LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1087-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 27, 1977 — THIS PERMIT EXPIRES

Elmer Wendelin — ISSUED TO

Route 1, Crete, NE — ADDRESS

T8N; R5E; Section 36 (NE¼, NW¼ 40 Acres)

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	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. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1087-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-22-77

The undersigned hereby requests SITE CLEARANCE 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 36
Block _____; Lot _____; Addition _____
Street Address _____ NE¼ NW¼ 40 acres

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

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

4. Distance to public sewer: _____ ft.

Elmer Wendelin
Signature of Applicant (Owner or Lessee)

RT 1 Crete Ne
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/27/77. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 6/27/77. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 6/27/77 Signature: _____

3. City or County Engineer: Date Rec'd. 6-27-77. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 6-27-77. Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1087-C

DATE: 6-22-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 5E ; Section 36 ; Block ; Lot ; Addition .
Street Address . NE¼ NW¼ 40 acres

2. Property Use: Residential ☐ Commercial ☐
No. of Bedrooms
Describe:
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Elmer H Wendelin
Signature of Applicant (owner or lessee)

RT 1 Crete Ne
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 8/1/77 by: L.C.H.
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 6/27/77
by:

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

FORM HD-43 (73) 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)

FILE NO. 1087-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N : Range 5E
Section & ¼ Sect. 36 NE-NW
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Elmer Wendelin
Address: RT 1 Cretz Rd
40 acres

Dates of Tests: 6-21-77 to 6-22-77. Weather: Precip. NO Temp. 80

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./inch)
1	36	6-21	8:20	6-21	4:20	6-22	9:00	6	1P	5 3/4	1440	1/4	
2	36	"	12:00	6-21	4:00	6-22	9:00	6	1P	5 3/8	1440	5/8	

SINTEK SFPV CO.
2425 SOU. ST.
LINCOLN, NE 68502
475-1486

Signature of Person Conducting Test

Address 2425 So St

Phone 475-1486

Sum of Percolation Rates: ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Lagoon indicated. Probably should use some bentonite.

DATE: June 27, 1977

Approved Percolation Rate (a)
A. 137 min./inch
B. ____ min./inch
C. ____ min./inch

Dawnee Clay Loam (S.C.S.)

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1087-C

SPECIFICATIONS

DATE: 6-22-77

A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ___ft. 150' Yogoan
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

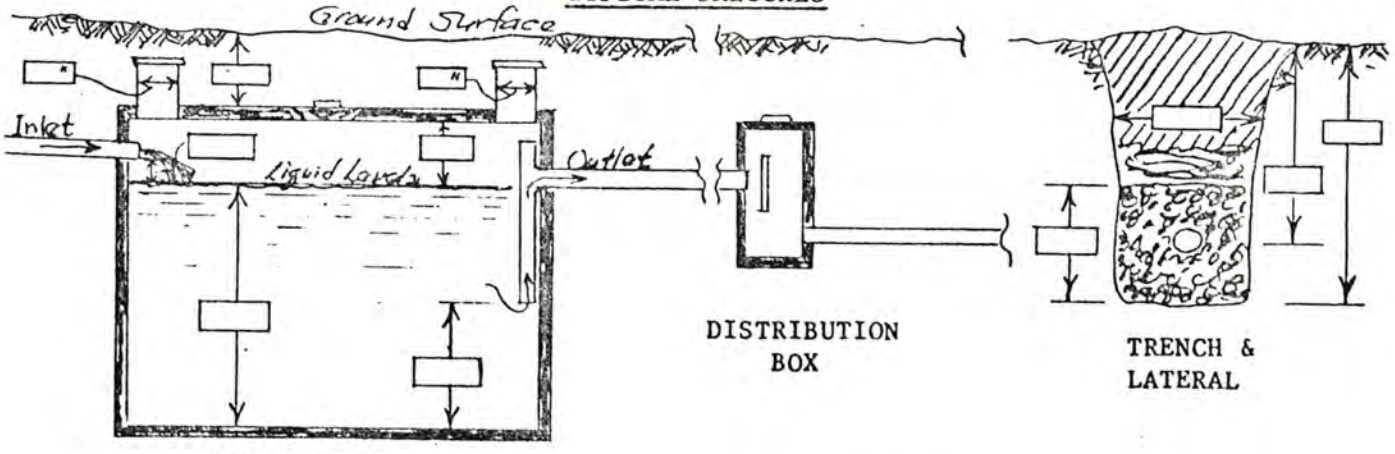
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ___in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ___in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank ___ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

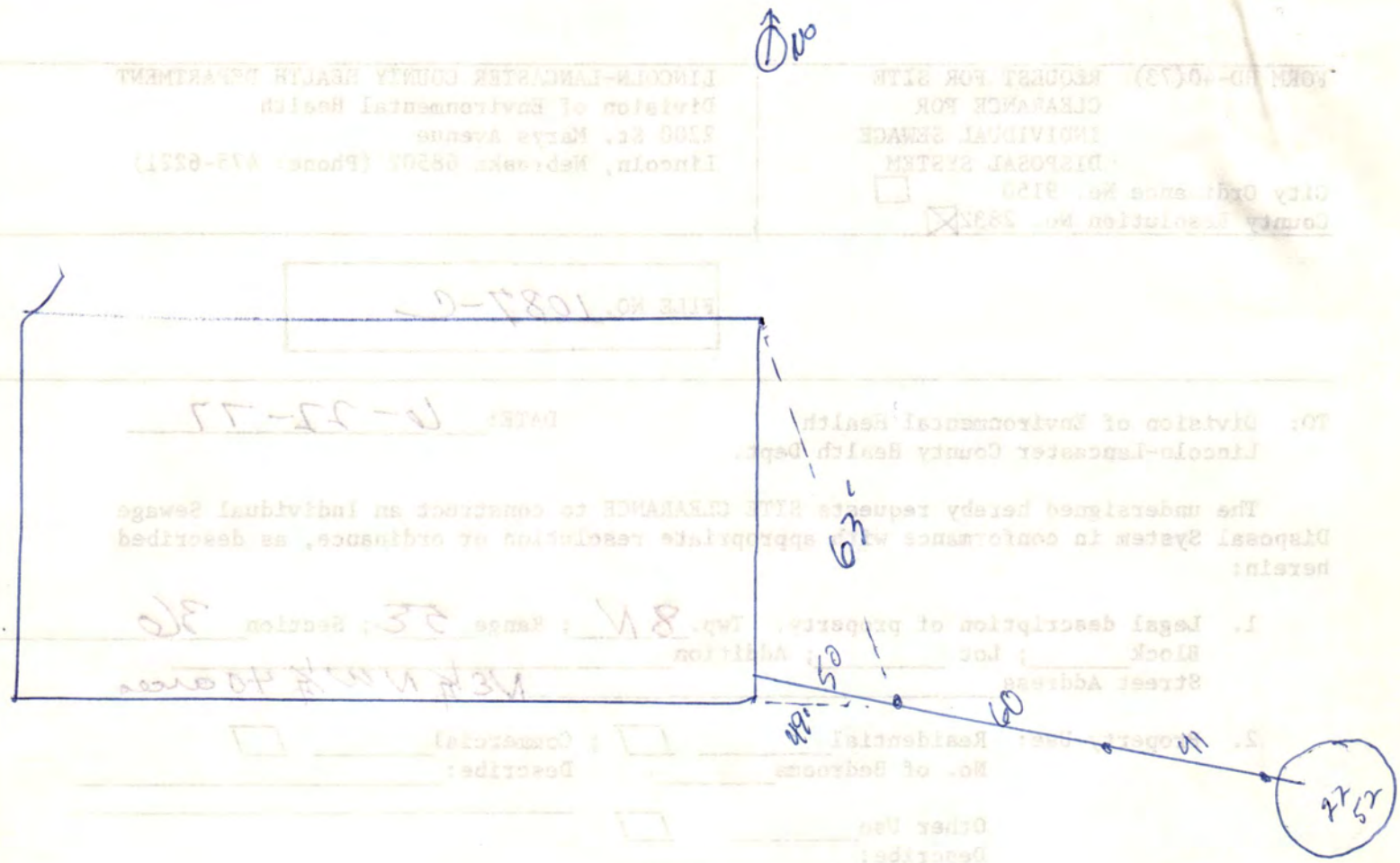
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ___; Length of each line ___ft Total length of Laterals ___ft.; Slope ___in/100 ft. Diameter of pipe ___ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ft.
3. Trench Dimensions: Depth ___in.; Width ___in.
4. Filter Material: _____. Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line ___ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

Yogoan

TYPICAL SKETCHES



Elmer Wendelin
Signature of Applicant


63'
50'
60'
47' 5"