FILE #2550

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — FEBRUARY 25, 1988

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

LINCOLNFELDER CONST. — 1800 TRELAWNEY DR. — LINCOLN NE 68512

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec 25; 108 Yankee Hill Rd.

NAME OF ESTABLISHMENT, IF ANY — 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: 471-7800

A

FILING FEE: $ 60

FILE NO. 2550

DATE: 8-16-87

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. 9 N ; Range 7 E ; Section 25 ;
Block _____ : Lot _____ : Addition _____
Street Address 108 Yankee Hill Rd.
2 acres

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 2 . Describe _____
S 727.¼ - E 1317. W 727.14 N 1313.70.

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

4. Distance to public sewer: ~ ft.

423-5580

Signature of Applicant (Owner or Lessee)

1800 Tri Dawney Dr.
Address
Lincoln Ne 68512

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/87. Date Frwd. 8/25/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-25-87. Date Frwd. 8-25-87. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Becerra

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/5/88 by: L.C.H. Slightly outside
Date: 4-24-89 by: rm since not ☒
Date: 4-24-89 by: rm no room to work
Corrected

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-24-89 By: Ron Wagner

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

214

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
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B

FILE NO. 2550

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 25.
Property Dimensions: 727 ft. x 1317 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: 6-14 to 8-16. Weather: Precip. _____ Temp. _____.

OWNER: Livingston Home Constr Co
Address: 1800 Trojan Way Dr
Lincoln, Ne 68512

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"	8-14	4:00 PM	8-16	7:15 AM	8-16	10:45	4 1/4	11:45 8-16	5 1/4	60	1"	
2	"							4 5/8		6 5/8		1"	
3	"							7 1/2		10 1/4		2 3/4	
4	"							8 1/8		11 1/4		3 1/8	
5	"							5		5 3/4		3/4	
6	"							6		6 5/8		5/8	

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

Larry Schwarck
Signature of Person Conducting Test

Address 8200 O/d Cheney Phone 423-7294

(Do not write below this line)

REVIEWING ACTION

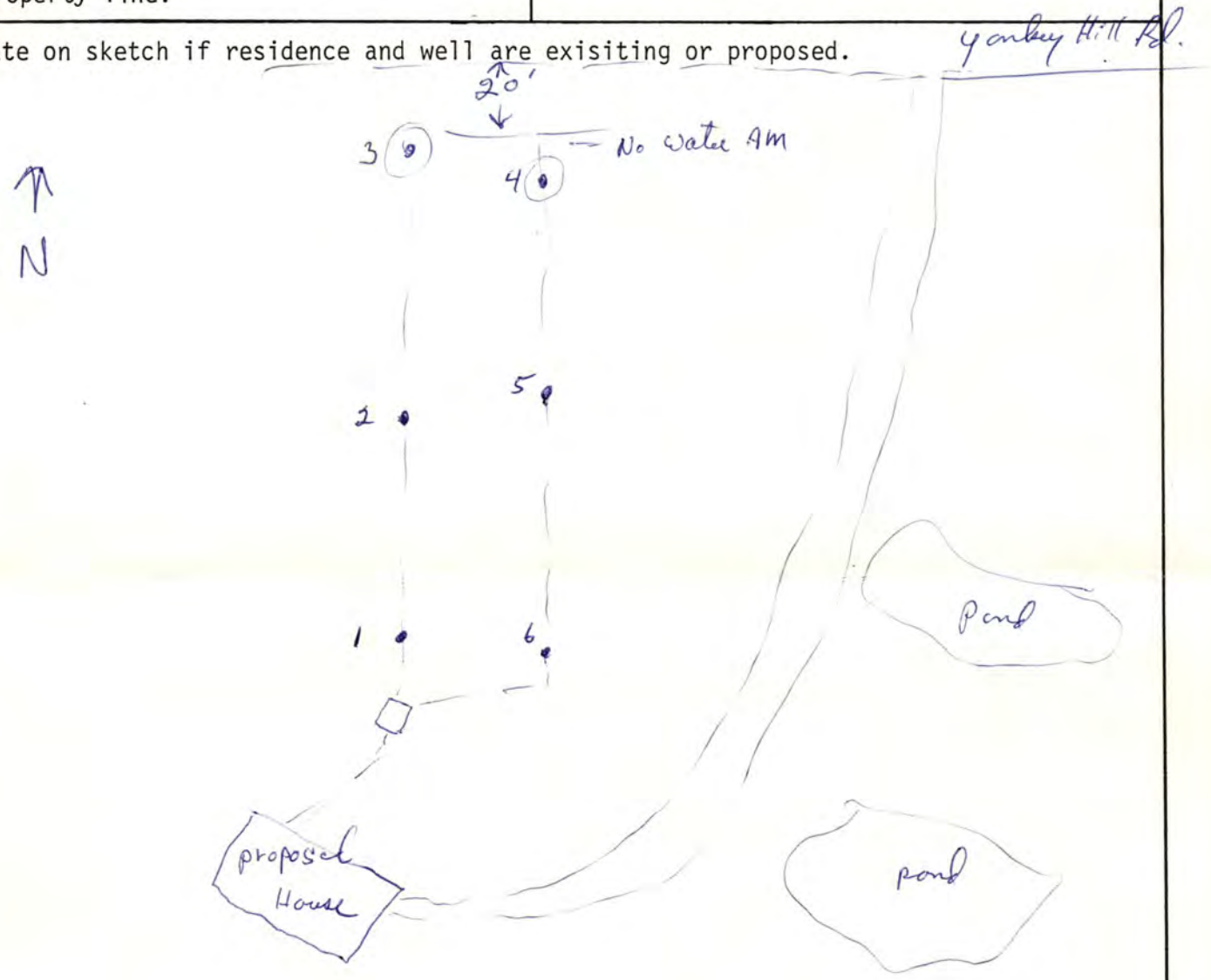
Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 38 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 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. 2550

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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 576 sq.ft.

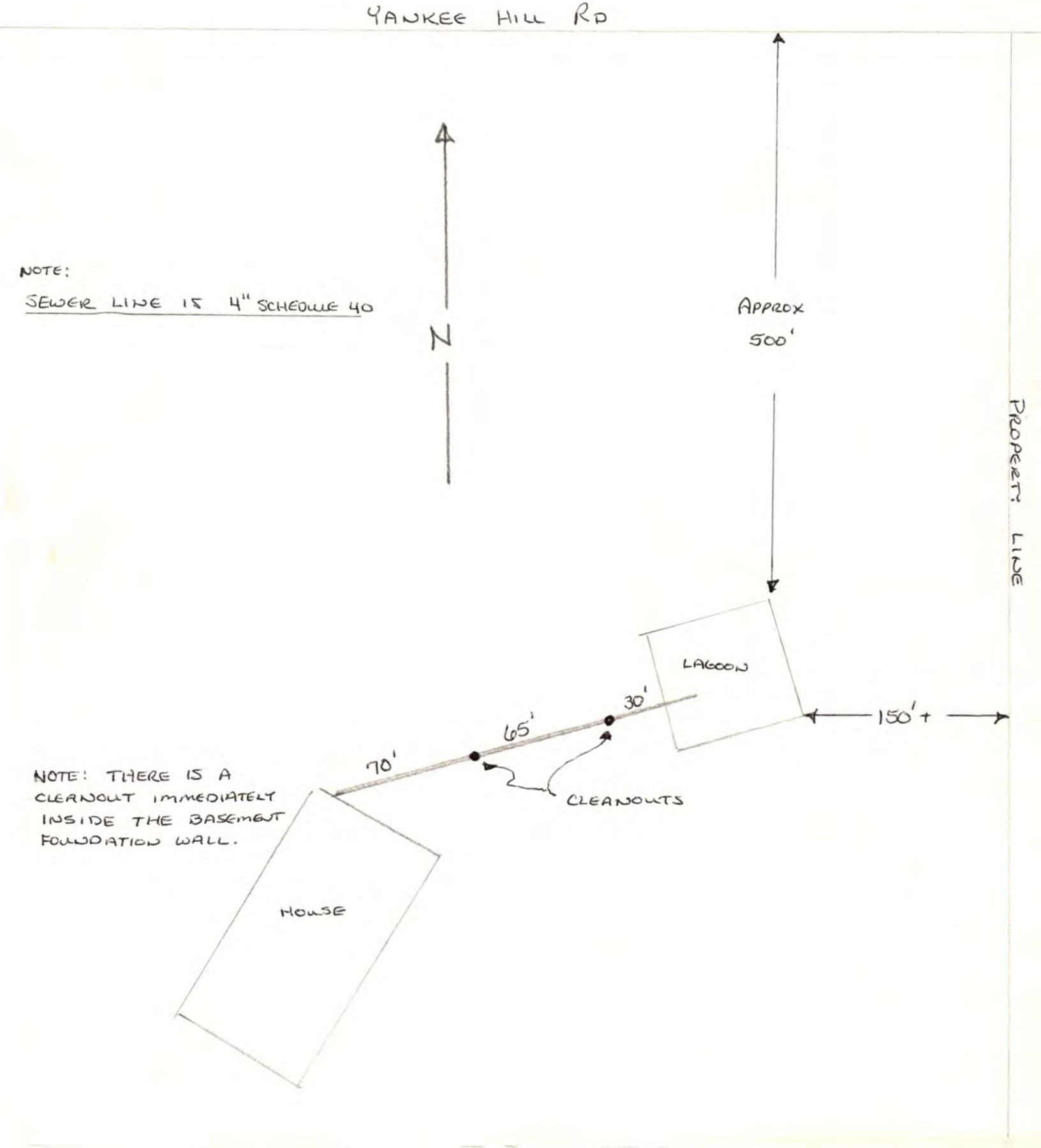
_____

Signature of Reviewing Official

WASTE LAGOON DETAIL

OWNER & MR. AND MRS. JOHN OLSON

ADDRESS & 10401 YANKEE HILL RD.
LINCOLN, NEBRASKA



NOTE:
SEWER LINE IS 4" SCHEDULE 40

NOTE: THERE IS A CLEANOUT IMMEDIATELY INSIDE THE BASEMENT FOUNDATION WALL.