FILE # 2823

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

JOHN SCHERRAK — 3140 NO. 53RD — LINCOLN, NE 68504

LICENSEE OR PERMITTEE — ADDRESS

T10N; R7E; Sec. 14; Lot 65 I.T.; 9200 Leighton

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

D 01001 $60.00CR 04-14-89

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

RECEIVED APR 13 1989

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. 2823

DATE: 4 - 10 - 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: ~~SE Corner of Lot 4~~ Twp. 10N ; Range 7E ; Section 14 ;
   Block _____ : Lot 65 I.T. : Addition _____
   Street Address 9200 Leighton

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: — ft.

X John Schenk
Signature of Applicant (Owner or Lessee)

3140 No 53rd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/13/89 . Date Frwd. 4/14/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/14/89 . Date Frwd. 4/14/89 . ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd. 4-14-89 . Date Frwd. 4-14-89 . ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL No WELL PERMIT YET.

Site Visits:
Date: 6/29/89 by: J.C.H. Line Flank only
Date: 7/5/89 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/20/89 By: Jerrold Hood

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

FORM 23-43

9200 Leighton

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7 ; Section & ¼ Section SE Corner of NE ¼.
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: 4-9-89 to 4-10-89. Weather: Precip. ___ Temp. 40.

OWNER: X John Schudak
Address: 3140 No 53rd

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	34	4-9	1:30 PM	4-10	11:00 AM	4-10	2:00 PM	10 ½	2:30	11	30	½	
2	34							9 ½	~~10 ⅛~~	10 ⅛		5/8	
3	24							6 ¼		6 ½		¼	
4	34							8 ½		9 ⅛		5/8	
5	34							10 ⅞		11 ⅜		½	
6	34							12		12 ¾		¾	

Larry Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: April 13, 1989

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 ☐

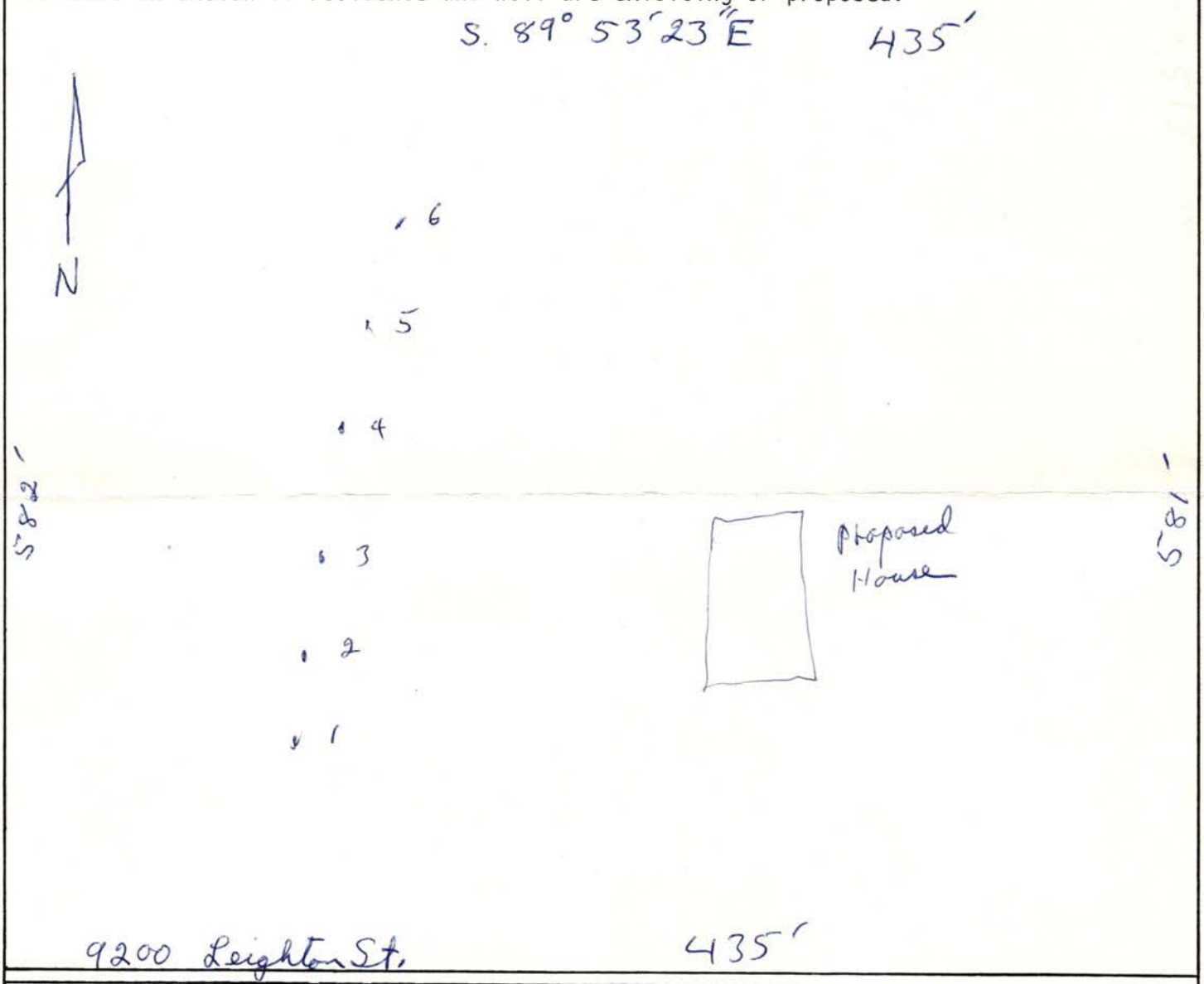
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

Date: _____

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 938 sq.ft.

_____
Signature of Reviewing Official

John Sherbeck

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: July 5, 1989

FILE NO. _____

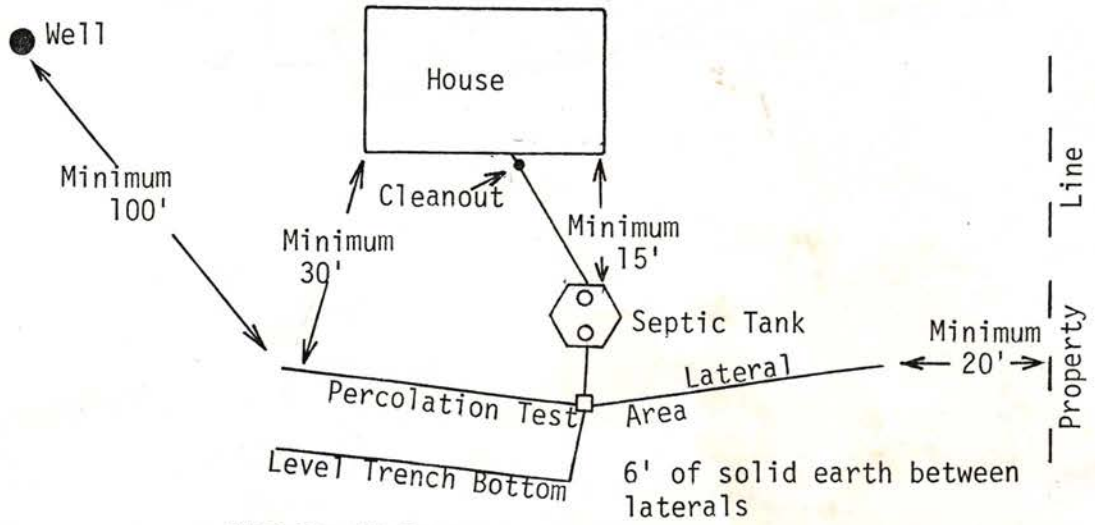
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 151' 7" ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 30 ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments One .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
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 12" in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets ____ .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 9' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Width ~~Diameter~~ of Half Round 16" or
Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 80' , ____ , ____ , ____ , ____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 16 ft.
3. Trench dimensions: Width 6 ft.;
Slope 3 in/100 ft.; Average Depth 24 in.
4. Filter Material: Road Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line 100' + ft.;
Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9200 Leighton

AS BUILT DRAWING OF SYSTEM

DATE July 5, 1989 INSTALLER Strohmyer

