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. 544-C

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

DATE: _____

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. 8 N ; Range 6 E ; Section 1 E 1/2 of NE 1/4
   Block _____; Lots S 10 + 12 I.T.; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Willie Verbeek
Signature of Applicant (Owner or Lessee)

Route # 1 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/22/74 . Date Frwd. 10/23/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 10-22-74 . Date Frwd. 10-22-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff Deputy

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. 544-C

DATE: _____

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 6E ; Section 1 E½ of NE¼ ; Block ; Lot ; Addition .
   Street Address .

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

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

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).

Willie Verbeek
Signature of Applicant (owner or lessee)

Route #1 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 5-1-75 by: jw
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 10/22/74
   by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 5-1-75 by: James Neverba

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. 544-C

## SPECIFICATIONS

DATE: _____

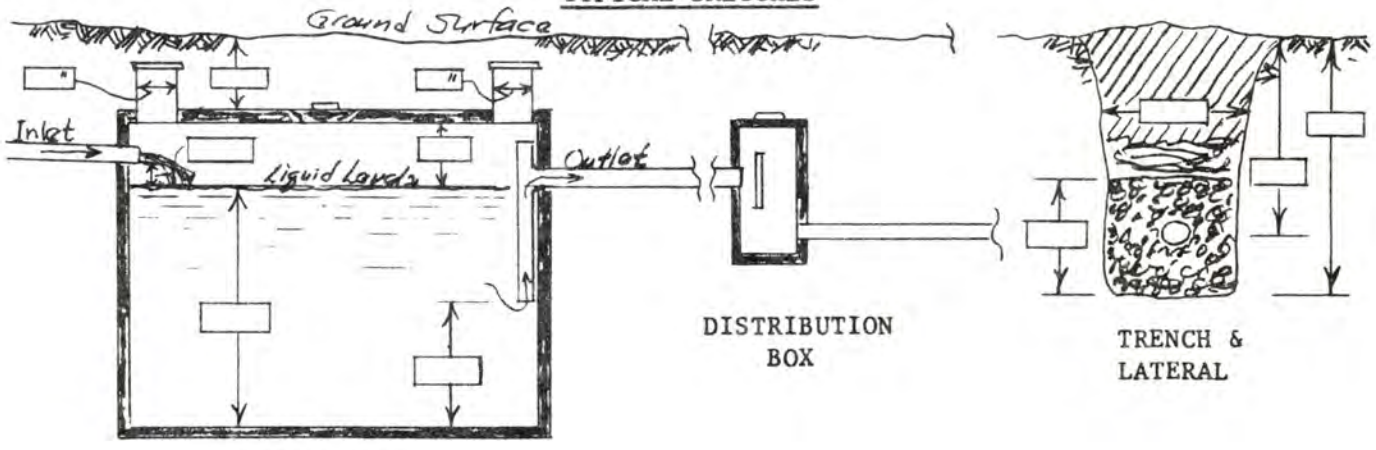
A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 4 in.
3. Distance between dwelling and septic tank 46 ft.
4. Number of clean-outs -.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company Pre-Cast
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 16 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material conc; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre Cast No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 11 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade ___ in.
Number 3; Length of each line 76 ft
Total length of Laterals 234 ft.; 70
Slope 1 1/2 in/100 ft. Diameter of 100
pipe ___ in.; Shape ∩
Material: concrete ☒; fiber asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 54 in.; Width 48 in.
4. Filter Material: gravel
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: 53 minutes/inch

## TYPICAL SKETCHES




Signature of Applicant

5414-C

# Percolation Tests

Filled 6 holes four feet deep - 9 in wide at 9:00 A.M. Monday Sept. 30-74

Refilled holes 6 P.M. Monday Sept. 30-74

Holes 2, 4, & 6 were dry Tuesday, Oct. 1-74

Added water Tuesday Morning at 9:45 A.M. to holes as follows =

| | 30 min | 60 min later | 45 min later | 1½ hrs later | 30 min later |
|---|---|---|---|---|---|
| No 1 - 10 in - | 9 in | 8 in | 8 in | 7½ in | ½ in down |
| No. 2 - 8 in - | 6½ in | 4 in Refilled to 8 in | ½ in | 2¾ in | ¼ in down |
| No 3 - 10½ in - | 9 in | 8½ in | 8 in | 7½ in | ¼ in down |
| No. 4 - 9 in - | 7¼ in | 5¾ in Refilled to 9 in | 8½ in | 6¼ in | ¾ in down |
| No 5 - 7½ in - | 6 in | 5 in | 4¾ in Refilled to 7½ in | 6 in | ½ in down |
| No. 6 - 10½ in - | 5 in Refilled to 10½ in | 8 in | 7 in | 6 in | 1 in down |

5 hours 15 min later from start of percolation

.5416 53 MIN/IN

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 90380062601

Issued 08/06/90

Expires 02/06/91

ESTABLISHMENT

DONNA VERBEEK

T8N R6E SEC 1 QTR NE

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE DONNA VERBEEK
RR0001
ROCA NE 68430

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

| DATE | AMOUNT |
|---|---|
| 9/10/90 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

9038006260

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-6-90

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 6E ; Section 1 NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: — ft.

Donna Norbeck
Signature of Applicant (Owner or Lessee)

Route #1 Roca Ne 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/7/90. Date Frwd. 8/8/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-8-90. Date Frwd. 8-6-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Thorpe

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/13/90 by: L.C.H. need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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 N ; Range ~~7 E~~ 6 E ; Section & ¼ Section NE ¼, Sec 1.
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: 8-1 to 8-2. Weather: Precip. 0 Temp. 85.

OWNER: Will J. Venteek

Address: Route 1, Roca, Ne, 68430

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./in.) |
| 1 | 38 | 7-24 | 2:30 | 7-24 | 3:00 | 7-24 | 3:30 | 18 ¼ | 4:05 | 17 ½ | 35 | 0 ¾ | .75 |
| 2 | 37 | 7-24 | 2:32 | 7-24 | 3:10 | 7-24 | 3:40 | 21 ¾ | 4:20 | 21 | 30 | 0 ¾ | .75 |
| 3 | 37 | 7-24 | 2:35 | 7-24 | 3:13 | 7-24 | 3:50 | 20 ⅛ | 4:20 | 19 ⅛ | 30 | 0 1 | .5 |
| 4 | 35 | 7-24 | 2:40 | 7-24 | 3:20 | 7-24 | 3:55 | 21 ⅛ | 4:25 | 20 | 30 | 0 ⅛ | .125 |
| 5 | 36 | 7-24 | 2:45 | 7-24 | 3:25 | 7-24 | 4:00 | 22 ½ | 4:35 | 21 ¾ | 35 | 0 ¾ | .25 |
| 6 | 36 | 7-24 | 2:50 | 7-24 | 3:30 | 7-24 | 4:10 | 23 ¾ | 4:40 | 22 ¼ | 30 | 0 ½ | .5 |
| | | | | | | | | | | | | | 3.375 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | .56 |
| | | | | | | | | | | | | | 6 \| 3.375 |
| | | | | | | | | | | | | | 30 / 37 |

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

Ron Benefield
Signature of Person Conducting Test

Address Box 3 Hickman 6837 Phone 792-2282

3c - 208
4 - 156
1000 gal tanks

(Do not write below this line)

REVIEWING ACTION

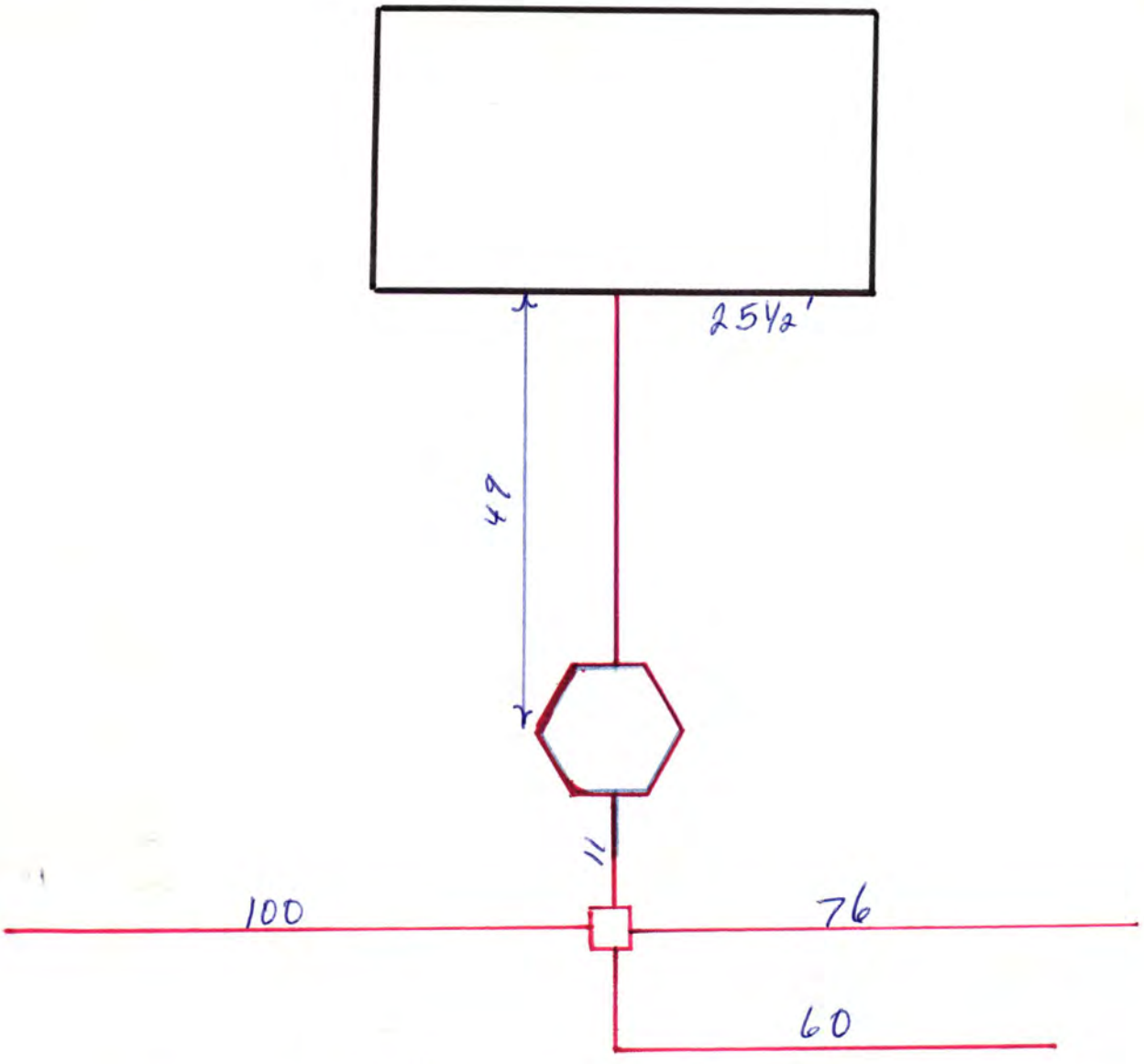
Remarks: _____

Soil Type (SCS): Cvete silty clay loam or Tetson

Date: _____

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Mangum
Signature of Reviewing Official




slope 1-1½"

soil was dark and some parts sandy

N

JW

5-1-75