FILE #2379

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 19, 1987 — THIS LICENSE OR PERMIT EXPIRES

SCOTT FITZGERALD, STROHMYER EXCAVATING, 4401 NO. 27 STREET, LINCOLN, NE 68501 — LICENSEE OR PERMITTEE / ADDRESS

T10N; R7E; Sec. 13; Lot 21-22-23 I.T.; 2200 No. 98 Street — 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. 2379

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. 10N ; Range 7E ; Section 13 ;
   Block _____ : Lot 21-22-23 I.T Addition _____
   Street Address 2200 N 98th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Scott Fitzgerald-Stahmer Exc.
Signature of Applicant (Owner or Lessee)

4401 N 27th Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/18/86. Date Frwd. 8/19/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/19/86. Date Frwd. 8/19/86. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 8-19-86. Date Frwd. 8-19-86. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/2/86 by: J.C.H. Laterals covered without inspection
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL X
Date: 10/10/86 By: J. C. Hood

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

X SEE ABOVE PROVISIONAL

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. 2379

4 Bedroom

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section 13. Lot 21-22-23
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: 8-13 to 8-14. Weather: Precip. _____ Temp. _____.

OWNER: Steve Harms

NE ¼ of SW ¼ 70 acres.

Address: 2200 N 98th

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 | 32 | 8-13 | 10:00 | 8-14 | 11:00 | 8-14 | 11:00 | 6" | 4:30 | 5" | 30 | 1" | |
| 2 | 32 | 8-13 | " | 8-14 | " | 8-14 | " | 6" | " | 4¾" | 30 | 1¼ | |
| 3 | 32 | 8-13 | " | 8-14 | " | 8-14 | " | 6" | " | 5⅛" | 30 | 7/8" | |
| 4 | 32 | 8-13 | " | 8-14 | " | 8-14 | " | 6" | " | 5" | 30 | 1 | |
| 5 | 32 | 8-13 | " | 8-14 | " | 8-14 | " | 6" | " | 4¾" | 30 | 1¼ | |
| 6 | 32 | 8-13 | " | 8-14 | " | 8-14 | " | 6" | " | 4¾" | 30 | 1¼ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Lonnie Pickett
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: _____

Soil Type (SCS): SHARPSBURG OR WYMORE SILTY CLAY LOAM

Date: AUGUST 18, 1986

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
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. 2379

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

REVIEWING ACTION

Remarks: _____

Date: August 18, 1986

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 238 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 951 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

REC'D OCT 1 C 1986

# strohmyer excavating co., inc.

4401 North 27th Street Lincoln, NE 68521

T10N R7E Sec 13 N ↑

Lot 21-22-23 I.T.

Bill out send drawing

Steve Harms: septic

2200 N 98th. + Leighton

| | | |
|---|---|---|
| 120' 4" | 3.50 | 420.00 |
| 240' - Lateral | 11.00 | 2640.00 |
| Lift Pump Stat | | 600.00 |
| 1000 gal Tank | | 675.00 |
| Dist Box | | 85 |
| Bed Ext - 75 - Bmit 65 | | 75 |
| | | 65.00 |
| | | $4,560 |

