FILE NO. 1957

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JULY 24 1983 — THIS LICENSE OR PERMIT EXPIRES

FIRESTONE CONSTRUCTION CO., INC — LICENSEE OR PERMITTEE

555 NORTH COTNER LINCOLN, NE 68505 — ADDRESS

T10N, R7E, SECTION 36 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE NEW SYSTEM

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
63137 JN25 3		60.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

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

AG

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1957

DATE: 1-24-83

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 36 ; Block _____ : Lot 2/I.T. ; 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.

Firestone Const Co. Wayne Smith
Signature of Applicant (Owner or Lessee)

555 No Cotner Blvd.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/24/83 . Date Frwd. 1/24/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/25/83 . Date Frwd. 1/25/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Rodys Harris

3. City or County Engineer : Date Rec'd. 1/24/83 . Date Frwd. 1-24-83 . ACTION: Approved ☒ Disapproved ☐ Signature: Thomas Bowles

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-12-83 by: sm
Date: 5-13-83 by: sm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-13-83 By: Ron Maynard

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 1-22-83 to 1-23-83. Weather: Precip. 0 Temp. 30°.

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				
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	36"	1-22	9:00 Am	1-23	8:30 Am	1-23	8:30 Am	6"	12:30 P.M.	5"	30m	1"	
2	"	"	"	"	"	"	"	"	"	5½"	"	½"	
3	"	"	"	"	"	"	"	"	"	5"	"	1"	
4	"	"	"	"	"	"	"	"	"	5½"	"	½"	
5	"	"	"	"	"	"	"	"	"	5⅞"	"	⅛"	
6	"	"	"	"	"	"	"	"	"	0	"	0"	
Hole-5- still had About-5" of water After Pre-test													
Hole-6- Still Full After Pre-test													

William M. Hoagland
Signature of Person Conducting Test

Address 2701 N 27th Lot 22 Phone 464-5238

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Sharpsburg clay
Soil Type (SCS): Wymore Silty Clay Loam
Date: January 24, 1983

Approved Percolation Rate (a)
A. 60 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. _____

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

REVIEWING ACTION

Remarks: _____

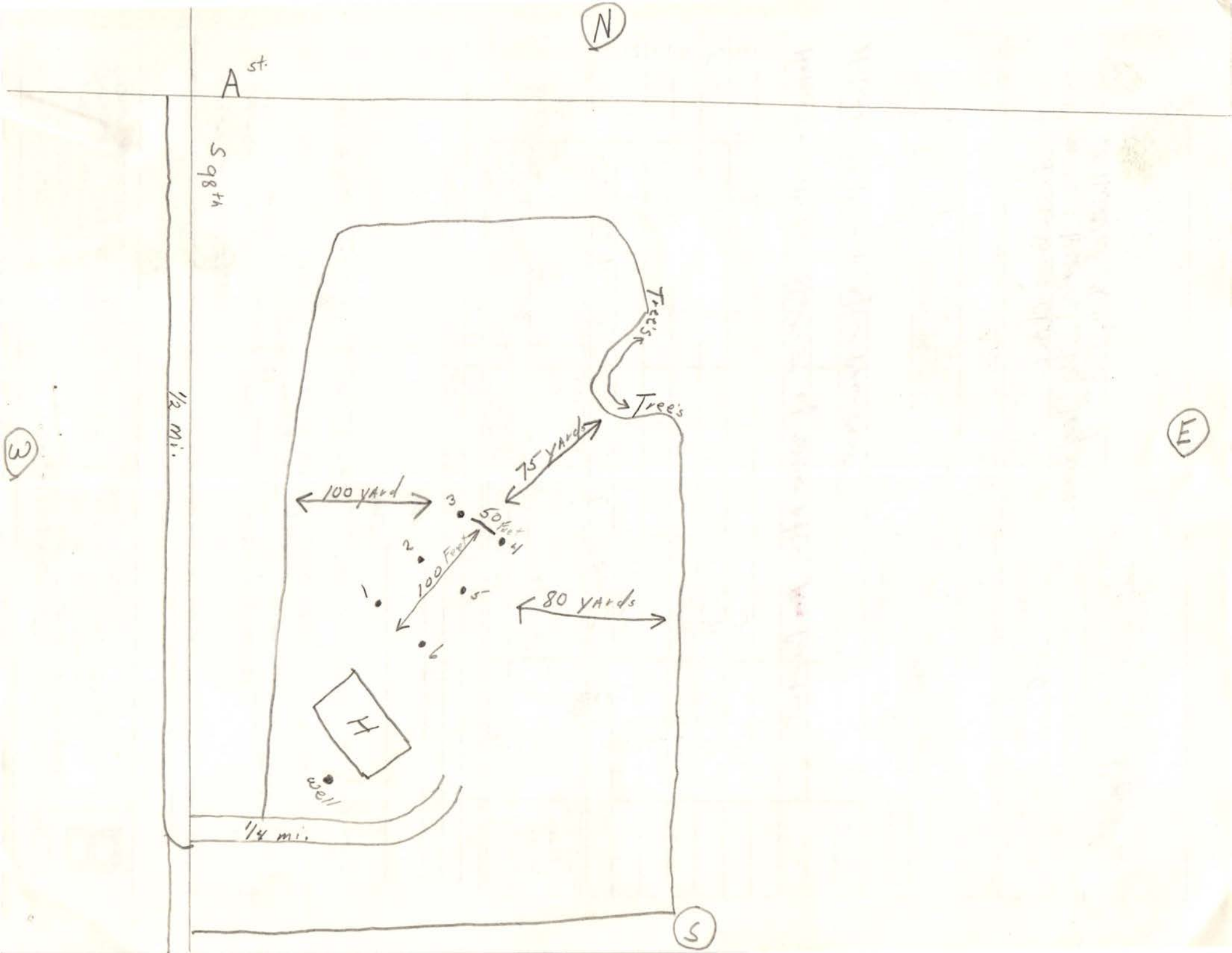
Date: January 24, 1983

330
4 | 1320
12
12

64
6 3/2
12

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 1320 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


N
A st.
S 98th
1/2 mi.
W
E
S
Trees
Trees
75 yards
100 yard
3
50 Feet
4
2
100 Feet
1
5
80 yards
6
H
well
1/4 mi.

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: 474-1541

D

DATE: _____

FILE NO. _____

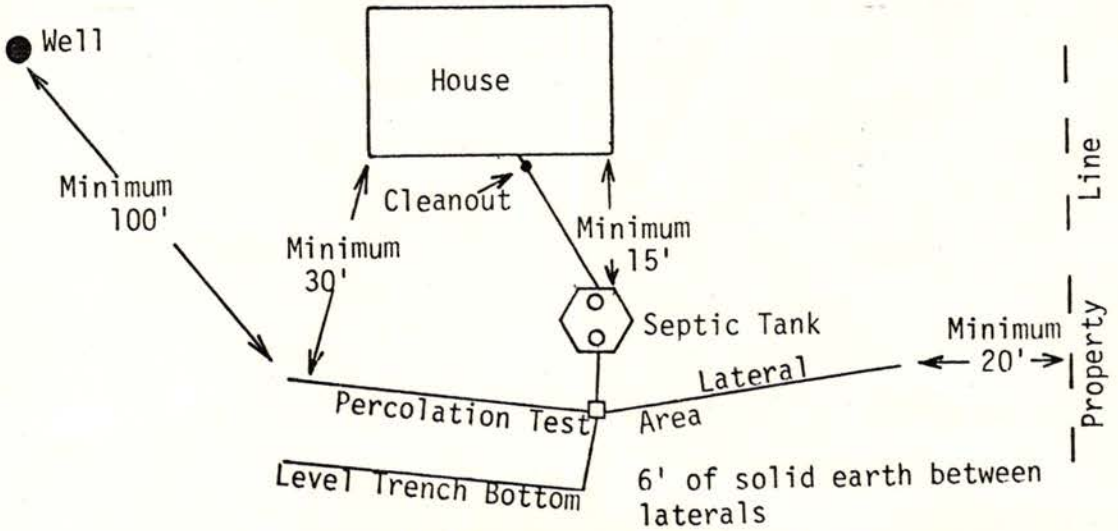
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 147 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1500 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 Precast)
3. Distance from Septic Tank 6 ft.

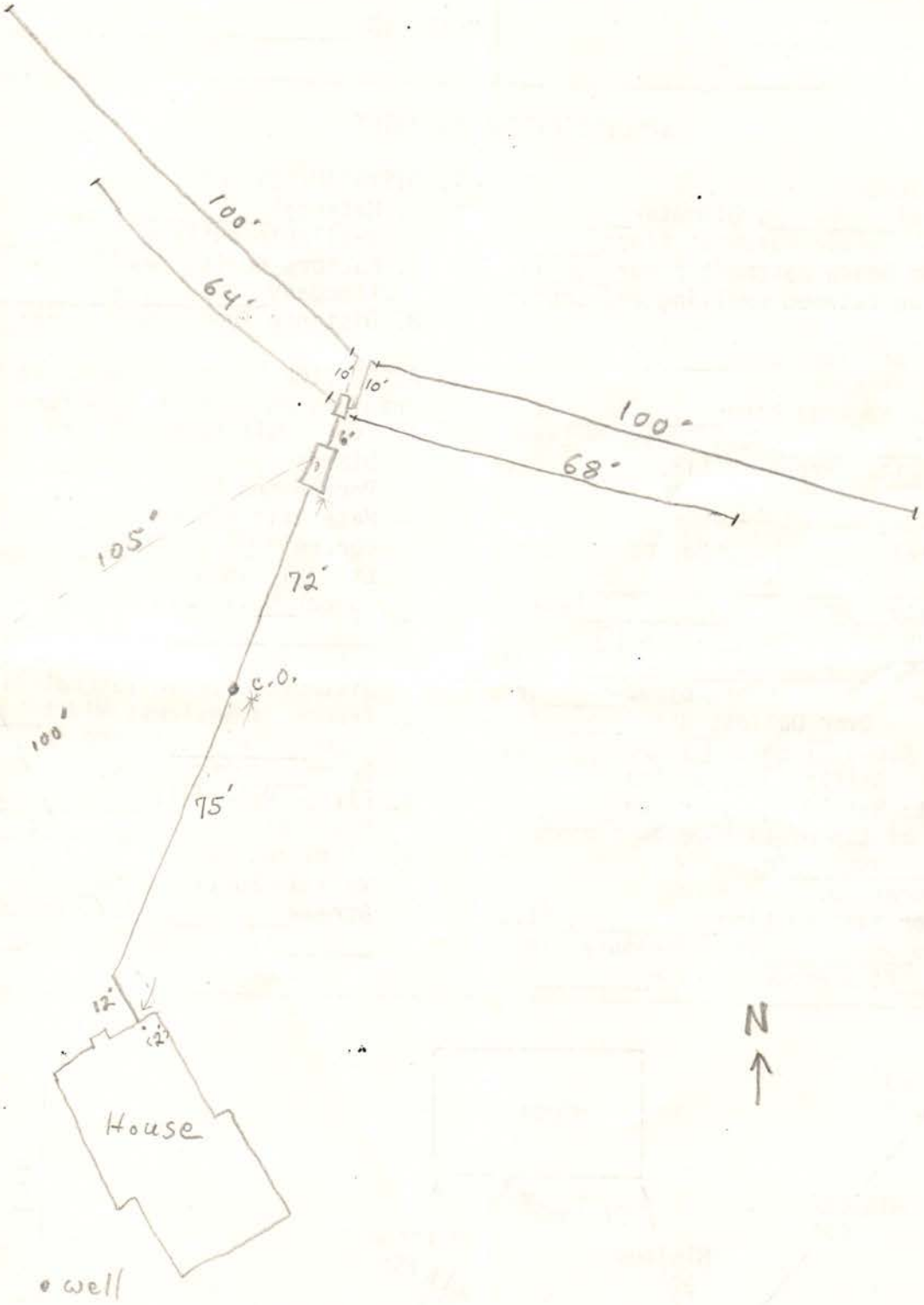
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100', 100', 68', 64', _____ ft.;
Total length of laterals 332' ft.;
Distance between lateral lines 10' ft.
3. Trench dimensions: Width 4' ft.;
Slope 1" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road gravel
Depth of Material 26" in.
5. Distances to:
Well or Suction Line 100'+ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5-13-83 INSTALLER Larry Schwarck



012

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 12.23.93

☒ Evaluation of the Sewage Disposal System NW¼ I.T. ☒ Enclosed is $150.00

Legal Description of Property: TWP. 14; RANGE 10; SECTION 7; BLOCK ____

LOT 21; ADDITION _____; Street Address 2100 South 98th St.

Directions to Property One mile east of Lincoln

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Joseph Rogers	2100 So 98th St.	489-6404
Tenant/Buyer:			
Return to:	Security Federal Sims	PO Box 80609 Lincoln, NE. 68501	474-1444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant See Attached Address Same

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HEALTH DEPARTMENT USE ONLY

Date Received 12/27/93 Received $150.00 ✓ Check ☒ Cash ☐

#50744

PRELIMINARY STATUS--DATE 12-30-93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date _____ by ____
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ <0.1 ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Paul Duffman DATE 1-11-94

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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