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. 481-C

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

DATE: 7-7-74

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 North; Range 6E; Section 2
   Block 3; Lot 1; Addition WILDERNESS PK. ESTATES
   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: 4 miles ft.

Jerry L. Thomas
Signature of Applicant (Owner or Lessee)

4219 High St. Lincoln, Ne. 68506
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/9/74. Date Frwd. 7/9/74.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hoob

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

3. City or County Engineer: Date Rec'd. _____. Date Frwd. 7-10-74.
   ACTION: Approved ☑ Disapproved ☐
   Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

Tom Paasch
7-10-74

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. 481-C

DATE: July 7, 1974

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. 8 North; Range 6 E; Section 2; Block 3; Lot 1; Addition WILDERNESS PK. ESTATES
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).

Jerry L. Thomas
Signature of Applicant (owner or lessee)

4219 High St., Lincoln, NE. 68506
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: Sept 17-74 by: sm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 7/9/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Sept 17-74 by: Ronald Mugnatt

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 475-6221)

FILE NO. 481-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 6
Section & ¼ Sect. 2
Property Dimensions: 310 ft. x 720 ft.
Area: 5 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: JERRY L. THOMAS
Address 4219 High St, Lincoln, Ne.

Dates of Tests: July 6, 1994 to _____. Weather: Precip. ____ Temp. 93 F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Start Time (Hr. Min.)	End Date (Mo. Day)	End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Start Time (Hr. Min.)	Start Water Level (in.)	End Time (Hr. Min.)	End Water Level (in.)	Results Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)	
1	30"	7/6	9:00	7/6	1:30	7/6	2:00	4"	2:30	3 1/2	30	2 1/2"	30	1 1/4
2	30"	7/6	9:00	7/6	1:35	7/6	2:05	4 1/2	2:35	3 1/2	30	2 1/2	30	1 1/4
3	30"	7/6	9:00	7/6	1:40	7/6	2:10	5 1/4"	2:40	5 1/4"	30	4 3/4	30	3 1/4
4	30"	7/6	9:00	7/6	1:45	7/6	2:15	4 1/2	2:45	3 3/4	30	3 1/2	30	2 1/2
5	30"	7/6	9:00	7/6	1:50	7/6	2:20	4 1/2	2:50	4 1/2	30	3 1/2	30	3 1/2
6	30"	7/6	9:00	7/6	1:55	7/6	2:25	4"	2:55	4"	30	3 3/4	30	3 3/4

Sum of Percolation Rates
Average of Rates: .8333 /30
Mean of Rates:

Jerry L. Thomas
Signature of Person Conducting Test

Address 4219 High St. Lincoln Ne
Phone: 489-5804

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 7-8-94

James Weverka
Signature of Reviewing Official

101 Saltio Rd. Jerry Hood

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 475-6221)

FILE NO. 481-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
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: _____
Address _____

Dates of Tests: 7/31/74 to 8/1/74. Weather: Precip. ½" Temp. 80°F

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				
Hole 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"	7/31	5 30 PM	8/1	5 30 PM	8/1	5 35 PM	12"	8 00 AM	9 3/4	30	½	
2	"	"	"	"	"	"	"	"	"	9 ½	"	1½	
3	"	"	"	"	"	"	"	"	"	9 ½	"	1	
4	"	"	"	"	"	"	"	"	"	5½	"	1½	
5	"	"	"	"	"	"	"	"	"	8½	"	3/4	
6	"	"	"	"	"	"	"	"	"	8 3/4	"	3/4	

Sum of Percolation Rates 1"/30
Average of Rates:
Mean of Rates:

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 31d
Phone: 432 3595

188' 4' wide

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
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. 481-C

SPECIFICATIONS

DATE: July 7, 1974

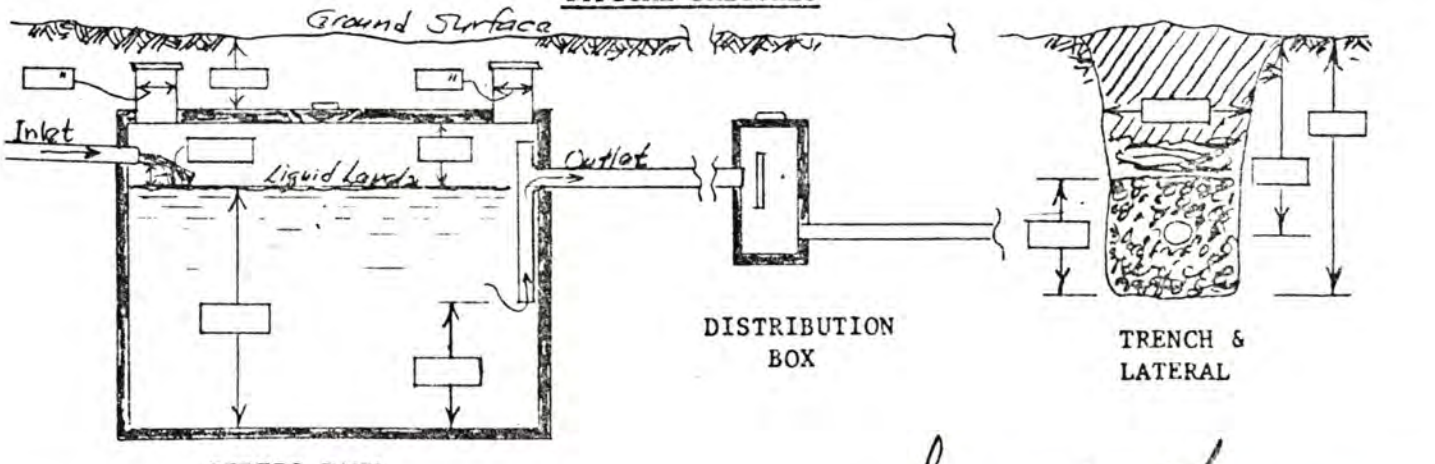
A. BUILDING SEWER:
1. Material ____; Diameter 4" in.
2. Distance above basement floor ____ in.; or below basement floor ____ in.
3. Distance between dwelling and septic tank 91½ ft.
4. Number of clean-outs 0.
5. Distances To:
Well or Suction Line 50+ ft.;
Stream ____ ft.; Pressure Line 10+ ft.;
Property Line 20+ 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 ____ in.
8. Distances To:
Well or Suction Line 50+ ft.;
Stream 50+ ft.; Pressure Line 25+ ft.;
Property Line 20+ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 3.
2. Factory Built: Yes ☑, (Company pre-cast) No ☐
3. Dimension: Length ____ in.; Width ____ in. Depth ____ in.
4. Distance from Septic Tank 29 ft.
5. Serial Distribution: Yes ☑, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: ½ inch
2. Lateral Lines: Depth below grade ____ in.
Number 2; Length of each line 100 ft
Total length of Laterals 208 ft.; 200
Slope < 6 in/100 ft. Diameter of pipe ____ in.; Shape ∩
Material: concrete ☑; fiber asbestos ☐; clay ☐; other ____
Distance between lateral lines 6ft ft.
3. Trench Dimensions: Depth 42 in.; Width 45 in.
4. Filter Material: gravel.
Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line 100+ ft.;
Stream 50+ ft.; Pressure Line 30+ ft.
Property Line 20+ ft.
6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390071601

Issued 04/10/02
Expires 10/10/02
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Establishment

GENE COPPERSMITH
T8N R6E SEC 2
WILDERNESS PARK ESTS BLK 3 LOT 1
101 W SALTILLO RD-ROCA

Permittee

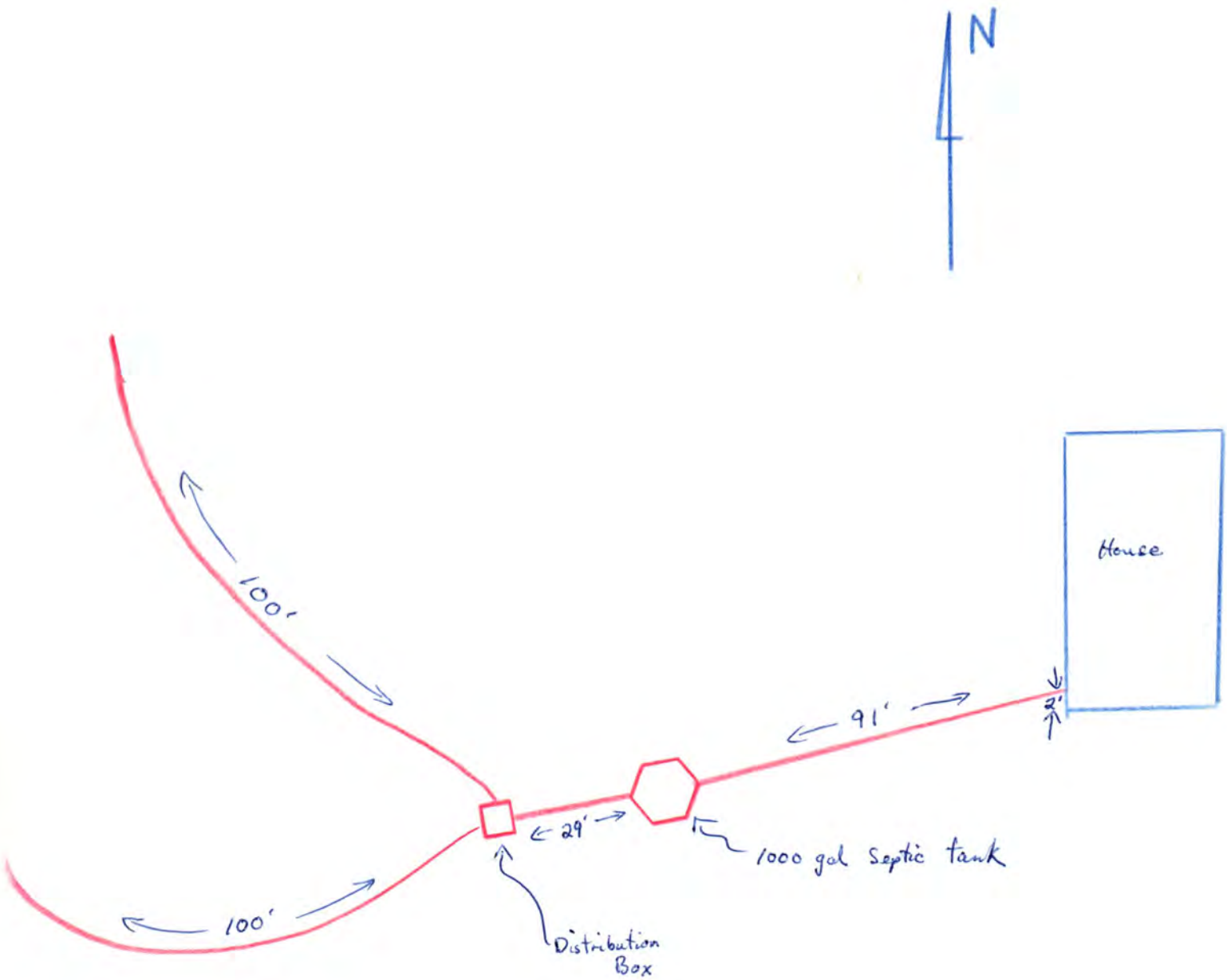
GENE COPPERSMITH
101 W SALTILLO RD
ROCA NE 68430

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001110



Sept-17-74

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 8N Range 6E Section 2 1/4 Section
   Block 3 Lot 1 Addition WILDERNESS PARK ESTATES
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 101 West Saltillo Rd Roca NE 68430

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Add one 100' lateral in existing field.

5. **Work to be done by:** ☒ owner ☐ contractor's name

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Gene Coppersmith Address 101 W. Saltillo Rd Phone 423-8483
Applicant Signature (owner or lessee) Gene Coppersmith

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/10/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrald C. Wood

Site visits
Date 4/15/02 By DS
Date ____/____/____ By
Date ____/____/____ By

Installation final written approval
Date 4/15/02 By DS

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 4/10/02 Amount 100 ⁰⁰ Check No. 7673 Initials TW

White - Division Copy Pink - Business Office Revised 9/00

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

D

Permit Number: 02390071G

Sewage Disposal System

As Built Plans & Specifications

Date 4/15/04

System Location (Indicate correct number and street)

Address 101 W Saltillo Rd (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: Infiltrator H-10 Standard
   Diameter: 34" base, 1 Foot height in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 91 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 200 ft.
   stream NA ft.
   pressure line 50 ft.
   property line 40 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line 170 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 40 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30 ft.

D. Absorption Field

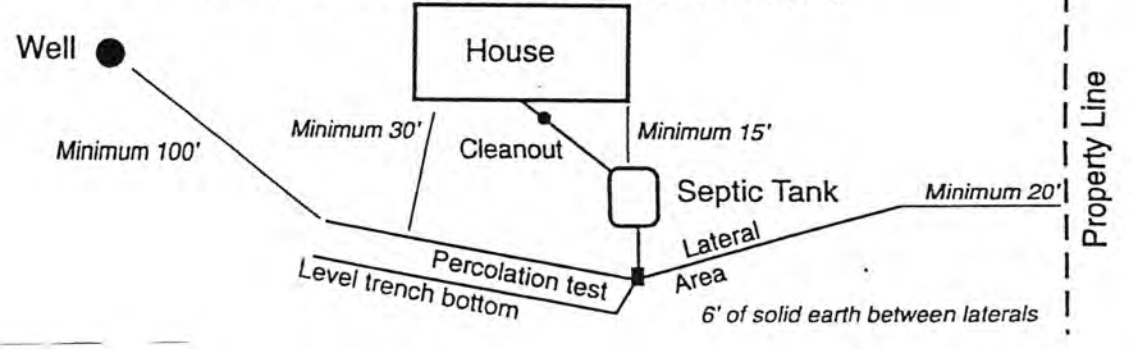
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" Infiltrator
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 94 ft. 94 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 48" ft.
   Slope level in/100 ft.
   Average depth _____ in
4. Filter material: Washed road gravel
   Depth of material 2 in.
5. Distances to: Well or suction line 200 ft.
   Stream NA ft.
   Pressure line 70 ft.
   Property line 40 ft.

Complete "As Built" drawing on back of this form.

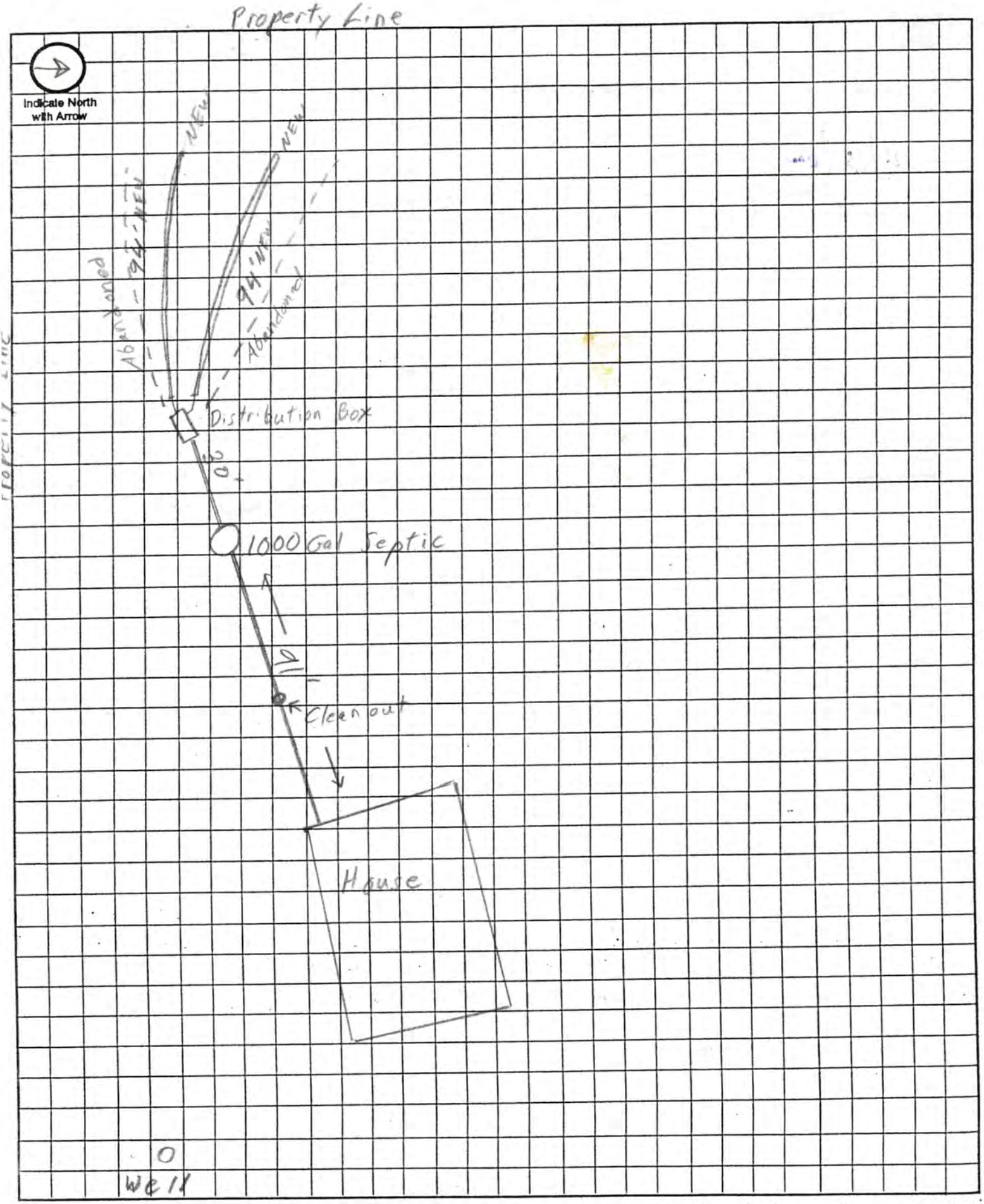
Indicate North with Arrow

Individual Sewage System Design (Example)



Abandoned Concrete ----
New Infiltrator ====

As Built Drawing



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