FILE NO. 1633

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM PERMIT — TYPE OF LICENSE OR PERMIT

JULY 10, 1980 — THIS LICENSE OR PERMIT EXPIRES

HOWARD CATHER — LICENSEE OR PERMITTEE

ROUTE 8 LINCOLN NE 68506 — ADDRESS

T9N, R7E, Section 24 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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. 1633

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. SEE ATTACHED 9N ; Range 7E ; Section 24 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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.

Howard Cather
Signature of Applicant (Owner or Lessee)

Rt. #8 Lincoln, Nebraska
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/10/80. Date Frwd. 1/10/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1-10-80. Date Frwd. _____. ACTION: Approved ☑ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 1-10-80. Date Frwd. 1-10-80. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis O'Bartel

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/14/80 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

* Covered without inspection

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: 474-1541

B

10700 Yankee Hill FILE NO. 1633

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	30"	11/27	10:00	11/28	10:00	11/28	11:30	6	12:00	4½	30	1½"	
2	"	"	"	"	"	"	"	"	"	5	"	1"	
3	"	"	"	"	"	"	"	"	"	5½	"	½	
4	"	"	"	"	"	"	"	"	"	5	"	1"	
5	"	"	"	"	"	"	"	"	"	4¾	"	¼"	
6	"	"	"	"	"	"	"	"	"	4	"	2"	

John L Struhmyer
Signature of Person Conducting Test

Address_____ Phone_____

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

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Wymore with alluvium fill
Date: January 10, 1980

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

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: 474-1541

D

DATE: _____

FILE NO. _____

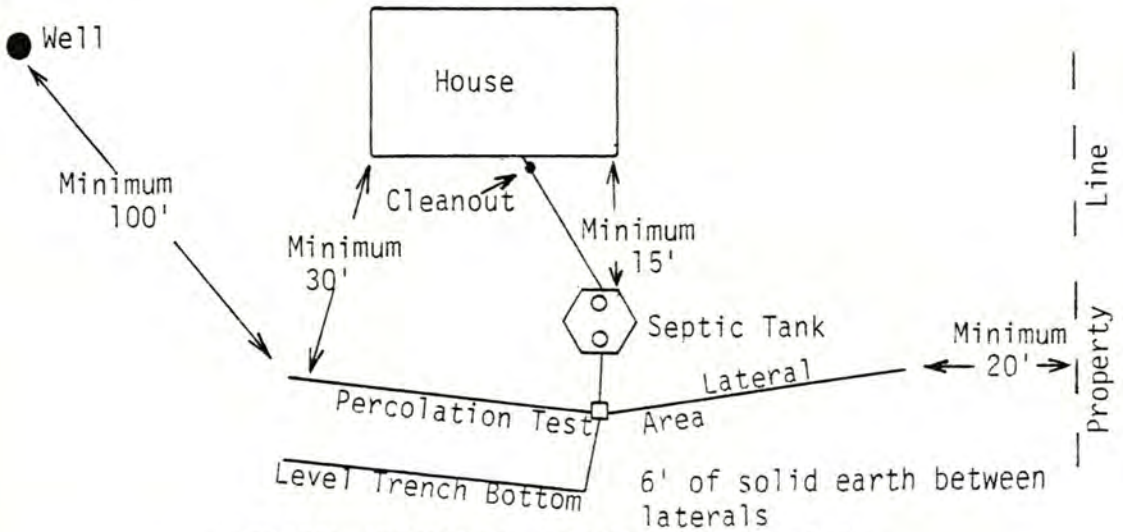
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18" in.
3. Distance between dwelling and septic tank 80' ft.
4. Number of clean-outs 2 .
5. Distances to: Well or Suction Line 200' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 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 2' in.
8. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line 300' ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐ (Company _____)
3. Distance from Septic Tank 15' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐ Diameter of Half Round 16" or Perforated Pipe _____. Material: fiberglass ☑ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 122', 80', _____, _____, _____ ft.; Total length of laterals 202' ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4' ft.; Slope 1" in/100 ft.; Average Depth 28" in.
4. Filter Material: Gravel , Depth of Material _____ in.
5. Distances to: Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

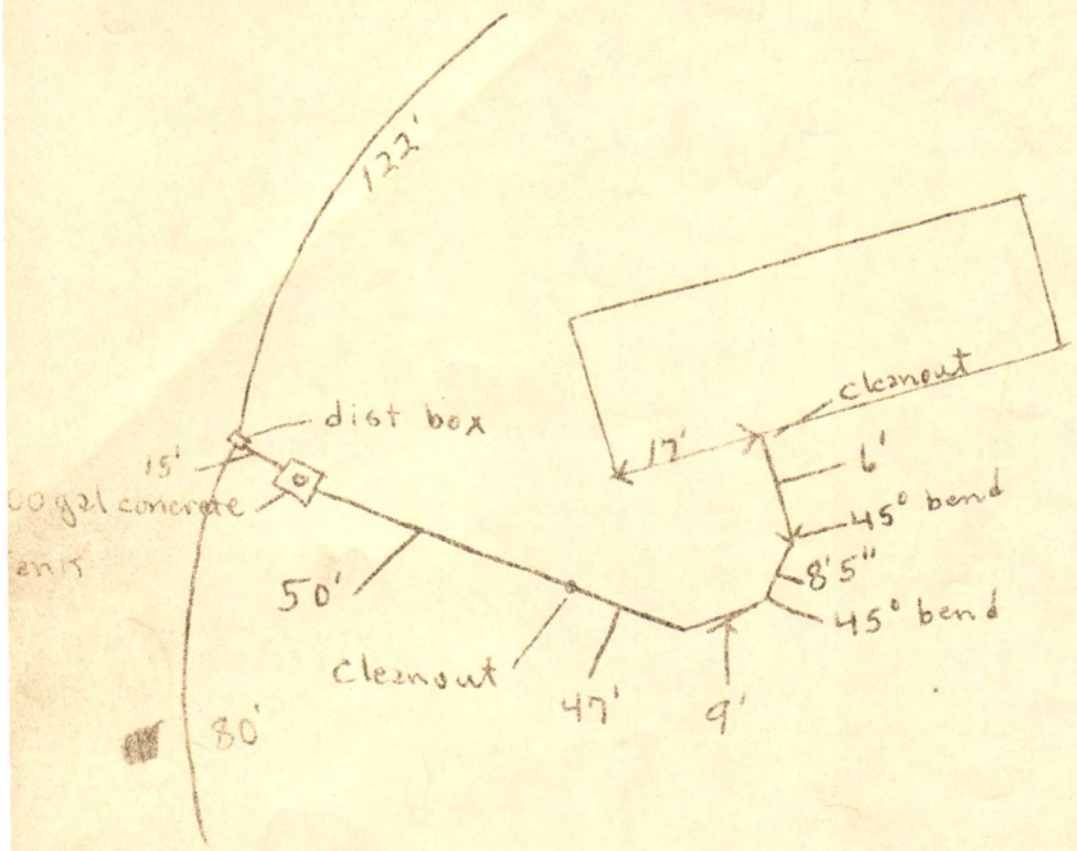


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10700 Yankee Hill Road

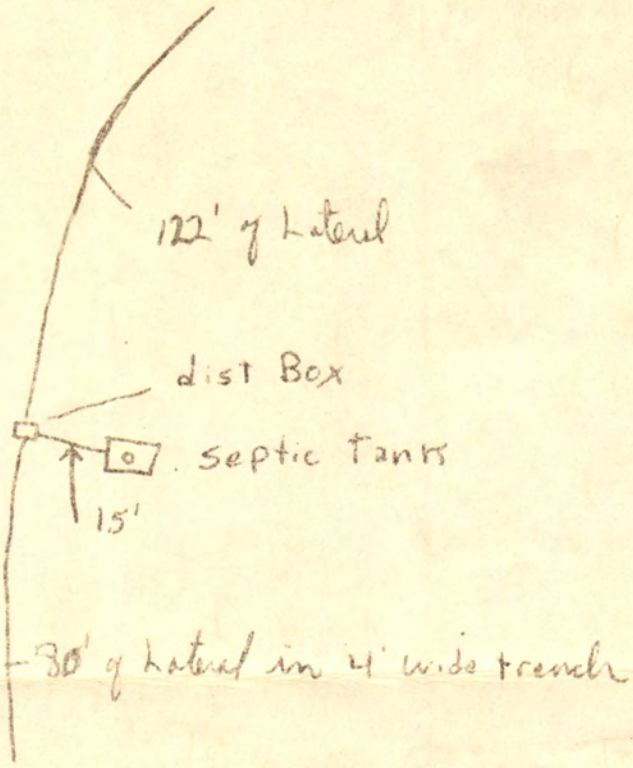
AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Strohmayer



Driveway

4'6" deep at house



11-4-79

N

APPROVED NOV 19 1991

CC3

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 11-18-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N RANGE 7E SECTION 24 ; BLOCK ___

LOT ___; ADDITION S½, NW¼, E½, W½ of SE¼; Street Address 10700 Yankee Hill Road

Directions to Property Call owner: 489-6168 Mrs. Cather for directions and locations.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Howard J. + Winifred L. Cather		489-6168
Tenant/Buyer:	(refinancing)		
Return to:	Pam Kemper/Security Federal	PO Box 80609, Lincoln 68501-0609	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Pamela S. Kemper Address Security Federal

Signature Authorization is attached.

HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 19, 1991 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT WATER PRELIMINARY STATUS--DATE 11/20/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 11/20/91 by J.C.H.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT WATER

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☒	Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.S. DATE NOVEMBER 21, 1991

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832