903800122

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: $ 150.00/100

FILE NO. _____

DATE: April 9, 1990

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. 7N ; Range 6 ~~EAST OF THE 6TH P.M.~~ ; Section 15 W½ OF W½ OF SE¼ ~~1/4~~;
   Block _____ : Lot _____ : Addition _____
   Street Address Aprx: 800 W. Princeton Rd

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. EXPERIMENTAL SYSTEM

Erin E. Sims
Signature of Applicant (Owner or Lessee)

2780 So. 35th St. Lincoln 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/11/90. Date Frwd. 5/4/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-4-90. Date Frwd. 5-4-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baum

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 05/04/90. ACTION: Approved ☒ Disapproved ☐ Signature: Miguel Vermont

REMARKS OR REASONS FOR DISAPPROVAL WELL IS IN.

Site Visits:
Date: 12/18/91 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 3/2/92 By: Jerrold C. Hood

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

* EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 6 EAST OF THE 6TH P.M. ; Section & ¼ Section W½, W½, SE¼, of Section 15.
Property Dimensions: 660 ft. x 1419 ft. Area: 21½ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .

Dates of Tests: 10-8-89 to 10-9-89. Weather: Precip. 0 Temp. 70°.

Holes-3-4-5-6 had water in from Pre-Test

OWNER: Greg or Erin Sims

Address: 2780 S 35th St. Lincoln, NE. 471-7245

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		Start		End		Start			End			Results	
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"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 5/8"	30m	3/8"	
2	36"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 5/8"	30m	3/8"	
3	36"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 5/8"	30m	3/8"	
4	36"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 7/8"	30m	1/8"	
5	36"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 3/4"	30m	1/4"	
6	36"	10-8	2:00 pm	10-9	4:00 pm	10-9	4:00 pm	6"	4:30 pm	5 7/8"	30m	1/8"	

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

Mike Foogland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln Phone 464-0638 Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam, ~~Steinauer Loam, Nodaway Soil~~ not used

Date: April 11, 1990

Gerrold 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 ☒

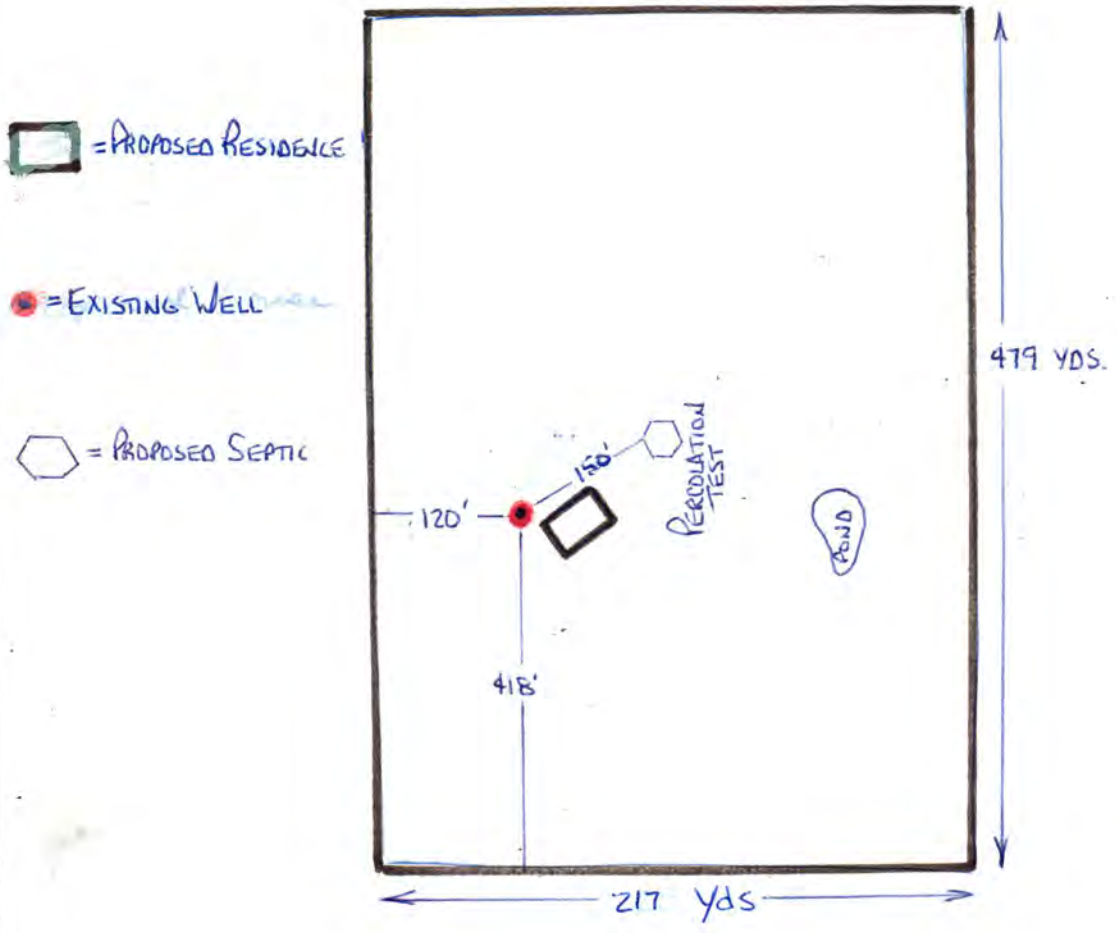
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
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: 12-91

FILE NO. _____

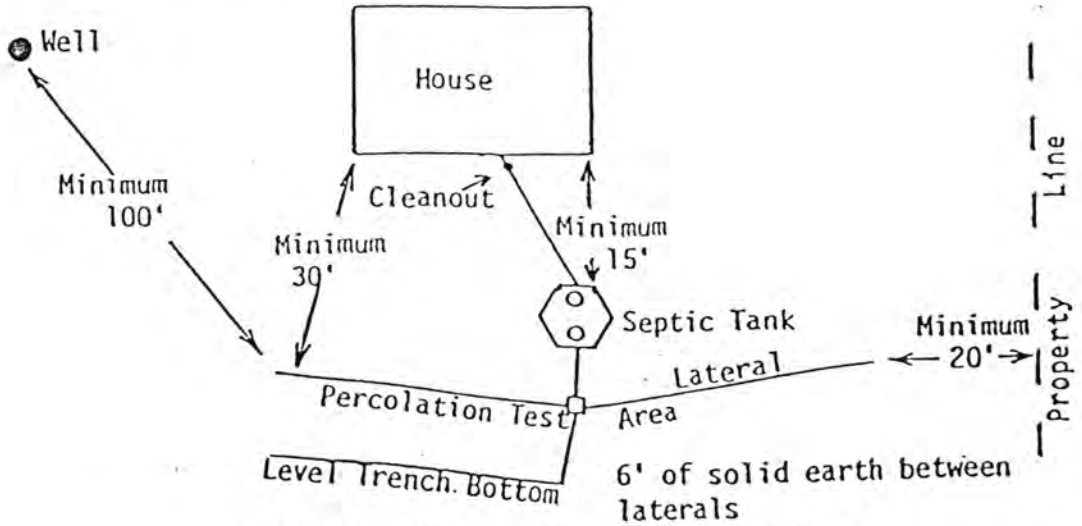
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch 40
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 39 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line > 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast 5 Star)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 15 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 10 in.
8. Distances to:
Well or Suction Line > 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line > 20 ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 52' 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 ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 8 ft.;
Slope ____ in/100 ft.; Average Depth 42 in.
4. Filter Material: Road Gravel
Depth of Material 36 in.
5. Distances to:
Well or Suction Line > 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line > 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380012201

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
GREG SIMS
T7N R6E SEC 15
W 1/2 OF W 1/2 OF SE 1/4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE GREG SIMS
S 35 ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

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

Southwick Sewer
+ Drain's

Greg Simms
SW 14th Princeton Rd.

