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. 95380133201

Issued 08/15/95
Expires 02/15/96
Revenue Code 18754

Establishment
REX KUHN
T7N R7E SEC 27
LOT 14
27907 S 82 STREET

FEES: $150.00

TOTAL $150.00

Permittee
REX KUHN
27907 S 82 ST
FIRTH NE 68358

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 ☑

AUG 14 1995

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 7-31-95

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 27 ; Block _____ : Lot 14 I.T. : Addition IRREGULAR TRACT of Street Address SE 1/4, 27907 So 82ND, FIRTH, NE 68358

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 . Describe 3 Bedroom RANCH Home

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑

4. Distance to public sewer: UNKNOWN ft.

Re A.K.C
Signature of Applicant (Owner or Lessee)

27907 ~~So 82ND~~ / 5745 LEIGHTON ST
Address
FIRTH NE 68358 (NEW 3.E) / LINCOLN, NE 68507 (PRESENT)

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/14/95. Date Frwd. 8/14/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-1-95. Date Frwd. 8-7-95. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 8-14-95. Date Frwd. 8-14-95. ACTION: Approved ☑ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/31/95 by: L.C.H. Need fence, sign, etc.
Date: 10/16/95 by: L.C.H.
Date: 10/17/95 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/17/95 By: Jerrold C. Hood

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:

Location: Township 7N ; Range 7E ; Section & ¼ Section 27.
Property Dimensions: 436 ft. x 540 ft. Area: 5.51 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-29-95 to 7-30-95. Weather: Precip. 0 Temp. 95/75 Dry

OWNER: Rex A. Kl

Address: 5745 Leighton Lincoln Ne 68507 (Current)

27907 So 82nd
Firth, Ne (Test Site)

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7/29	10:00	7/29	10:02	7/30	10:00	6"	2:00	1 3/4	240	4 1/4"	
2	"	7/29	10:03	7/29	10:05	7/30	10:03	6"	2:03	2 1/4	240	3 3/4"	
3	"	7/29	10:06	7/29	10:09	7/30	10:06	6"	2:06	4 1/2	240	1 1/2"	
4	"	7/29	10:10	7/29	10:12	7/30	10:10	6"	2:10	4 1/4	240	1 3/4"	
5	"	7/29	10:13	7/29	10:15	7/30	10:13	6"	2:13	4"	240	2"	
6	"	7/29	10:16	7/29	10:18	7/30	10:16	6"	2:16	4 1/4	240	1 3/4"	

Rex A. Kl
Signature of Person Conducting Test

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

Address 5745 Leighton 68507 Phone 432-3371 cell, 434-9400 work

(Do not write below this line) 466-0307 Home

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 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

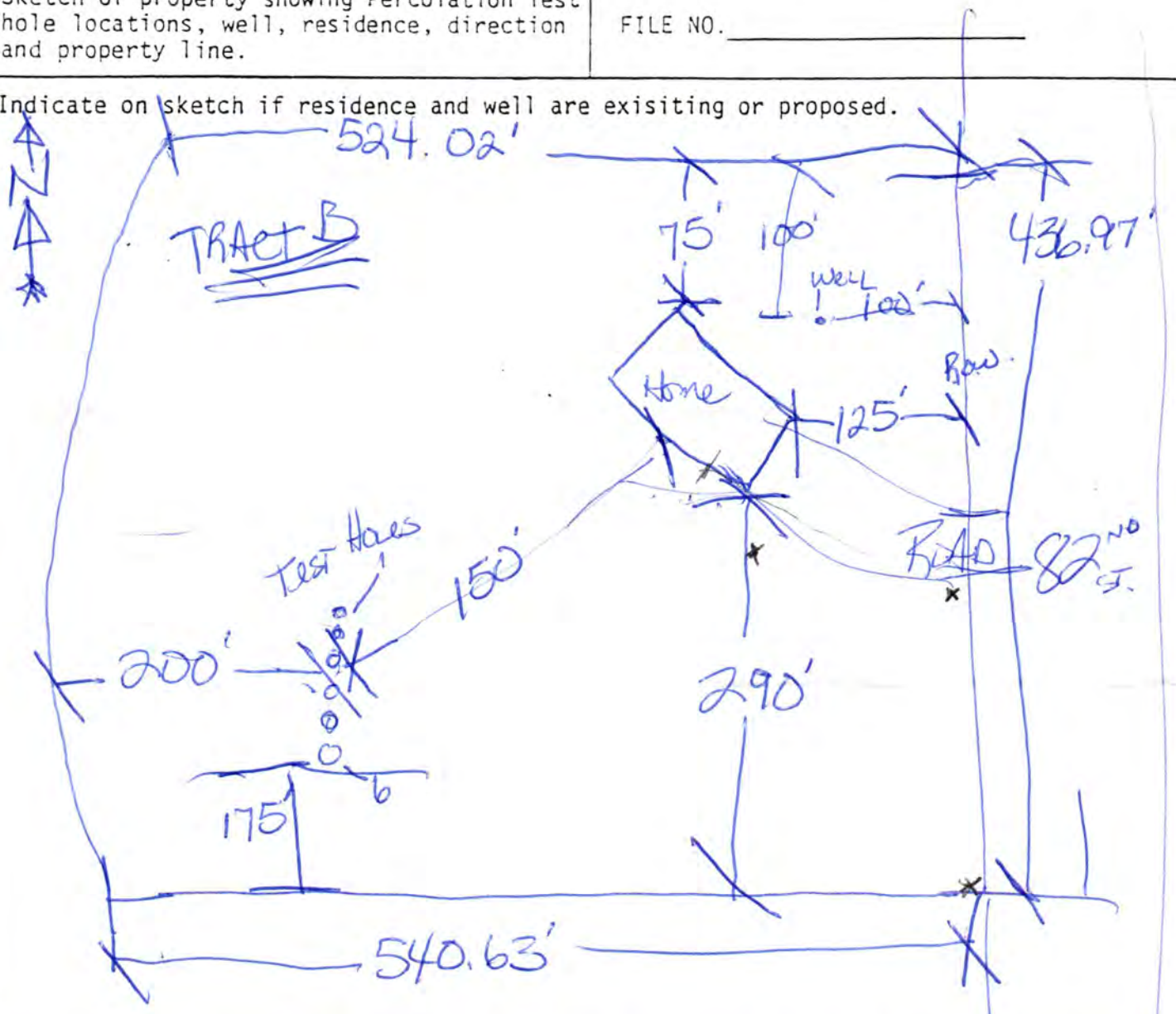
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



ALL dem ARE HAND MEASRED DRAWING NOT TO SCALE

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: _____

FILE NO. _____

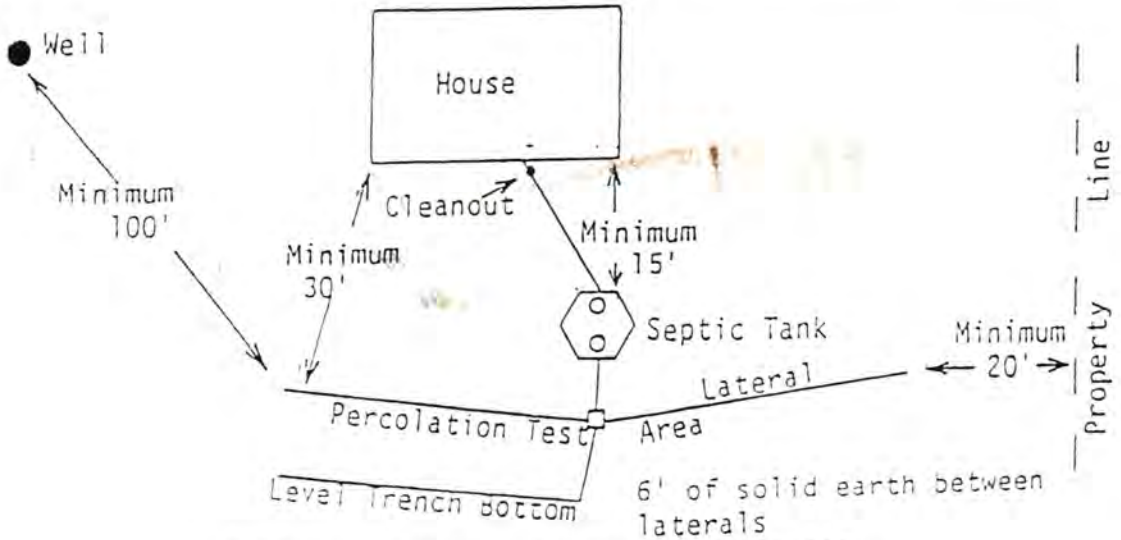
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 42 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 147 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ 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

27907 So 82nd

Installed By
Vogt Excavating
8-31-95

