LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2442-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JULY 16, 1987 — THIS PERMIT EXPIRES

JOHN STROHMYER — ISSUED TO

4401 No. 27 STREET, LINCOLN, NE 68506 — ADDRESS

T12N; R8E; Sec 12 NW¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: PB — DATE: 1/16/87 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2442-C

DATE: _____

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. 12N ; Range 8E ; Section 12 NW¼;
   Block _____ : Lot _____ : Addition _____
   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: NA ft.

John Struthmyer
Signature of Applicant (Owner or Lessee)

4401 NORTH 27TH ST., LINCOLN, NEBRASKA 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/16/87. Date Frwd. 1/16/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/16/87. Date Frwd. 1/16/87. ACTION: Approved ☒ see note Disapproved ☐ Signature: Gary M. Sherwood

3. City or County Engineer: Date Rec'd. 1/16/87. Date Frwd. 1/16/87. ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worth

REMARKS OR REASONS FOR DISAPPROVAL System is not to be located in the 100 year flood plain.

Site Visits:
Date: 5-15-87 by: rms need drawing OK
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-18-87 By: Ron Maynard

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

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

471-7800

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PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 8E ; Section & ¼ Section 12NW.
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: 1/10/87 to 1/11/86. Weather: Precip. _____ Temp. _____.

OWNER: Wilber Manski

Address: RR. Greenwood Nebr.

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	30"	1/10	10:AM	1/11	10:AM	1/11	1:00	6"	1:30	4	30	2	
2	"	"	"	"	"	"	"	"	"	5¼	"	3/4	
3	"	"	"	"	"	"	"	"	"	4½	"	½	
4	"	"	"	"	"	"	"	"	"	5¼	"	3/4	
5	"	"	"	"	"	"	"	"	"	4	"	2	

John Strubmeier
Signature of Person Conducting Test

Address 4401 No 25th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: JANUARY

Approved Percolation Rate (a)
A. 2[illegible] 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 ☐

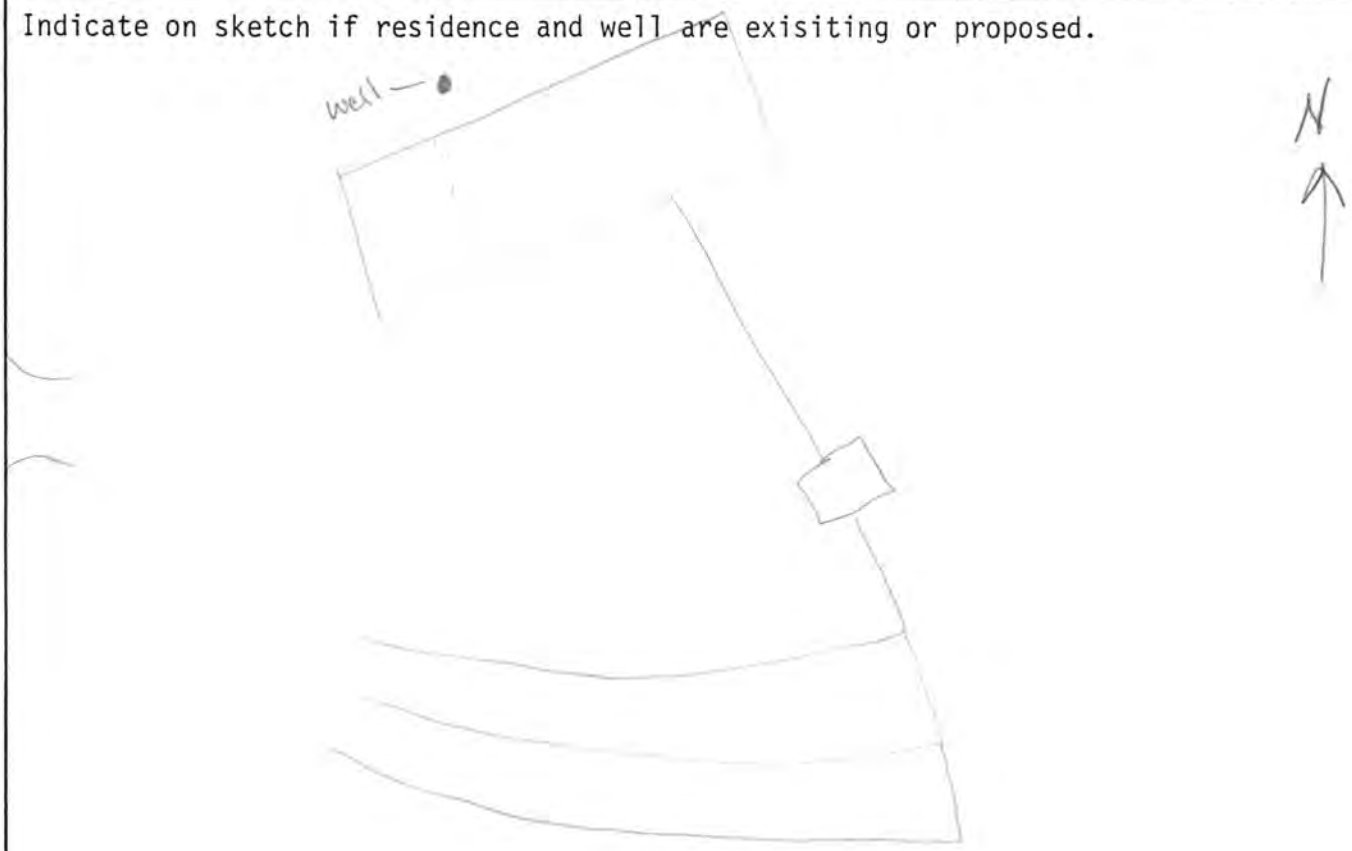
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: JANUARY 16, 1986

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 641 sq.ft.

Gerrold C. Hoos
Signature of Reviewing Official

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-18-87

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 8E ; Section 12 NW 1/4 ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☑; Commercial_____ ☐
No. Bedrooms_____ Describe_____

Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair:_____

5. Work to be done by: Owner ☐ ; or Contractor ☑ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

Scott Fitzgerald - Strohmyer Exc.
Signature of Applicant (owner or lessee)

4201 N 27th Lincoln
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $_____

2. Site Visits:
Date:_____by:_____
Date:_____by:_____
Date:_____by:_____

3. Date: Approved ☐; Disapproved ☐
by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

T12N, R8E, Sec. 12 NW¼ Wilbur Manske

