LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2129-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

AUGUST 30, 1984 — THIS PERMIT EXPIRES

GARY B. SUMMERS — ISSUED TO

6129 EVERETT STREET LINCOLN, NE 68506 — ADDRESS

T7N; R7E; Sec 17 NW¼; 36th Street & Olive Creek Rd.
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
JM	8-30-84	60.00

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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. 2129-C

DATE: 8-29-84

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 17 NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address 36th ST. AND OLIVE CREEK 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.

Harry D Simmons
Signature of Applicant (Owner or Lessee)

6129 EVERETT ST.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/29/84. Date Frwd. 8/30/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-30-84. Date Frwd. 8-30-84. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowne

3. City or County Engineer: Date Rec'd. 8/30/84. Date Frwd. 8/30/84. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/20/84 by: L.C.H. need fence & signs
Date: 8-13,14,16-85 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-85 By: Ron Maryatt

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

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
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B

FILE NO. 2129-C

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 17 N.W. ¼
Property Dimensions: _____ ft. x _____ ft. Area: 3.49 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-26-84 to 8-27-84 . Weather: Precip. 0 Temp. 90° .

OWNER: GARY & DIANNE SUMMERS

Address: 6129 EVERETT ST.

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	24"	8-26	1:15 p.m.	8-26	5:15	8-27	9:07	1	9:37	1 1/8	30 min	1/8	30/1/8
2	24"	8-26	1:30	8-26	5:30	8-27	9:09	1/2	9:39	5/8	30	1/8	30/1/8
3	24"	8-26	1:40	8-26	5:40	8-27	9:10	3/8	9:40	1/2	30	1/8	30/1/8
4	24"	8-26	1:47	8-26	5:47	8-27	9:11	3/8	9:41	1/2	30	1/8	30/1/8
5	24"	8-26	1:53	8-26	5:53	8-27	9:12	1/2	9:42	5/8	30	1/8	30/1/8
6	24"	8-26	2:10	8-26	6:10	8-27	9:13	1/2	9:43	1/2	30	0	30/0
7	24"	8-26	2:30	8-26	6:30	8-27	9:14	1/2	9:44	5/8	30	1/8	30/1/8
8	24"	8-26	2:45	8-26	6:45	8-27	9:15	1/2	9:45	1/2	30	0	30/0
9	24"	8-26	2:50	8-26	6:50	8-27	9:16	1/2	9:46	5/8	30	1/8	30/1/8

Gary D. Summers
Signature of Person Conducting Test

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

Address 6129 EVERETT ST. Phone 489-3664

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Pawnee Clay Loam
Date: August 29, 1984

Approved Percolation Rate (a)
A. 240/INCH min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☒

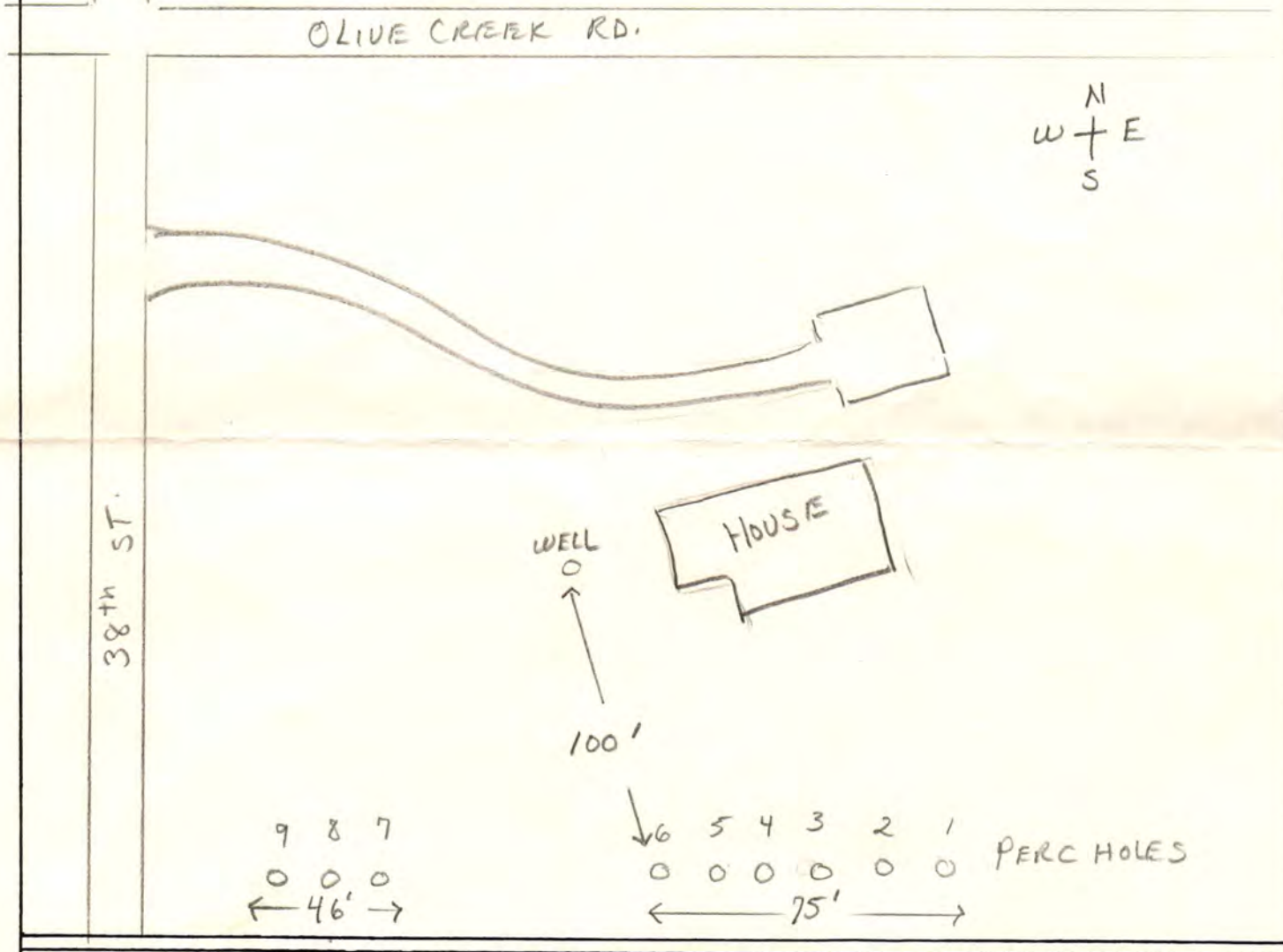
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
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Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: August 29, 1984

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.

Jerrold C. Hood
Signature of Reviewing Official

CONTRACTOR MUST FILL OUT

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
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Lincoln, Nebraska 68502
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D

DATE: _____

FILE NO. _____

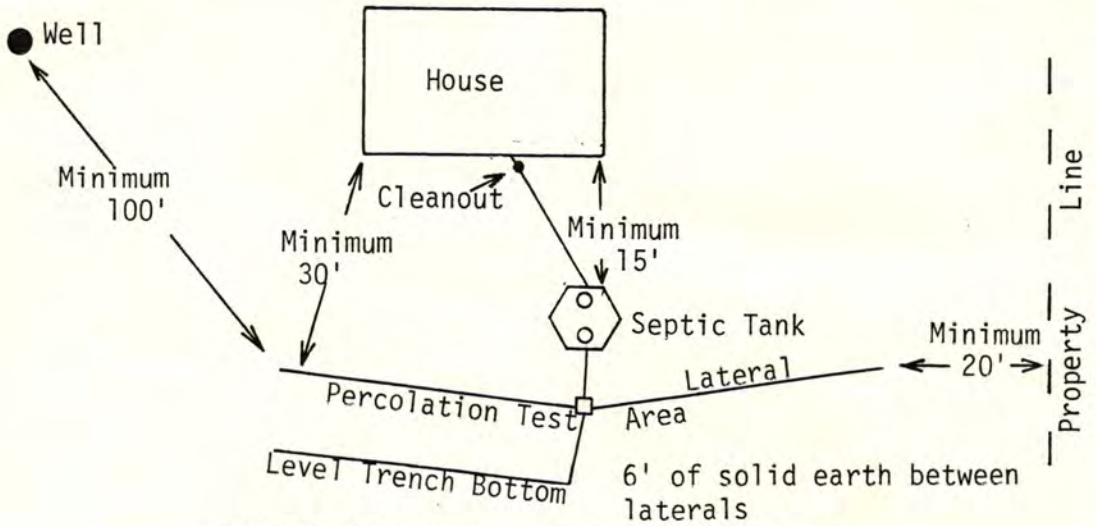
SPECIFICATIONS AS BUILT

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

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

HOLE #	START
1	5:37
2	5:39
3	5:40
4	5:41
5	5:42
6	5:43
7	5:44
8	5:45
9	5:46

	½ hr		1 hrs		1½ hrs		2 hrs		2½ hrs		3 hrs		3½ hrs	
HOLE #	TIME	LEVEL	TIME	LEVEL	TIME	LEVEL	TIME	LEVEL	TIME	LEVEL	TIME	LEVEL	TIME	LEVEL
1	6:07	1/16	6:37	1/8	7:07	1/4	7:37	1/2	8:07	1/2	8:37	3/4	9:07	1
2	6:09	1/16	6:39	1/16	7:09	1/4	7:39	3/8	8:09	3/8	8:39	1/2	9:09	1/2
3	6:10	0	6:40	1/16	7:10	1/16	7:40	1/8	8:10	1/8	8:40	1/4	9:10	3/8
4	6:11	1/16	6:41	1/16	7:11	1/16	7:41	1/4	8:11	3/8	8:41	3/8	9:11	3/8
5	6:12	1/16	6:42	1/16	7:12	1/4	7:42	3/8	8:12	3/8	8:42	3/8	9:12	1/2
FILLED 6	6:13	1/16	6:43	1/16	7:13	1/16	7:43	1/8	8:43	1/4	8:43	1/4	9:15	1/2
7	6:14	1/16	6:44	1/16	7:14	1/8	7:44	1/4	8:14	3/8	8:44	3/8	9:14	1/2
8	6:15	1/16	6:45	1/8	7:15	1/8	7:45	1/8	8:15	1/4	8:45	1/4	9:15	1/2
9	6:16	1/16	6:46	1/16	7:16	1/16	7:46	1/8	8:16	1/4	8:46	1/4	9:16	1/2

AS BUILT DRAWING OF SYSTEM

DATE 11-20-84 INSTALLER Capital City Trenching

