LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380145501

Issued 07/24/96
Expires 01/24/97
Revenue Code 18754

Establishment
JOHN STROHMYER
T11N R6E SEC 31
WOODLAWN
6667 NW 48 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JOHN STROHMYER
9811 NW 40 ST
LINCOLN NE 68524

Issued By M. Jane Ford
Health Director

2398

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. 96 3801455

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. 11N ; Range 6E ; Section E½ Sec 31
   Block _____ : Lot 2 : Addition ~~Woodlawn~~ WEST Addition
   Street Address ~~6667~~ 6807 NW. 48th
2. Property Use: Residential ☐ ; Commercial ☑ Other Use ☐
   No. of Bedrooms _____. Describe Equipment storage with office 1-3 people in office
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: 2 miles ft.

John Strahmyer
Signature of Applicant (Owner or Lessee)

9811 NW. 98th LNK 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/24/96. Date Frwd. 7/24/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/24/96. Date Frwd. 7/24/96. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. _____. Date Frwd. 7-24-96. ACTION: ~~Approved~~ ☒ Disapproved ☐ Signature: B.E.W. Michael

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-11-96 by: rm
Date: 12-12-96 by: rm 2' bore holes - no water
Date: 7-13-99 by: P.D fence up

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-13-99 By: Paul Johnson

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. 96 3801455

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section E½ Sec 31
Property Dimensions: _____ ft. x _____ ft. Area: 4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/6/96 to 7/7/96 . Weather: Precip. _____ Temp. _____ .

OWNER: John Strohmyer
Address: 9811 NW 40th 68524

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	28"	7/6	10:00	7/7	10:00	7/7	2:00	6	2:30		30	1¼	24 MIN/IN
2	28"	7/6	10:00	7/7	10:00	7/7	2:00	6	2:30		30	1½	20 MIN/IN
3	30"	7/6	10:05	7/7	10:00	7/7	2:00	6	2:30		30	1¼	24 MIN/IN
4	26"	7/6	10:05	7/7	10:00	7/7	2:00	6	2:30		30	1¾	17 MIN/IN
5	28"	7/6	10:10	7/7	10:00	7/7	2:00	6	2:30		30	1½	20 MIN/IN
6	28"	7/6	10:10	7/7	10:00	7/7	2:00	6	2:30		30	1¾	17 MIN/IN

John Strohmyer
Signature of Person Conducting Test

Address 9811 N.W. 40th Phone 430-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: FHA
Soil Type (SCS): Colo + Zook Silt Loam
Date: July 24, 1996

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 96 3801455

New Perk Test in bottom of lagoon

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6667 N.W 48th (no rural route) City Lincoln NE, Zip 68524

Owner John Strohmyer Addresss 9811 N.W 40th Lincoln Nebr. 68524

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 12/15 to 12/16 Weather: Precipitation wet Temperature 40°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28"	12/15	10:00	12/16	12/16	12/16	2:00	6"	12/16	2:30	30	0	
2	28"	12/15	10:00	12/16	12/16	12/16	2:00	6"	12/16	2:30	30	0	
3	28"	12/15	10:00	12/16	12/16	12/16	2:00	6"	12/16	2:30	30	0	

Person Conducting Percolation Tests

Name: John Strohmyer

Phone: 430-6023

Address 9811 NW 40th 68524

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

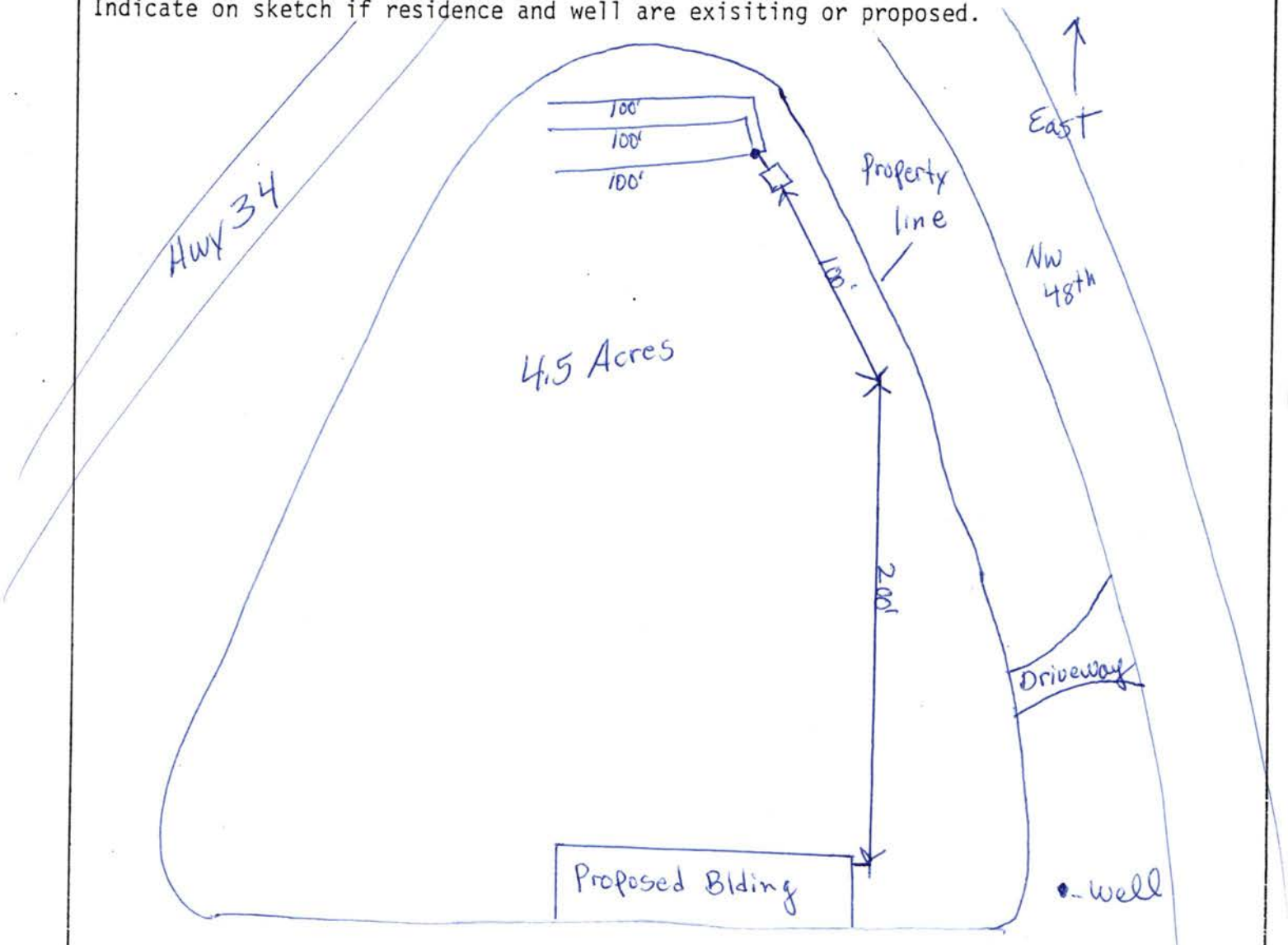
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 96 380 1455

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



REVIEWING ACTION

Remarks: _____

Date: July 24, 1996

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 ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 9638 01455

Sewage Disposal System

As Built Plans & Specifications

Date 12/13/96

System Location (Indicate correct number and street)

Address 6667 N.W. 48th (no rural route) City Lincoln, Nebr. NE, Zip 68524

A. Building Sewer

1. Material: Class 160 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 420 ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line 200' + ft.
   stream _____ ft.
   pressure line 200' + ft.
   property line 60' ft.

Lagoon

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

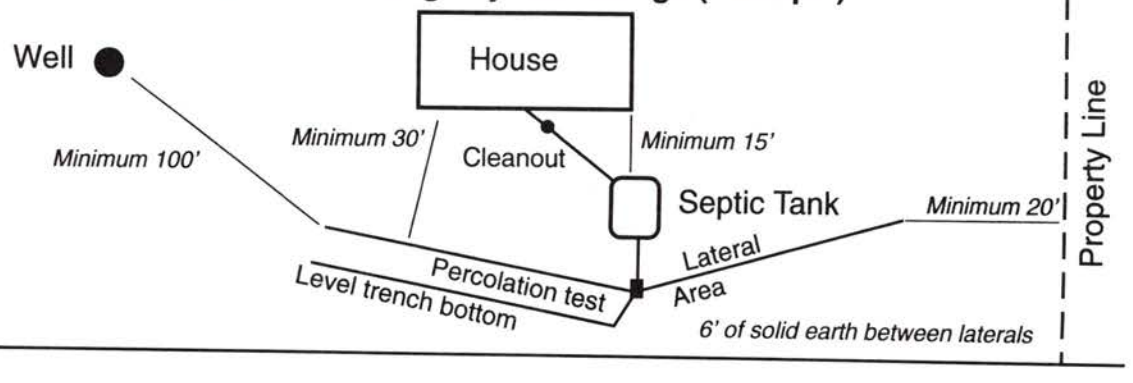
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ 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.

Indicate North with Arrow

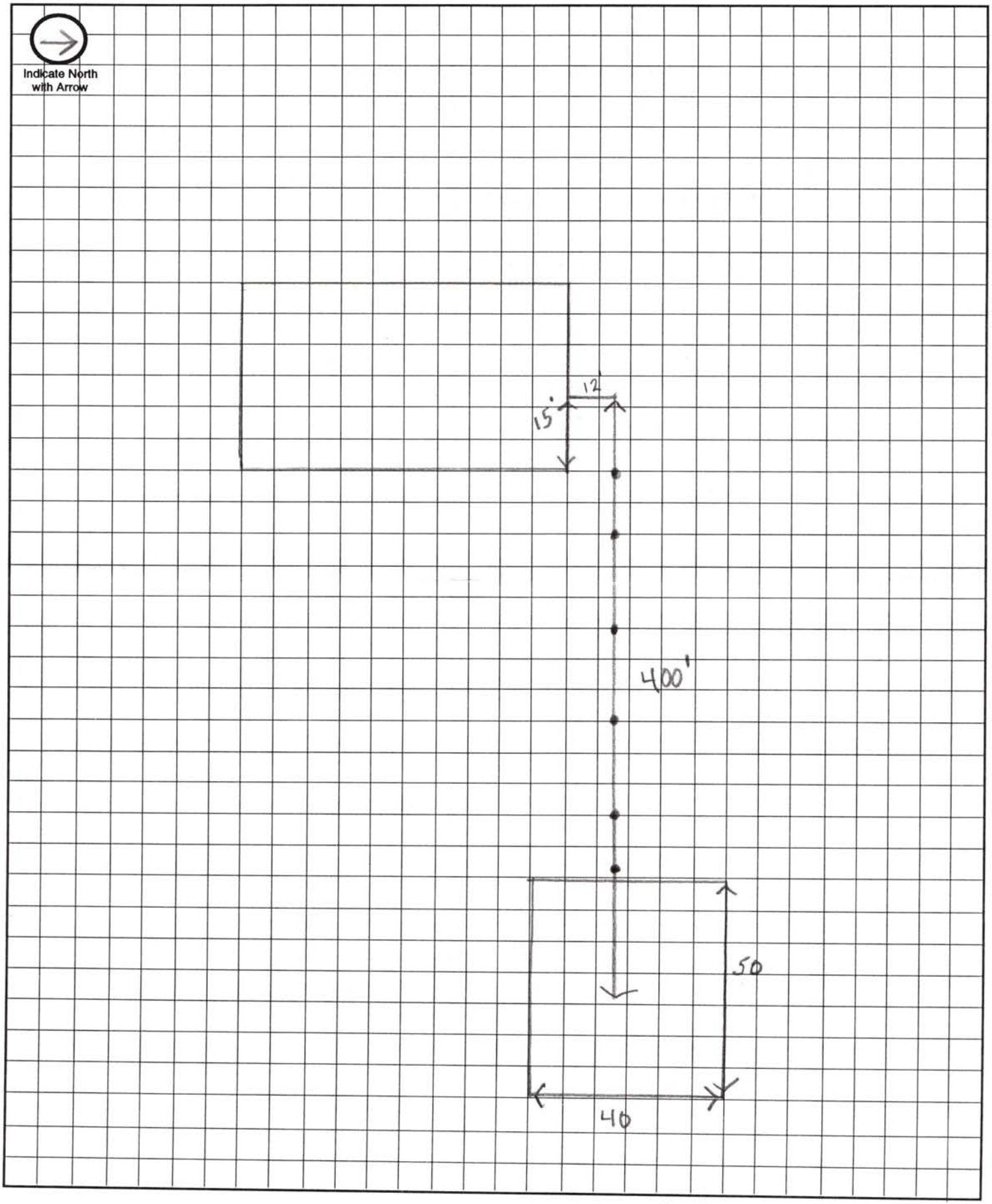
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


R. 5 E.
R. 6 E.
19
20
24
25
30
29
31
36
32
West Oak Creek
Oak Creek
NORTHERN
CREEK
Elk Creek
Woodlawn
New lagoon