FILE # 2816

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

KENT D. HEIDTBRINK — 2222 NO. COTNER — LINCOLN, NE 68505

LICENSEE OR PERMITTEE — ADDRESS

T10N: R7E: Sec. 14: Lot 33 I.T.: 1601 No. 98th

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

$60.00

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. 2816

DATE: 4-4-89

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 14 ;
   Block _____ : Lot 33 IT : Addition _____
   Street Address 1601 N. 98TH

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

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

4. Distance to public sewer: 5700" ft.

Kent Heidbrink
Signature of Applicant (Owner or Lessee)

2222 North Colner #3
Address
68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/6/89. Date Frwd. 4/7/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-7-89. Date Frwd. 4-7-89. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 4-7-89. Date Frwd. 4-7-89. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL WELL PERMIT TAKEN OUT

Site Visits:
Date: 5/7/90 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/8/90 By: Jerold 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 _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 5.57 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-31-89 to 4-1-89. Weather: Precip. 0 Temp. 50°.

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		Elapsed	Water	
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.)	Time (Min.)	Level Drop (in.)	Percolation Rates (Min./in.)
1	36	3-31	4:00 PM	3-31	8:30	4-1	7:30 AM	6"	8:00 AM	3/8"	15	5 5/8"	
2	36	3-31	4:00	"	"	4-1	7:30	7"	"	1"	15	6"	
3	36	"	"	"	"	4-1	"	6 3/8"	"	1"	15	5 3/8"	
4	36	"	"	"	"	4-1	"	6"	"	1/2"	15	5 1/2"	
5	36	"	"	"	"	4-1	"	7 1/8"	"	1 1/8"	15	6 1/8"	
6	36	"	"	"	"	4-1	"	7 1/2"	"	2 3/8"	15	5 1/8"	

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: Too fast, would overbuild to compensate
Soil Type (SCS): _____
Date: April 7, 1989

Approved Percolation Rate (a)
A. 5 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: 471-7800

C

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

FILE NO._____

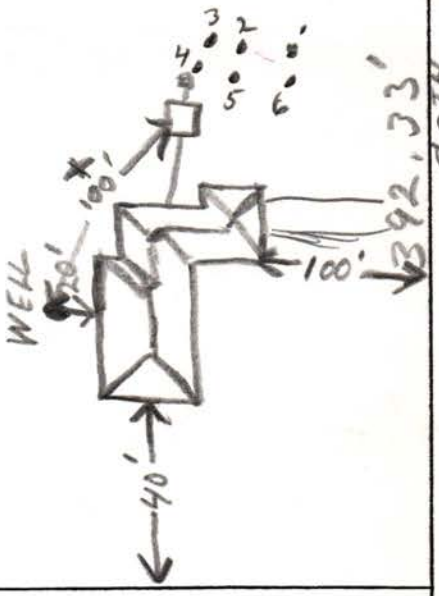
Indicate on sketch if residence and well are exisiting or proposed.

628.11'

N

380.0'

LOT 33
OF IT IN
SE ¼ OF 14-10-7



629.55'

REVIEWING ACTION

Remarks: Perc. too fast
recommend overbuilding system

Date: April 7, 1989

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 375 sq.ft.

Jerrold C. Hood
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: 5-7-90

FILE NO. 2816

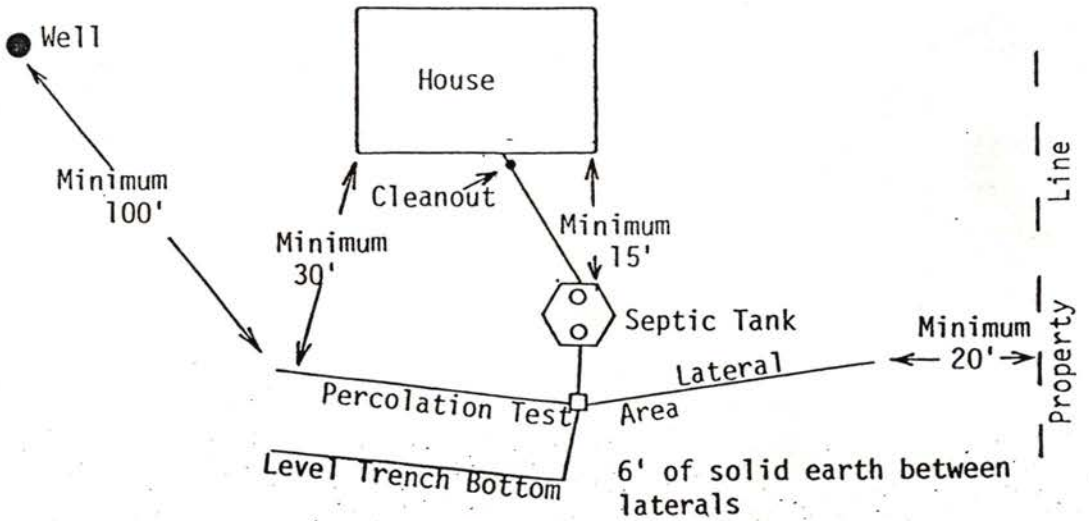
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor 0 in., or below basement floor 2'0 in.
3. Distance between dwelling and septic tank 66'-3" ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 65 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 34 ft.

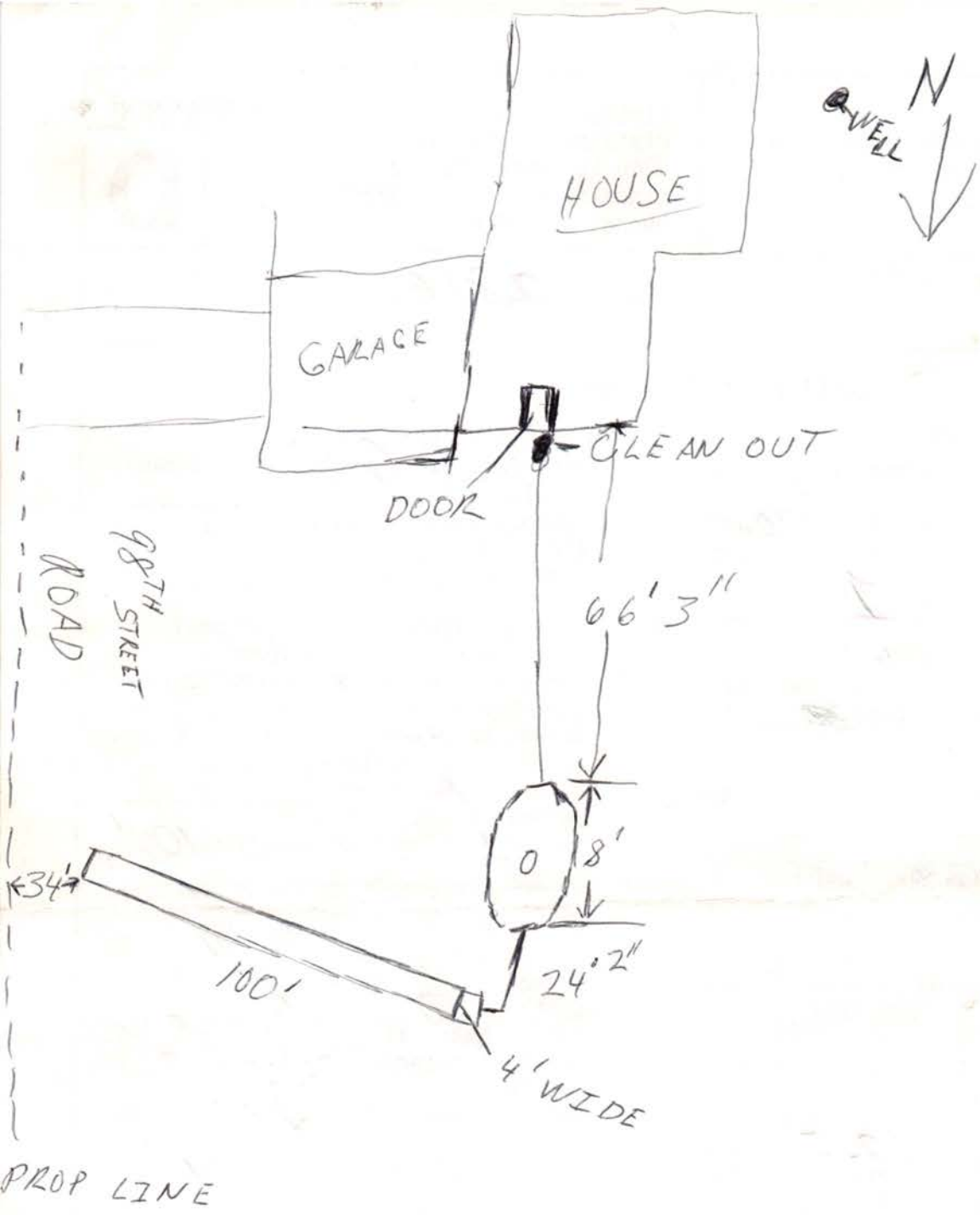
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE-CAST STEP)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade 0 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 1'0 in.
8. Distances to:
Well or Suction Line 125 ft.; Stream NONE ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material NONE; 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 PRE CAST or ~~Perforated Pipe~~ HALE MOON 4' LENGTH
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 100', _____, _____, _____, _____ ft.;
Total length of laterals 100' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 3" in/100 ft.; Average Depth 30 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 3-4" OVER TOP in.
5. Distances to:
Well or Suction Line 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 34 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


HOUSE
N
WELL
GARAGE
CLEAN OUT
DOOR
98TH STREET
ROAD
66'3"
8'
34'
100'
24'2"
4' WIDE
PROP LINE