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: $ 60.00

FILE NO. 2783-C

DATE: _____

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 6E ; Section 33 ; E½ OF NW¼
   Block _____ : Lot _____ : 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.

Gregory J Edwards
Signature of Applicant (Owner or Lessee)

Box 26 Hallam, NE 68368
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/15/88 . Date Frwd. 12/19/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/19/88 . Date Frwd. 12/19/88 . ACTION: Approved ☑ Disapproved ☐ Signature: Mel Goddard

3. City or County Engineer: Date Rec'd. 12/19/88 . Date Frwd. 12/19/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Doug Pillard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/11/89 by: J.C.H.
Date: 1/12/89 by: J.C.H.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/12/89 By: Jerrold C. Hood

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:

Location: Township 7 ; Range 6 ; Section & ¼ Section 33 E½ NW ¼
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: 12/13 to 12/14 . Weather: Precip. 0 Temp. 35 .

OWNER: Gregory L. Schwaninger
Address: Box 26 Hallam, NE 68368

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"	12/13	9:30	12/13	14:00	12/14	13:00	20 5/8	13:30	20 7/8	30	1/4	120/1 .250
2	36"	"	"	"	"	"	"	20 3/4	"	21	30	1/4	120/1 .250
3	36"	"	"	"	"	"	"	24 3/8	"	25	30	5/8	48/1 .625
4	36"	"	"	"	"	"	"	23 5/8	"	24 1/8	30	1/2	60/1 .500
5	36"	"	"	"	"	"	"	21 7/8	"	22 1/4	30	3/8	80/1 .3750
6	36"	"	"	"	"	"	"	22	"	22 3/8	30	3/8	80/1 .3750
													2.375
													mfg 6a

Sum of Percolation Rates: 508/1
Average of Rates: 84.67 0.40
Mean of Rates: _____ 74

Gregory Schwaninger
Signature of Person Conducting Test

Address Box 26 Hallam, NE 68368 Phone 787-2395 eve 787-2265 day

(Do not write below this line)

REVIEWING ACTION

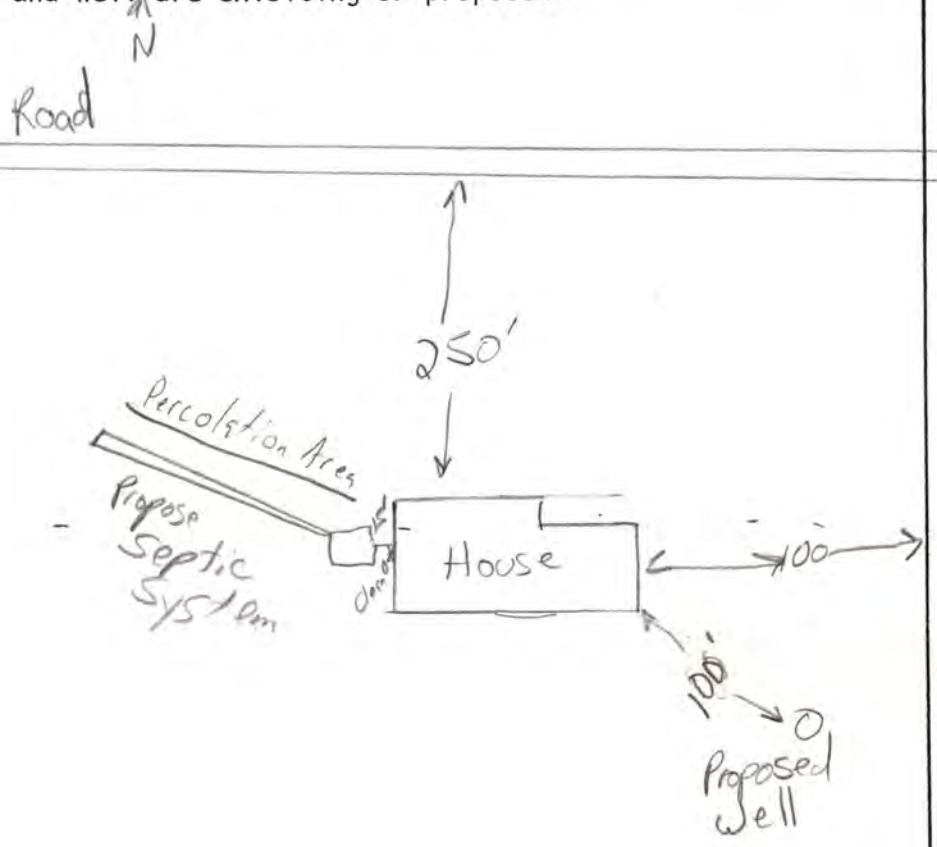
Remarks: Too slow for conventional septic
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 80 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 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 1250 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 1250 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: _____

FILE NO. _____

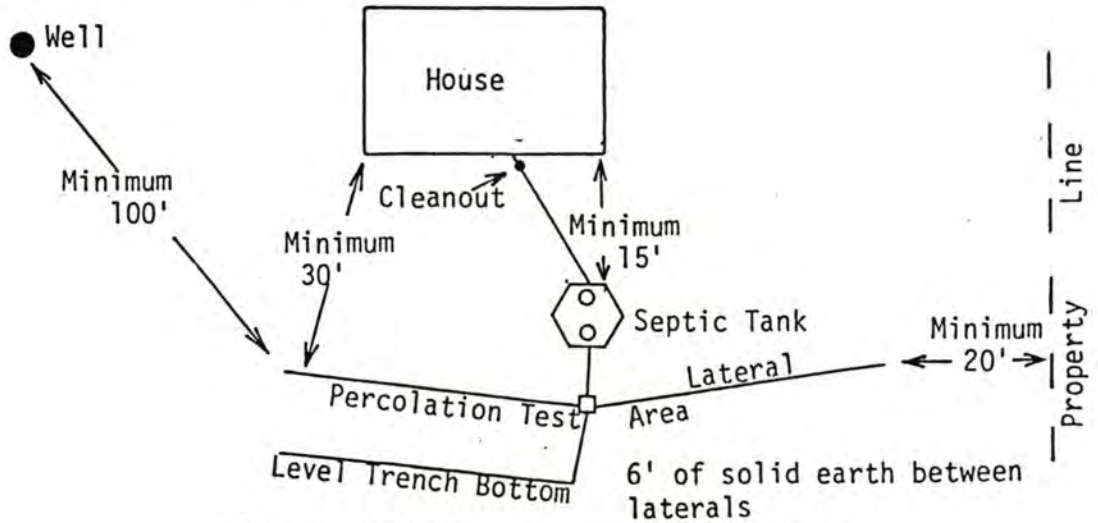
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 24½ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line Not Drilled ft.; Stream None ft.; Pressure Line _____ ft.; Property Line _____ ft.

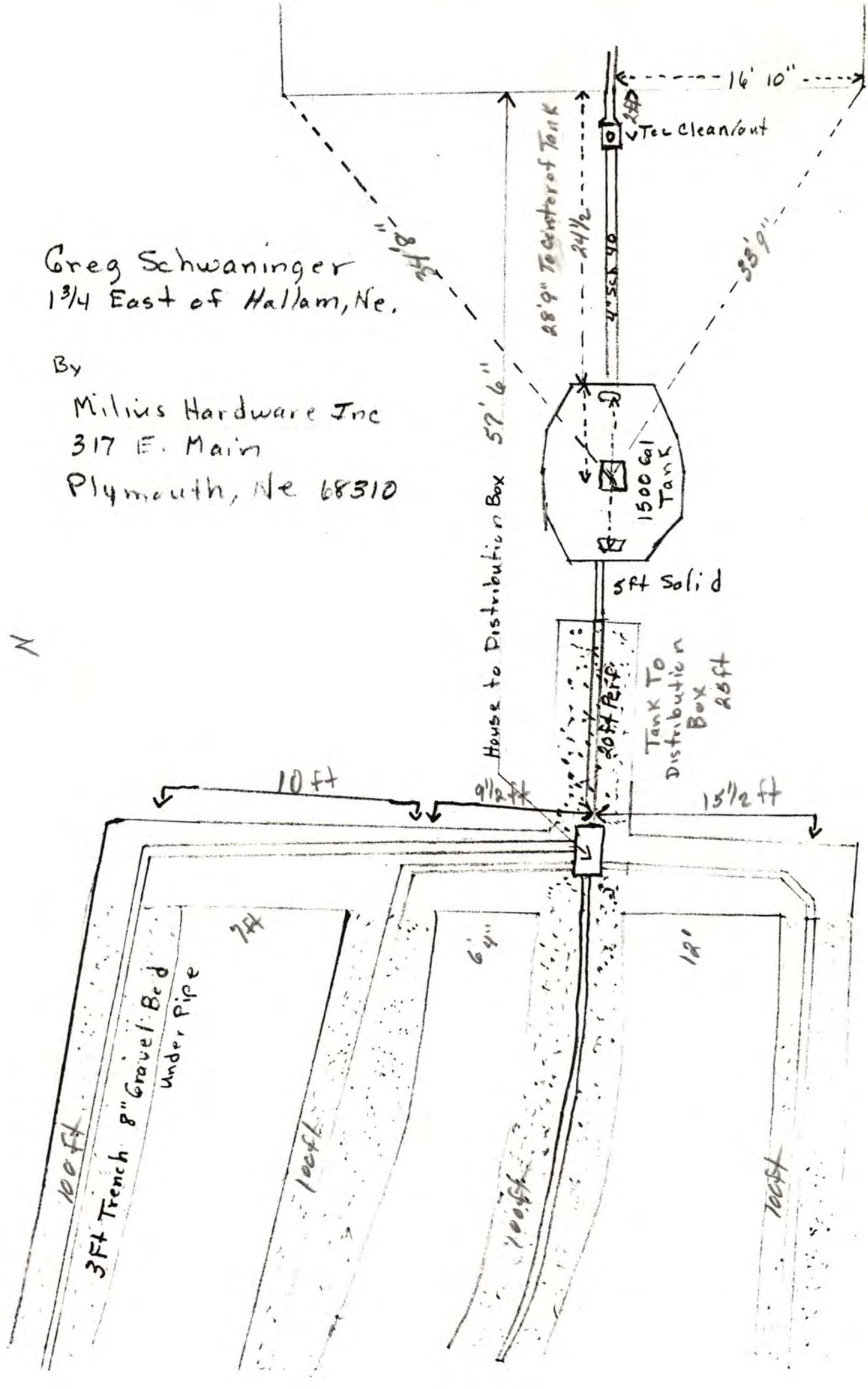
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 36" in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 8" in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 44 in.
8. Distances to:
Well or Suction Line Not Drilled ft.; Stream None ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast-Lincoln)
3. Distance from Septic Tank 25 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 5 ; Length of each line 20, 100, 100, 100, 100 ft.;
Total length of laterals 420 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope level in/100 ft.; Average Depth _____ in.
4. Filter Material: Gravel
Depth of Material 8" in.
5. Distances to:
Well or Suction Line Not Drilled ft.;
Stream None ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Greg Schwaninger
1 3/4 East of Hallam, Ne.
By
Milius Hardware Inc
317 E. Main
Plymouth, Ne 68310
16' 10"
4" Tee Clean/out
34'8"
28'9" To center of Tank
24½
4" sch 40
33'9"
57'6"
House to Distribution Box
1500 Gal Tank
5ft Solid
20ft Pipe
Tank To Distribution Box 25ft
10 ft
9½ ft
15½ ft
N
3Ft Trench 8" Gravel Bed under Pipe
100 ft
7ft
6'4"
12'
10ft

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2783-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

GREGORY L. SCHWANINGER BOX 26 — ISSUED TO

HALLAM, NE 68368 — ADDRESS

T7N; R6E; Sec. 33 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	12-19-88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

20109-0977