CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1544

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 4, 1970 — THIS LICENSE OR PERMIT EXPIRES

Robert E. Schultz — LICENSEE OR PERMITTEE

5618 Longhorn Circle, Lincoln, NE — ADDRESS

T9N, R7E, Section 28, Lot 8 I.T., Addition Yanke Ridge EStates — 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
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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. 1544

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 28 ;
   Block _____ : Lot ~~32~~ TR 8 : Addition Yankee Ridge Estates
   Street Address TRACT #8

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.

Robert E. Schutt
Signature of Applicant (Owner or Lessee)

5618 Longhorn Cir. 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/4/79. Date Frwd. 6/4/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Earl Bruns

3. City ~~or County~~ Engineer : Date Rec'd. 6-4-79. Date Frwd. 6-4-79. ACTION: Approved ☒ Disapproved ☐ Signature: M. Hrnj

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-9-79 by: sm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-9-79 By: Ron Myers

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

FILE NO. 1544

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 ☐ ; Sandy Clay Loam ☒.
Dates of Tests: 5/31/79 to 6/1/79. Weather: Precip. 0 Temp. 70°.

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	32"	5/31	5 PM	6/1	4 PM	6/1	4 PM	12"	7 PM	7½	30 M	½	
2										4		1	
3										5¼		¾	
4										4½		1	
5										5		¾	
6										4		1	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 N 3rd Phone 432.3595

Sum of Percolation Rates: 5.0
Average of Rates: .8333
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

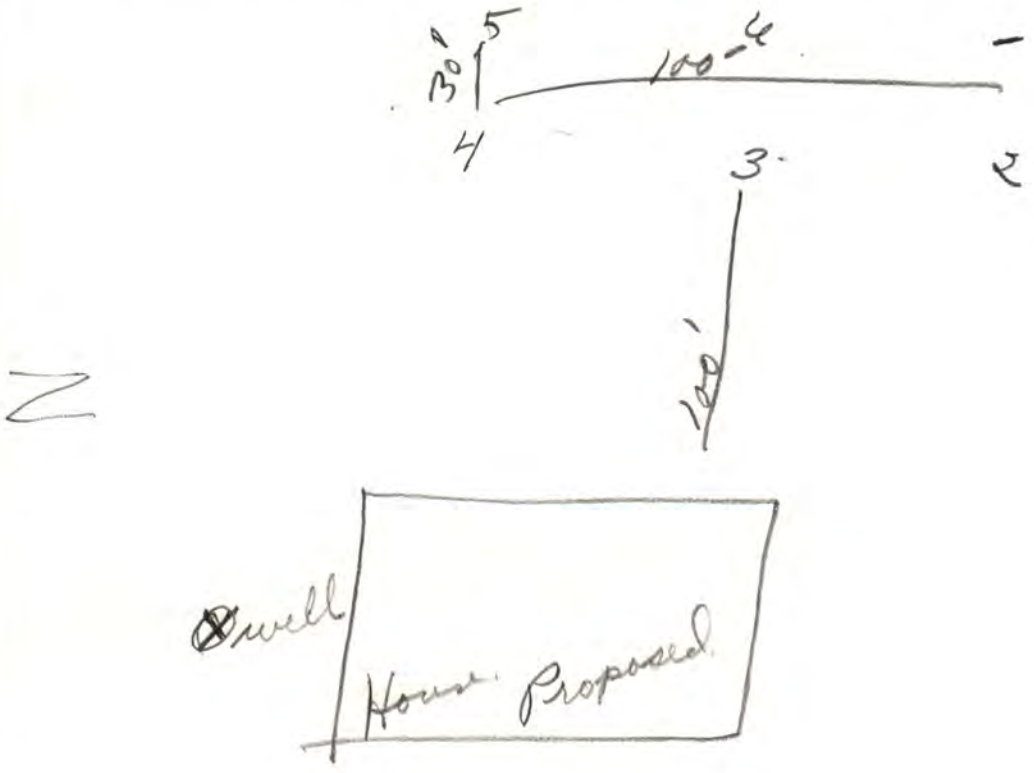
Date: 6-4-79

Approved Percolation Rate (a)
A. 37 min./inch
B._____ min./inch
C._____ min./inch

James Weverka
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: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1544

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 832 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: 474-1541

D

DATE: _____

FILE NO. 1544

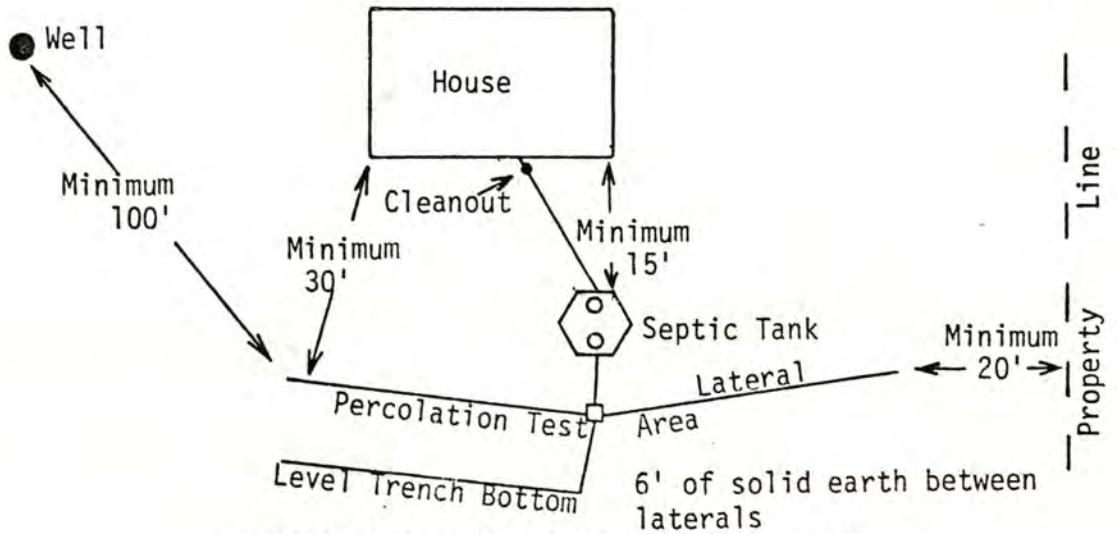
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 117' ft.
4. Number of clean-outs 1 .
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 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast Step)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 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 5 .
2. Factory Built: Yes ☒ No ☐
(Company Precast Step Co)
3. Distance from Septic Tank 3 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 100 , 8 , _____ , _____ ft.;
Total length of laterals 208 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 48" ft.;
Slope 1 in/100 ft.; Average Depth 40 in.
4. Filter Material: Road 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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-~~7800~~ 8000 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: 2-4-92

☐ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK ___

LOT 32 ; ADDITION Yankee Ridge ; Street Address 8900 South 56th St.

Directions to Property At 56th & Hiway 2 go Straight southon 56, We are the 5th House South of 56th Yankee Hill Rd.

Location of Well North of House 30' Tap Location: Inside ☐ Outside ☑

Location of Sewage System East of House 150' Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Bob Schultz	8900 South 56 Lincoln NE 68516	423-0873
Tenant/Buyer:			
Return to:	Bob Schultz	8900 South 56 Lincoln NE 68516	423-0873

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

Signature of Applicant Robert E. Schultz Address 8900 South 56th st Lincoln NE 68516

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HEALTH DEPARTMENT USE ONLY

Date Received 02/06/92 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE 2/7/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 2-7-92 by P.D.
Bacteria	☒	☐	Provisional:	☐	Date 2/10/92 by J.C.H.
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: ADDITIONAL COVER HAS BEEN PUT OVER SOUTHERN LATERAL TO BUILD UP FOR SHED FOOTING HENCE APPROVAL IS PROVISIONAL. DOWNSPOUTS MUST BE EXTENDED SO THAT THEY DISCHARGE ON THE EAST SIDE OF THE LATERAL. See Attached Letter ☐

FINAL STATUS

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

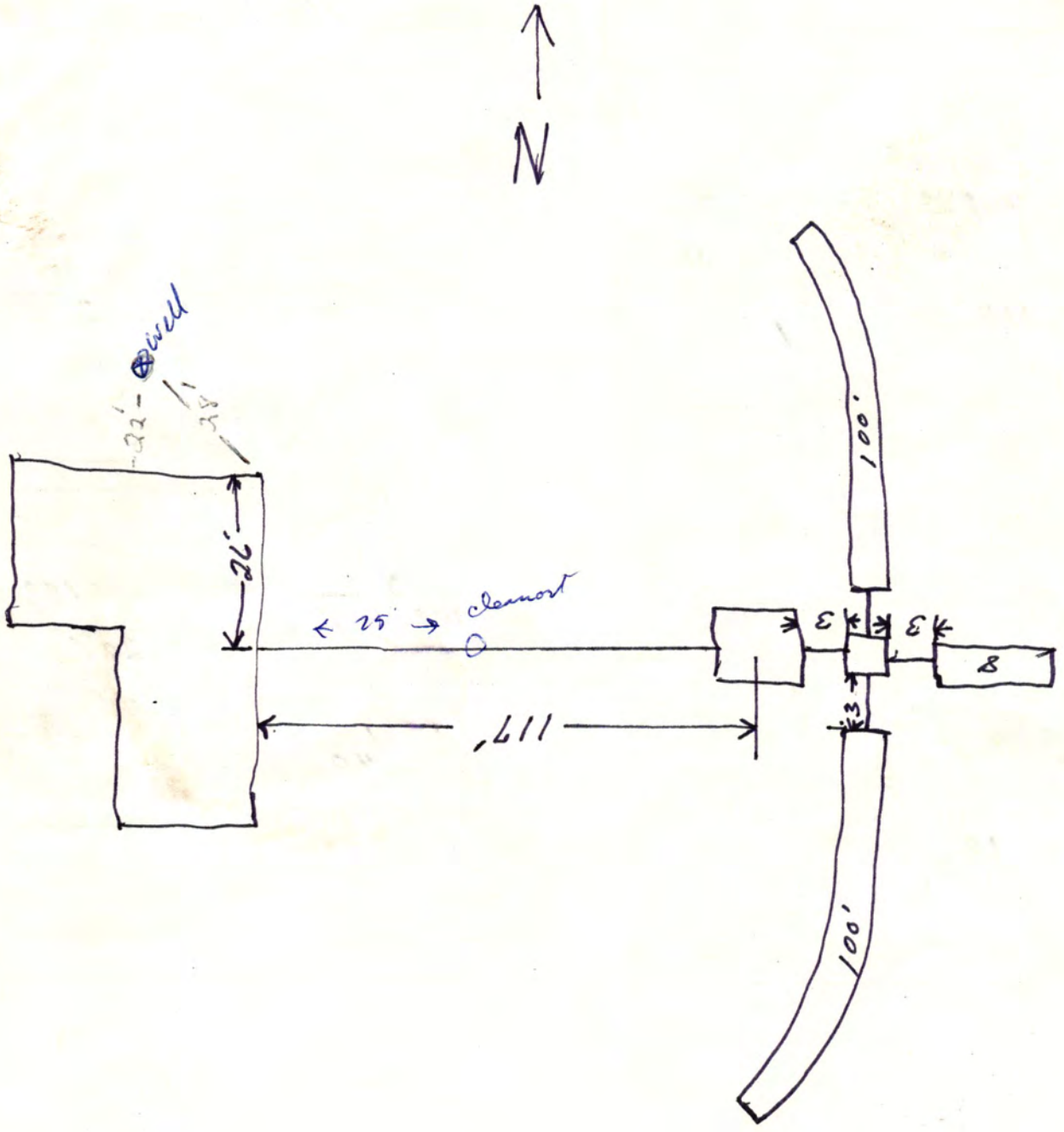
APPROVED BY _____ DATE _____

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

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____



Harold F. Casement
Capital City Trenching
8-9-79