FILE # 2709

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

LINCOLN ELECTRIC SYSTEM — LICENSEE OR PERMITTEE

2620 FAIRFIELD ST. LINCOLN, NE 68503 — ADDRESS

T10N; R5E; Sec 13 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ NO FEE	018754	$ NO FEE

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

8/4/88
no fee

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 ~~(A)~~

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

A

FILING FEE: $ ~~$67.50~~ NO FEE

FILE NO. 2709

DATE: 8-2-88

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. 10N ; Range 5E ; Section 13 ;
   Block N/A : Lot N/A : Addition N/A
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Electrical Substation Control Building

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

4. Distance to public sewer: N/A ft.

Dan Wesolowski Substation Engr.
Signature of Applicant (Owner or Lessee)

Lincoln Electric System, 2620 Fairfield Street
Address Lincoln

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/3/88. Date Frwd. 8/4/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-4-88. Date Frwd. 8-4-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen
3. City or County Engineer: Date Rec'd. 8-4-88. Date Frwd. 8-4-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/31/88 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/12/97 By: Jerrold C. Hood

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 10N ; Range 5E ; Section & ¼ Section 13, SW 1/4.
Property Dimensions: 1,325 ft. x 1,290 ft. Area: 39.07 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay [X] ; Silty Clay Loam [ ] ; Sandy Loam [ ] ; Silt Loam [ ] ; Clay Loam [ ] .
Dates of Tests: March 18 to March 22. Weather: Precip. _____ Temp. _____.

OWNER: Lincoln Electric System

Address: 2620 Fairfield Street, Lincoln

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	3/21				3/22					270	1 1/4	240
2	36	3/21				3/22					270	8	160
3	36	3/21				3/22					270	10 1/4	28
4	36	3/21				3/22					270	3 9/16	96
5	36	3/17				3/18					270	15/16	480
6	36	3/21				3/22					270	5/16	480

HWS Technologies for LES
Signature of Person Conducting Test

Address 825 J St Lincoln Ne Phone 475-4241

Sum of Percolation Rates: 1,484
Average of Rates: 247
Mean of Rates: _____

*Calculated by drop in the last 30 minutes.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

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.

FILE NO._____

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

See attached Drawing OS-E-14-032 - Yard Piping Plan and Details

REVIEWING ACTION

Remarks :_____

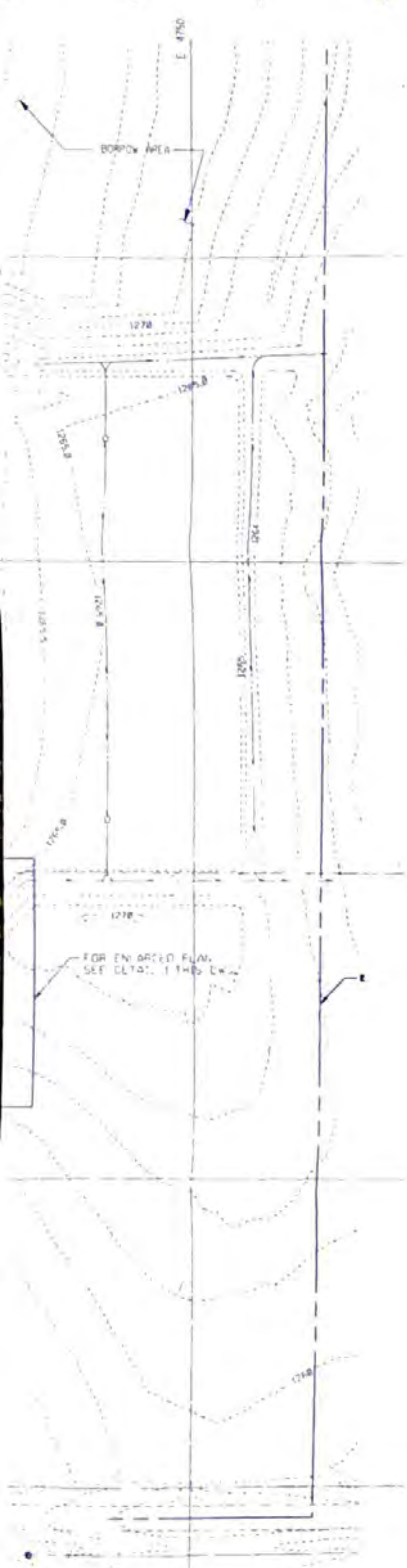
_____

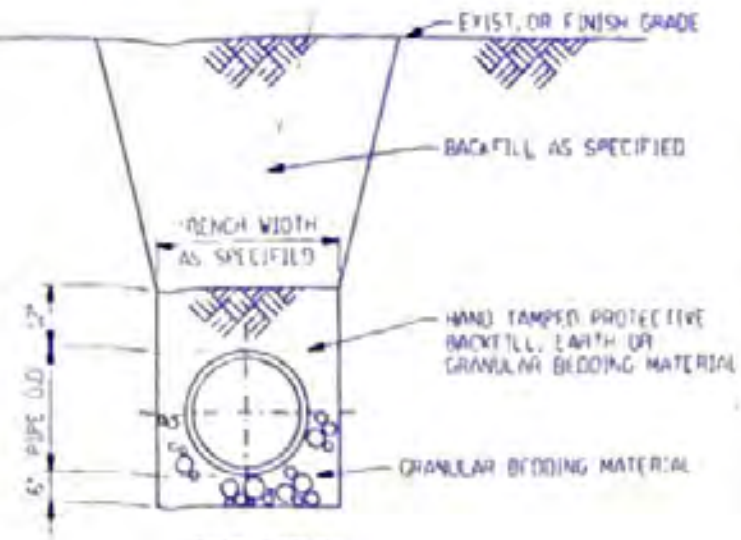
Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____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

7 8 9 10 11 12 13 14 15 16 17





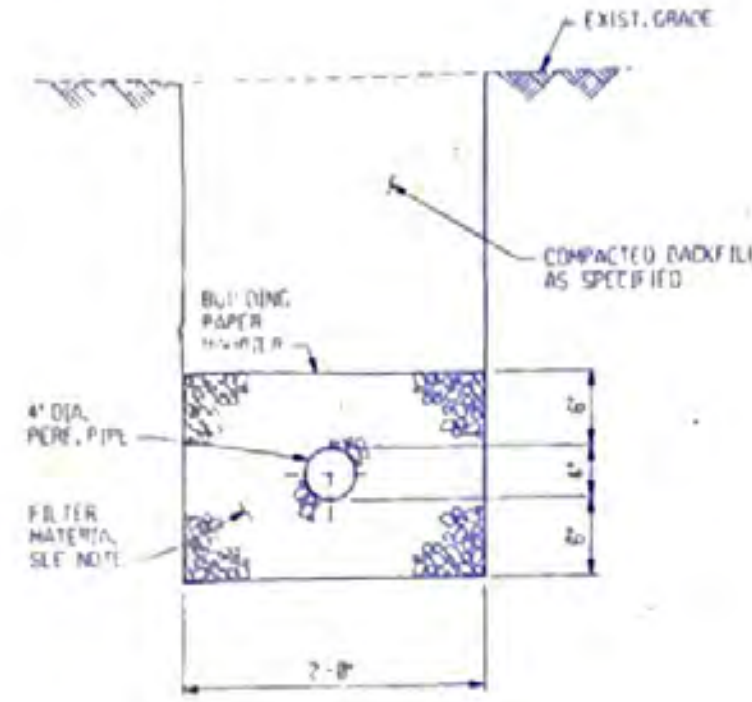
PIPE TRENCH
NOT TO SCALE



GUARD POST - 6 REQUIRED
NOT TO SCALE

NOTE: GUARD POSTS FURNISHED AND INSTALLED BY CONTRACT 55-88-844.

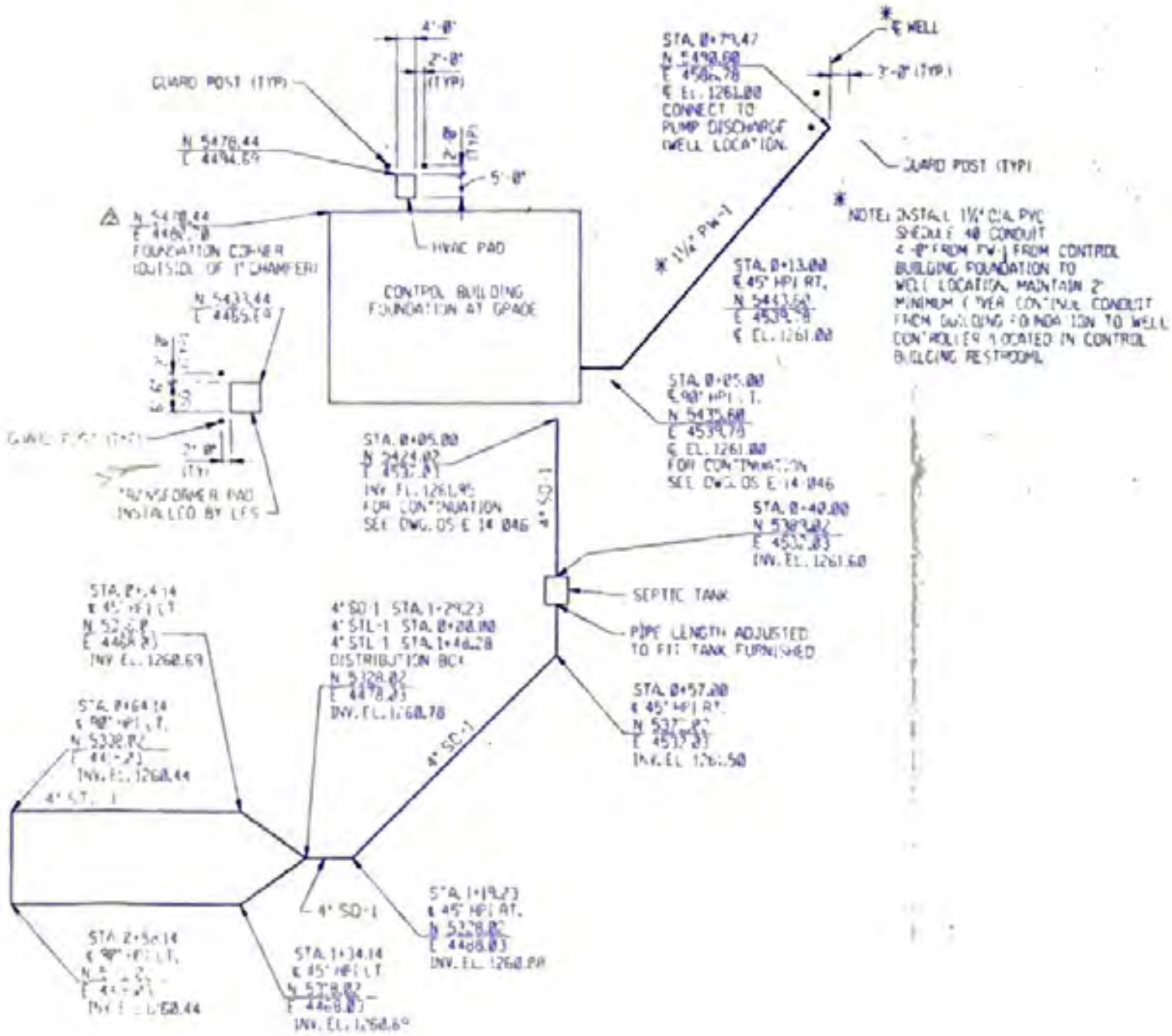
EXISTING	LEGEND	NEW
1250	CONTOURS	
	BARBED WIRE FENCE	
	ROADS	
	STRUCTURES	
	FLOW LINE	
	PROPERTY LINE	
	STORM SEWER	
	DROP INLET W/STORM SEWER	
	POTABLE WATER	PW
	SANITARY DRAIN	SD
	SEPTIC TANK LEACHING	STL



NOTE: MATERIAL SHALL BE **ROAD GRAVEL**

SEPTIC TANK LEACHING
FIELD TRENCH DETAIL
NOT TO SCALE

NOTES:
1. ALL SPOT ELEVATIONS ARE FINISH SUBGRADE.
2. * INDICATES ITEMS FURNISHED AND INSTALLED BY SEPARATE WELL CONTRACT.



DETAIL 1
NOT TO SCALE

AS CONSTRUCTED

By | Revision | By Date | Revision | bk. no.

Barns & McDonnell
ENGINEERS - ARCHITECTS - CONSULTANTS
Kansas City, Missouri

Title YARD PIPING
PLAN & DETAILS
N.W. 68TH & HOLDREGE SUBSTATION

A B D E F G I J K L N