FILE # 2801

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

RICHARD L. BITTINGER — 2942 CLINTON — LINCOLN, NE 68503

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec. 23; Lot 27 — 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. 2801

DATE: 3-7-89

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 [redacted] : Lot 271 ; Addition [redacted]
   Street Address _____

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: 3MI ft.

Lincoln Lan Co.
Signature of Applicant (Owner or Lessee)

6710 N 07
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/7/89 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/8/89 . Date Frwd. 3/8/89 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 3/8/89 . Date Frwd. 3/8/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~DON'T KNOW IF A WELL IS INVOLVED OR NOT~~ RURAL WATER DISTRICT

Site Visits:
Date: 7/6/89 by: J.C.H. line, tanks + 150' lateral checked
Date: 7-7-89 by: D.S. 160' lateral checked
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/7/89 By: D.S.

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)

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 33.
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: 2-23 to 2-24-89 Weather: Precip. NA Temp. 12.

OWNER: Smith Sons Co

Address: 6710 N07

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	72	2-23	1PM	2-23	5PM	2-24	9AM	6"	10AM	~~46~~	60	1¼	48-1
		↓		↓		↓	↓	↓					
2	"									43¼	↓	1¼	45-1
3	"									42¼		1¼	46-1
			↓										
4	"									43		1¼	46-1
5	"									42⅜		1⅜	49-1
6	"									42⅜		1⅜	49-1

Smith Sons Co
Signature of Person Conducting Test

Address 6710 N07 Phone 435-8868

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Dawnee Clay Loam
Date: _____

Approved Percolation Rate (a)
A. _____ 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 ☐

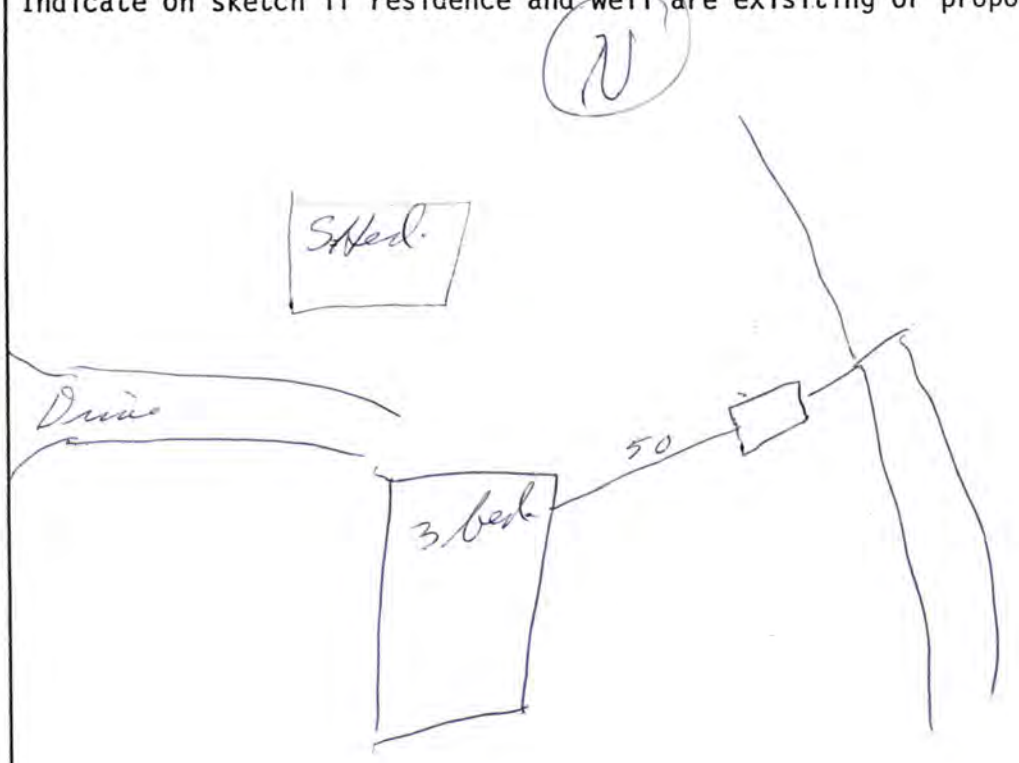
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: March 7, 1989

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 304 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 911 sq.ft.

Jerrold 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: _____

FILE NO. _____

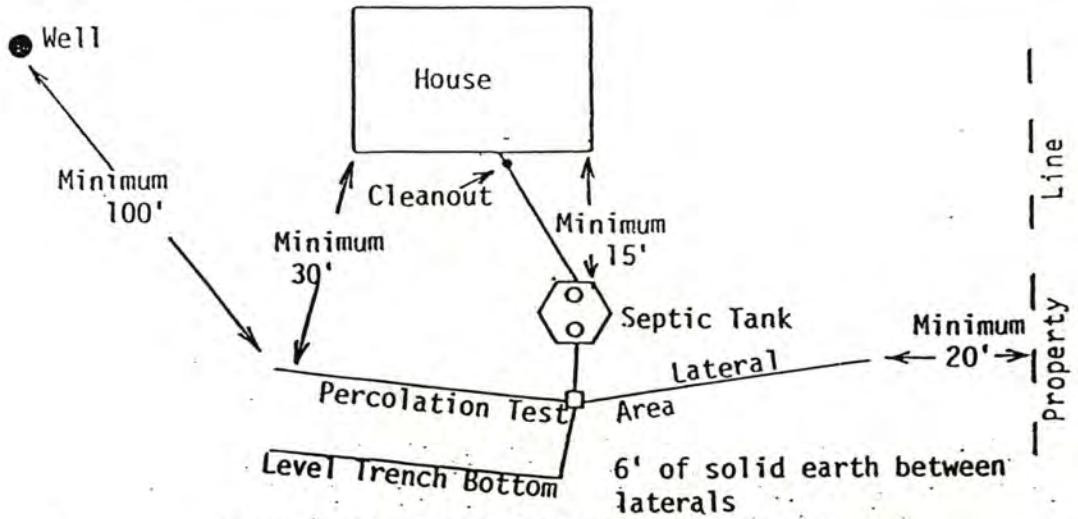
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs no .
5. Distances to:
Well or Suction Line 50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

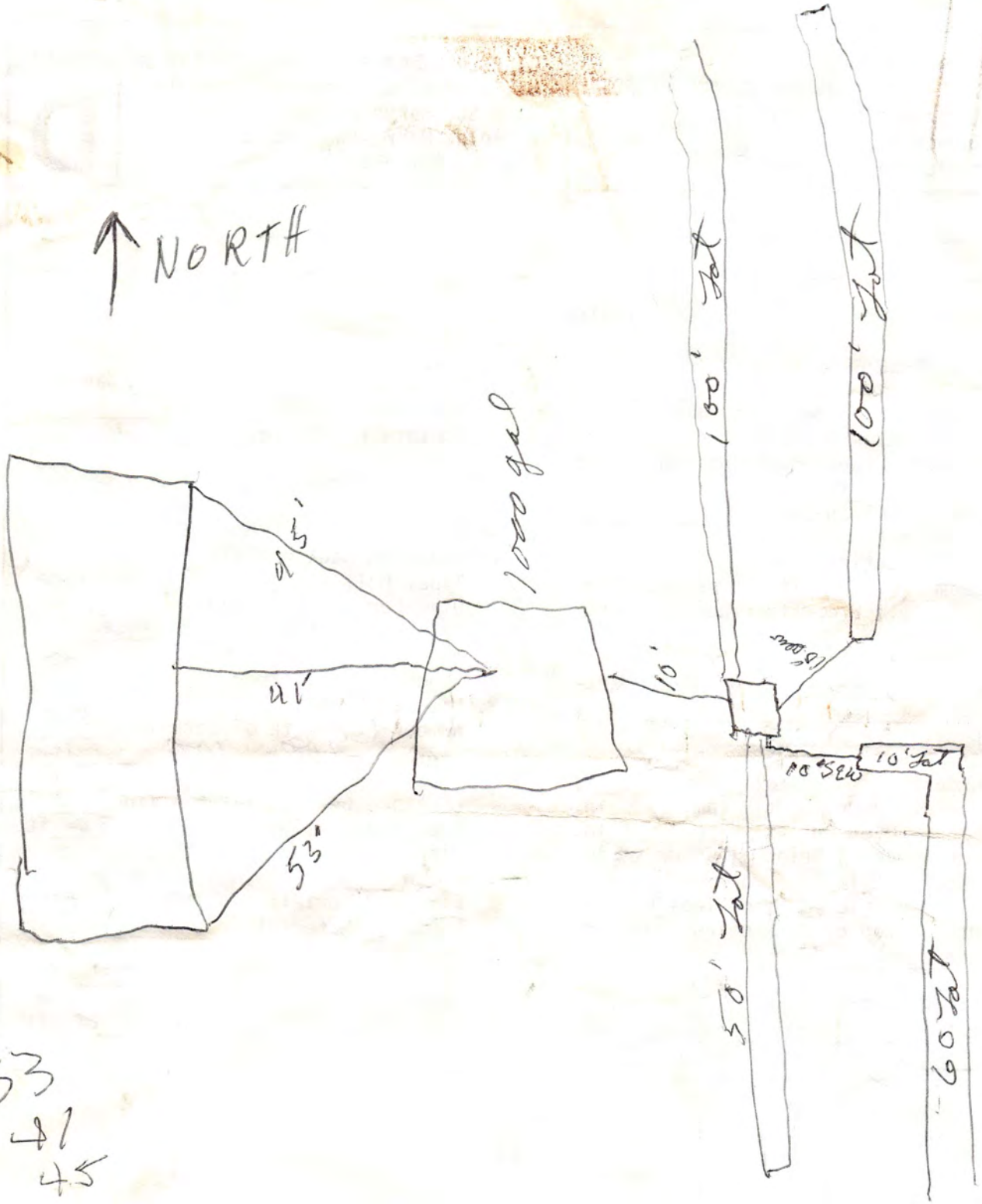
B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☐ Grade ~~flush~~ 8in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 8 in.
8. Distances to:
Well or Suction Line 90 ft.; Stream _____ ft.; Pressure Line 90 ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material Conc ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre)
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 4in .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 4 ; Length of each line 50 , 70 , 100 , 104 ft.;
Total length of laterals 320 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 36 ft.;
Slope 4 in/100 ft.; Average Depth 22 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 150 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NORTH
100' Lot
100' Lot
Prop. 1000 sq ft
53'
41'
53'
10'
10' Lot
50' Lot
100' Lot

53
41
45

006

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 11100 S. 56 St

Twp 9N Range 7E Section 33 1/4 ___ 1/4 ___ Block ___ Lot 17 Addition Sall Hills

Directions to Property 11100 S. 56 St. just north of Saltillo Rd. on 56 St.

Location of Well ___ Tap Location: Inside ☐ Outside ☑

Location of Sewage System ___ Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	Richard & Doris Buttinger	11100 S. 56 St	421-2563
Tenant/Buyer:			
Return to:	1st Tier	Eloise D. Bruce 68505	467-5135

attn: ~~Chuck~~ BRUCE

Signature of Applicant Doris Buttinger Address 11100 S. 56 St Date 10/7/93

HEALTH DEPARTMENT USE ONLY ~~A~~ #5218 Cornhusker

Date Received 10/7/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerold C. Hood **DATE:** 10/12/93

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

RURAL WATER DISTRICT

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

Approved by Jerold C. Hood R.E.H.S. Date 10/12/93

Approval or disapproval is based on State and local 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 operations.

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