Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
#S002557

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1101 Plum Ridge Rd (no rural route) City Lincoln, NE Zip 68527

Legal Description NE (1/4) NW (1/4) 22 (Section) 10N (Township) 8E (Range) (Subdivison) (Addition) (Block) 38 (Lot)

PID 23-22-100-026-000 *Approx. Address (If to be determined)

B. Owner

Name Bill Latenser Signature

Address 1101 Plum Ridge Rd City/State/Zip Lincoln, NE 68527

Home Phone 402-540-7138 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.51

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-20-23 Amount Paid $460.00
Received By JAO Cash/Check No. 5040

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1101 Plum Ridge Rd (no rural route) City Lincoln NE, Zip 68527

Owner Bill Latenser Address 1101 Plum Ridge Rd

Date of Tests 5/31/23 to 6/2/23 Weather: Precipitation 0 Temperature 81°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr						Results	
		Start		End		Start			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	31	5/31	2:00p	6/2	8:30a	6/2	12:00p	6	6/2	12:30p	30	1/2	60
2	30	5/31	2:00p	6/2	8:30a	6/2	12:00p	6	6/2	12:30p	30	9/16	53
3	36	5/31	2:00p	6/2	8:30a	6/2	12:00p	6	6/2	12:30p	30	2 1/16	15
4	27	5/31	2:00p	6/2	8:30a	6/2	12:00p	6	6/2	12:30p	30	1/2	60
								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek
Phone: 402-783-2663
Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 188
Average of Rates: 47
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Aksarben SCL
Groundwater Depth > 8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

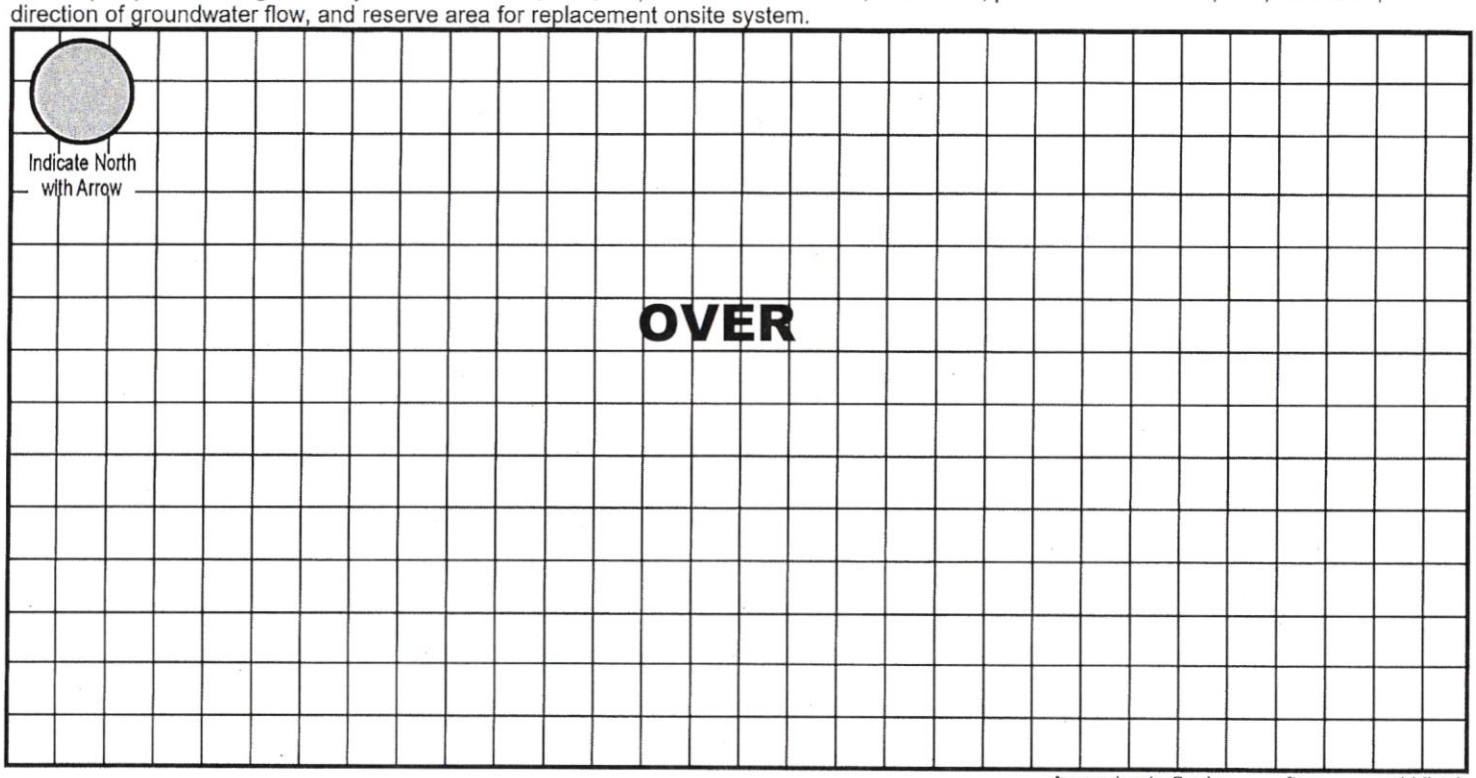
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale:_____ft. = _____grid line/s

A. Onsite System Location

Address (no rural route) 1101 Plum Ridge Rd City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 New gals / 1250 Existing Tank Material: ☑ Both Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System NEW

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 6 Soil Type Aksarben SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.

Total length of laterals 240' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 3 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

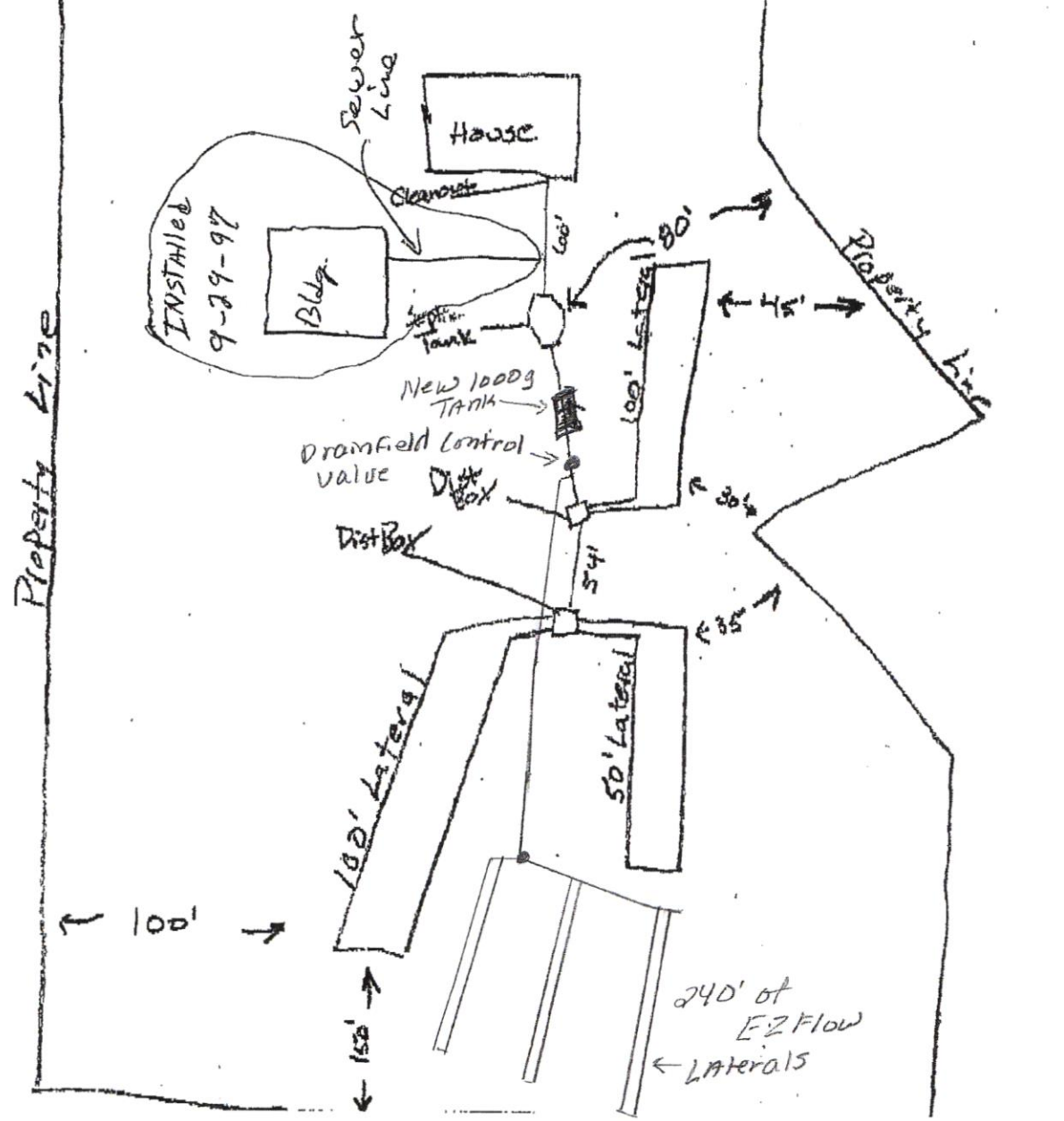
Estimating 2000sqft of absorption area for existing bed system (3 - 8' wide beds with perforated pipe & gravel measuring a total of 250' in length, each bed containing 2 pipes). Existing absorption area is still functioning. Original D-Sheet is included.

Installer Ross L. Jahnke Date: 6/14/23

Updated 2/18

1101 Plum Ridge

Proposed work highlighted in yellow.



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: $ 150.00

FILE NO. _____

DATE: 1-12-94

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 8E ; Section 22 ;
   Block _____ : Lot 38 I.T. : Addition Plumbridge Estates
   Street Address 1101 Plumbridge Rd.

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. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~
   EXPERIMENTAL SYSTEM

Manzitto Inc. Signature of Applicant (Owner or Lessee)

3341 Pioneer Blvd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/12/94. Date Frwd. 1/13/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/13/94. Date Frwd. 1/13/94. ACTION: Approved ☑ Disapproved ☐ Signature: Gary Spain
3. City or County Engineer: Date Rec'd. 1-13-94. Date Frwd. 1-13-94. ACTION: Approved ☑ Disapproved ☐ Signature: Larry E. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-13-94 by: rm all but one bed installed
Date: 6-14-94 by: rm last bed
Date: 9-29-97 by: rm Sewer line

road drawing

PROVISIONAL Experimental Syst

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 6-27-94 By: Lon Mangum

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: 1101 Plumridge

Location: Township 10N ; Range 8E ; Section & ¼ Section 22 . Lot 38
Property Dimensions: 324 ft. x 822 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: 5-25-94 to 5-26-94 . Weather: Precip. 0 Temp. 65°

Holes 1-2-3-4-6 had water in From Pre-Test

OWNER: _____

Address: 1101 PlumRidge

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"	5-25	4:00 pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
2	36"	5-25	4:00 PM	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
3	36"	5-25	4:00 PM	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
4	36"	5-25	4:00 PM	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
5	36"	5-25	4:00 PM	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 3/4"	30 m	1/4"	
6	36"	5-25	4:00 PM	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	

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

Mike Moorland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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: 6-14-94

FILE NO. _____

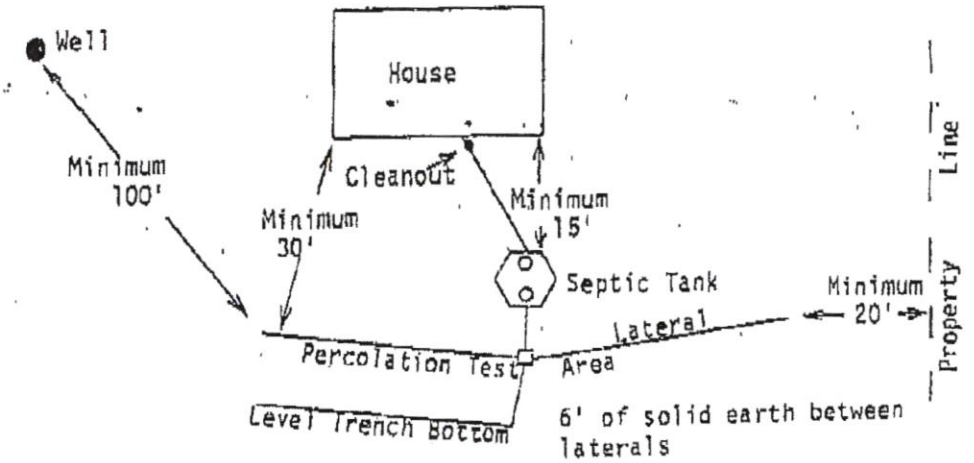
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line Rural ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 80' ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 2 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 29 in.
8. Distances to:
Well or Suction Line Rural ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 80' ft.

C. DISTRIBUTION BOX: 2 Boxes
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 67' & 121' ft.

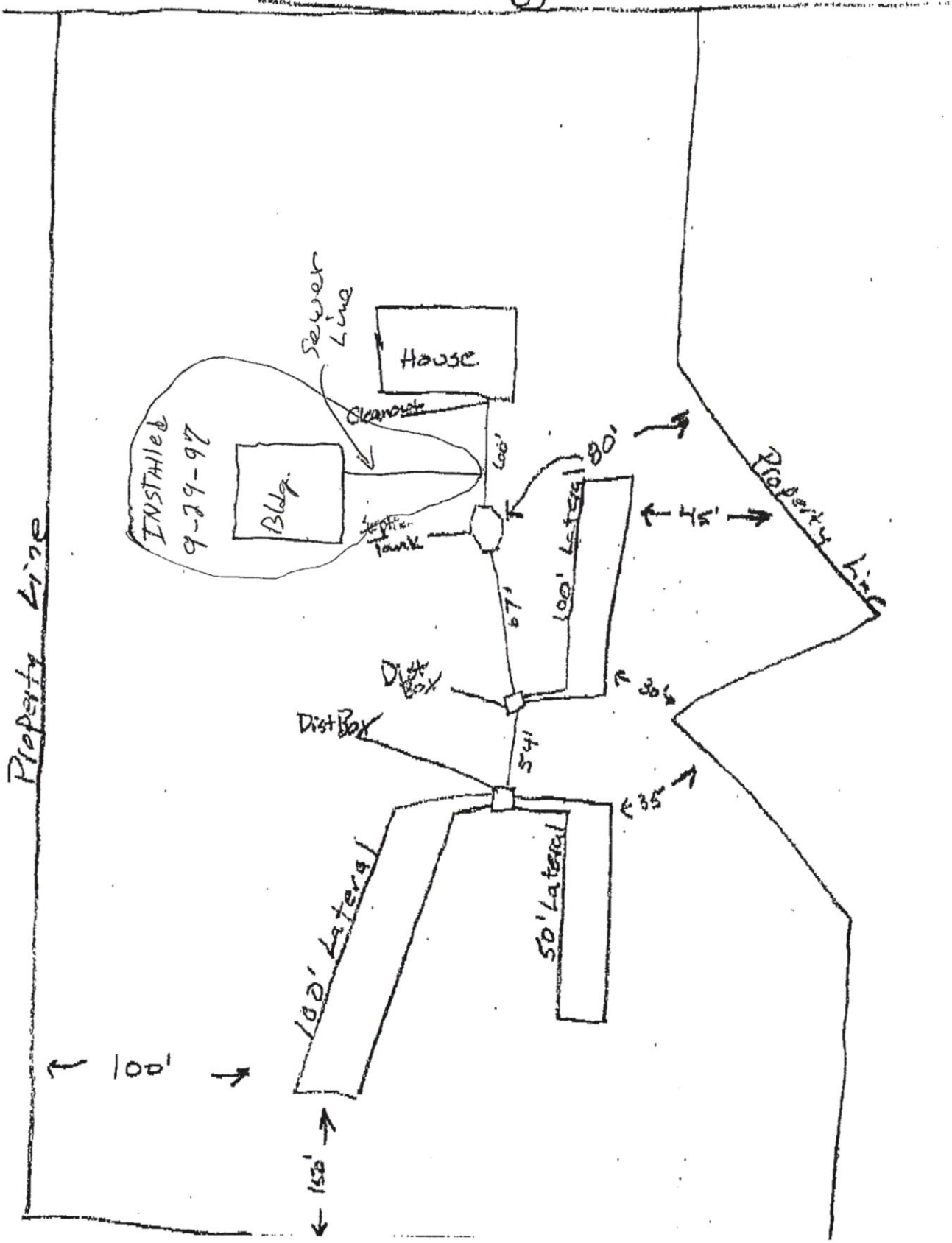
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or Perforated Pipe 4"
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 6; Length of each line 100, 100, 50, _____, _____, _____ ft.;
Total length of laterals 350 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 8' ft.;
Slope 0 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 32" in.
5. Distances to:
Well or Suction Line Rural ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 30' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

441-8323

1101 Pleasant Ridge



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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002557

System Type: Standard

Situs: No Site Address Specified

Issued: 6/23/2023

Expires: 6/23/2024

Description: S22, T10, R8, 6th Principal Meridian, LOT 38 NW

Owner: LATENSER, BILL & JULIE
1101 PLUM RIDGE RD
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
#S002557

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1101 Plum Ridge Rd (no rural route) City Lincoln, NE Zip 68527

Legal Description NE (1/4) NW (1/4) 22 (Section) 10N (Township) 8E (Range) ____ (Subdivison) ____ (Addition) 38 (Block) ____ (Lot)

PID 23-22-100-026-000 *Approx. Address (If to be determined) ____

B. Owner

Name Bill Latenser Signature ____

Address 1101 Plum Ridge Rd City/State/Zip Lincoln, NE 68527

Home Phone 402-540-7138 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: ____

Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.51

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day ____

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits ____

Comments ____

Date rec'd 6/23/23
Date frwd 6/23/23

ACTION ☑ Approved ☐ Disapproved
Signature ____

2. Supt. Bldg. Insp. or Village Clerk

Comments ____

Date rec'd ____
Date frwd ____

ACTION ☐ Approved ☐ Disapproved
Signature ____

3. City or County Engineer

Comments ____

Date rec'd ____
Date frwd ____

ACTION ☐ Approved ☐ Disapproved
Signature ____

Installation Final Written Approval

By ____

Date 8/4/23

Business Office Use Only
Date Received 6-20-23 Amount Paid $460.00
Received By JMD Cash/Check No. 5040

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 2/18

Covered for inspection

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002557

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 23-22-100-026-000

Address or Legal Description or Parcel Identification Number (PID) 1101 Plum Ridge Rd, Lincoln, NE 68527

Owner: Bill & Julie Latenser Address 1101 Plum Ridge Rd, Lincoln, NE 68527

A. Wastewater Piping (New only)

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ Existing Tank and ~~septic~~ New tank: 18 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1250g existing/1000g new
3. Depth to top of tank, below unfinished grade: New 60 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 150 ft. W

(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 28" to 36"
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 120 ft. 110
4. Drainfield size: 2,115 sq. ft. (2100 req'd)
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 100 ft. +
   Depth of Groundwater >8'

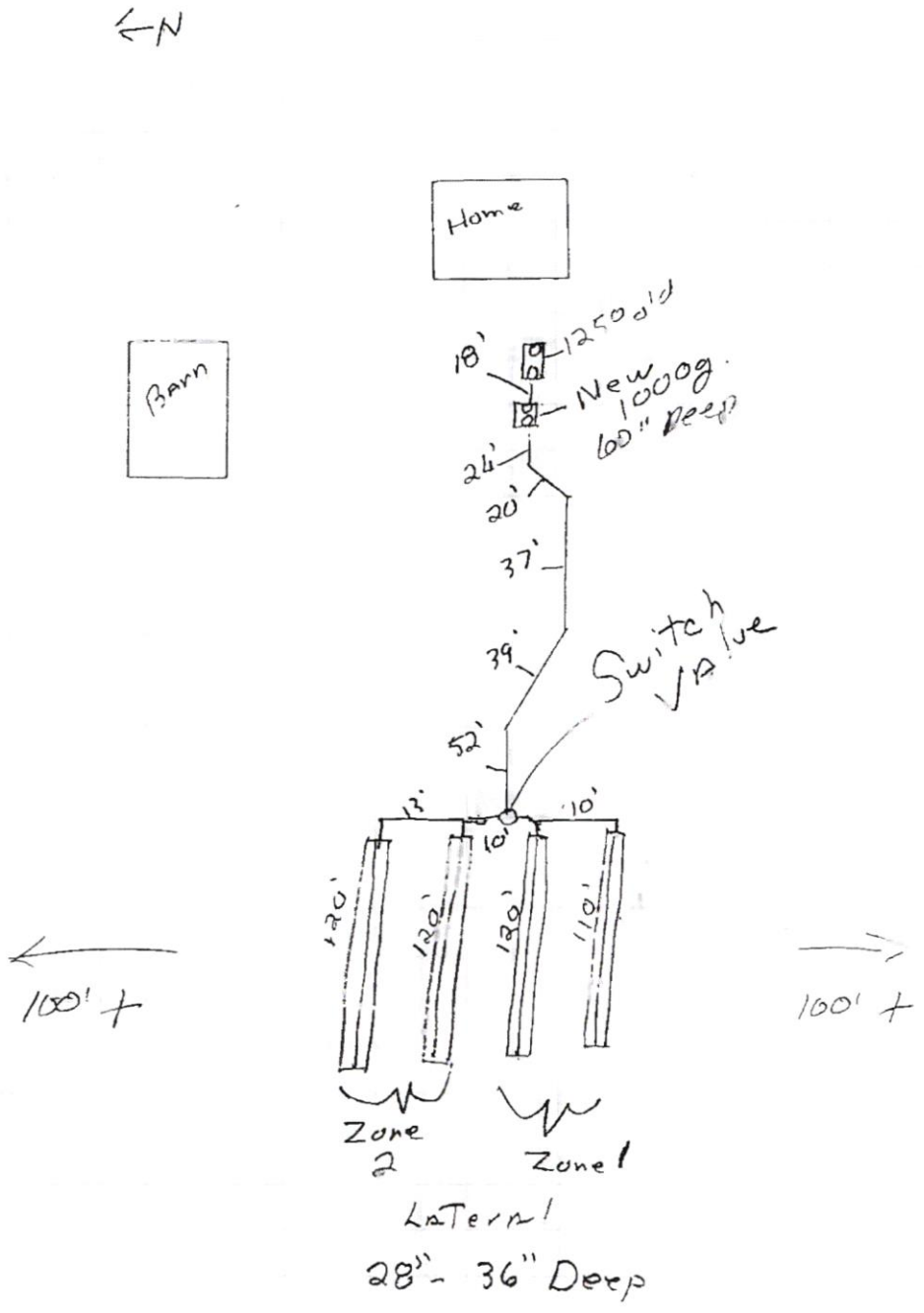
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Mark L. Jakobek Date: 6/23/23

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



1101 Plum Ridge Rd
Lincoln, NE 68527
6 Bedroom
Yes - Disposal
No - Oversized Jetted Tub
Perc Rate 60mpi

Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428

6/23/23

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380110901

Issued 01/14/94
Expires 07/14/94
Revenue Code 18754

Establishment
MANZITTO INC
T10N R8E SEC 22
PLUMBRIDGE ESTATES LOT 38
1101 PLUMBRIDGE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MANZITTO INC
3341 PIONEERS BLVD
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 1-12-94

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 8E ; Section 22 ;
   Block _____ : Lot 38 I.T. : Addition Plumbridge Estates
   Street Address 1101 Plumbridge Rd.

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. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~
   EXPERIMENTAL SYSTEM

Manzitto Inc. Samuel J. Manzitto
Signature of Applicant (Owner or Lessee)

3341 Pioneer Blvd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/13/94. Date Frwd. 1/13/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/13/94. Date Frwd. 1/13/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin

3. City or County Engineer: Date Rec'd. 1-13-94. Date Frwd. 1-13-94. ACTION: Approved ☑ Disapproved ☐ Signature: Larry E. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-13-94 by: rm all but one bed installed need drawing
Date: 6-14-94 by: rm last bed PROVISIONAL Experimental Syst
Date: 9-29-97 by: rm sewer line

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 6-27-94 By: Ron Magnuson

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: 1101 Plumridge

Location: Township 10N ; Range 8E ; Section & ¼ Section 22 . LOT 38
Property Dimensions: 334 ft. x 822 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: 5-25-94 to 5-26-94 . Weather: Precip. 0 Temp. 65°

Holes 1-2-3-4-6 had water in From Pre-Test

OWNER: _____

Address: 1101 PlumRidge

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"	5-25	4:00 pm	5-26	10:00 Am	5-26	10:00 Am	6"	10:30 AM	5 7/8"	30 m	1/8"	
2	36"	5-25	4:00 Pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
3	36"	5-25	4:00 Pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
4	36"	5-25	4:00 Pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	
5	36"	5-25	4:00 Pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 3/4"	30 m	1/4"	
6	36"	5-25	4:00 Pm	5-26	10:00 AM	5-26	10:00 AM	6"	10:30 AM	5 7/8"	30 m	1/8"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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: 6-14-94

FILE NO. _____

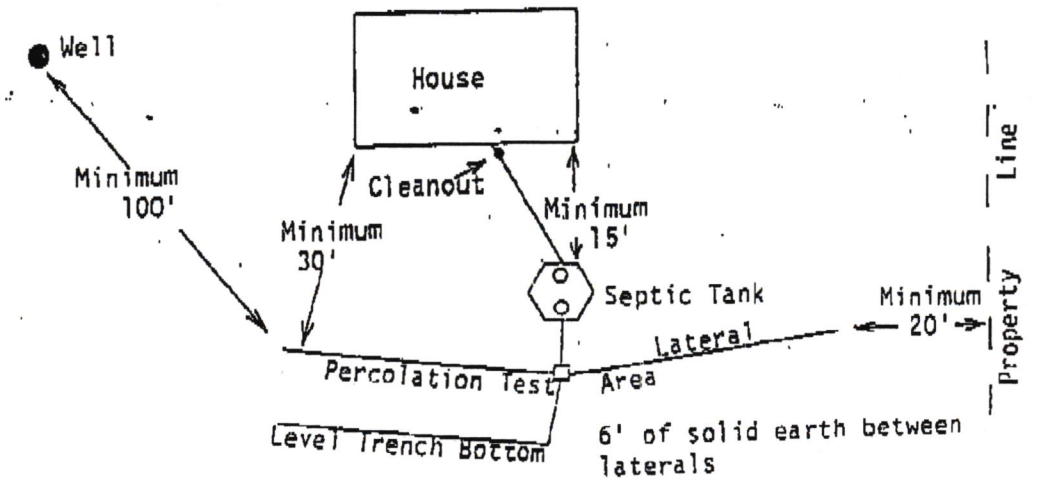
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line Rural ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 80' ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐ (Company ____)
4. Manholes: Over Inlet; diam. 24 in. Over Outlet; diam. ____ in. Riser Above ☑ Below ☐ Grade 2 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 29 in.
8. Distances to: Well or Suction Line Rural ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 80' ft.

C. DISTRIBUTION BOX: 2 Boxes
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐ (Company ____)
3. Distance from Septic Tank 67' + 121' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑ Diameter of Half Round ____ or Perforated Pipe 4" Material: fiberglass ☐; plastic ☑; concrete ☐; other ____.
2. Lateral Lines: Number 6; Length of each line 100, 100, 50, ____, ____, ____ ft.; Total length of laterals 350 ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 8' ft.; Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel Depth of Material 32" in.
5. Distances to: Well or Suction Line Rural ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 30' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

441-8323

1101 Plumridge

