LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1623-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 13, 1980 — THIS PERMIT EXPIRES

Roger Hudson — ISSUED TO

2524 Scott Avenue, Lincoln, NE 68506 — ADDRESS

T8N, R6E, Section 8 NW¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

20109-0977

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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1623-C

DATE: 11-8-79

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 8 (NW¼; SEE ATTACHED)
   ~~Block~~ ~~PARCEL~~ ~~Lot~~ 8 I.T. : Addition
   Street Address RURAL (SW 42ND & W. BENNET RD.)

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: NA ft.

Roger A. Hudson
Signature of Applicant (Owner or Lessee)

488-6491 Hm
471-2476 Office

2524 Scott Ave. 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/9/79. Date Frwd. 11/9/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-13-79. Date Frwd. 11-13-79. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson
3. City or County Engineer: Date Rec'd. 11-13-79. Date Frwd. 11-13-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Proff

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 12-13-78 by: MW
Date: 12/14/79 by: D.C.H
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/28/80 By: Jerrold C. Hood

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
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B

FILE NO. 1623-C

PROPERTY WHERE SOIL TESTED: PARCEL #6

Location: Township 8N ; Range 6E ; Section & ¼ Section NW¼ of SEC 8
Property Dimensions: 600 ft. x 300 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 9-1-79 to 9-2-79 . Weather: Precip. 0 Temp. 90° .

OWNER: ROGER HUDSON

Address: 2524 SCOTT AVE - LINCOLN

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.)
1	36"	9-1	10:00 AM	9-2	14:00	9-2	16:30	12"	17:00	12 3/8	30	3/8 "	30 - 3/8
2	36"	"	"	"	"	9-2	"	"	"	12 1/4	30	1/4 "	30 - 1/4
3	36"	"	"	"	"	"	"	"	"	12 1/2	30	1/2 "	30 - 1/2
4	36"	"	"	"	"	"	"	"	"	12 5/8	30	5/8 "	30 - 5/8
5	36"	"	"	"	"	"	"	"	"	12 1/2	30	1/2 "	30 - 1/2
6	36"	"	"	"	"	"	"	"	"	12 1/4	30	1/4 "	30 - 1/4

Roger A. Hudson
Signature of Person Conducting Test

Address 2524 SCOTT AVE Phone 488-6491

Sum of Percolation Rates: 30" / 2½"
Average of Rates: .416
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS):
Date:

Approved Percolation Rate (a)
A. 69 min./inch
B. min./inch
C. min./inch

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 ☐

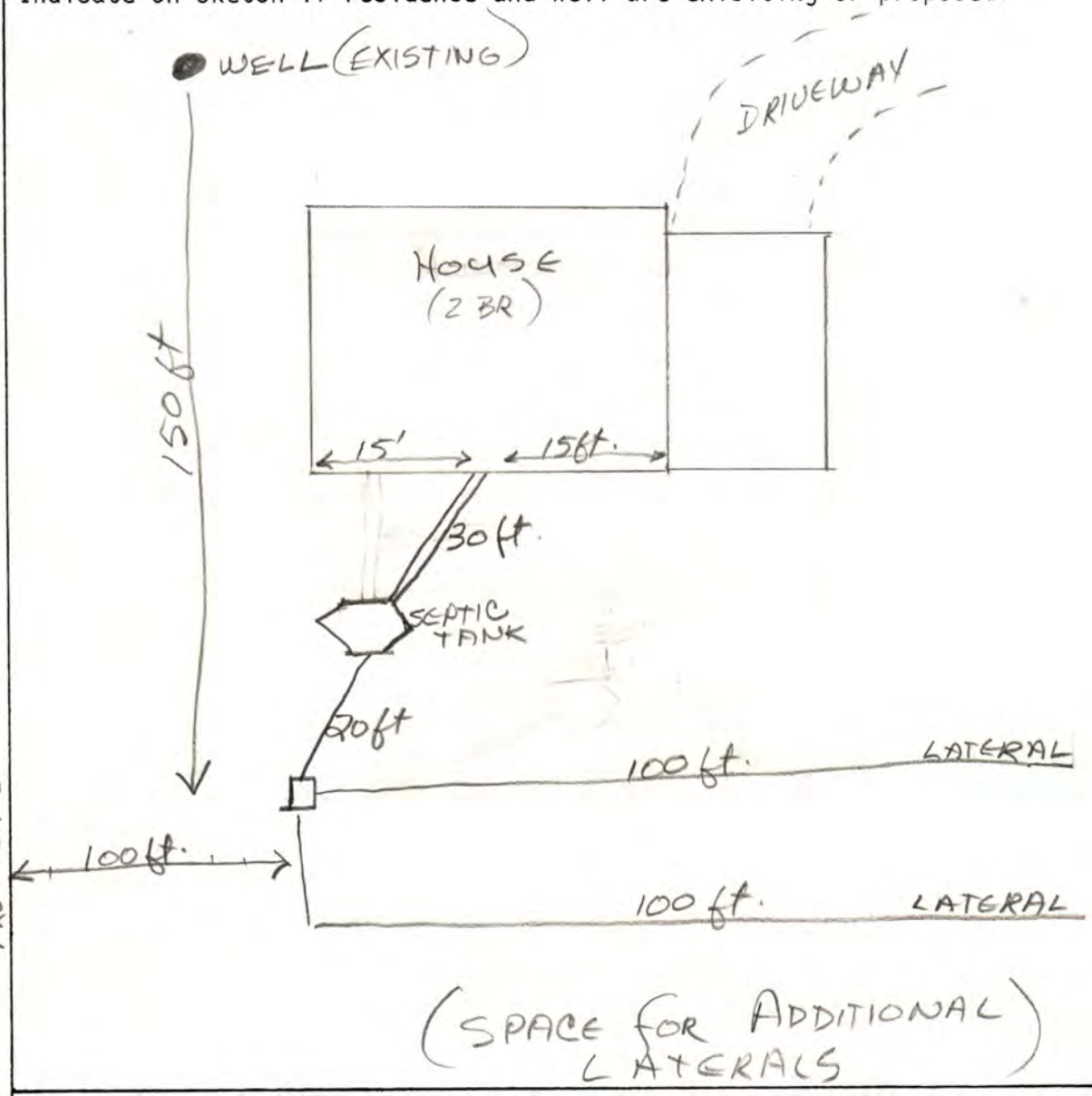
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

A tract of land located in the NW 1/4 of Section 8, T 8 N, R 6 E of the 6th P.M., Lancaster County, Nebraska more particularly described as follows:

Commencing at the NW corner of said Section 8; thence S00°00'03"W (assumed bearing) along the West line of said Section 8, a distance of 1429.09' to the point of beginning; thence S89°59'57"E a distance of 600.00'; thence S00°00'03"W a distance of 400.00'; thence N89°59'57" a distance of 600.00'; to a point on the West line of Section 8; thenc N00°00'03"E along said West line of Section 8, a distance of 400.00 feet to the point of beginning.

5.5

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
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D

DATE: _____

FILE NO. _____

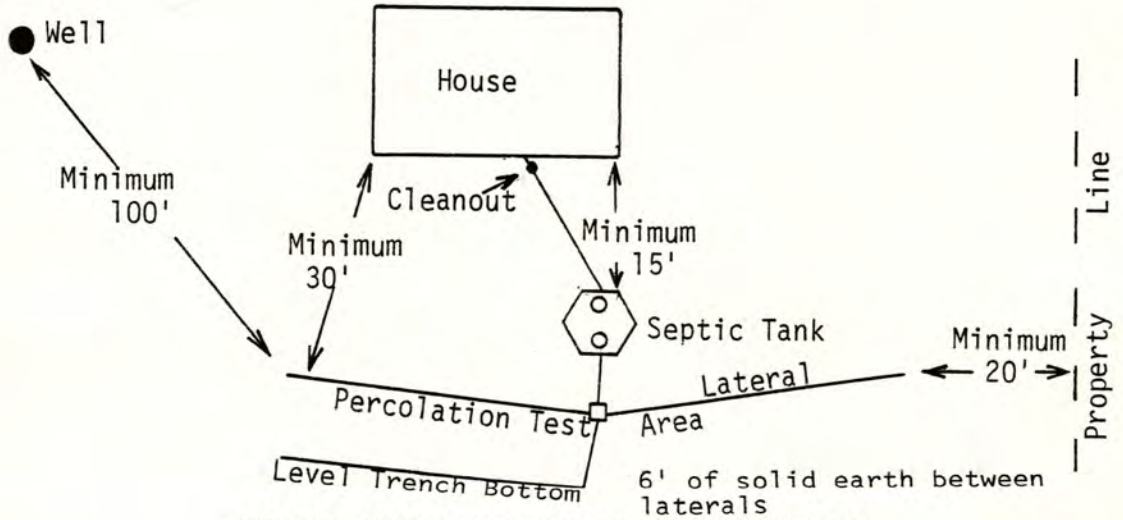
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C. I. ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 46 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material CONCRETE ; No. of compartments 1.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
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 CONCRETE ; Number - available outlets FIVE .
2. Factory Built: Yes ☒ No ☐
(Company PRE CAST)
3. Distance from Septic Tank 3 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 16" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 17 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth ~~20~~ 24 in.
4. Filter Material: SAND + GRAVEL
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER FRIESEN EXCAVATING

