Application to Alter or Repair an Onsite Wastewater Treatment System

H5002265

The applicant is applying for a permit to: ☒ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 4401 W "A"

   Legal Description of Property: Township: 10 Range: 6 Section: 31 NW

   Block 2 Lot 1 SubDivsion High Ridge Acres. Add: _____

   ***Parcel ID** 10-31-201-001-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** latural field not working. After perk test it seems the Absorption field is sized too small. We need to Add 206.25 more sq'

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 124

   Current Tank Gallonage- 1000

6. Print Name Kevin Lewis Address 4810 W Claire Ave Phone: 402 310 9160

   Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 7/29/21 Amount $735.00 Check No. 07668 Initials _____

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4401 W "A" st. (no rural route) City lincoln NE, Zip 68522

Owner Teresa Volkmer Address 4401 W A st.

Date of Tests 7-27 to 7-28. Weather: Precipitation 0 Temperature 90°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	7-27	8:Am	7-28	9:Am	7-28	9:Am	6	7-28	9:30	30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	1½	20
3	"	"	"	"	"	"	"	6	"	"	"	1½	20
4	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln Ne 68523

Sum of Percolation Rates: 100
Average of Rates: 25
Rate Used for Calculation: 20-30

Soil type (NRCS Maps/Other) 7231 Judson silt 2-6% slope
Groundwater Depth over 10 ft.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

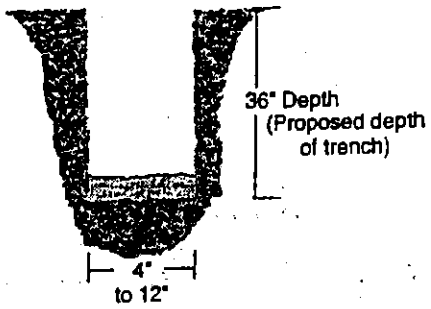
I. Size, Number, and Location or Test Holes

A. Dig six or more holes spaced uniformly over proposed lateral field site.

B. Scratch smeared spots on sides of hole.

C. Remove loose material from hole.

D. Add 2" of gravel to hole.

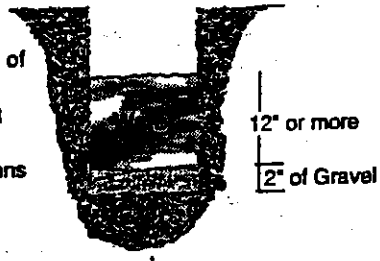


II. Saturation of Soil (Pre-soak)

A. Fill hole with 12" or more of water.

B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.

C. Record on Form B columns a thru f.



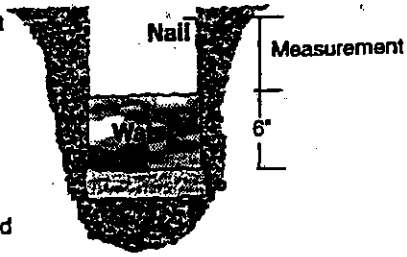
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

A. Add 6" of water.

B. Measure from fixed reference point (nail) to water.

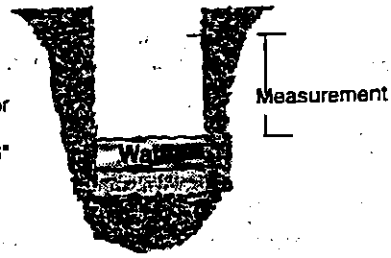
C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

D. 30 minutes later remeasure and record time.

E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



F. Continue for 3½ hours taking readings every 30 minutes.

G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002265

System Type: Standard

Situs: No Site Address Specified

Issued: 8/10/2021

Expires: 8/10/2022

Description: HIGH RIDGE ACRES, BLOCK 2, Lot 1

Owner: VOLKMER, GREGORY A & TERESA M
4401 W A ST
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523

SCANNED

H5002265

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☒ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 4401 W "A"

   Legal Description of Property: Township: 10 Range: 6 Section: 31 HD

   Block 2 Lot 1 SubDivsion High Ridge Addn. Add:

   ***Parcel ID** 10 - 31 - 201 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe:)
   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** latural field not working. After perk test it seems the Absorption field is sized too small. We need to Add 206.35 more Sq'

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 124

   Current Tank Gallonage- 1000

6. Print Name Kevin Lewis Address 4810 W Claire Ave Phone: 402 310 9160

   Applicant Signature:

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 8/10/21 REVIEW: ☒ Approved ☐ Disapproved By:

Comments (if any):

Site visits
Date 1/1 By
Date / / By

Installation final written approval
Date 7/29/22 By

* See as-built drawings

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 7/29/21 Amount $735.00 Check No. 076668 Initials

Revised 4/8/13

Wastewater Treatment System
As Built Plans & Specifications

Date 8-3-21 Legal Description PID 10-31-201-001-000
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 4401 West "A" City Lincoln NE, Zip
Owner Teresa Volkmer Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 18 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line over 100 ft.
   stream ft.
   pressure line ft.
   property line ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Conc.
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line over 100 ft.
   Stream ft.
   Pressure line ft.
   Property line ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Conc.
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

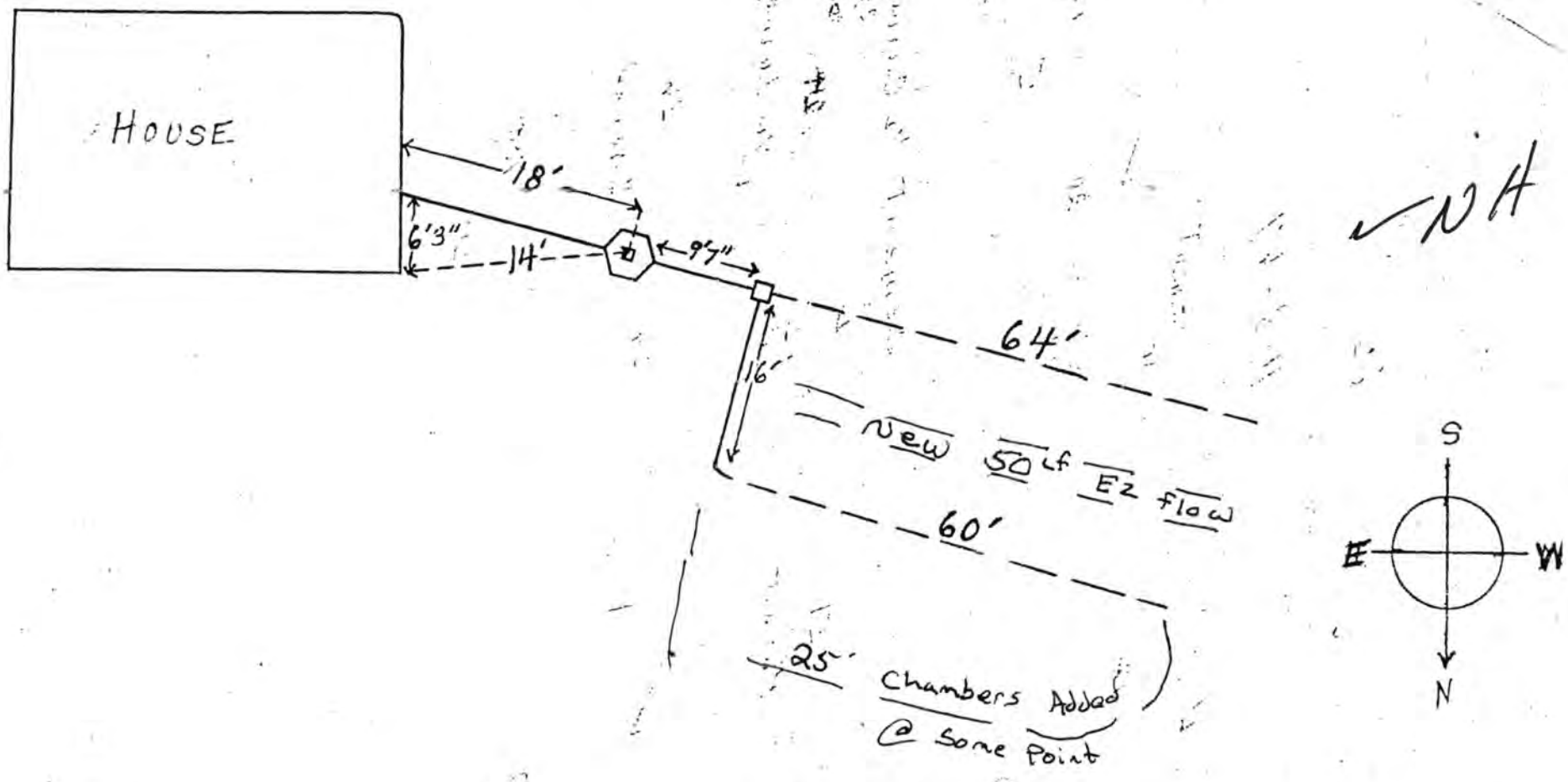
1. Type: ☐ Half rounds ☒ Perforated pipe ☒ Chambers
   Diameter or width:
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number
   Length of each line: 64 ft. 60 ft.
   New 50 ft. 25' ft., ft.
3. Drainfield dimensions: Width 765 sq' ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material:
   Depth of material 36 in.
5. Distances to: Well or suction line over 100 ft.
   Pressure line ft.
   Property line 12 ft.
   House or building 20 ft.
   Lake or Stream N/A ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



cate North
ith Arrow


HOUSE
18'
6'3"
14'
95"
64'
16'
New 50 lf Ez flow
60'
25'
Chambers Added
@ some Point
NH
S
E
W
N

WEST "A" ROAD

FILE NO. 1070

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 6, 1977
THIS LICENSE OR PERMIT EXPIRES

Robert E. Alley
LICENSEE OR PERMITTEE

Route 6, Box 49 G, Lincoln, NE 68502
ADDRESS

T10N, R6E, Section 31, Block 2, Lot 1, Addition High Ridge Acres
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION
ADDRESS

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
44714	JUN 6 77	15.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health

APPLICATION

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1070

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [✓], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ;
Block 2 ; Lot 1 ; Addition High Ridge Acres
Street Address 4401 West A. St.

2. Property Use: Residential [✓] ; Commercial [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [✓] ; Other [ ]

4. Description of proposed alteration, extension or repair: 60 FT of NEW Lateral

5. Work to be done by: Owner [ ] ; or Contractor [✓] , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	400 00

Robert E. Alley
Signature of Applicant (owner or lessee)

RR-6 Box 49 G
Address

(Do not write below this line)

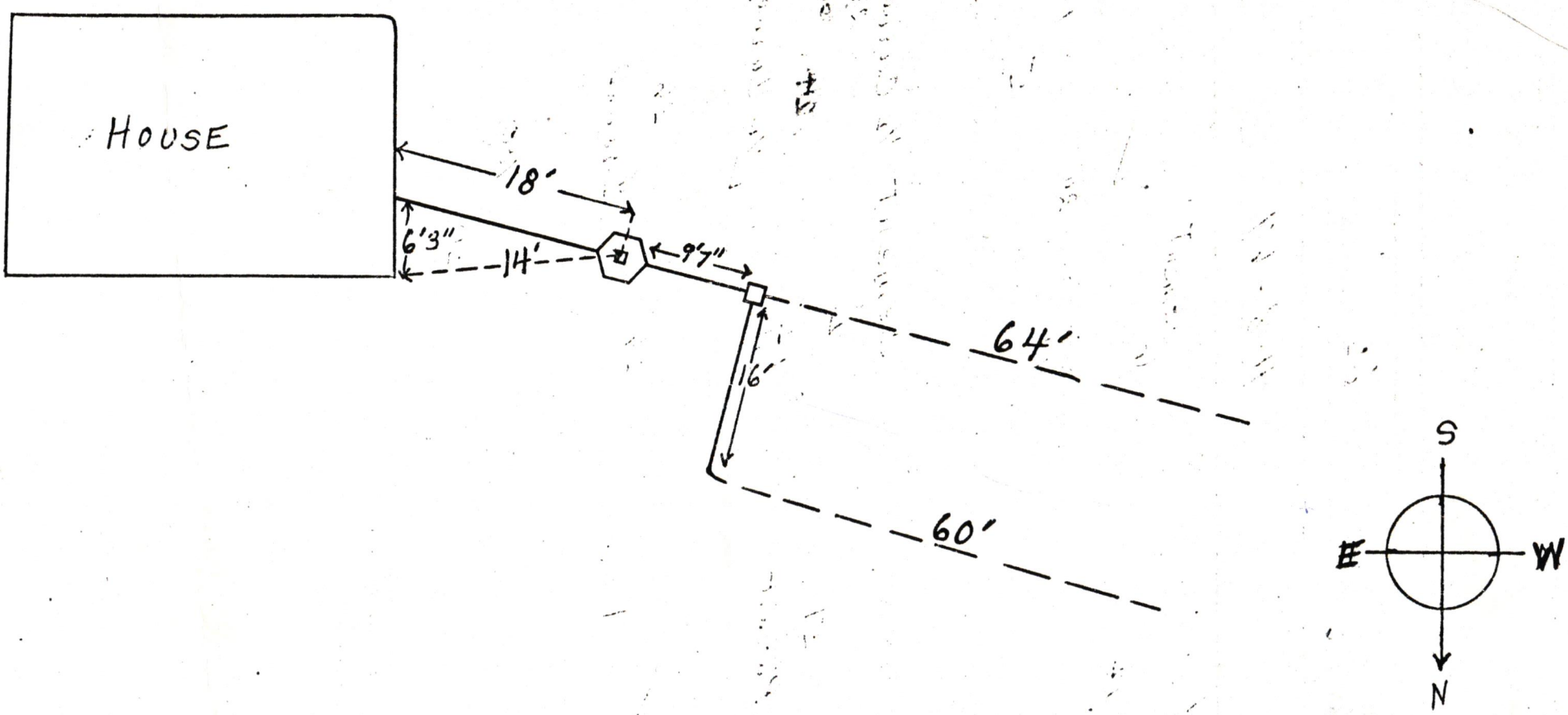
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X] ; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____



WEST "A" ROAD

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 26

INDIVIDUAL SEWAGE DISPOSAL SYSTEM — TYPE OF LICENSE OR PERMIT

May 13, 1968 — THIS LICENSE OR PERMIT EXPIRES

Marv Dennis — LICENSEE OR PERMITTEE

2941 Hitchcock — ADDRESS

T 10N; R 6E; Sec. 31 NE 1/4; Tract 2; Lot 1 — NAME OF ESTABLISHMENT, IF ANY

HIGH RIDGE ACRES — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
02072	NOV 13 70	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 26

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: High Ridge Acres Tract Twp. 7ION; Range 6E; Section NE¼ 31; ~~Block~~ 2; Lot 1; Addition _____; Street Address _____.

2. Property Use: Residential _____ [4]; Commercial _____ [ ]
No. of Bedrooms 3. Describe: _____
Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [4]; Other [ ]

4. Distance to public sewer: 10,000 ft.

Marv Dennis Klu
Signature of Applicant (owner or lessee)

2941 Hitchcock
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/13/67. Date Frwd. 11/13/67. ACTION: Approved [X] Disapproved [ ] Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-13-67. Date Frwd. _____. ACTION: Approved [X] Disapproved [ ] Signature: L E Spahr

3. City Engineer: Date Rec'd. 11-13-67. Date Frwd. _____. ACTION: Approved [4] Disapproved [ ] Signature: R. L. Olson

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 26

DATE: 11-8-67

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: High Ridge Acres Tract Twp. 10 N; Range 6 E; Section 31 NE¼; ~~Block~~ 2; Lot 1; Addition ____; Street Address ____.

2. Property Use: Residential ____ [✓]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [✓]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Marv Dennis Klem
Signature of Applicant (owner or lessee)

2941 Hitchcock
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $____. ____

2. Date Site Clearance ____

3. Site Visits:
Date: 12/28/67 by: J.C.H.
Date: 12/29/67 by: J.C.H.
Date: ____ by: ____

4. Date: Approved X; Disapproved ____: 11/13/67
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/29/67 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 26

PROPERTY WHERE SOIL TESTED: High Ridge Acres Tract 2 Lot 1 Owner: Marv Dennis
Location: Township _____
Section & ¼ Sect. _____ Address 2941 Hitchcock
Property Dimensions: 275 ft. x 399.7 ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☑; Sandy Clay ☐

Dates of Tests: 11-7-67 to 11-8-67. Weather: Precip. ____ Temp. ____ F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32	7	10:00	8	8:30	8	8:50	20	11:50	1	180	19	9 Min
2	28	7	10:00	8	8:30	8	8:50	16	11:50	0	180	16	11 min
3	34	7	10:00	8	8:30	8	8:30	22	11:50	1	180	21	9 min
4	31	7	10:00	8	8:30	8	8:50	19	11:50	0	180	19	9 min
5	25	7	10:00	8	8:30	8	8:50	13	11:50	0	180	13	13 min
6	27	7	10:00	8	8:30	8	8:50	15	11:50	0	180	15	12 min

Sum of Percolation Rates 63
Average of Rates: 10.5
Mean of Rates: _____

Kenneth Sweenahan
Signature of Person Conducting Test

Address 7331 Vine St
Phone: 466-0426

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: November 13, 1967

Jerrold C. Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

Note: Topography was changed by earth moving putting system in different layers of soil than percolation test was run in. 12/29/67 J. C. W.

FILE NO. 26

SPECIFICATIONS

DATE: 11-8-67

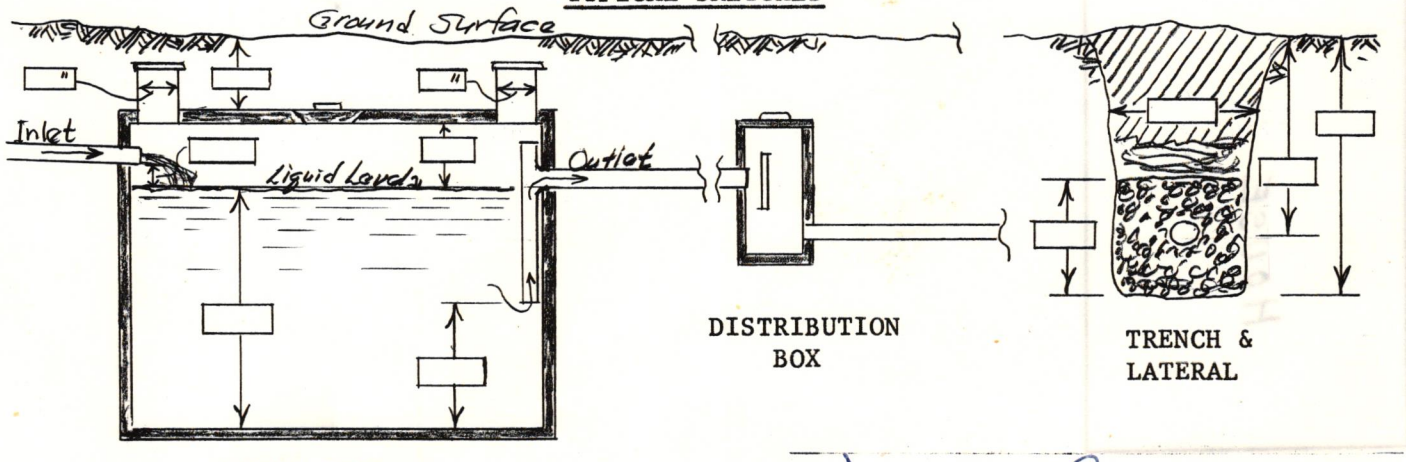
A. BUILDING SEWER:
1. Material tile Clay; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line 80 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cement; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 57 in.
3. Factory Built: Yes ☑ (Company Precast)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☑
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 80 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 50 ft.

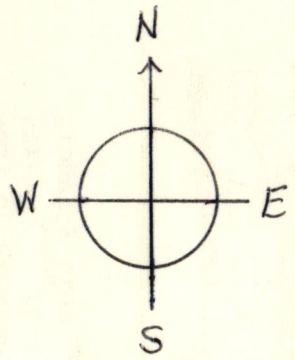
C. DISTRIBUTION BOX
1. Material Cement; No. available outlets 6.
2. Factory Built: Yes ☑, (Company ___) No ☐
3. Dimension: Length 24 in.; Width 18 in. Depth 12 in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Cement ½ Curve
2. Lateral Lines: Depth below grade 28 in.
Number 2; Length of each line 60 ft
Total length of Laterals 120 ft.;
Slope 12 in/100 ft. Diameter of pipe 24 in.; Shape ½ Curve
Material: concrete ☑; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 36 in.; Width 36 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line 50 ft.
6. Percolation Rate: ___ minutes/inch

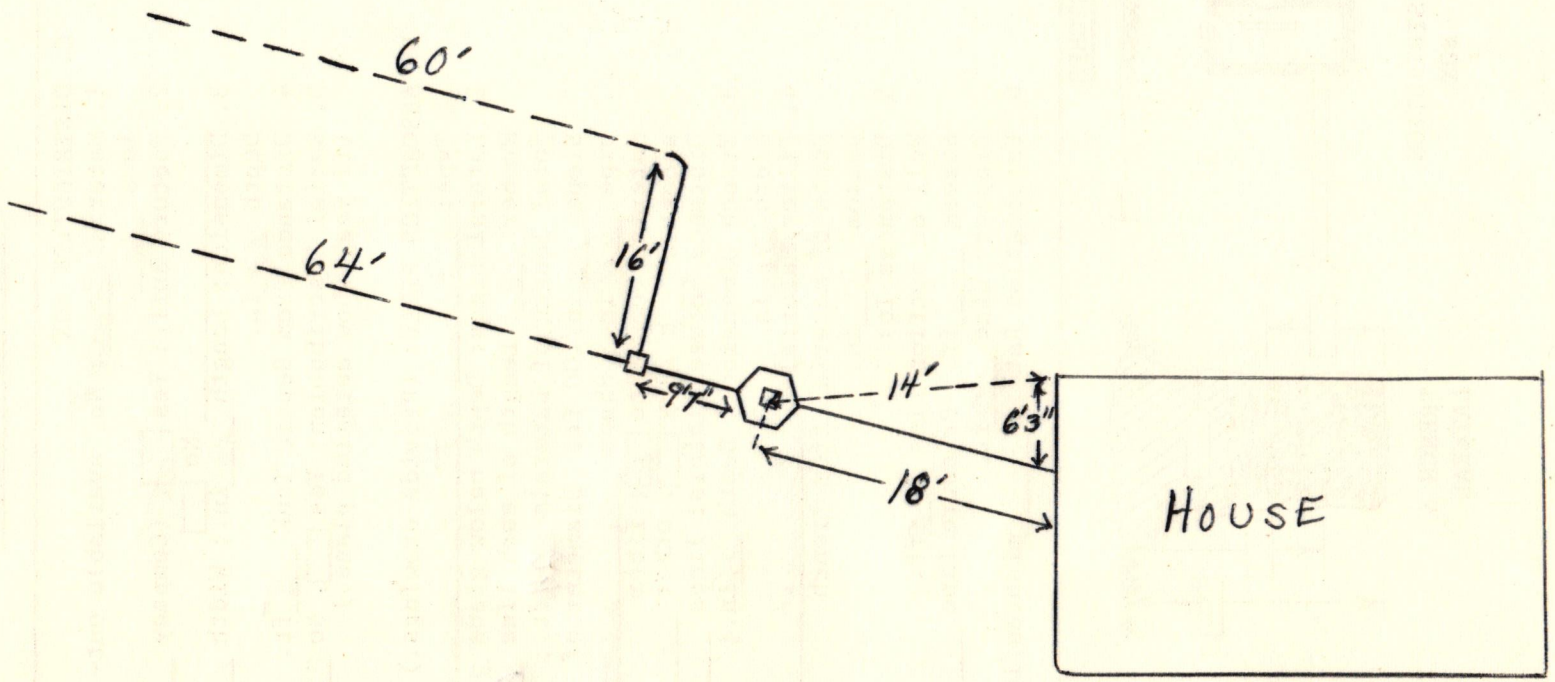
TYPICAL SKETCHES



Mary Dennis Klaus
Signature of Applicant

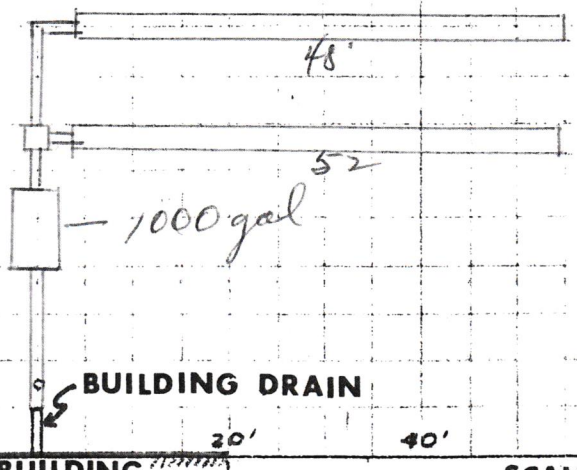


WEST "A" ROAD



PLAN LAYOUT

200'
180'
160'
140'
120'
100'
80'
60'
40'
20'



W
DIRECTION
(N,S,E,W)

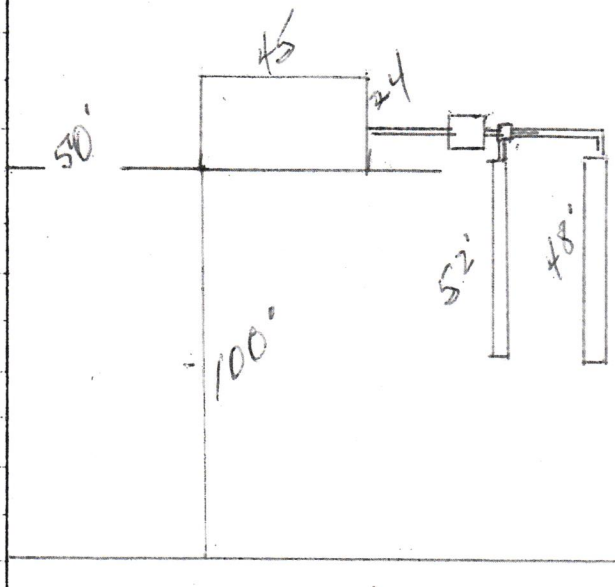
BUILDING DRAIN

60' 40' 20' 20' 40' 60'

SIDE OF BUILDING

SCALE: 1/2" = 5'

DETAIL DRAWINGS



N

FORM HD 32 b(67): PLANS FOR INDV SEWAGE SYSTEM

Date

Name

Address

FILE NO. 26