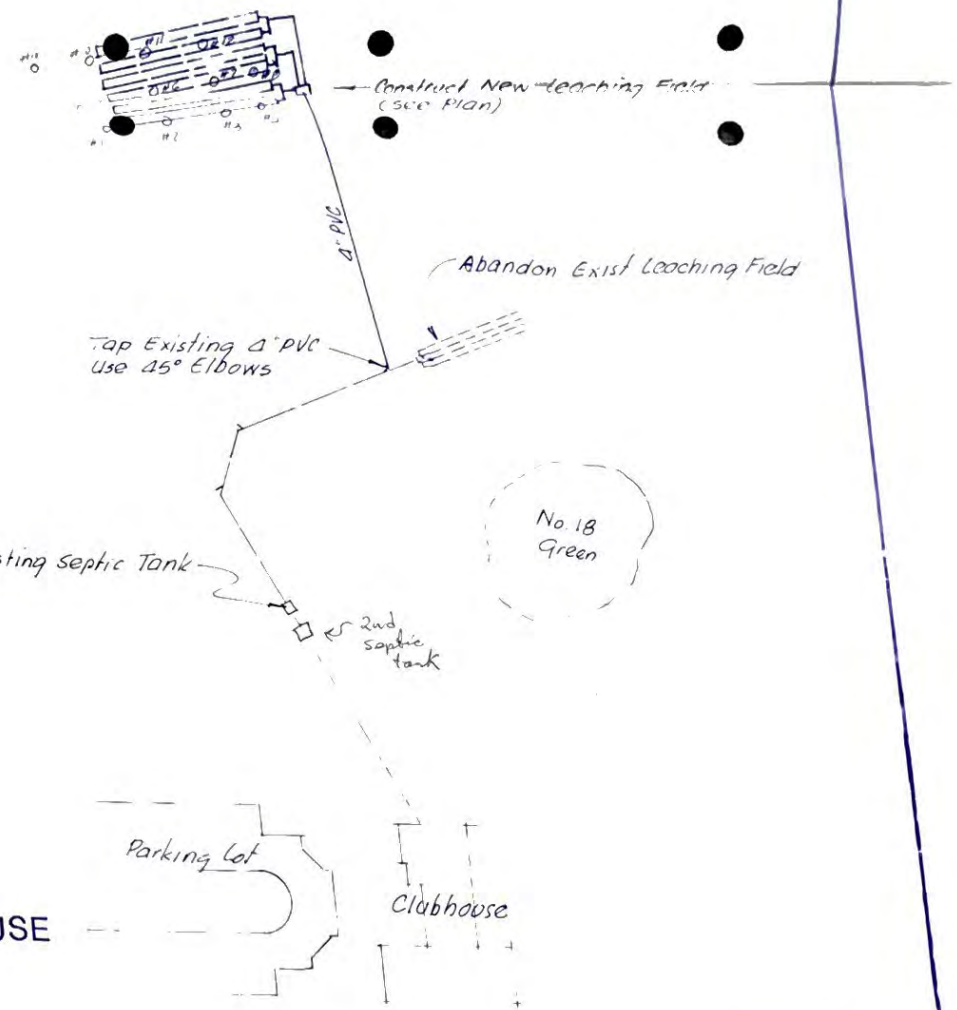
PLAN

Scale 1:2



TYPICAL SECTION

Not to Scale



PIONEERS GOLF CLUBHOUSE

NEW LEACHING FIELD

July 1988

P-7-118