CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1425

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — April 5, 1979

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Ricky Farley — 1520 Cheyenne, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Section 28, Lot 48 I.T.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

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: $ 30.00

FILE NO. 1425

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 49 I.T. : Addition _____
   Street Address 6601 YANKEE HILL ROAD

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.

Ricky R. Farley
Signature of Applicant (Owner or Lessee)

1520 Cheyenne, Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/4/78 . Date Frwd. 10/5/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoak

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/6/78 Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City ~~or County~~ : Engineer Date Rec'd. 10-5-78 . Date Frwd. 10-5-78 . ACTION: Approved ☒ Disapproved ☐ Signature: Al Imig

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-30-78 by: jw
Date: 4-17-79 by: jw
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-17-79 By: James Wierka

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. 1425

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section 28 NE ¼
Property Dimensions: 360 ft. x 663 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/24/78 to 9/25/78. Weather: Precip. NONE Temp. _____.

OWNER: Ricky K. Farley
Address: 1520 Cheyenne

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	36	9/24	8:30	9/25	10:30	9/25	10:30	13 7/8	2:30	12 5/8	240	1 1/4	240/1 1/4
2	36	9/24	8:30	9/25	10:30	9/25	10:30	13	2:30	11 1/2	240	1 1/2	240/1 1/2
3	36	9/24	8:30	9/25	10:30	9/25	10:30	12 7/8	2:30	11 7/8	240	1	240/1
4	38	9/24	8:30	9/25	10:30	9/25	10:30	11 1/8	2:30	7 3/4	240	3 3/8	240/3 3/8
5	38	9/24	8:30	9/25	10:30	9/25	10:30	12 7/8	2:30	11 3/4	240	1 1/8	240/1 1/8
6	38	9/24	8:30	9/25	10:30	9/25	10:30	17 7/8	2:30	15 1/8	240	2 3/4	240/2 3/4
			A.M.		A.M.		A.M.		P.M.				

Ricky K. Farley
Signature of Person Conducting Test

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

Address 1520 Cheyenne Phone 423-6568

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 8, 1978

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

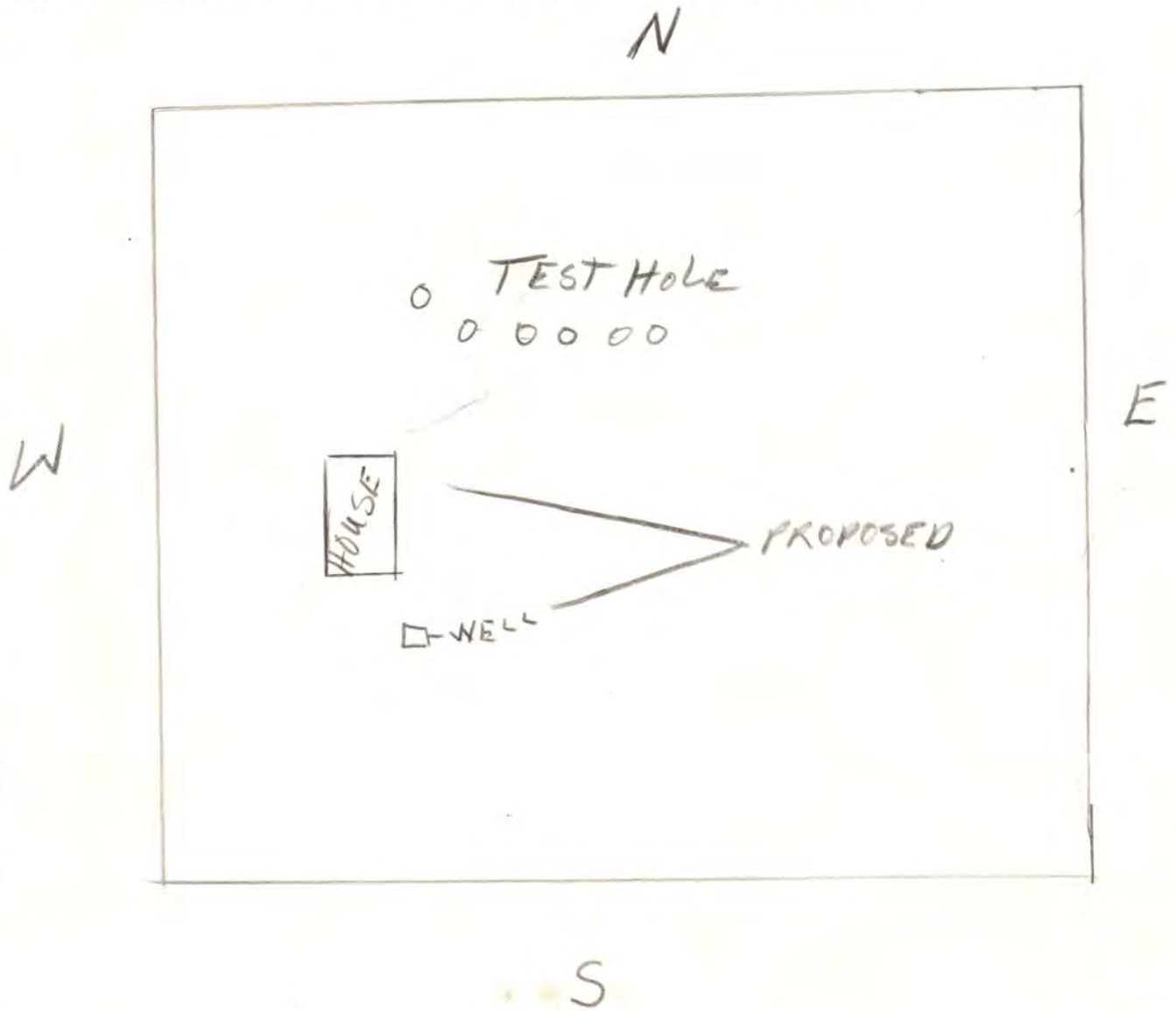
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1425

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



REVIEWING ACTION

Remarks: _____

Date: October 4, 1978

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 879 sq.ft.

Carroll 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. _____

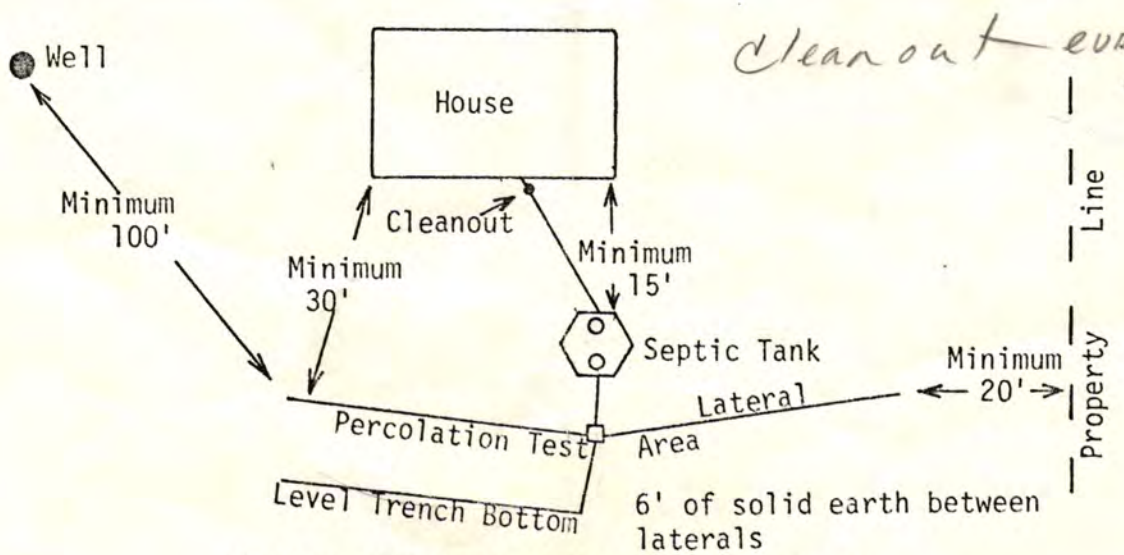
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 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 Concrete ; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast Step Co.)
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 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 _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, ~~100~~, ~~95~~, 96, 28 ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 36 in.
4. Filter Material: _____
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

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☑

DATE: 10-30-78

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☑ Evaluation of the Individual Water Supply

☐ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 7E ; Section 28 ;
Block ; Lot 48 ; Addition .
Street Address 6451 YANKEE Hill Rd.
Directions on how to get to property 2 miles South of Hiway 2 on 56th, ½ mile East, ¼ mile South.
Location of well South side of House.
Where is tap: Inside ☐ Outside ☐ .

	NAME	ADDRESS	PHONE
Present Owner:	Rick Farley	1520 Cheyenne	423-6569
Tenant:			
Lending Agency:	First Federal	70 + A	

(Do not write below double lines)

Health Department: Date Received 10/31/78
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 6-14-79 by [illegible]
Date [illegible] By [illegible]
Date [illegible] by [illegible]

Ricky R. Farley
Signature of Applicant

1520 Cheyenne Lincoln 68502
Address

Will call when ready

PRELIMINARY STATUS -- DATE 6-14-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 6-15-79

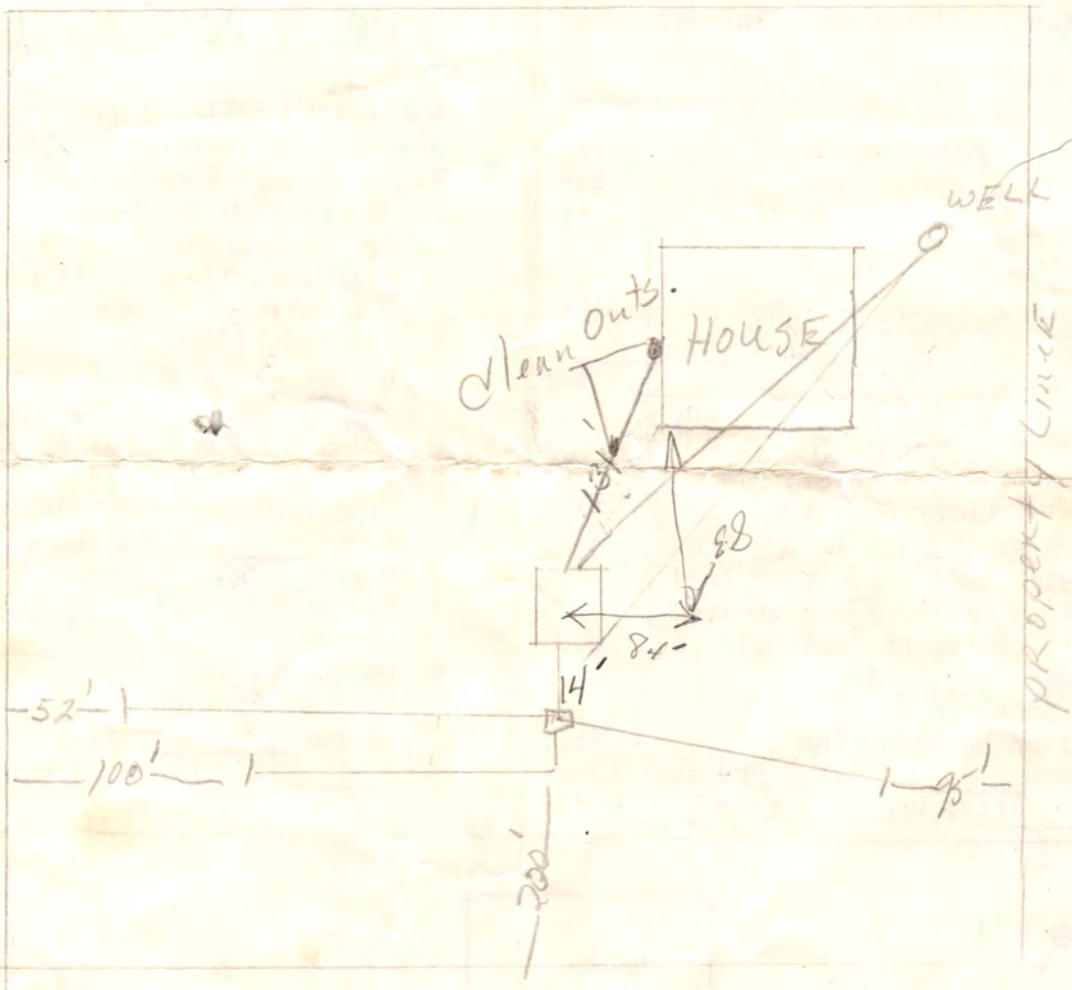
Water System ☒ . Sewage Disposal System ☒ .

BY Ronald Mayumi D

Form Number 20215-0878

AS BUILT DRAWING OF SYSTEM

DATE 4-15-79 INSTALLER Rick Farley



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4|879