FILE # 2718

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

FIRESTONE HOMES, INC. — LICENSEE OR PERMITTEE

555 NORTH COTNER — ADDRESS

LINCOLN, NE 68505

T9N, R7E, Sec 28, — NAME OF ESTABLISHMENT, IF ANY

8600 So. 65th St. — 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

S.D # 3000

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: $ 60.00

FILE NO. 2718

DATE: Aug 19 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 7E ; Section 28 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 8600 SOUTH 65 STREET LINC. NB
   LOT 50 EXCEPT NORTH 31.1' THEREOF
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.

Warren J. Krueger
Signature of Applicant (Owner or Lessee)
3043 No 70th ST
LINCOLN NEBR 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/19/88. Date Frwd. 8/22/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-22-88. Date Frwd. 8-23-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma
3. City or County Engineer: Date Rec'd. 8-22-88. Date Frwd. 8-22-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-4-88 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/10/88 By: Jerrold Hood

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

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: 8600 So 65th St - LOT 50 I T X NO 316 YANKEE Ridge Estates 8600 So 65

Location: Township 9N ; Range 7E ; Section & ¼ Section 28
Property Dimensions: 330 ft. x 397 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 5-11-88 to 5-12-88. Weather: Precip. none Temp. 80°.

OWNER: Kevin Real Estate
Address: 1250 Normal Blvd Lincoln

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"	5/11/88	1:30 PM	5/11/88	4:00 PM	5/12/88	9:00 AM	31"	2:00 PM	24"	30 min	2 1/2	12
2	36"	5/11/88	1:30 PM	"	"	5/12/88	2:00 PM	31"	2:30 PM	24 3/4	30 min	2 1/4	3/4
3	36"	5/11/88	"	"	"	5/12/88	2:00 PM	32"	2:05 PM	26 1/2	30 min	2 1/2 3/4	
4	36"	5/11/88	"	"	"	5/12/88	9:00 AM	31"	9:30 AM	27"	30 min	1 1/4 3/4	
5	36"	5/11/88	"	"	"	5/12/88	2:00 PM	32	2:10 PM	16"	30 min	4 4 4 4	
6	36"	5/11/88	"	5/11/88	"	5/12/88	2:00 PM	28	2:11 PM	14"	30 min	3 4 3 4	
7	36"	5/11/88	"	"	"	5/12/88	2:00 PM	27½	2:16 PM	17"	30 min	3 2 2 3	
Percs Used for 3 Bedroom Home													
Avg Perc 24 min/inch on Perc #3													
#3 Wide Trench Bed 190'													

Bob Clyde Sanitation
Signature of Person Conducting Test
Address: PO Box 83 Walton NE 68461 Phone 4894661
Clyde.

Sum of Percolation Rates: _____
Average of Rates: 15 min/inch
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

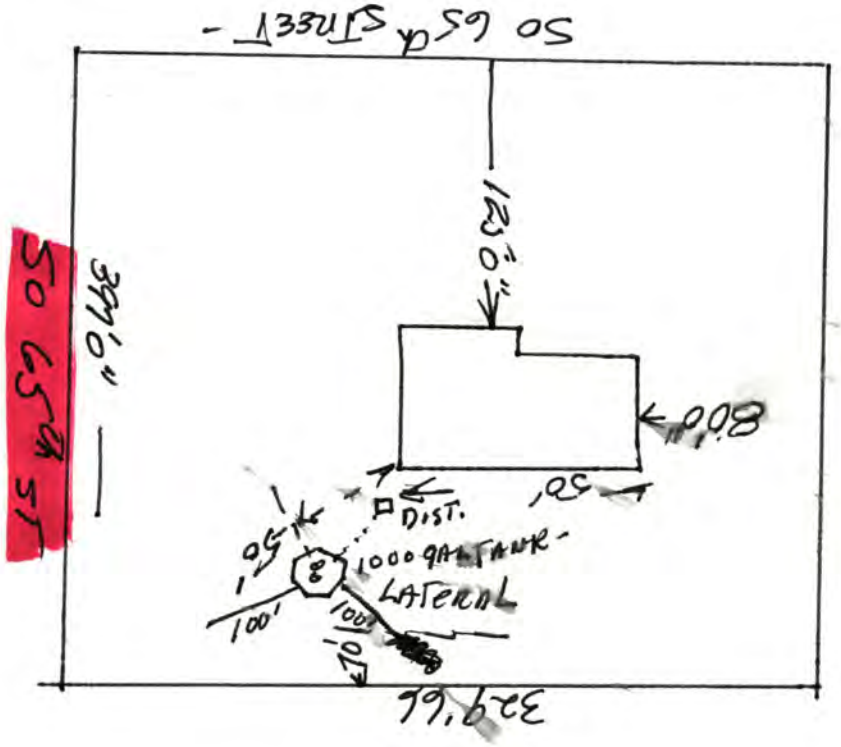
Remarks: _____
Soil Type (SCS): _____
Date: _____

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: _____

FILE NO. _____

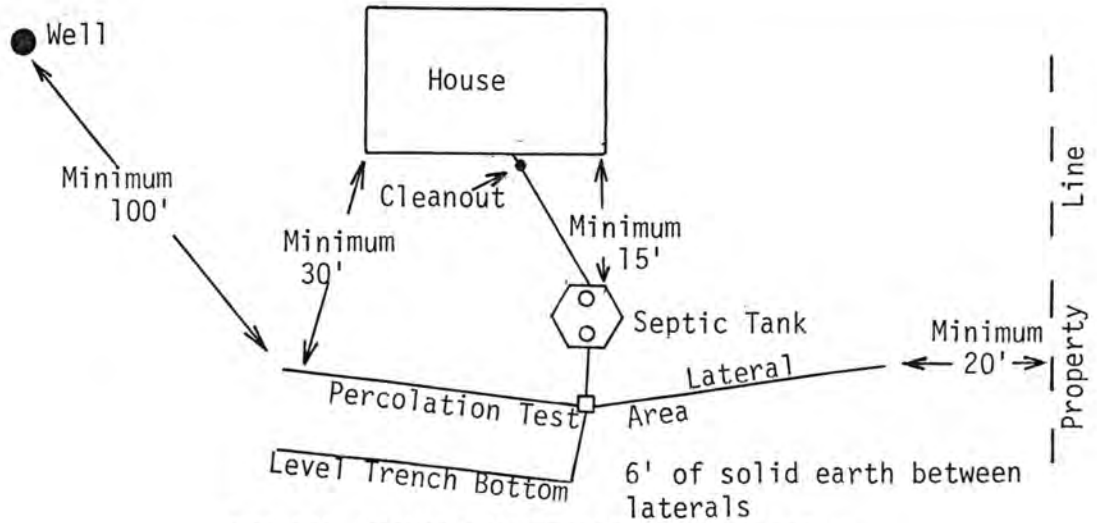
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 4" Sch 40; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 10' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
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 16" in.
8. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22' or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 100', 100', ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4' ft.;
Slope ____ in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 22" in.
5. Distances to:
Well or Suction Line ____ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

006

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8600 SOUTH 65TH ST. / LINCOLN, NE 68516

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block ___ Lot 83 Addition ___

Directions to Property LOT 83, NE ¼ SECTION 28, TOWNSHIP 9 NORTH, RANGE 7 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA

Location of Well NONE - RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	BEVERLY JEAN Z. ASHLEY	8600 SOUTH 65TH ST LINCOLN, NE 68516	
Tenant/Buyer: →	ANNE E. KRAUSE	BOX 80322 LINCOLN NE 68501-0322	467-8182
Return to:			

Signature of Applicant Anne E. Krause Address BOX 80322 LINCOLN, NE 68501 Date 4 / 20 / 96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date ___/___/___
Initials ___
Amount ___
Check No. ___

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By ___ **DATE**: ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

N/A

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: No evidence of visible Surface Discharge. Recd that the tank be pumped & if it hasn't been checked done for awhile (Appt has been made to pump) See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ N/A **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by John J Chen RS HS Date 04/25/96

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

AS BUILT DRAWING OF SYSTEM

DATE 10-4-88 INSTALLER Vogt T+T Excavating

