FILE #2643

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — SEPTEMBER 05 1988
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

SCHWARTZ CONSTRUCTION — 5006 MEREDETH — LINCOLN, NE 68506
LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec 32; Bk 2; Lot 2; Breezy Acres, ~~Lot~~ 10641 Dawn Ave.
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

FILE NO. 2643

DATE: 3·24·88

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 32 ;
   Block 2 : Lot 2 : Addition BREEZY ACRES ~~3rd~~
   Street Address ~~10601~~ 10641 DAWN AVE.
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.

Signature of Applicant (Owner or Lessee)

5006 MEREDETH
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/88. Date Frwd. 3/25/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/25/88. Date Frwd. 3/25/88. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Shenkoa
3. City or County Engineer: Date Rec'd. 3-25-88. Date Frwd. 3-25-88. ACTION: Approved ☒ Disapproved ☐ Signature: Nick McGuire

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 7-27-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-88 By: Ron Maynard

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. 7643

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area: 3.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-22-88 to 3-23-88. Weather: Precip. 0 Temp. 60.

OWNER: TERRY SCHWARTZ
Address: ~~5006 MEREDETH~~ 10601 DAWN AVE.

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	8 AM	3-23	8 AM	3-23	8 AM	12" NM	12 AM	2"	60	3	
2	36"	"	"	"	"	"	"	16"	"	3	60	3¼	
3	36"	"	"	"	"	"	"	16"	"	3¾	60	3	
4	36"	"	"	"	"	"	"	16"	"	—	60	4	
5	36"	"	"	"	"	"	"	16"	"	1½	60	3½	
6	36"	"	"	"	"	"	"	16"	"	—	60	4	

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

Signature of Person Conducting Test

Address 5006 MEREDETH Phone 489-0062

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam?
Date: March 25, 1988

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 ☐

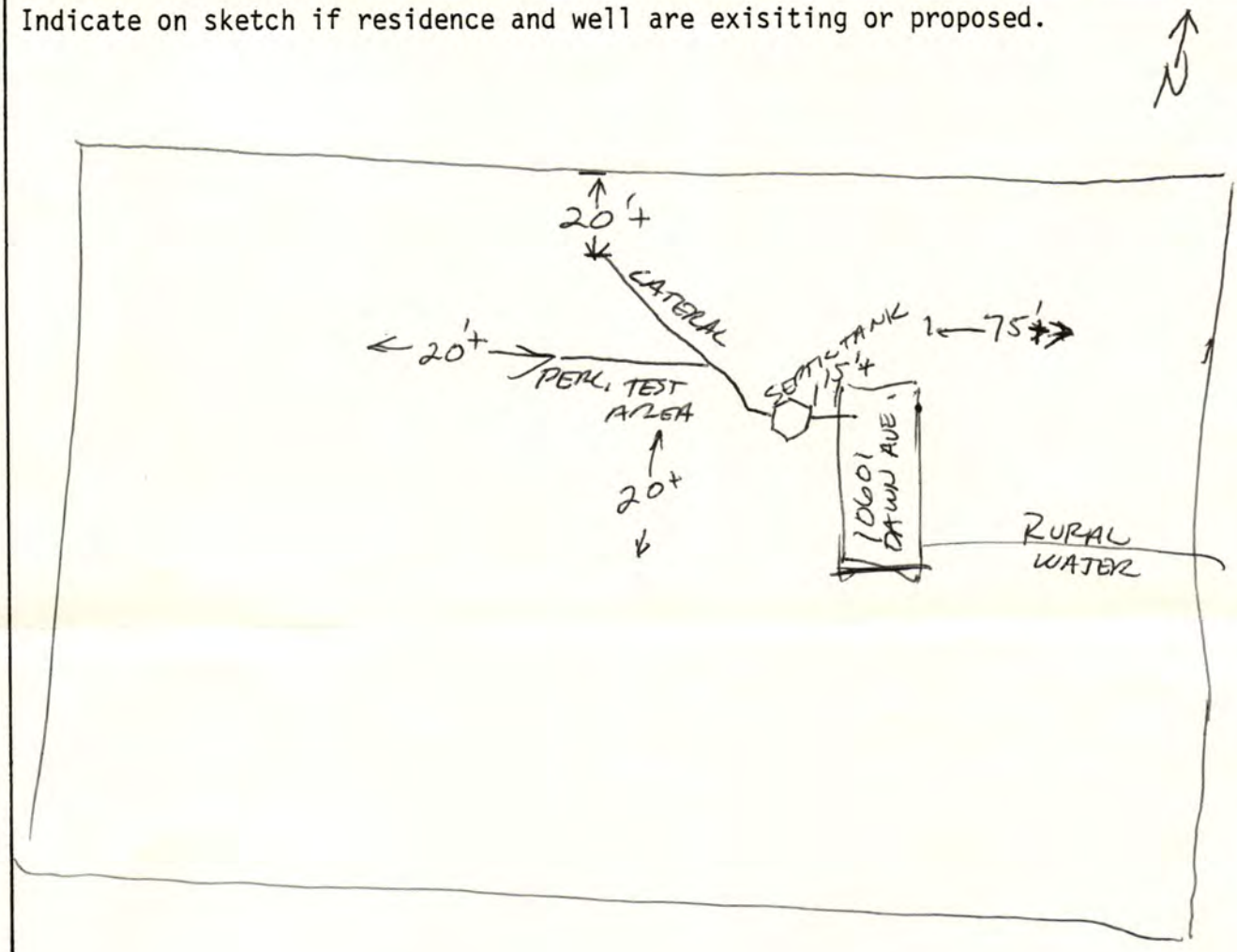
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 7643

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



REVIEWING ACTION

Remarks: _____

Date: March 25, 1988

Minimum Design Requirement 1000
1. Capacity of Septic Tank ~~1250~~ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~745~~ 595 sq.ft.

Gerrold 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: 471-7800

D

DATE: 7-27-88

FILE NO. _____

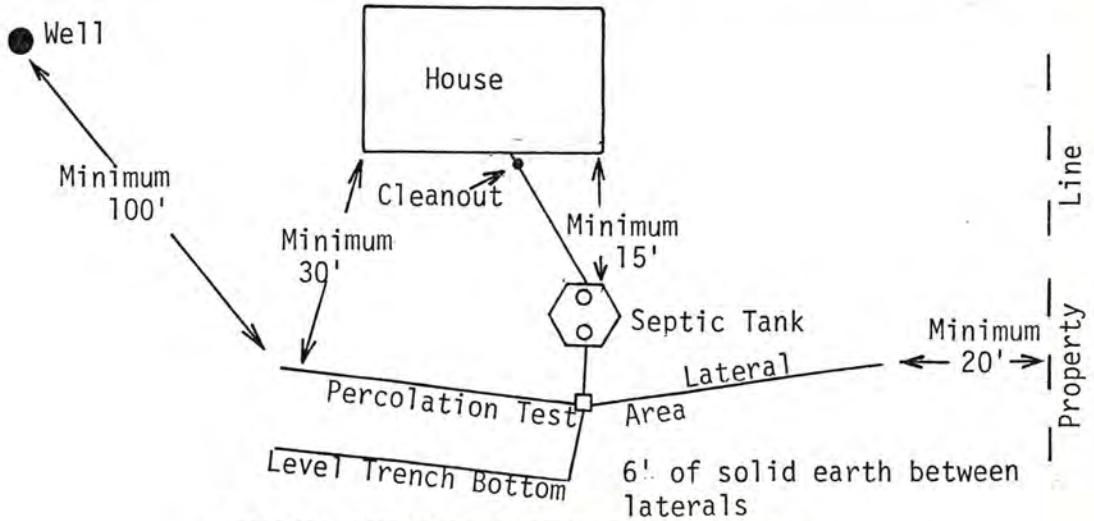
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: sch #40
1. Material PLASTIC Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8" in.
3. Distance between dwelling and septic tank 25' ft.
4. Number of clean-outs 1.
5. Distances to: rural water
Well or Suction Line ~~100'~~ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20+ ft.

B. SEPTIC TANK:
1. Material conc; No. of compartments ____.
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 ____ 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 6.
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 20' or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 2; Length of each line 76, ____, ____, ____, ____ ft.; Total length of laterals 152 ft.; Distance between lateral lines 12 ft.
3. Trench dimensions: Width 48 ft.; Slope 3" in/100 ft.; Average Depth 32" in.
4. Filter Material: gravel 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

AS BUILT DRAWING OF SYSTEM

DATE 7-27-88 INSTALLER Walter Schwartz

