FILE #2598

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MAY 9, 1988 — THIS LICENSE OR PERMIT EXPIRES

HOUSTON DOAN — LICENSEE OR PERMITTEE

125 NO. 21 STREET, LINCOLN, NE 68503 — ADDRESS

T9N; R7E; Sec 29; So. 56 Street — 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-LANCAST COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2598

DATE: 11-6-87

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 _____ : Lot _____ : Addition _____
   Street Address 5656 Mt

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____

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

4. Distance to public sewer: 2 mi' ft.

Houston Doan
Signature of Applicant (Owner or Lessee)

125 N 21st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/87. Date Frwd. 11/9/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/10/87. Date Frwd. 11/10/87. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 11-9-87. Date Frwd. 11-9-87. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 11-6-87 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-10-87 By: Ron Bryant

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. 2598

PROPERTY WHERE SOIL TESTED:

Location: Township 9 NO; Range 7E; Section & ¼ Section South ½ of SE ¼ SEC 29
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: Nov 20-86 to Nov 21-86. Weather: Precip. _____ Temp. _____.

OWNER: Houston Doan

Address: 125 N 21st

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	18"	11-20	8	11-20	12	11-21	11:00	6	12	4 3/8	60min	1 5/8	
2										4 3/4		1 1/4	
3										4 1/2		1 1/2	
4										4 1/2		1 1/2	
5										4 3/8		1 1/8	
6										4 3/8		1 1/8	

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

Sintek Services Inc.
Signature of Person Conducting Test

Address 6710 NO 7 Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Appears to be Shrewsbury silty clay loam

Date: _____

Approved Percolation Rate (a)
A. 46 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mayard
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 ☐

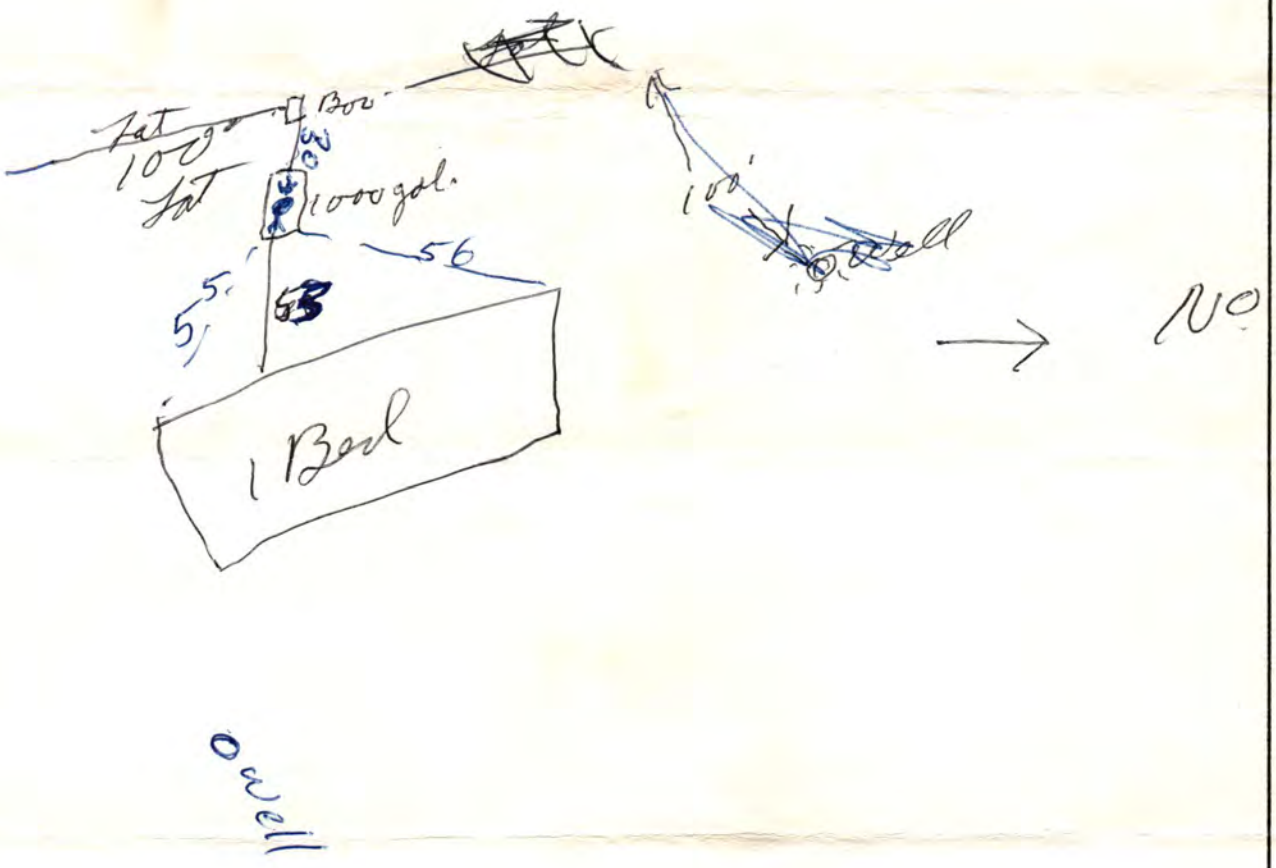
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 2598

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 101 ft.
3. With a Trench Width of 36" in.
4. Total Area of Lateral needed ____ sq.ft.

Ron Magnuson
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. 2598

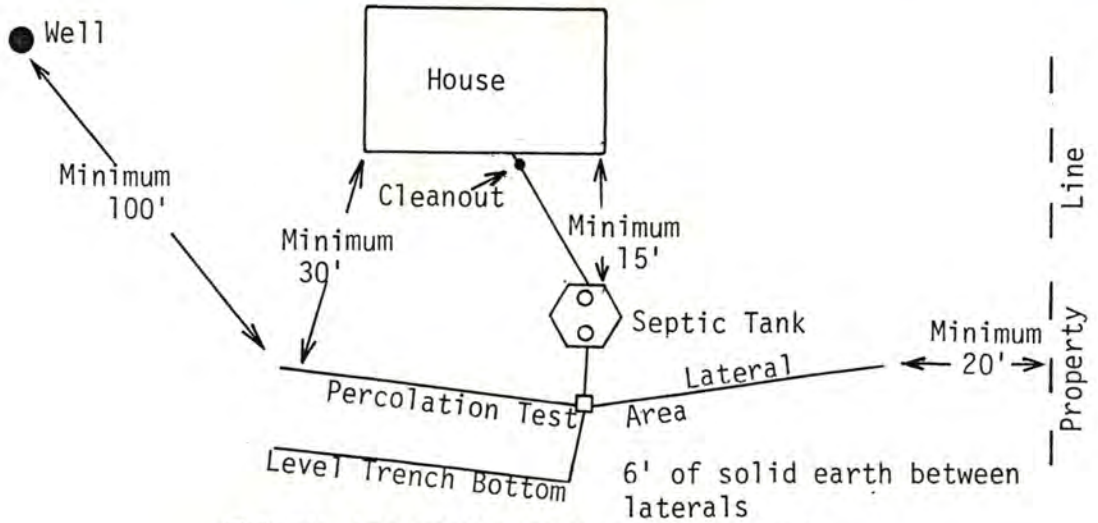
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Rue)
4. Manholes: Over Inlet; diam. 6 in. 18" centers
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade at in grade
5. Inlet: Baffle ☒ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade at in.
8. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company Hardcore)
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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 100 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FILE #W-227

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MAY 12, 1988 — THIS LICENSE OR PERMIT EXPIRES

HOUSTON DOAN — LICENSEE OR PERMITTEE

125 NO. 21 STREET, LINCOLN, NE 68503 — ADDRESS

T9N, R7E, Sec 29 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

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

NOV 12 1987

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 45.00

FILE NO. W-227

DATE: 10 NOV 1987

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☑ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 29
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☑ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 2000 Ft.
4. Intended use of well HOME WATER SUPPLY

Signature of Applicant (owner or lessee)

1235 NO 21ST LINCOLN NEBR 68503
Address

NO CITY WATER

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 11/12/87. Date Frwd. 11/12/87. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 11/13/87. Date Frwd. 11/13/87. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 13 Nov 87. Date Frwd. 13 Nov 87. Action: Approved ☒ Disapproved ☐ Signature: Roger A Figard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/1/88 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level < 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/18/88 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-227

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9N R. 7E Block ____ Lot ____ Addition ____

Owner Houston Doan Address 1/4 mi N. of 56th & Rokeby Rd long drive W side of road

LOG OF WELL	
	Description
Depth Ft. to	
0-3	black soil
3-10	red/tan c.
10-65	yell c.
65-80	red sh.
80-95	blue sh.
95-110	red & yell sh.
110-190	very fine, hard, light yell 55.
190-205	coarse yell 55
205-220	blue sh.
220-225	limestone

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 205

Date Completed 2-24-87

Casing: Length, Ft. 195 ; Dia.In. 4

Wall Thickness, Inc. 200# ; type PVC

Screen: Length, Ft. 10 Dia.In. 4

Type Keystone wrap pvc slot Size .030

Drop Pipe: Length, Ft. ____ Dia.In. ____

Water Level, Surface to top of water, Ft.:

Static 108 , Pumping ____

Yield: 40+ ggm, Measured ☒ , Est. ☐

Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moser
(Signed)

Address ____

Date 4-23-87

REMARKS NITRATE NITROGEN <0.1 p.p.m. BACTERIOLOGICAL O.K.

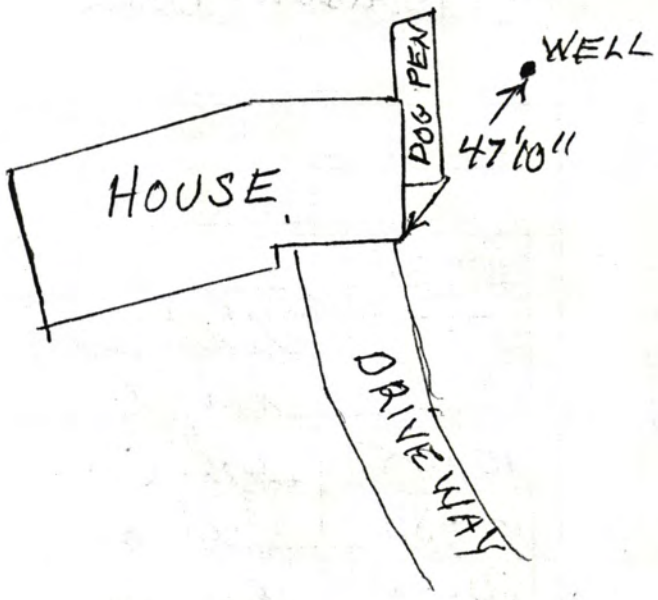
DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.





SEPTIC SYSTEM