LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380112901

Issued 03/14/94
Expires 09/14/94
Revenue Code 18754

Establishment
DEBRA FRITCH
T8N R5E SEC 30
LOT 19
18801 SW 128 STREET

FEES: $150.00

TOTAL $150.00

Permittee
DEBRA FRITCH
2341 IVY AV
APT 9
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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: ~~471-7800~~ 441-8000

A

FILING FEE: $150.00

FILE NO. _____

DATE: 3-7-94

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 30 ;
   Block _____ : Lot 19 I.T. : Addition _____
   Street Address 18801 SW128 Crete, NE

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; ~~Other~~ ☒ LAGOON

4. Distance to public sewer: N/A ft.

D. L. Fritch
Signature of Applicant (Owner or Lessee)

2341 Ivy Ave. #9
Address Crete, NE 68333

(Do not write below this double line) UNL-472-2372

1. Health Department: Date Rec'd. 3/14/94 . Date Frwd. 3/14/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3-14-94 Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 03/14/94 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

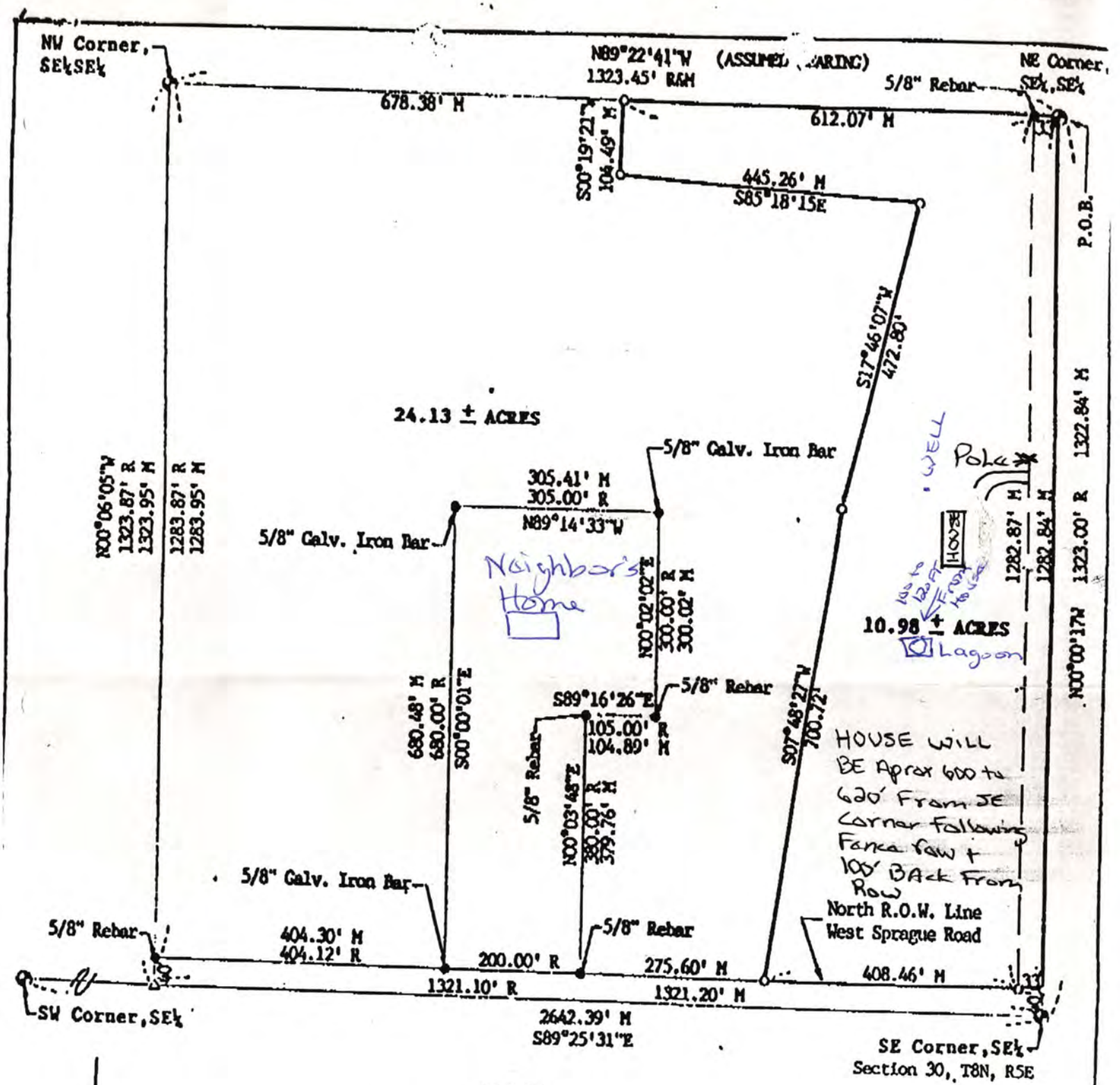
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits
Date: 9/9/94 by: L.C.H. Too close to property line east side two steps.
Date: 11/30/94 by: L.C.H. still not fenced.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43



LEGEND

- ● = Corners Found
- ○ = Corners Set (5/8" Iron Bars)
- △ = Temporary Point
- R = Recorded Distance
- M = Measured Distance

Drive will Be within 50' of the 3rd utility Pole From SE corner Following Fence Row on The South side of Pole.

SURVEYOR'S CERTIFICATE

Needed acc 800 ft

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 8N ; Range 5E ; Section & ¼ Section 30.
Property Dimensions: 408.46 ft. x 1645.54 ft. Area: 14.98 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Roger L. & Dabra S. Frith

Address: 2341 Ivy Ave #9
Crete, NE 68333

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.)

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

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 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: 9-94 W/S 7 Sprague SW 128 & Hickman Rd.

FILE NO. _____

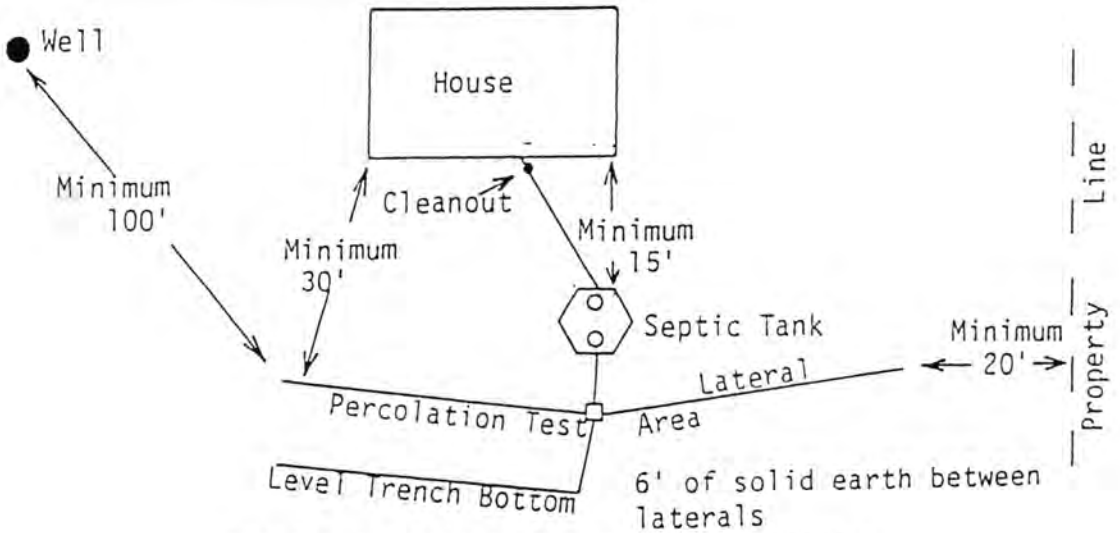
Sewage Lagoon SPECIFICATIONS AS BUILT Roger Fritch

A. BUILDING SEWER:
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor NA in., or below basement floor NA in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 101 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line >100' ft.; Stream NA ft.; Pressure Line _____ ft.; Property Line >50' ft.

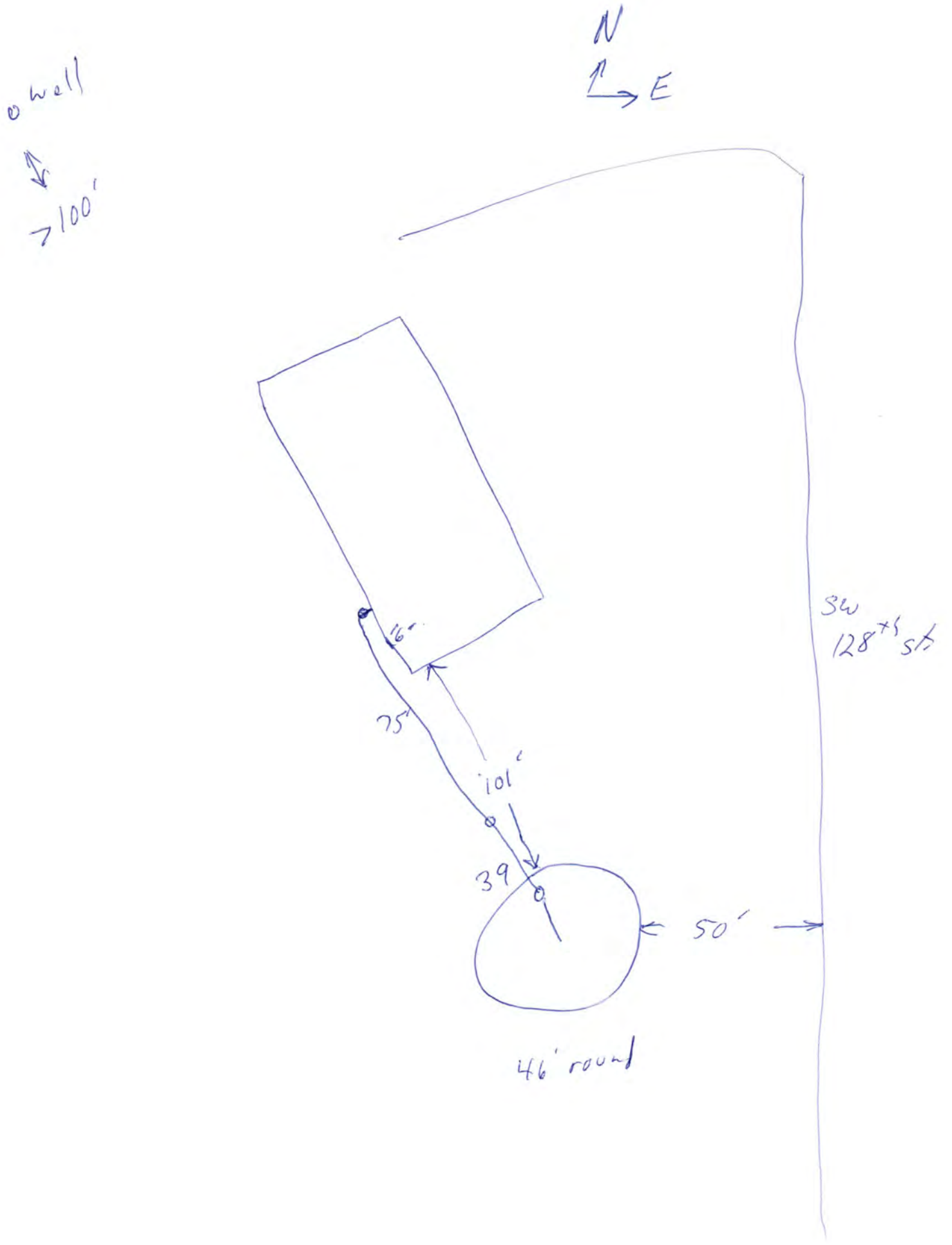
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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


N
E
well
100'
16'
75'
101'
39
50'
SW
128' +/- St.
46' round