FILE #2473

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 7, 1987 — THIS LICENSE OR PERMIT EXPIRES

M. D. SCHWARTZ CONST. RT #8 5300 OLD CHENEY RD. LINCOLN, NE 68516 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 28; Bk 6; Lot 1; Yankee Ridge; So. 66th — 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

AHEALTH

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. 2473

DATE: 4-6-87

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. 9N ; Range 7E ; Section 28 ;
   Block 6 : Lot 1 : Addition Yankee Ridge
   Street Address 2 So 66th

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.

Marilyn Schwartz
Signature of Applicant (Owner or Lessee)

Rt 8 Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/6/87. Date Frwd. 4/7/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. ~~4-7-87~~ 4/7/87. Date Frwd. ~~4-7-87~~ 4/7/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Sherwood

3. City or County Engineer: Date Rec'd. 4-7-87. Date Frwd. 4-7-87. ACTION: Approved ☒ Disapproved ☐ Signature: Bruce E. Nicholson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-18-87 by: rm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-18-87 By: Ron Maynard

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)

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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: 3/22/87 to 3-23. Weather: Precip._____Temp. 45°.

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"	3-22	9⁰⁰AM	3-23	9⁰⁰AM	3-23	9⁰⁰Am	12"	1⁰⁰PM	7 1/8	240	4 7/8	
2	"	"	"	"	"		"	12	"	6 3/4	"	5 1/4	
3	"	"	"	"	"		"	12	"	6 1/2	"	5 1/2	
4	"	"	"	"	"		"	12	"	6 5/8	"	5 3/8	
5	"	"	"	"	"		"	12	"	6 3/4	"	5 1/4	
6	"	"	"	"	"		"	12	"	6 3/4	"	5 1/4	

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

Signature of Person Conducting Test

Address 5006 MEREDETH Phone 423-164

(Do not write below this line)

REVIEWING ACTION

Remarks: MAY BE JUST A LITTLE FAST FOR Lofgren
Soil Type (SCS): Sharpsburg Silty Clay
Date: APRIL 7, 1987

Approved Percolation Rate (a)
A. 23 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 ☐

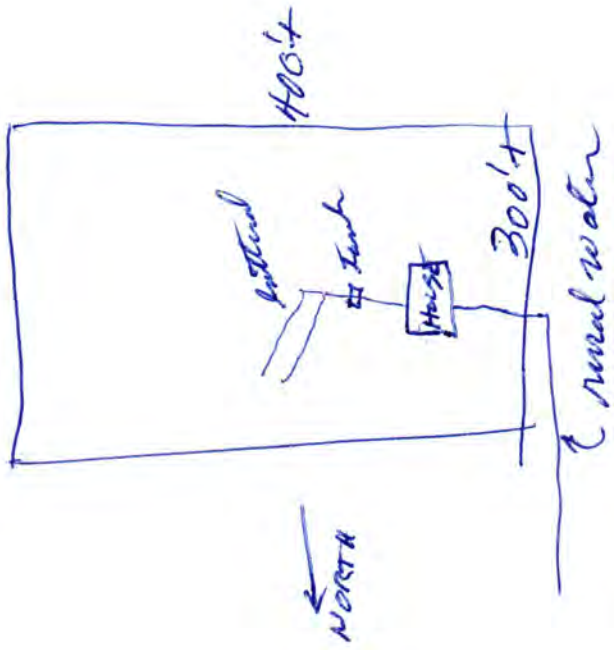
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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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 665 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
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D

DATE: _____

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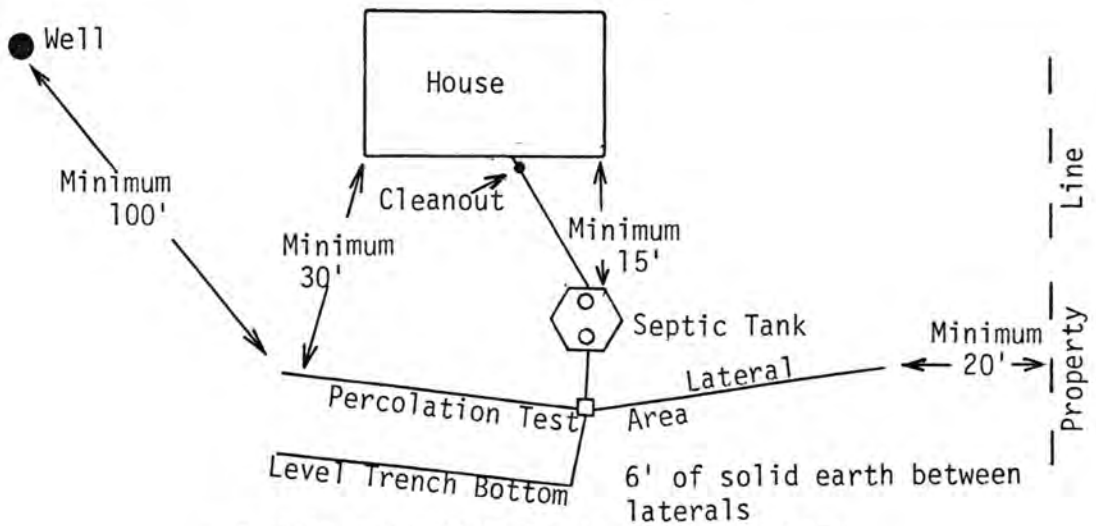
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 30' ft.
4. Number of clean-outs 0 .
5. Distances to: Well or Suction Line none ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company precast slip)
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 12 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 4 .
2. Factory Built: Yes ☑ No ☐ (Company precast slip)
3. Distance from Septic Tank 10 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 2 ; Length of each line 200?, _____, _____, _____, _____ ft.; Total length of laterals 200? ft.; Distance between lateral lines 12 ft.
3. Trench dimensions: Width 36 ft.; Slope 6 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road gravel Depth of Material _____ in.
5. Distances to: Well or Suction Line Road ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8 - 18 - 87 INSTALLER Larry Schwarck

