FILE #2326

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FOOD ESTABLISHMENT OPERATOR — TYPE OF LICENSE OR PERMIT

NOVEMBER 13, 1986 — THIS LICENSE OR PERMIT EXPIRES

ROGER D. SCHMIDT — LICENSEE OR PERMITTEE

3730 "B" STREET — ADDRESS

LINCOLN, NE. 68506

T9N; R7E; Sec 23; Bk 3; Lot 5; Deerhaven Acres; 5800 Doe Cir, Rt 8 — 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. 2326

DATE: MAY 8, 1986

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 33 ;
   Block 3 : Lot 5 : Addition DEERHAVEN ACRES
   Street Address 5800 DOE CIRCLE, LINCOLN, NEBR. 68506 RR#8

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. WIDE LATERAL

ROGER D. Schmidt
Signature of Applicant (Owner or Lessee)

3730 "B" St. LINCOLN, NEBR. 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/13/86. Date Frwd. 5/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Noah

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 5/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest H Simmons

3. City or County Engineer: Date Rec'd. 5-13-86. Date Frwd. 5-13-86. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/12/86 by: L.C.H. need drawing
Date: 6/13/86 by: L.C.H.
Date: 6/26/86 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 7-11-86 By: Ron Morgan

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

* PROVISIONAL APPROVAL BECAUSE SYSTEM IS CONSIDERED EXPERIMENTAL

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
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B

FILE NO. 2326

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7 ; Section & ¼ Section 33 . N½ of SW¼
Property Dimensions: _____ ft. x _____ ft. Area: 3.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 10-25-85 to 10-26-85 . Weather: Precip. 0 Temp. 52°.

Hole's 1, 3, 4, 6, Had water in from Pre-test

OWNER: Dan Schmidt
Address: 3730 B Street
488-3334

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"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	6"	30m	0"	
2	36"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	5 3/4"	30m	1/4"	
3	36"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	5 3/4"	30m	1/4"	
4	36"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	5 7/8"	30m	1/8"	
5	36"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	5 3/4"	30m	1/4"	
6	36"	10-25	7:30 Am	10-26	7:30 Am	10-26	7:30 Am	6"	8:00 Am	5 7/8"	30m	1/8"	

William M. Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional System
Soil Type (SCS): Sharpsburg Clay Loam
Date: May 13, 1986

Approved Percolation Rate (a)
A. 160 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 ☐

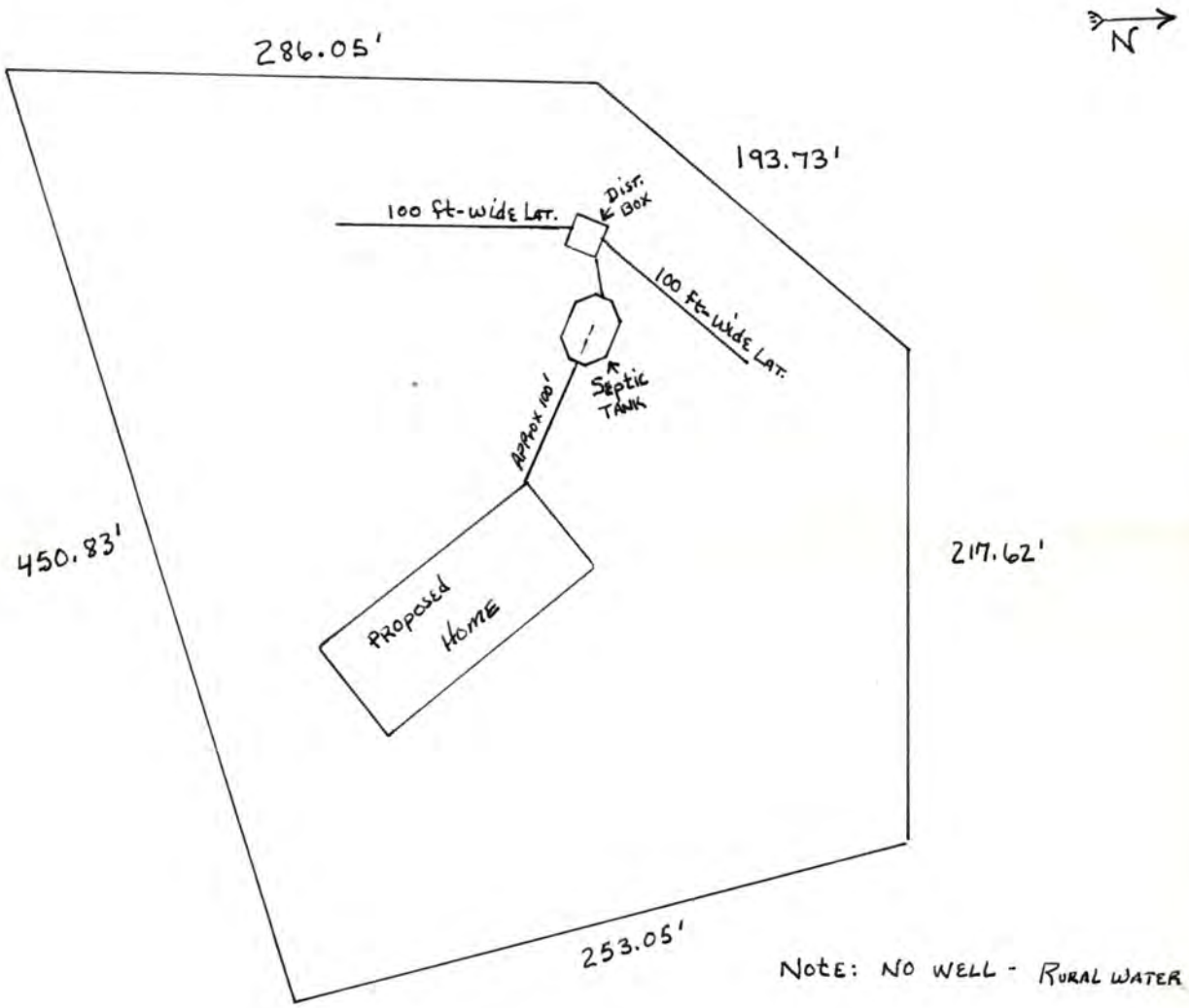
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

FILE NO. 2326

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



Note: No well - Rural water

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 _____ sq.ft.

_____
Signature of Reviewing Official

REC'D JUL 11 1986

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
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D

DATE: _____ 9N, R7E, 33

FILE NO. _____

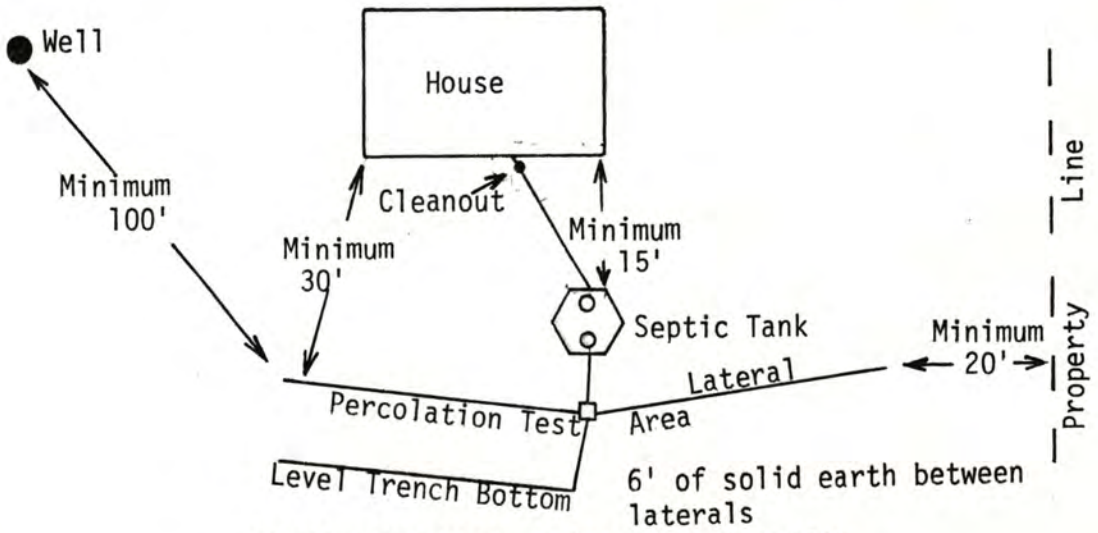
SPECIFICATIONS AS BUILT Experimental System

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor 3' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 97' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

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

C. DISTRIBUTION BOX:
1. Material Pre Cast ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 6' 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 4 ; Length of each line 100 , 100 , 100 , 100 , ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 8' ft.;
Slope 0 in/100 ft.; Average Depth 36" in. 230 ton
4. Filter Material: Road Gravel
Depth of Material 30" 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 6-26-86 INSTALLER Larry Schwarck

5800 Doe Cr.

N →

Experimental System

