FILE #2134

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

MARCH 17, 1985
THIS LICENSE OR PERMIT EXPIRES

CLYDE PETERS 3745 SO. 56 STREET LINCOLN, NE. 68506
LICENSEE OR PERMITTEE ADDRESS

T9N; R7E; Sec 28; Bk 3; Lot 1; Yankee Ridge Estates
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: $ 60.00

FILE NO. 2134

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 3 : Lot 1 : Addition Yankee Ridge Addn. to Linc. Lancaster County
   Street Address _____

2. Property Use: Residential ☒ 3 ; Commercial ☐ Other Use ☐
   No. of Bedrooms ~~3~~ 1. Describe 1 Loft, 1 main floor
   2 - basement

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

4. Distance to public sewer: _____ ft.

Rhoda Fuller
Signature of Applicant (Owner or Lessee)

Present Address 3745 S. 56th Lincoln, Neb
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/17/84. Date Frwd. 9/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/18/84. Date Frwd. 9/18/84. ACTION: Approved ☒ Disapproved ☐ Signature: Rodger Harris
3. City or County Engineer: Date Rec'd. 9-18-84. Date Frwd. 9-18-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL WELL IS PREXISTING

Site Visits:
Date: 10-11-84 by: RM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-11-84 By: Ron Mayhew

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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FILE NO. 2134

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	36"	9-10	5:PM	9-11	3:30 PM	9-11	3:30 PM	10"	7:30	4 ⅛	4 Min	6 ⅜	
2	"	"	"	"	"	"	"	"	"	-2 ½	4	12 ½	
3	"	"	"	"	"	"	"	"	"	-8 ⅝	4	18 ⅝	
4	"	"	"	"	"	"	"	"	"	-5 ½	4	15 ½	
5	"	"	"	"	"	"	"	"	"	-3 ⅜	4	10 ⅜	
6	"	"	"	"	"	"	"	"	"	4 ¾	4	5 ½	

Signature of Person Conducting Test

Address 5210 So. 40th #37 Phone 423-7935

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

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 17, 1984

Approved Percolation Rate (a)
A. 18 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 ☐

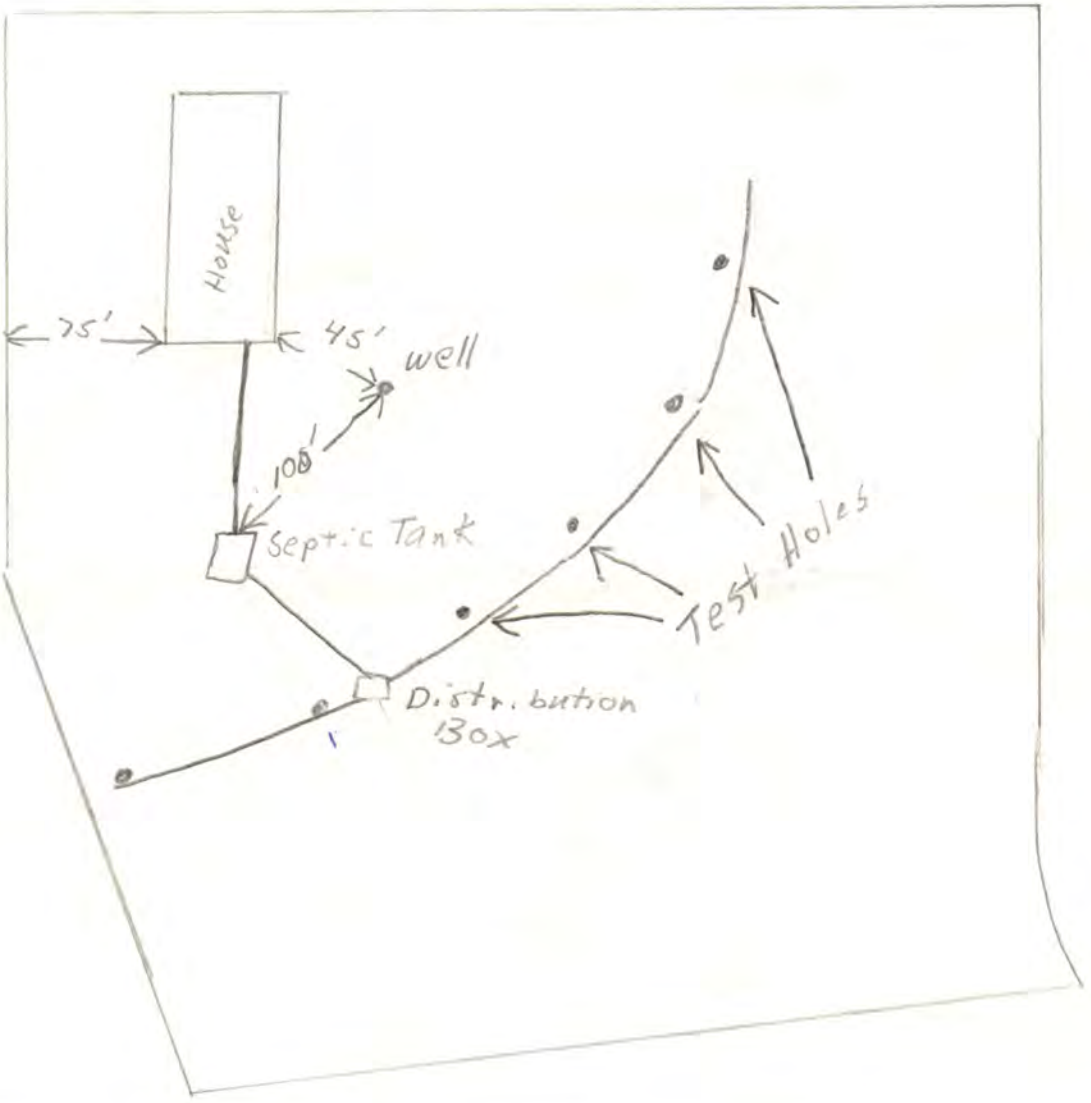
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

Date: September 17, 1984

changed to 3 bdrms 1000

Minimum Design Requirement

1. Capacity of Septic Tank ~~1250~~ 1500 gals.
2. Total Length of Laterals ~~152~~ 106 ft.
3. With a Trench Width of ~~48~~ 36 in.
4. Total Area of Lateral needed ~~304~~ 318 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

007

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: 2-3-92

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 3

LOT 1 ; ADDITION Yankee Ridge ; Street Address 9200 So 60th Lincoln NE 68516

Directions to Property South on 56th South of Highway 2 Yankee Ridge Development Area

Location of Well In front of Home (Log) on deck Tap Location: Inside ☒ Outside ☒

Location of Sewage System North of Log Home about 150-200' Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	Clyde & Eleanor Peters	9200 So 60th, Lincoln NE 68516	421-1144
Tenant/Buyer:			
Return to:	First Nat Home Mortgage		

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

Signature of Applicant Clyde Peters Address 9200 So 60th Lincoln NE

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 4, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/4/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 2/4/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date	by
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date	by

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE FEBRUARY 7, 1992

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

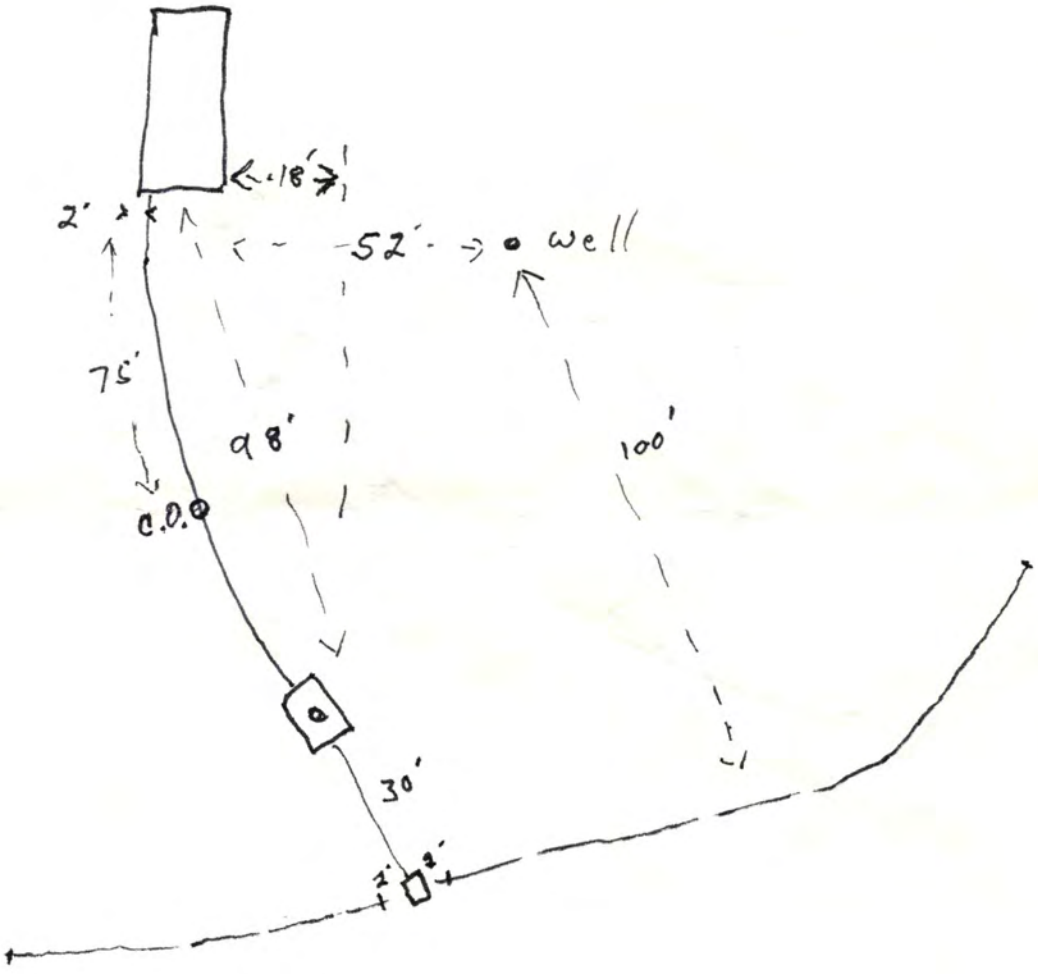
3034 PVC

Pre Cast 1000 gal Tank

Pre Cast D. Box

Lateral greater Then 100' from well

N



Larry Schwarck