LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 1961-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

09/08/83 — THIS PERMIT EXPIRES

Calvin Paschold — ISSUED TO

Route 1, Box 6 Firth, NE 68358 — ADDRESS

T7N, R7E, SECTION 29 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW

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 P.S. DATE AMOUNT

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1961-C

DATE: 3-3-83

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. SEE ATTACHED 7N; Range 7E; Section 29;
   Block _____: Lot _____: Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe Tri-level home

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

4. Distance to public sewer: _____ ft.

Calvin Pankhold
Signature of Applicant (Owner or Lessee)

RR #1 Firth, NE 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/7/83. Date Frwd. 3/8/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-3-83. Date Frwd. 8-3-83. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 3/8/83. Date Frwd. 3/8/83. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-18-83 by: DM (will call drawing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 29 ; Range 7 ; Section & ¼ Section 7 .
Property Dimensions: 306 ft. x 600 ft. Area: 3 acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: 3-2 to 3-3 . Weather: Precip. 0 Temp. 70° .

OWNER: Calvin Paschold

Address: RR #1 Firth, NE 68358

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	3/2	10:30	3/3	9:45	3/3	1:30	19 1/4	2:05	19 3/8	35	1/8	280
2	36	3/2	10:30	3/3	9:45	3/3	1:30	17 1/4	2:05	17 3/8	35	1/8	280
3	36	3/2	10:30	3/3	9:45	3/3	1:30	20 1/8	2:05	20 1/8	35	0	0
4	36	3/2	10:30	3/3	9:45	3/3	1:30	21 3/8	2:05	21 1/2	35	1/8	280
5	36	3/2	10:30	3/3	9:45	3/3	1:30	21 1/4	2:05	21 1/8	35	1/8	280
10	36	3/2	10:30	3/3	9:45	3/3	1:30	21 7/8	2:05	22 1/4	35	3/8	93.3

Sum of Percolation Rates: 1213.3
Average of Rates: 242.67
Mean of Rates: 280

Calvin Paschold
Signature of Person Conducting Test

Address Firth, NE 68358 Phone 791-5717

(Do not write below this line)

REVIEWING ACTION

Remarks: Really too slow for septic Really slow for Wymore
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 7, 1983

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

Gerald C. Wood
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 ☐

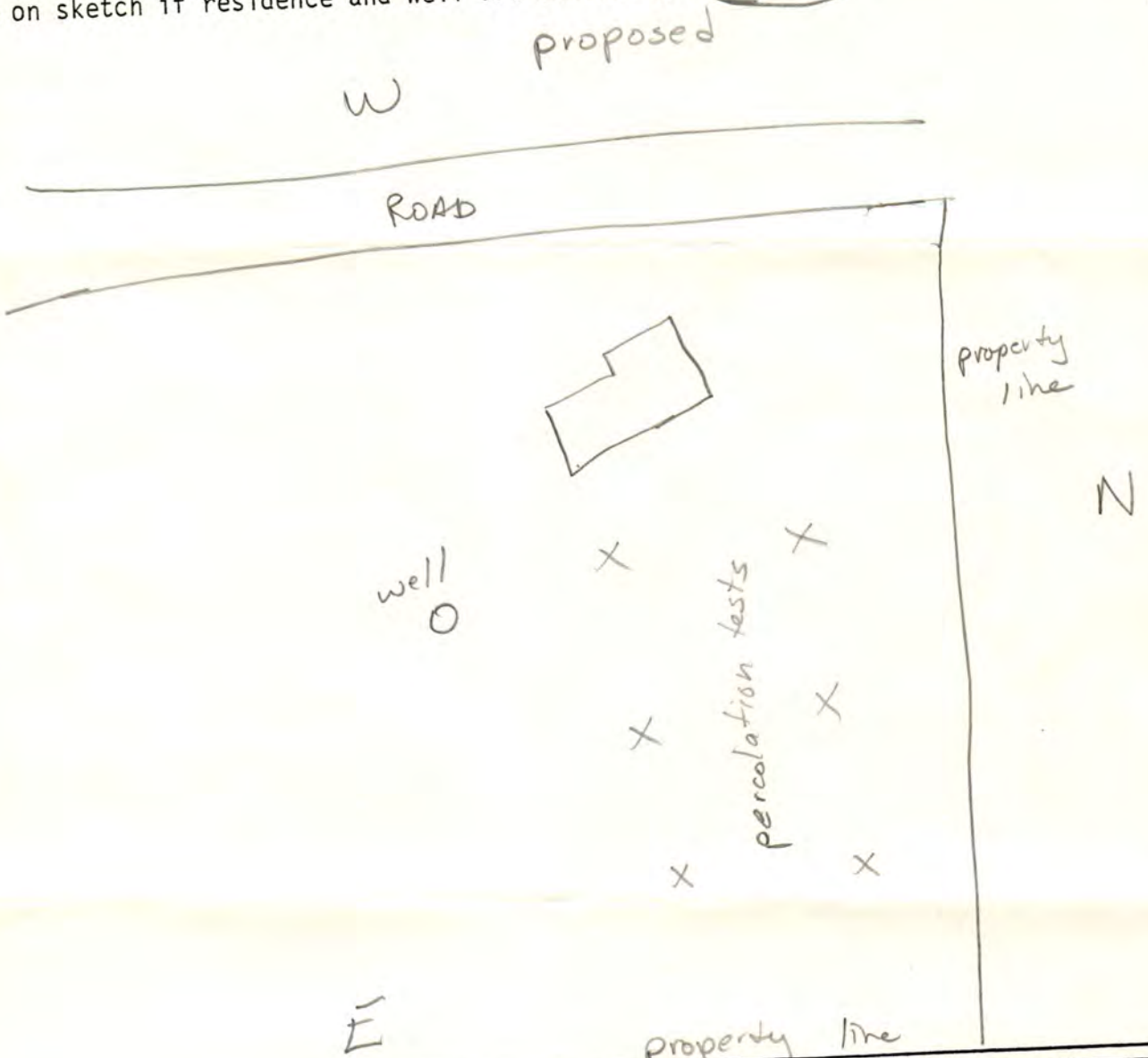
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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: 474-1541

D

DATE: 3-3-83

FILE NO. _____

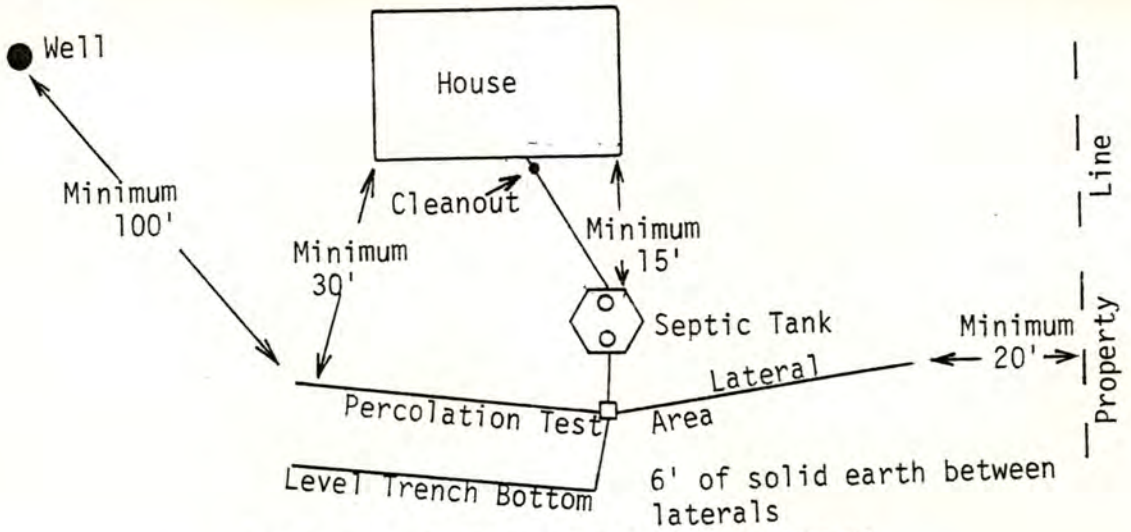
SPECIFICATIONS AS BUILT Intend to build lagoon sewage treatment

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ 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

Official Survey Record

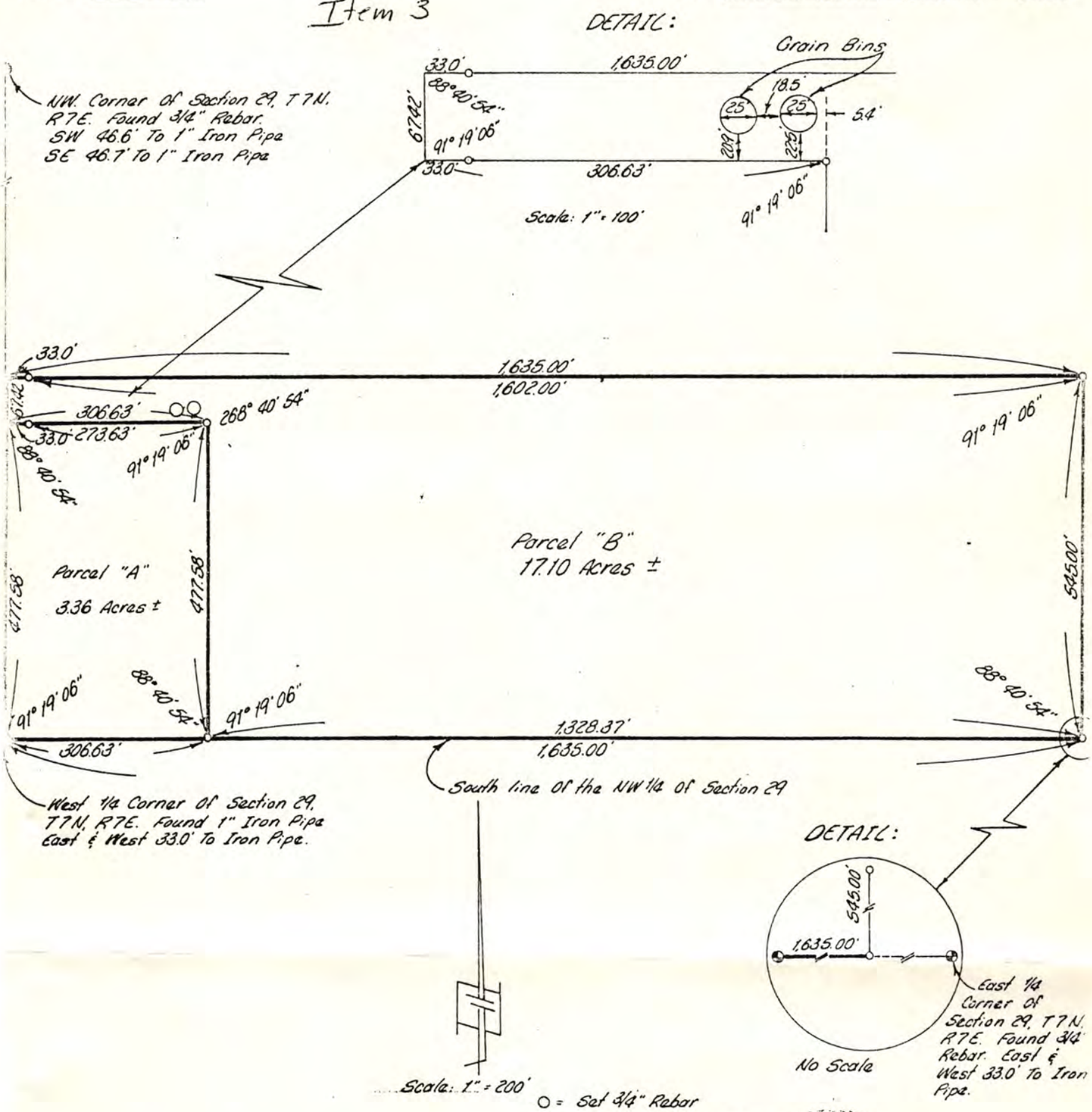
LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

Survey of a 3.36 Acre ± tract of land and a 17.10 Acre ± tract of land located in the Northwest Quarter of Section 29 T 7 N, R 7 E of the 6th P.M.

Job No. 3597 Date January, 19 83

Item 3



○ = Set 3/4" Rebar
● = Monuments Found

SURVEYORS CERTIFICATE

I hereby certify I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

Signed this 21st day of January, 19 83

NAME

Surveyor's License Dennis D. Simonds
Nebraska L.S. 343

(SEAL)