FILE #2470

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 2, 1987 — THIS LICENSE OR PERMIT EXPIRES

SCOTT FITZGERALD, STROYMYER EXC., 4201 NO. 27 STREET, LINCOLN, NE 68521 — LICENSEE OR PERMITTEE / ADDRESS

T10N, R6E, Sec SE¼ 2; Lot 3; Grandview Heights — 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

AHEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED MAR 1 3 1987

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. 2470

DATE: 2-27-87

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: Lot 3, ~~Grandview~~ GRANDVIEW Heights SE 1/4 Sec 2 10N R6

1. Legal description of property: Twp. 10N ; Range 6E ; Section 2 ;
   Block ____ : Lot 3 : Addition GRAND VIEW HEIGHTS
   Street Address ____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe ____

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

4. Distance to public sewer: ____ ft.

Scott Fitzgerald
Signature of Applicant (Owner or Lessee)
Strohmyer Exc.
4201 N 27th Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/1/87. Date Frwd. 4/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd.* 4/2/87. Date Frwd. 4/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jay Stenvall

3. City or County Engineer: Date Rec'd. 4/2/87. Date Frwd. 4/2/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL * more than 20 acres

Site Visits:
Date: ____ by: J.C.H. Does too close
Date: 9/28/88 by: J.C.H.
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-19-93 By: Ron Yonkey

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

FORM 20'05-0477
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

Earl Luft

FILE NO. 2470

PROPERTY WHERE SOIL TESTED: Lot 3 Glenview heights SE¼ Sec 2 10N R6

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:_____

Address:_____

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"	2-3	8:00	9-3	10:00	9:30	10:30	6"	11:00	6	30	0	
2	"									5 3/4		1/4	
3	"									5 3/4		1/4	
4	"									5 5/8		3/8	
5	"									5 1/2		1/2	
6	"									5 1/2		1/2	
										5 3/8		5/8	

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(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 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. 2470

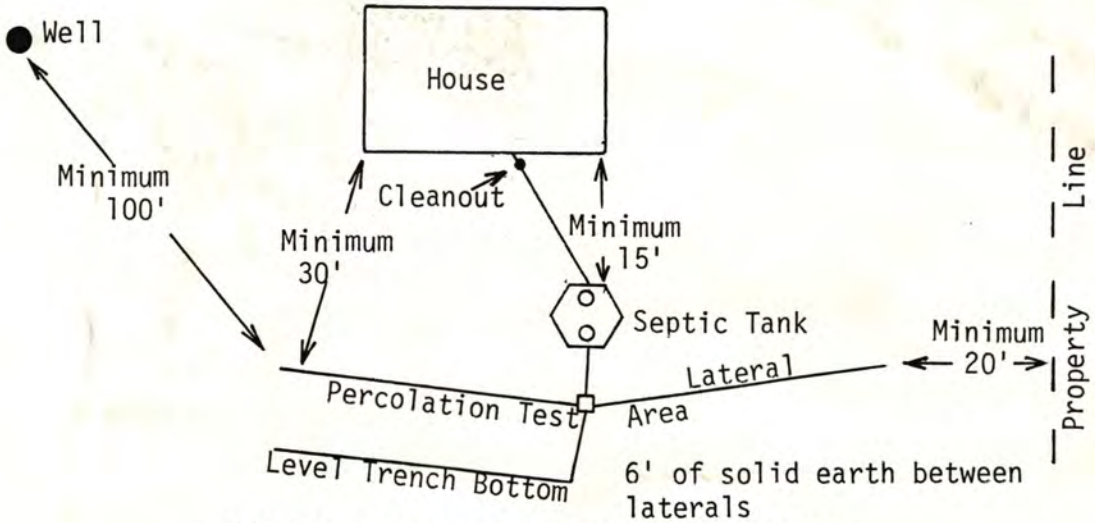
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____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_____in.
8. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

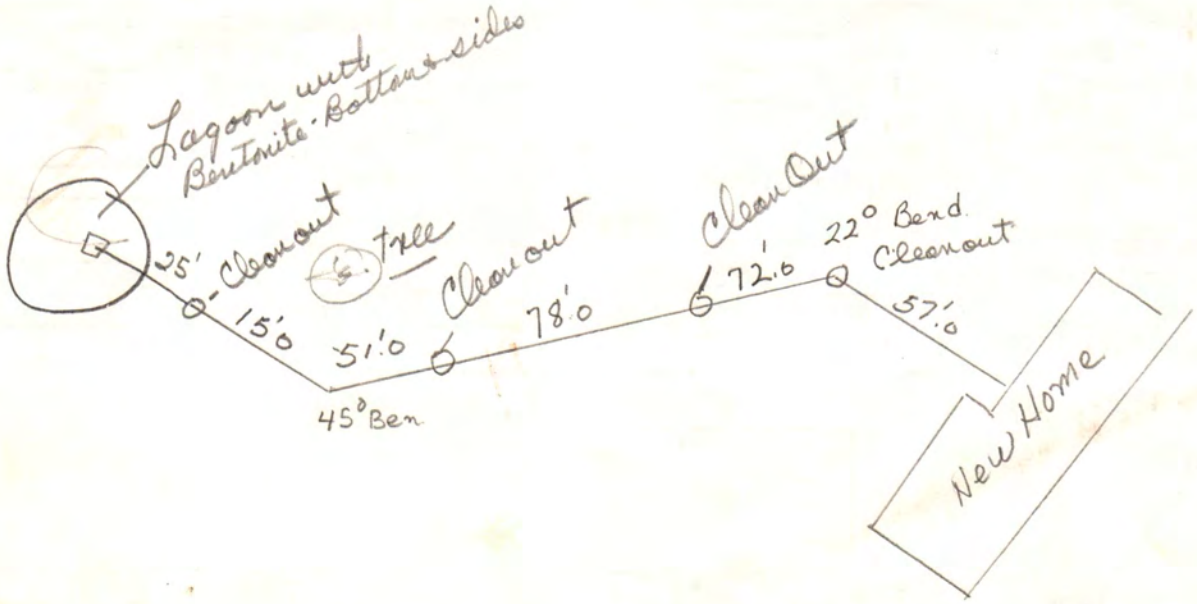
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other Lagoon.
2. Lateral Lines:
Number__ ;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____,
Depth of Material_____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 Feb 19-1987 INSTALLER Strohmyer Eye.



Carl Luff.