FILE #2622

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

AUGUST 8, 1988 — THIS LICENSE OR PERMIT EXPIRES

DON H. LOYD — LICENSEE OR PERMITTEE

8101 PIONEERS — ADDRESS

LINCOLN, NE 68506

T9N; R7E; Sec 36 Lot 25 I.T.; 9920 E. Van Dorn — 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. 2622

DATE: 2-5-88

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 36 ;
   Block ____ : Lot 25 IT. : Addition ____
   Street Address 9920 E VAN DORN

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: 1 ½ miles ~~ft.~~ ~~TO BE DETERMINED BY PERCOLATION TEST~~

Don Loyd
Signature of Applicant (Owner or Lessee)

8101 PIONEERS
~~3500~~ SOUTH 84TH ST.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/5/88 . Date Frwd. 2/8/88 . ACTION: Approved ☐ Disapproved ☑ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 2/8/88 . Date Frwd. 2/8/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Hanwood

3. City or County Engineer: Date Rec'd. 2/8/88 . Date Frwd. 2/8/88 . ACTION: Approved ☒ Disapproved ☐ Signature: BS Michael

REMARKS OR REASONS FOR DISAPPROVAL ~~NEED WELL PERMIT~~

Site Visits:
Date: 3/28/88 by: J.C. Hood Pipe from house covered w/o inspection need drawing
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ By: ____

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
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B

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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:_____to_____. Weather: Precip._____Temp._____.

OWNER: Don Loyd

Address: 9920 Van Dorn

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												1	
2												2	
3												2	
4												½	
5												1	
6												1	
7													
8													

General Excavating - Scott Fitzgerald
Signature of Person Conducting Test

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

Address 4401 N 27th Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

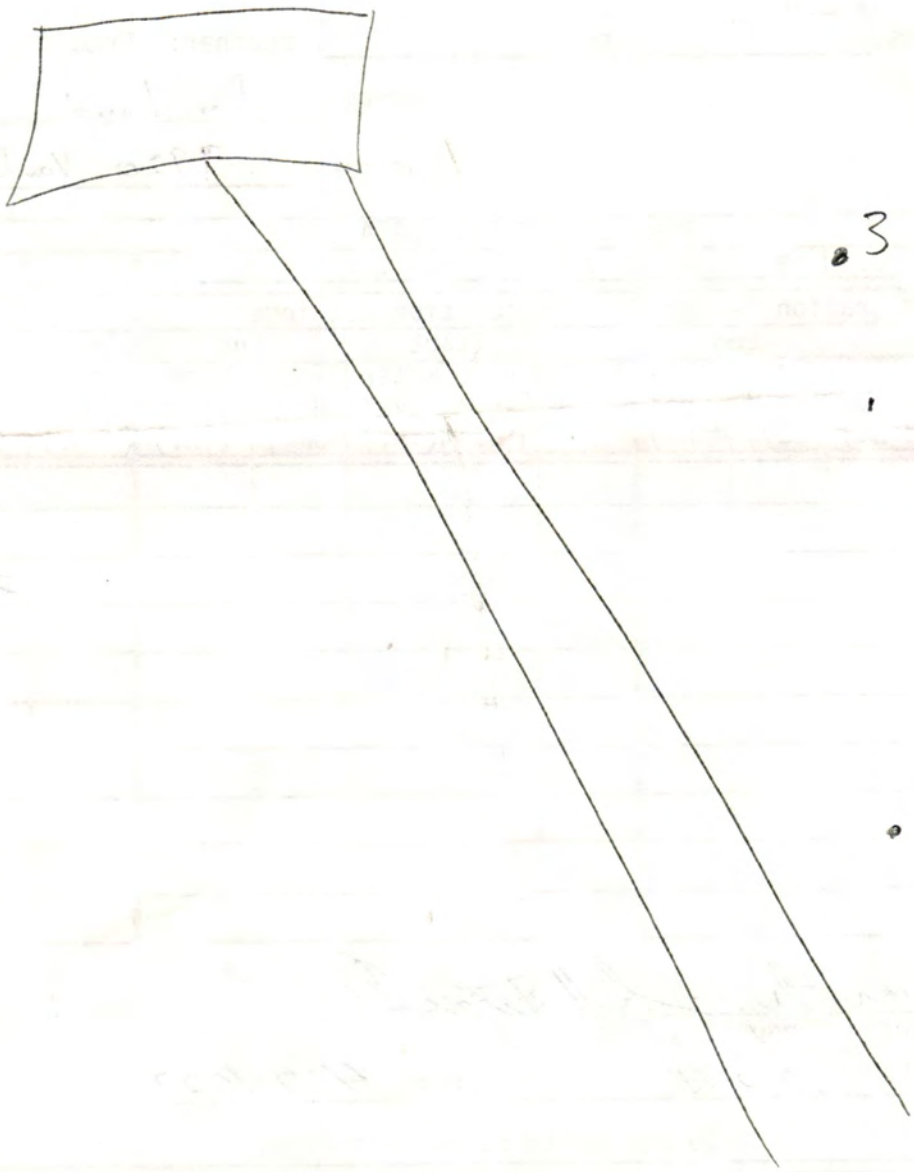
Remarks: Doesn't resemble it
Soil Type (SCS): Judson Silt Loam
Date: _____

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

.5

.6



.4

.3

.2

.1

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
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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: _____

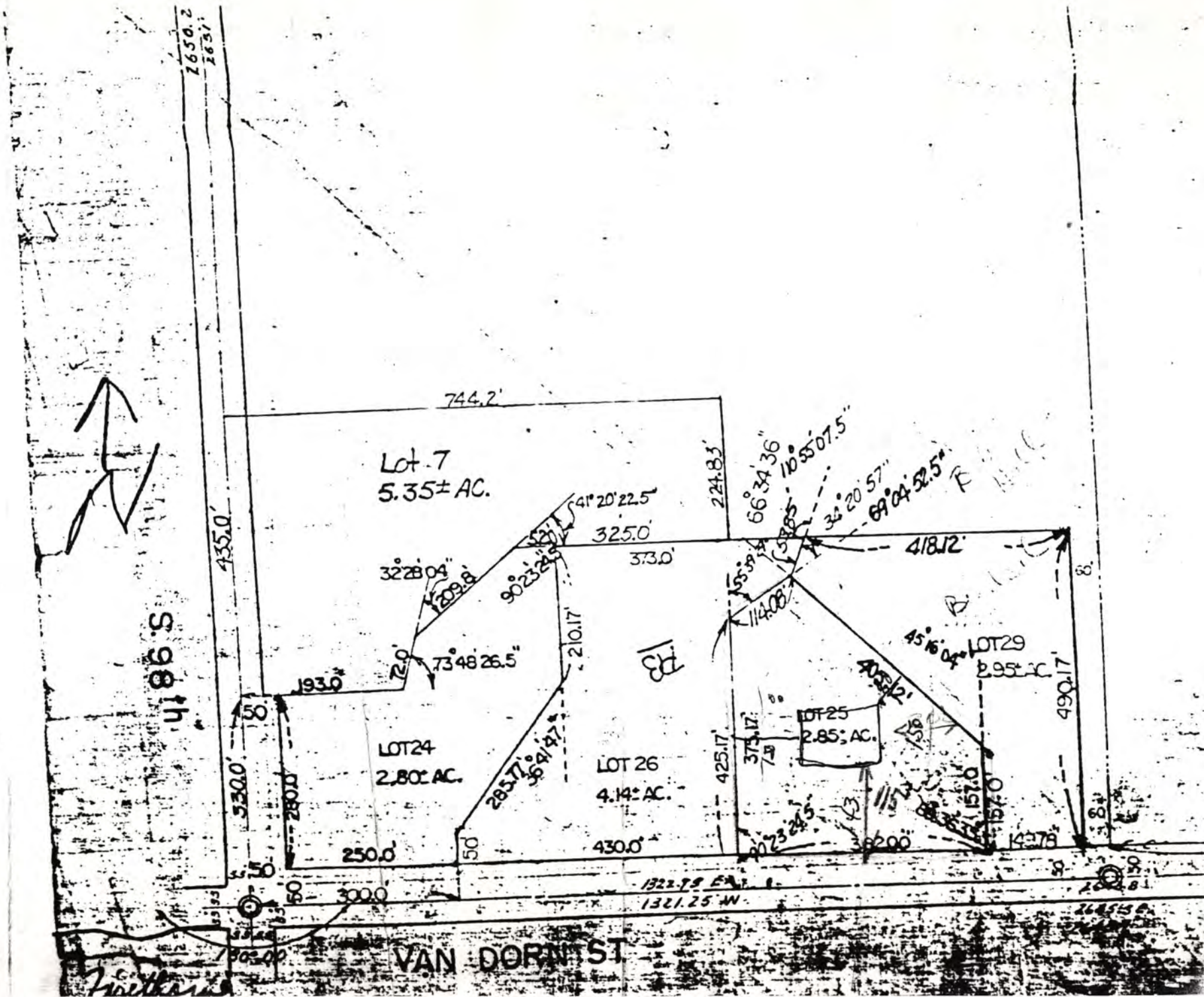
_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 169 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 677 sq.ft.

Gerald C. Wood
Signature of Reviewing Official

2622


744.2'
Lot 7
5.35± AC.
224.83'
41° 20' 22.5"
325.0'
313.0'
66° 34' 36"
10° 55' 07.5"
34° 20' 57"
69° 04' 52.5"
418.12'
435.0'
32° 28' 04"
209.8'
90° 23' 24"
210.17'
114.08'
45° 16' 04"
LOT 29
2.95± AC.
490.17'
193.0'
73° 48' 26.5"
LOT 24
2.80± AC.
LOT 26
4.14± AC.
LOT 25
2.85± AC.
425.17'
285.17'
56° 41' 42"
330.0'
280.0'
250.0'
430.0'
90° 23' 24"
1322.75' E
1321.25' W
300.0'
VAN DORN ST
S. 98th