FILE #2519

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 30, 1987 — THIS LICENSE OR PERMIT EXPIRES

BIGGERSTAFF PLUMBING, C/O DON BIGGERSTAFF, 1630 SO. 77 STREET, LINCOLN 68506 — LICENSEE OR PERMITTEE / ADDRESS

TION: R7E; Sec SE¼ 14; Lot 32 I.T.; 1831 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. 2519

DATE: 6-29-87

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:

1. Legal description of property: Twp. 10N ; Range 7E ; Section SE¼ of 14;
   Block _____ : Lot 32 I.T. : Addition _____
   Street Address 1831 No 98th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 17 sq ft Ranch

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

4. Distance to public sewer: — ft.

Don Baggerstaff
Signature of Applicant (Owner or Lessee)

1630 So 77th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/30/87. Date Frwd. 6/30/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/1/87. Date Frwd. 7/1/87. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7-1-87. Date Frwd. 7-1-87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 12-8-87 by: [illegible] saw hole & talked
Date: 12-15-87 by: [illegible]
Date: _____ by: _____

PROVISIONAL EXPERIMENTAL WIDE BED

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 12-15-87 By: Ron Maynard

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. 7519

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7 ; Section & ¼ Section SE¼ of 14
Property Dimensions: 543 ft. x 478 ft. Area: 5.96 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-27 to 6-28 . Weather: Precip. N Temp. 76°-80°.

OWNER: Don Biggerstaff

Address: 1831 No 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~~ Time (Mo./ Day)	(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	37"	9:00	"	"	"	6-28	10:50	6"	2:10	1⅞	[redacted] 4Hr	½	30/ ½
2	35"	9:00	6-27	6-28	9:00	"	10:51	"	2:11	5"	[redacted]	⅛	30/ ⅛
3	36"	9:00	"	"	"	"	10:52	"	2:12	3"	"	½	30/ ½
(4)	36"	9:00	"	"	"	"	10:53	"	2:13	Refill	"	1¼	30/ 1¼
5	35"	9:00	"	"	"	"	10:54	"	2:14	3⅜"	"	⅛	30/ ⅛
(6)	37"	9:00	"	"	"	"	10:55	"	2:15	Refill"	"	¾	30/ ¾
7	35"	9:00	"	"	"	"	10:56	"	2:16	4¾"	"	⅛	30/ ⅛
								"					
								"					

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

Don Biggerstaff
Signature of Person Conducting Test

Address 1630 So 77 Phone 488-4431

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: JUNE 30, 1987

Approved Percolation Rate (a)
A. 53 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 ☐

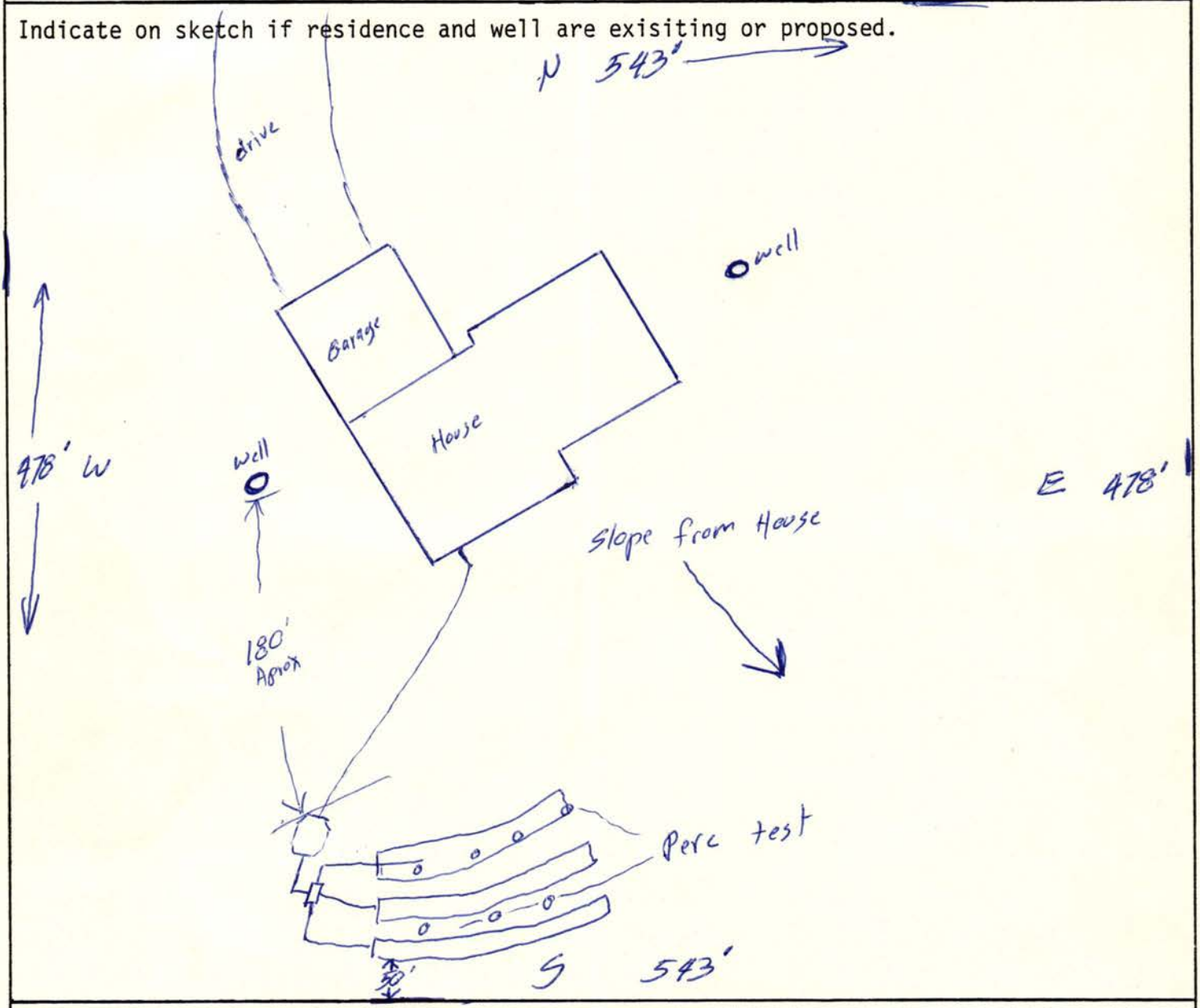
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 2519

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



REVIEWING ACTION

Remarks: _____

Date: JUNE 30, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 234 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 938 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FEB 3 1987

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 45.00

FILE NO. W-172

DATE: 1-27-87

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10 N. : Range 7 E of the ~~6th~~ PM : Section 14
   Block ____ : Lot 321 ; Addition ~~New~~
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe ____
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Domestic water Usage

Don Biggerstaff
Signature of Applicant (owner or lessee)

7117 Logan
Address

Sewage Permit Applied For Yes ☐ No ☒ Not Applicable ☐

1. Health Department: Date Rec'd 2/3/87. Date Frwd. 2/3/87. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nooe
2. Supt. Bldg. Insp.: Date Rec'd 2/3/87. Date Frwd. 2/3/87. Action: Approved ☒ Disapproved ☐ Signature: Don M Shewcraft
3. City or County Engineers: Date Rec'd 2/3/86. Date Frwd. 2/3/86. Action: Approved ☒ Disapproved ☐ Signature: John D Nuernberg

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 8-16-91 by ___ conduit broken
Date: 4-21-92 by ___
Date: ____ by ____

Nitrate Level 1.7 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-23-92 By: Ron Mangum

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13