AUG 5 1996

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-1-96

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 7E ; Section 2 ;
   Block 3 : Lot 3 : Addition Holland Acres 4th
   Street Address 21701 Kaar Rd. Holland, NE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe single family

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒
   ~~LAGOON~~ CHANGED TO ETS

4. Distance to public sewer: _____ ft.

Mary Kinning
Signature of Applicant (Owner or Lessee)
Kinning-Sydow Builders, Inc
P.O. Box 6554, Lincoln, NE 68506
Address
421-1334 or 430-6344

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/6/96. Date Frwd. 8/6/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/6/96. Date Frwd. 8/6/96. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 08/06/96. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/17/97 by: L.C.H.
Date: 1/21/97 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 1/21/97 By: Jerrold C. Hood

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

* PROVISIONAL APPROVAL BECAUSE IT IS CONSIDERED AN EXPERIMENTAL SYSTEM

FORM 23-43

AUG 5 1996

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. _____

Wellman

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: 6-3-96 to 6-4-96. Weather: Precip. 0 Temp. 75

OWNER: _____

Address: Panama Rd.

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"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	5 3/4"	30min	1/4"	
2	36"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	6"	30min	0	
3	36"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	6"	30min	0	
4	36"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	6"	30min	0	
5	36"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	1/4"	30min	1/4"	
6	36"	6-3	8:50P	6-4	9:00P	6-4	9:00P	6"	9:30P	1/4"	30min	1/4"	

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

Signature of Person Conducting Test

Address 7700 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): _____
Date: August 6, 1996

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

Gerald C. Hood
Signature of Reviewing Official

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-21-96

System Location (Indicate correct number and street)

Address 21701 Karr Rd (no rural route) City Holland NE, Zip

A. Building Sewer

1. Material: Scheduled 40
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line — ft.
   stream — ft.
   pressure line 65 ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☐ above ☐ below grade 0 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line 65 ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 100 ft.

D. Absorption Field

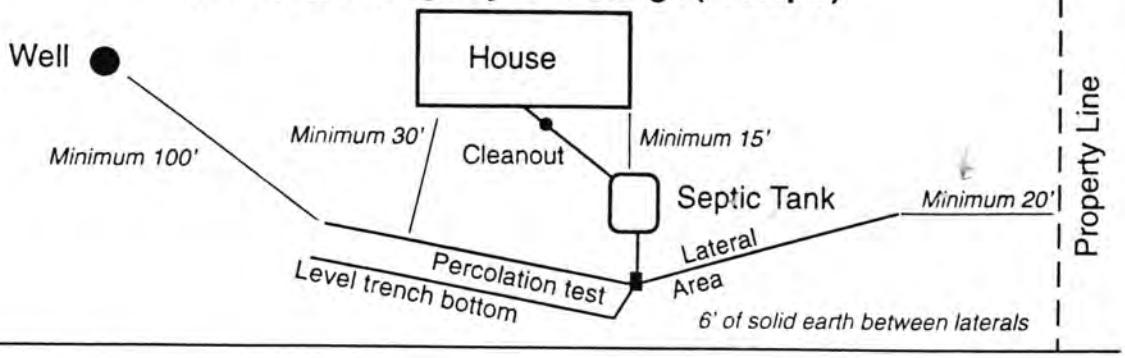
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 50 ft. 50 ft.
   50 ft. 50 ft., ____ ft.
3. Trench dimensions: Width 40 ft.
   Slope 0 in/100 ft.
   Average depth 40 in
4. Filter material: Sand
   Depth of material 36 in.
5. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 40 ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380147001

Issued 08/12/96
Expires 02/12/97
Revenue Code 18754

Establishment
MARY KINNING
T7N R7E SEC 2
HOLLAND ACRES BLK 3 LOT 3
21701 KEAR ROAD

LCR 4668

FEES: $150.00

TOTAL $150.00

Permittee
MARY KINNING
BOX06554
BOX 06554
LINCOLN NE 68506

2454

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"

Lancaster Co.

JAN 15 1997

STATE OF NEBRASKA

DEPARTMENT OF ENVIRONMENTAL QUALITY
Randolph Wood
Director
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186

E. Benjamin Nelson
Governor

Construction Permit # 97S003

Darrell Logan
1030 Norwood Drive, Apt 213
Lincoln, NE 68516

RE: Onsite Wastewater Treatment System
SE1/4, SW1/4, Sec 2, T7N, R7E
Lot 3, Block 3, Holland Acres
Holland, NE, Lancaster County

Dear Mr. Logan:

Documents describing the above-referenced project have been approved and stamped accordingly. Pursuant to Neb. Rev. Stat. Sec. §81-1506(2)(Reissue 1987), a permit for construction is hereby granted. This permit shall also serve as the operating permit for the facility once construction is completed.

Compliance with minimum sanitary engineering design criteria was the only consideration in the review of this project and items such as quality of material, structural soundness, electrical and mechanical design features were not considered unless specifically noted in the review comments. However, this approval does not in any way release the owner from the responsibility of providing an operable facility.

Construction shall be as described in the approved documents. If, for any reason, major changes are necessary, written approval must be obtained from this Department before proceeding.

We request that you notify the Department if the field is pumped out. This will assist the Department in it's evaluation of this system's performance.

One set of documents is being made a part of this Department's records, and the remaining documents are being returned to you.

Please complete and return the enclosed card as soon as the information is available. If you have any questions please contact Steven M. Goans, P.E. at (402) 471-2580.

Pursuant to a Delegation Memorandum dated January 30, 1995, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed the 13th day of January, 1997.

Sincerely,

Patrick W. Rice

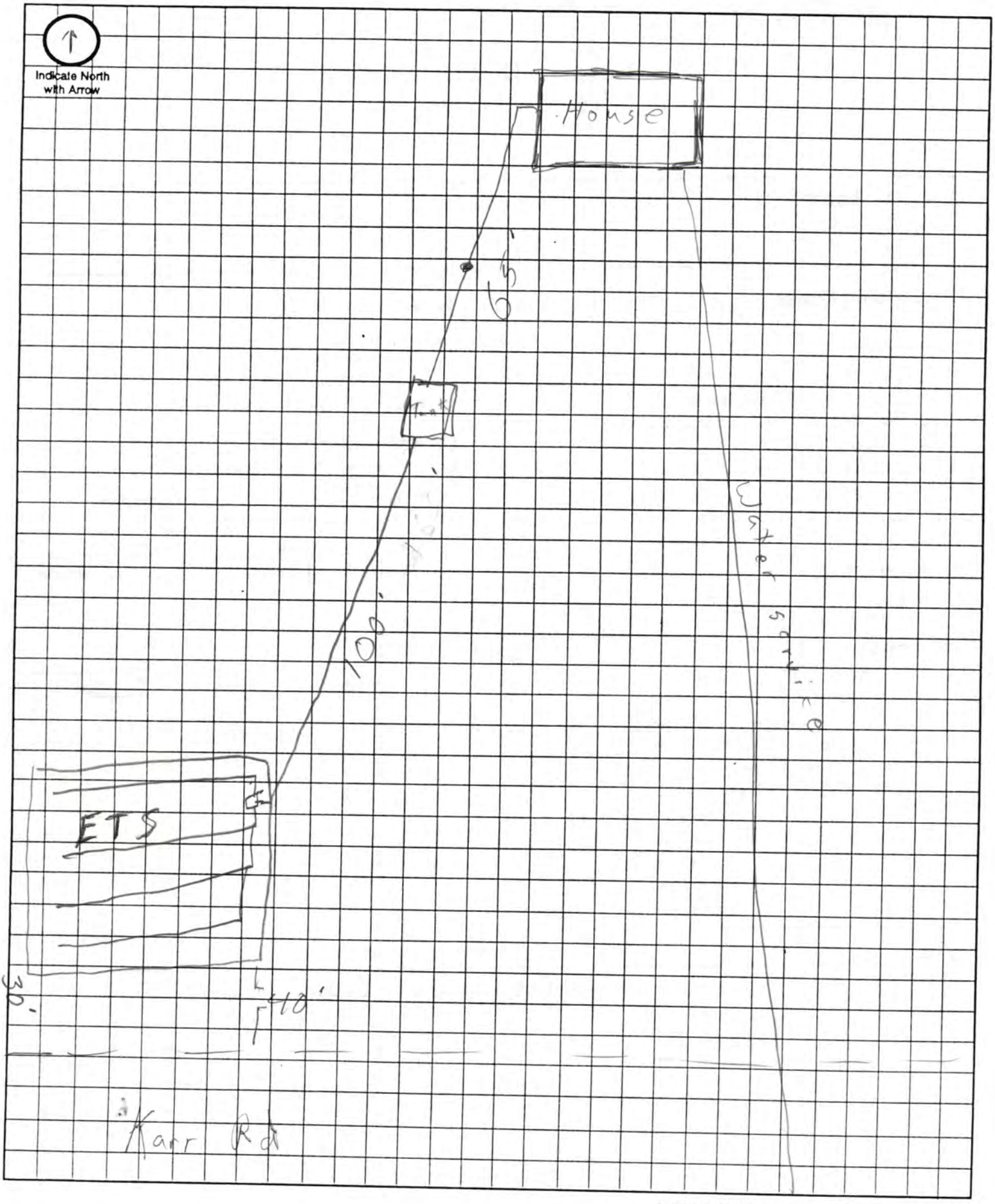
Patrick W. Rice
Assistant Director

PWR/smg
Enclosure:
PC: Lincoln/Lancaster County Department of Health

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s