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. 95380133401

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

Establishment
DEBORAH WEILER
T8N R5E SEC 17
ELSNER LAKESIDE EST BLK 1 LOT 6&7

FEES: $150.00

TOTAL $150.00

Permittee
DEBORAH WEILER
RR0001
BOX 242A7
CRETE NE 68333

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 ☒

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

A

FILING FEE: $_____

FILE NO. _____

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 17 ; Block 1 : Lot 6 and 7 : Addition FIRST (Elsner) LAKESIDE ESTATES
   Street Address RR 1, Box 242A7, Crete, 68333 15401 Bobwhite Trl
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: miles ft.

Deborah D. Weiler
Signature of Applicant (Owner or Lessee)

RR 1, Box 242A7, Crete, 68333
Address

(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 E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/14/95. Date Frwd. 8/14/95. ACTION: Approved ☒ Disapproved ☐ Signature: TK
3. City or County Engineer : Date Rec'd. 08/14/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/22/95 by: L.C.H.; Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/1/95 By: Jerrold E. 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 8 ; Range 5 ; Section & ¼ Section 17 .
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: 8-4 to 8-5-95 . Weather: Precip. JUC 0 Temp. 85 .

OWNER: Al Weiler

Address: Crete, Ne

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	8-4	4:30	8-5	11:30	8-5	2:40	22¼		23¼	10	1	
2			PM		AM		PM	25⅛		26		⅞	
3								22¼		23¼		1	
4								26¾		27¾		1	
5								27¾		28		¾	
6								24		25¼		1¼	
7								29¾		31		1¼	

Brad Smithwick
Signature of Person Conducting Test

Address 17201 S. 72 Hickman Phone 475-2462

Sum of Percolation Rates: 7.125
Average of Rates: 1.01
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: AUGUST 14, 1995

Approved Percolation Rate (a)
A. 10 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

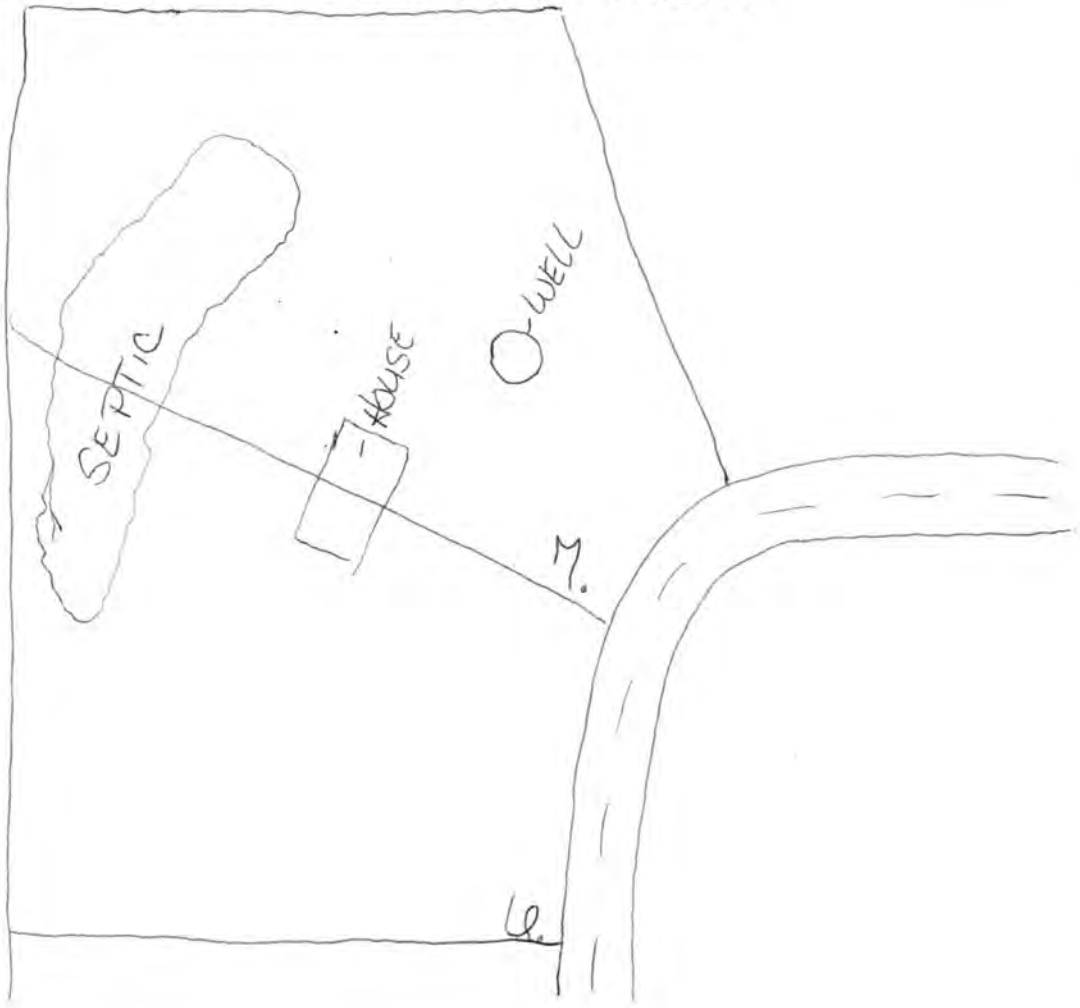
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

Date: August 14, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ~~825~~ sq.ft.

Jerrold C. Hook
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: 11-22-95

FILE NO. _____

Al Weiler

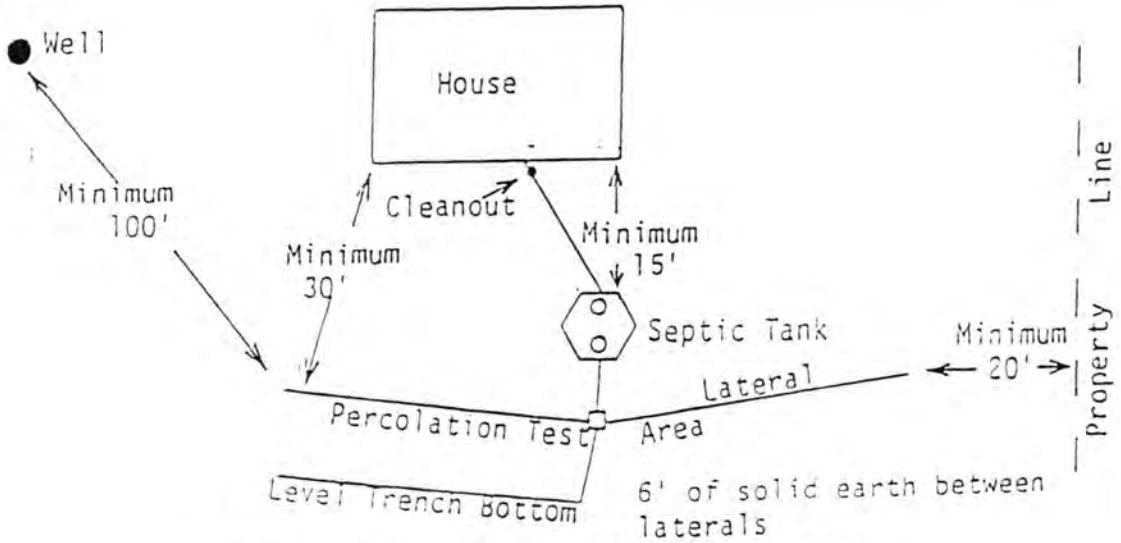
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC SCH 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 9 in.
3. Distance between dwelling and septic tank 52 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line >50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

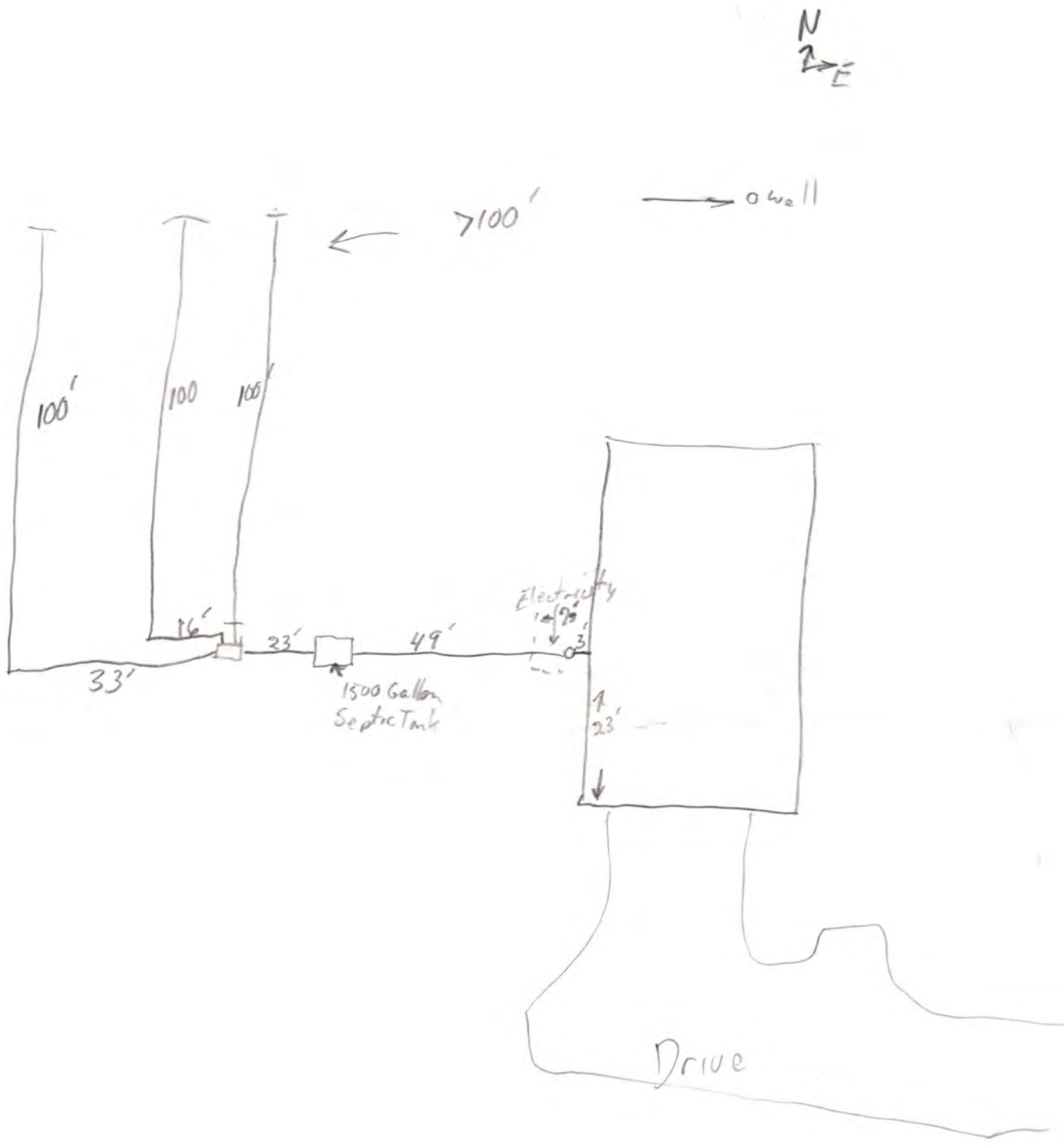
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Products)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 15 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line >50 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 23 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".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3-3½ ft.;
Slope < 6 in/100 ft.; Average Depth 33 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
E
>100'
owell
100'
100
100
16'
33'
23'
49'
3'
1
23'
1500 Gallon
Septic Tank
Drive