LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1696-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 15, 1981 — THIS PERMIT EXPIRES

John W. Wenzel — ISSUED TO

1206 West Park, Lincoln, NE 68522 — ADDRESS

T8N, R5E, Section 1, Lot 6 I.T. — LEGAL DESCRIPTION

NON-TRANSFERABLE

REMARKS:

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018606	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

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. 1696-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. 8N ; Range 5E ; Section 1 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address _____

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: None ft.

John W. Wenzl
Signature of Applicant (Owner or Lessee)

1206 West Park Lincoln Ne. 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/12/80. Date Frwd. 9/15/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/15/80. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 9/15/80. Date Frwd. 9/15/80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff by Marvel Scoggins

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/10/81 by: D.S. System covered and grown up in weeds at time of visit unable to make inspection - D.S. 9/10/81
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL CW/OI
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. 1696-C

PROPERTY WHERE SOIL TESTED:

Location: Township ~~Hallam~~ 8 ; Range 5E ; Section & ¼ Section 1 .
Property Dimensions: 197 ft. x 1289 ft. Area: 5.98 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-18-80 to 9-19-80 . Weather: Precip. _____ Temp. _____ .

OWNER: John W. Wenzl

Address: 1206 W. Park Lincoln Ne 68522

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	32"	9-11-80	7:50 AM	9-12-80	11:50 AM	9-12-80	2:15 PM	6"	9-12 2:45 PM	4 3/4"	30 min.	1 1/4	
2	32"	"	"	9-11-80	"	"	2:15 PM	6"	9-12 2:45 PM	4 5/8"	" "	1 3/8	
3	32"	"	"	9-11-80	"	"	2:17 PM	6"	9-12 2:47 PM	4 3/4"	" "	1 1/4	
4	32"	"	"	9-11-80	"	"	2:17 PM	6"	9-12 2:47 PM	3 1/2"	" "	2 1/2	
5	32"	"	"	9-11-80	"	"	2:19 P.M.	6"	9-12 2:49 PM	4 1/2"	" "	1 1/2	
6	32"	"	"	9-11-80	"	"	2:19 P.M.	6"	9-12 2:49 PM	4 1/2	" "	1 1/2	

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

John W. Wenzl
Signature of Person Conducting Test

Address 1206 W. Park Lincoln Ne Phone 475-7893

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 12, 1980

Jerrold C. Head
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 ☒

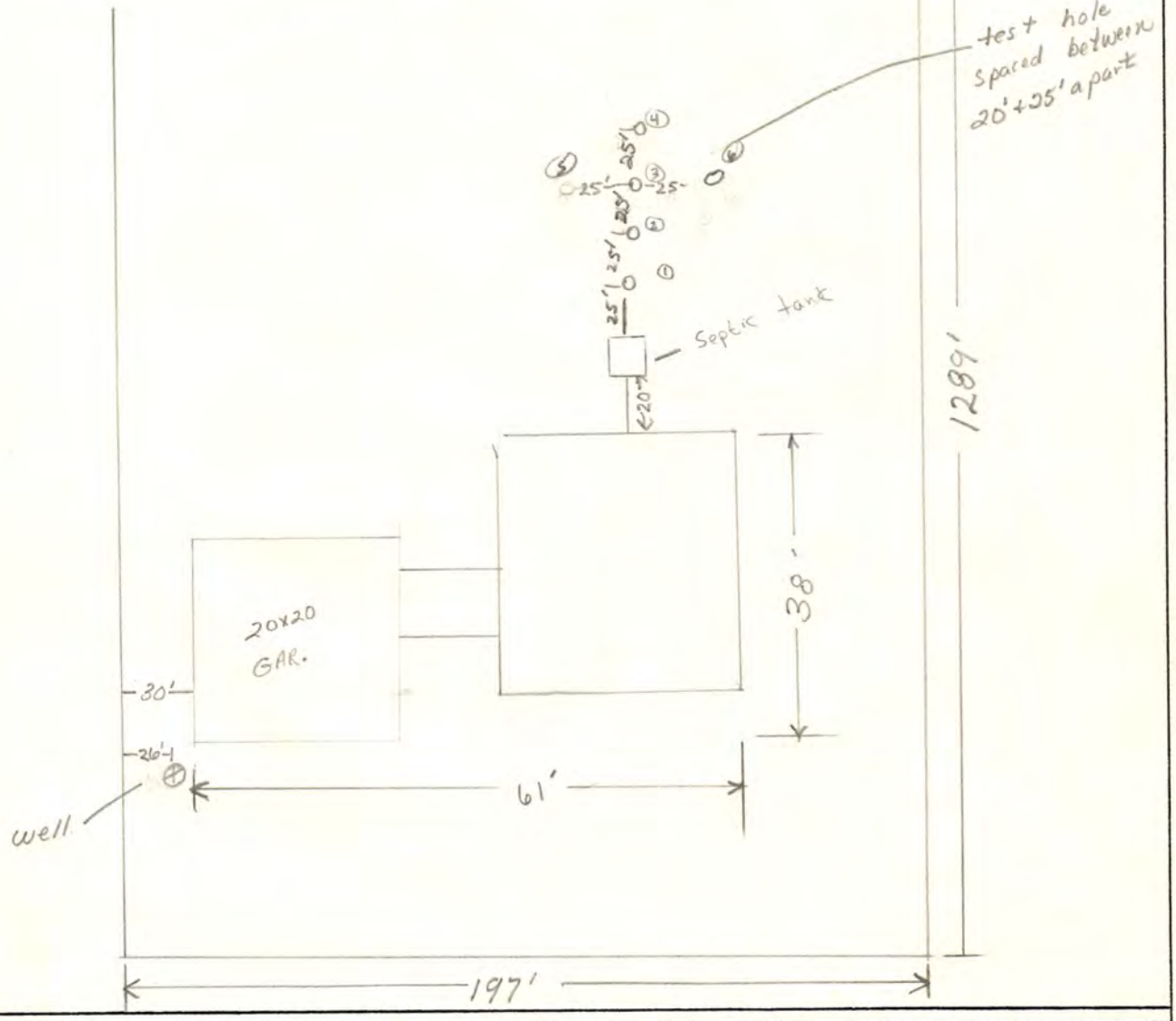
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1696-C

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



REVIEWING ACTION

Remarks: _____

Date: September 12, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 206 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 618 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

REC'D JUN 6 1981

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: 5/10/81

FILE NO. _____

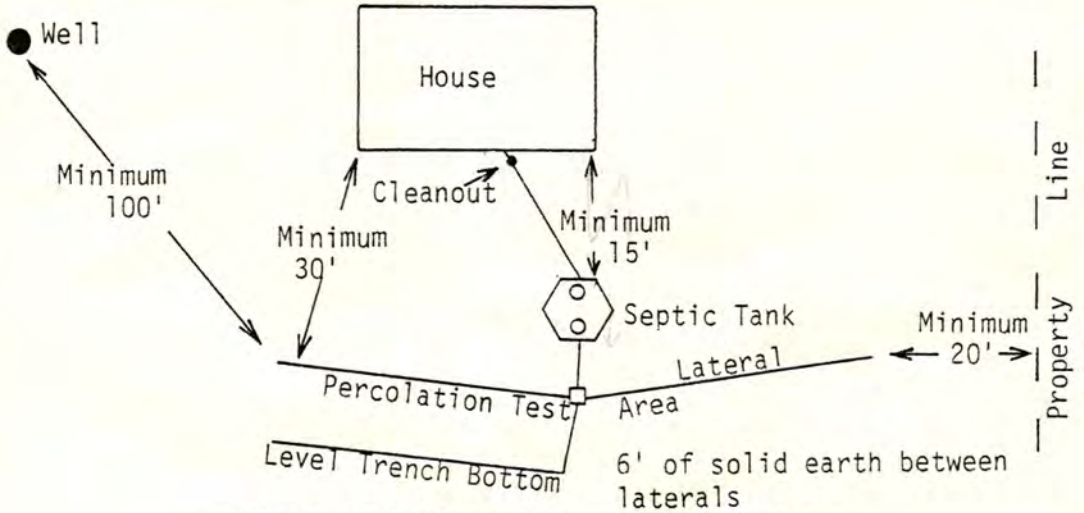
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 10 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments one .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company PRE-CAST)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. — in.
Riser Above ☑ Below ☐ Grade 48 in.
5. Inlet: Baffle ☐ ; or Tee ☑
6. Outlet: Baffle ☐ ; or Tee ☑
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company PRE-CAST)
3. Distance from Septic Tank 10 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 inch .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 3 ; Length of each line 90 , 80 , 70 , ____ , ____ ft.;
Total length of laterals 240 ft.;
Distance between lateral lines 8 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 36 in.
4. Filter Material: gravel
Depth of Material 8-10 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

No. 99380193401

Issued 02/17/99
Expires 08/17/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

M D WILSON
T8N R5E SEC 1
6300 W BENNET RD-MARTELL

Permittee

M D WILSON
6300 W BENNET RD
MARTELL NE 68404

Issued By Health Director
Lincoln-Lancaster County Health Department

008735

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6300 W. Bennet Rd. (no rural route) City Marshall NE, Zip 68404

Legal Description ____ 1/4 ____ 1/4 1 Section 8N Township 5E Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name M.D. Wilson Signature _____

Address 6300 W. Bennet Rd City/State/Zip Marshall Ne 68404

☐ Check if owner designed system Home Phone 794-4934 Work Phone 430-0440

C. Contractor

Name Brad Southwick Company Name Southwick Sewer Const.

Address 17201 So 72 City/State/Zip Hickman Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 2/17/99 Date frwd 2/17/99 **ACTION** ☒ Approved ☐ Disapproved Signature Harold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____ 10-1 99

Date _____

Business Office Use Only

Date Rec'd 02/17/99

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 3376

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

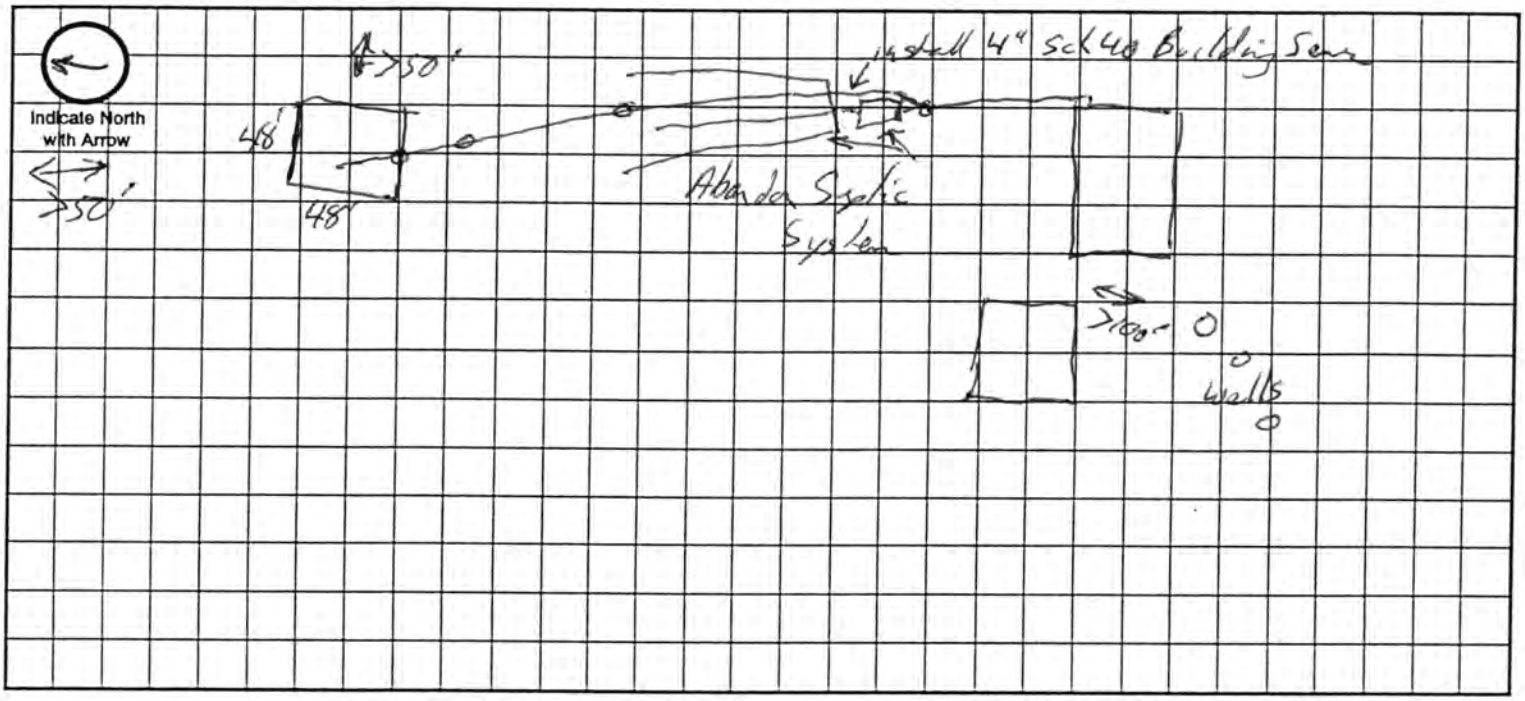
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 6300 W. Burnett Rd City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

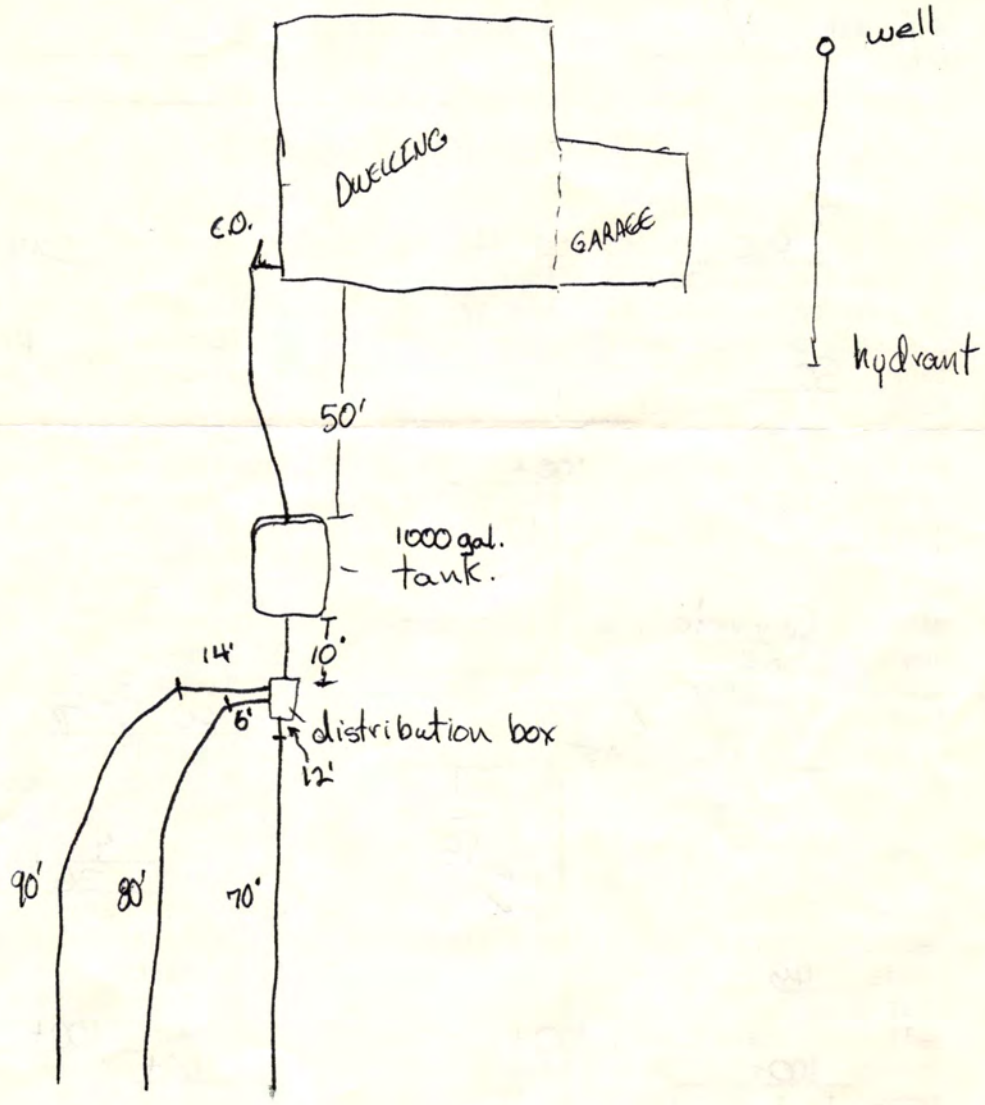
Home Building Contractor _____ Date _____

Installer Brad Smith Date 2-16-99

S

AS BUILT DRAWING OF SYSTEM

DATE 5/10/81 INSTALLER [redacted]



N

↓