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. 96380145601

Issued 07/30/96
Expires 01/30/97
Revenue Code 18754

Establishment
JOHN STROHMYER
T11N R6E SEC 6
LOT 62

FEES: $150.00

TOTAL $150.00

Permittee
JOHN STROHMYER
9811 NW 40 STREET
LINCOLN NE 68524

Issued By M. Jane Ford
Health Director

2427

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

A

FILING FEE: $_____

FILE NO._____

DATE: 6/96

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. 11 N ; Range 6 E ; Section 6 ; SW¼ of
   Block _____ : Lot 62 : Addition _____
   Street Address _____

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.

Owner
Don Keedy

John Stutsman
Signature of Applicant (Owner or Lessee)

9811 N.W. 40th LNK 68524
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/22/96. Date Frwd. 7/22/96.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Gerald C. Wood

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

3. City or County Engineer: Date Rec'd. 7/23/96. Date Frwd. 7/23/96.
   ACTION: Approved ☒ Disapproved ☐
   Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: [redacted] by: [redacted]
Date: 7-10-96 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-9-96 By: Ron Mayfield

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

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6E ; Section & ¼ Section SE¼ 6.
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: 6/10 & 11 to _____. Weather: Precip. _____ Temp. _____.

OWNER: Don Keedy

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				
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"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	5	30	1"	30 MIN/IN
2	28"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	4 3/4	30	1 1/4"	24 MIN/IN
3	30"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	5 1/8	30	7/8	34 MIN/IN
4	28"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	5	30	1"	30 MIN/IN
5	30"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	4 3/4	30	1 1/4	24 MIN/IN
6	30"	6/10	9:00	6/11	9:00	6/11	1:00	6"	1:30	4 7/8	30	1 1/8	27 MIN/IN

John Struhmyer
Signature of Person Conducting Test

Address 9811 NW. 40th LNK Phone 430-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

_____
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 ☐

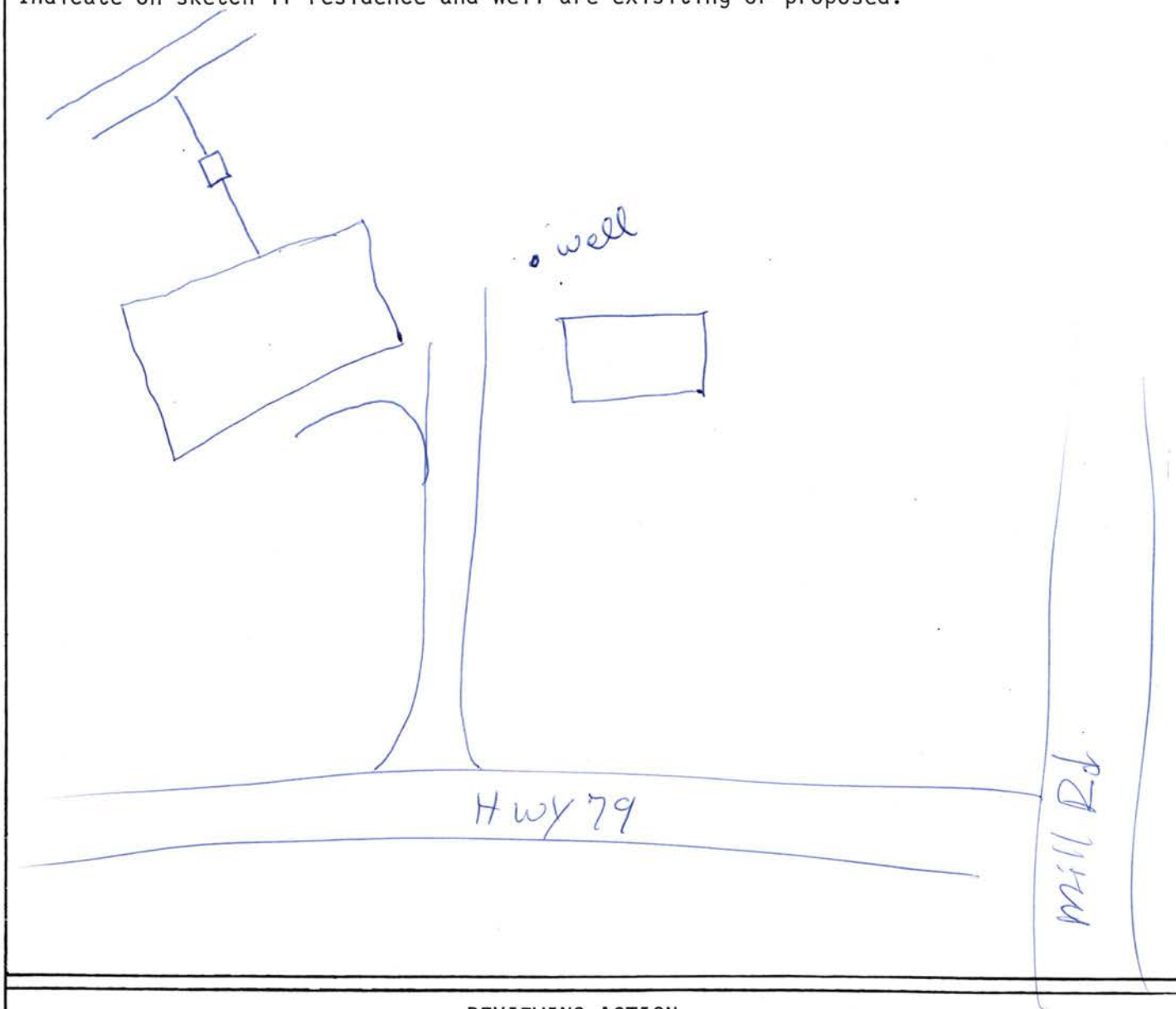
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

Date: July 22, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

Jerrold C. Hook
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: 7/10/96

FILE NO. _____

Don Keech

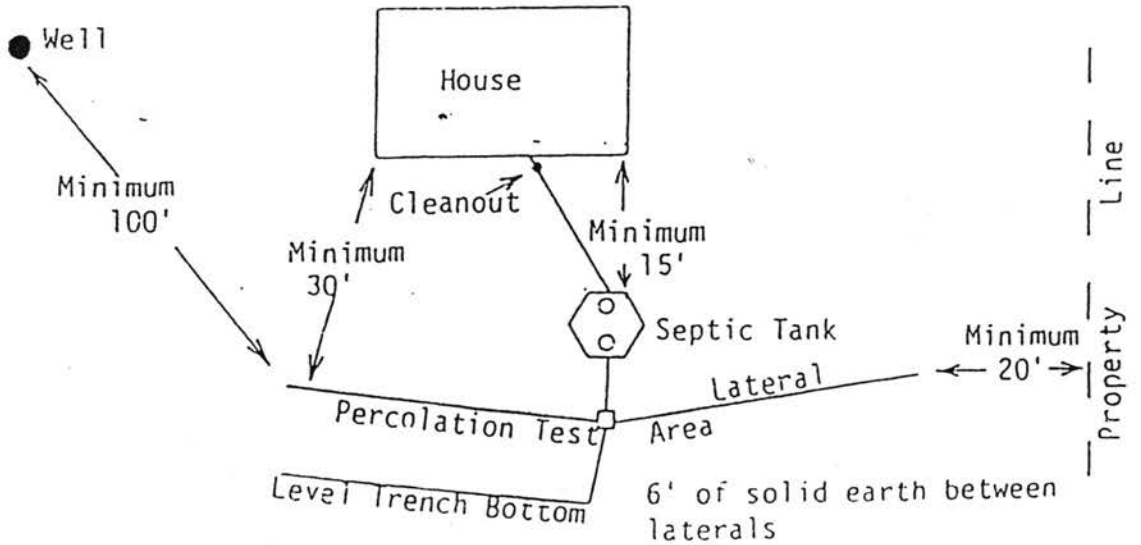
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160 ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs one .
5. Distances to:
Well or Suction Line 150' ft.;
Stream N/A ft.; Pressure Line _____ ft.; Property Line 100'+ ft.

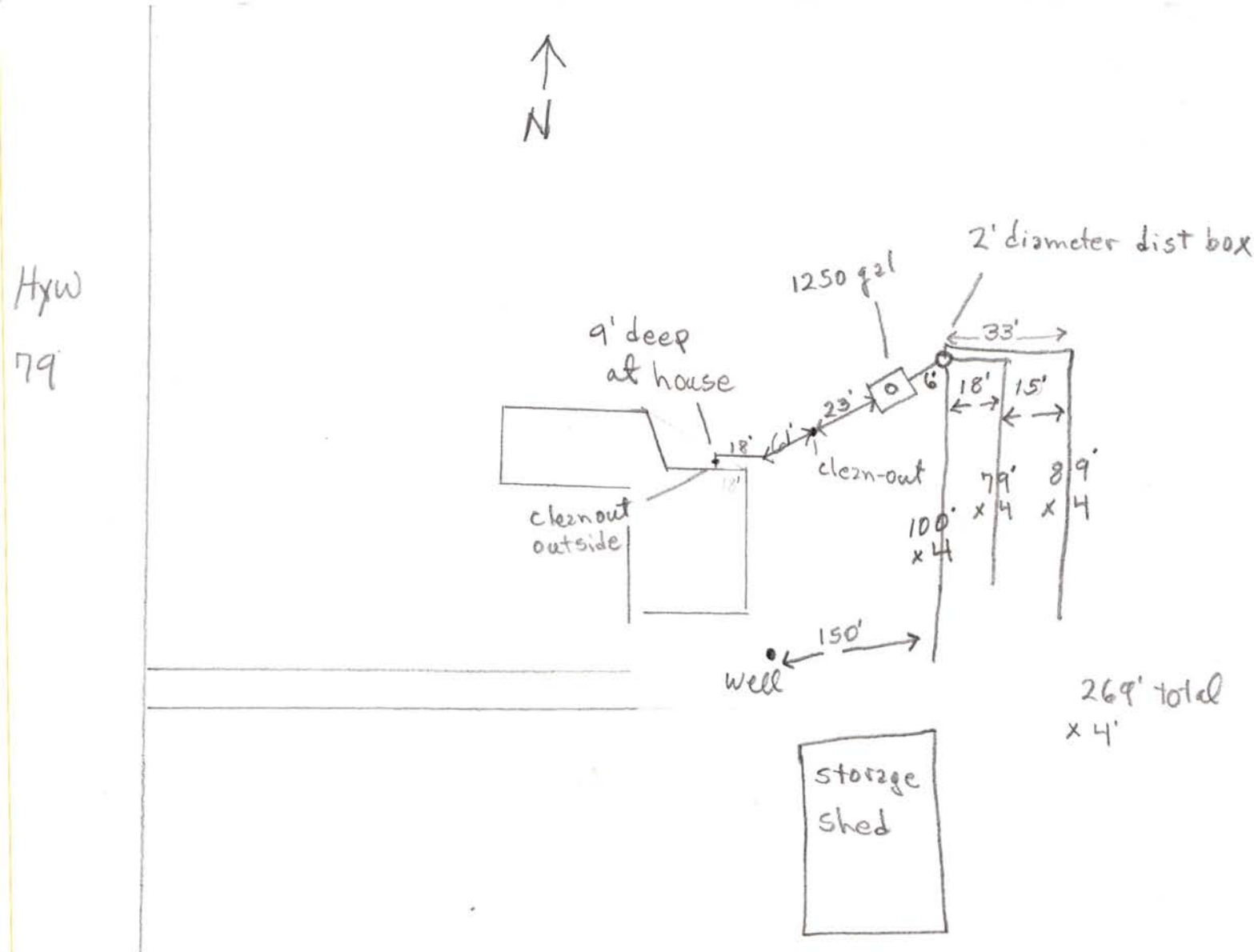
B. SEPTIC TANK:
1. Material concrete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line 190' ft.;
Stream 100'+ ft.; Property Line _____ ft.; Property Line _____ ft.

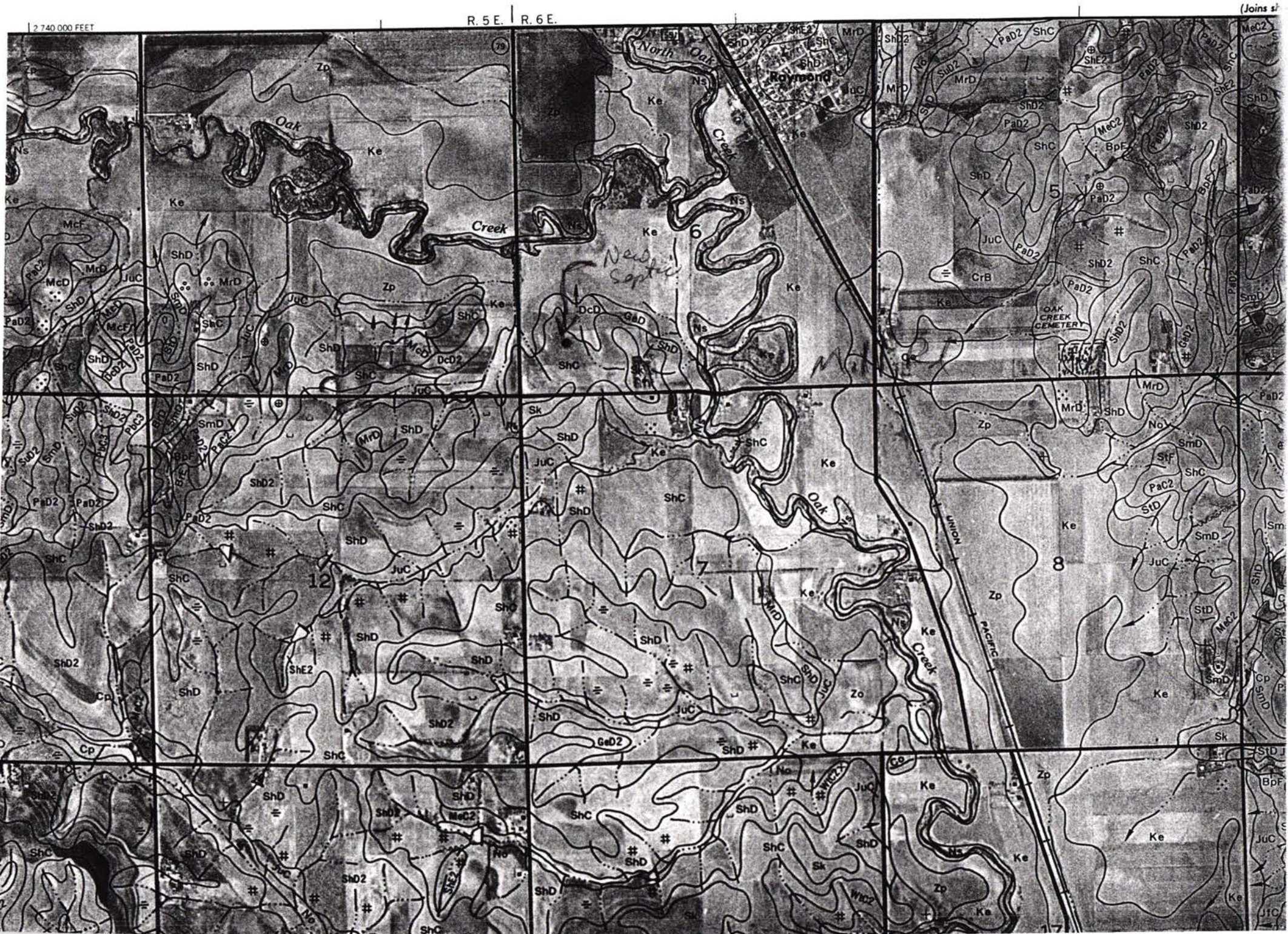
C. DISTRIBUTION BOX:
1. Material concrete ; Number available outlets _____ .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 100'+ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 15" or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other Polyurethane .
2. Lateral Lines:
Number 3 ; Length of each line 100 , 79 , 89 , _____ , _____ ft.;
Total length of laterals 269 ft.;
Distance between lateral lines 18' ft.
3. Trench dimensions: Width 4' ft.;
Slope 1"-3" in/100 ft.; Average Depth 30" in.
4. Filter Material: Pea Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100'+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
Hyw
79
2' diameter dist box
1250 gal
9' deep
at house
33'
6'
18'
15'
23'
18'
6'
clean-out
clean out
outside
79' x 4
89' x 4
100' x 4
150'
well
269' total
x 4'
storage
shed
Mill Rd


2 740 000 FEET
R. 5 E.
R. 6 E.
(Joins sh
Raymond
North Oak Creek
Oak Creek
Oak Creek
OAK CREEK CEMETERY
UNION PACIFIC
Ke
Ns
Zp
ShD
ShD2
ShE2
ShC
PaD2
MrD
JuC
McF
McD
McC2
BpF
CrB
Qe
DcD
DcD2
GaD
GeD2
SmD
StD
StF
SuD2
Sk
No
Zo
Cp
1
5
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8
12