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: APRIL 1, 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. T8N ; Range R5E ; Section 17 ; Block 3 : Lot 1 : Addition ELSNER LAKESIDE ESTATES ADDITION
   Street Address ~~12400~~ 12250 BOBWHITE TRAIL
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

Robert Simard
Signature of Applicant (Owner or Lessee)

1901 S. 25TH ST. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/94. Date Frwd. 4/5/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/5/94. Date Frwd. 4/5/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spurr
3. City or County Engineer: Date Rec'd. 04/05/94. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Roger D. Hammond

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/15/94 by: L.C.H. Parts of two laterals had to be changed too close to return well.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/28/94 By: Jerrold C. Hood

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)

INCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-~~8000~~ 8023 441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: ELSNER LAKESIDE ESTATES - See MAP

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐

Dates of Tests: 4/6/92 to 4/7/92. Weather: Precip. TRACE Temp. 55°

OWNER: EVELYN ELSNER

Address: _____

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"	4/6/92	6:00 PM			4/7/92	5:32	22 7/8	6:02	23 3/8	30 min	1/2	
2	"	"	6:00 "			"	5:34	22	6:04	22 3/8	"	3/8	
3	"	"	6:05			"	5:35	23	6:05	23 3/8	"	3/8	
4	"	"	6:05			"	5:37	22	6:07	22 1/2	"	1/2	
5	"	"	6:10			"	5:38	21 1/4	6:08	21 5/8	"	3/8	
6	"	"	6:10			"	5:40	22 3/8	6:10	23 1/8	"	3/4	
7	"	"	6:15			"	5:42	25	6:12	25 5/8	"	5/8	
9	"	"	6:15			"	5:43	21 7/8	6:13	22 3/4	"	7/8	

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

Steven J Lehn
Signature of Person Conducting Test

Address AT 1, Crete, Ne Phone 826-2288

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: 2 different soils one lousy one lookin good
Soil Type (SCS): Steinauer loam
Date: APRIL 9, 1992

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED JUL 27 1994

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: 7/15/94

FILE NO: _____

SPECIFICATIONS AS BUILT

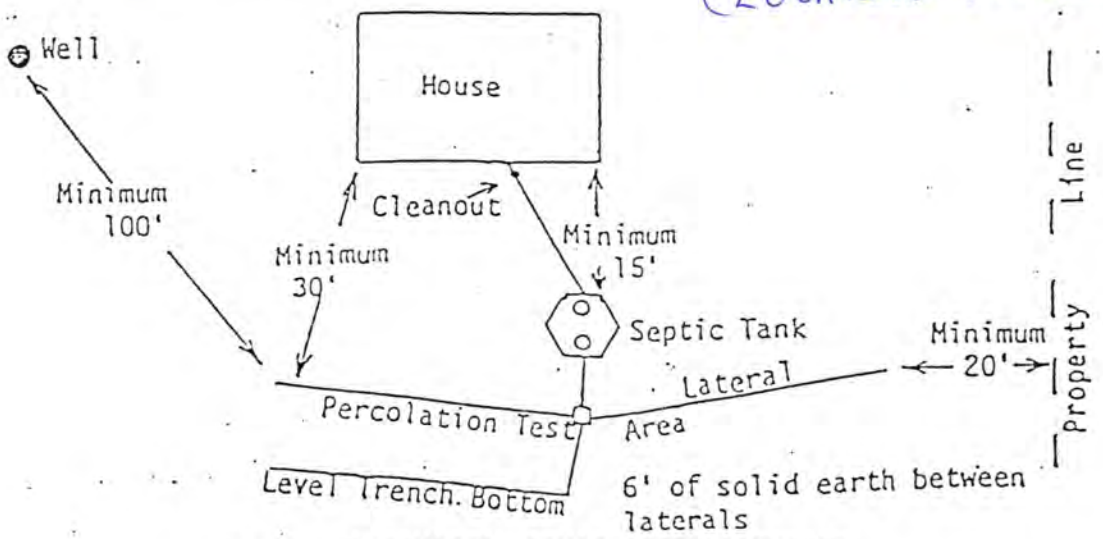
A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line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

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST PRODUCTS)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 6 in.
8. Distances to:
Well or Suction Line 92 ft.; Stream — ft.; Pressure Line _____ ft.; Property Line 120 ft.

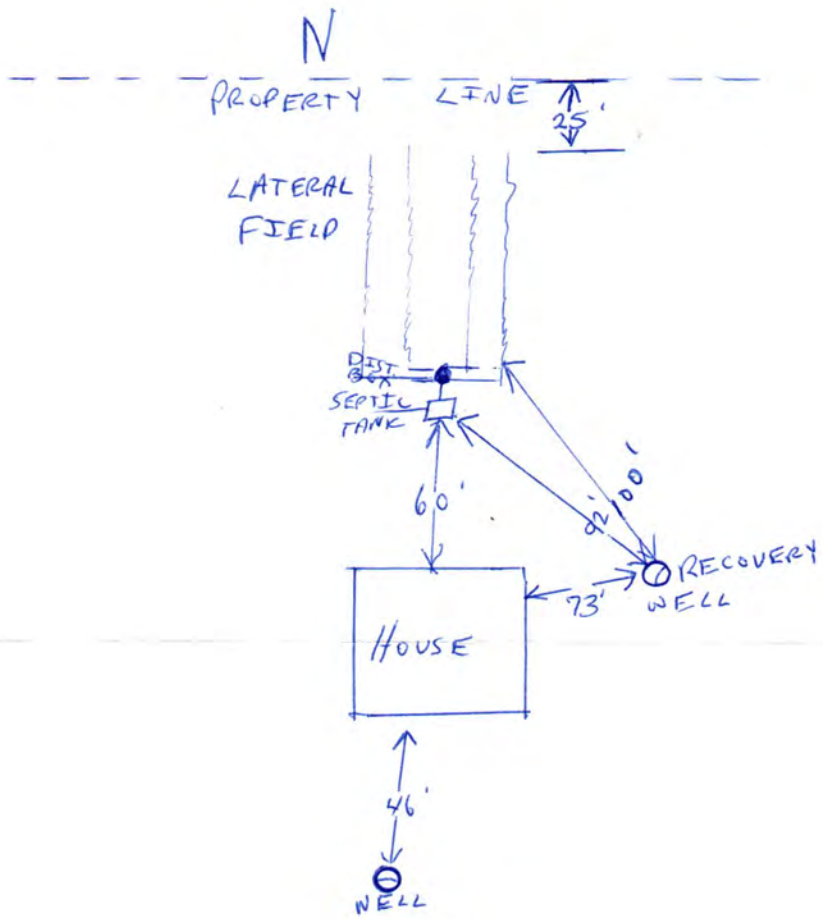
C. DISTRIBUTION BOX:
1. Material CONCRETE; Number available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company SAME)
3. Distance from Septic Tank 6 ft.

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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 85, 85, 85, 85, _____ ft.;
Total length of laterals 340 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 in/100 ft.; Average Depth 24 in.
4. Filter Material: SEWER GRAVEL
Depth of Material 15 in.
5. Distances to:
Well or Suction Line 100 ft.; Stream — ft.; Pressure Line _____ ft.; Property Line 25 ft.

(LOCATION DIAGRAM ON BACK)



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
PROPERTY LINE
25'
LATERAL FIELD
DIST BOX
SEPTIC TANK
60'
100'
RECOVERY WELL
73'
HOUSE
46'
WELL

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

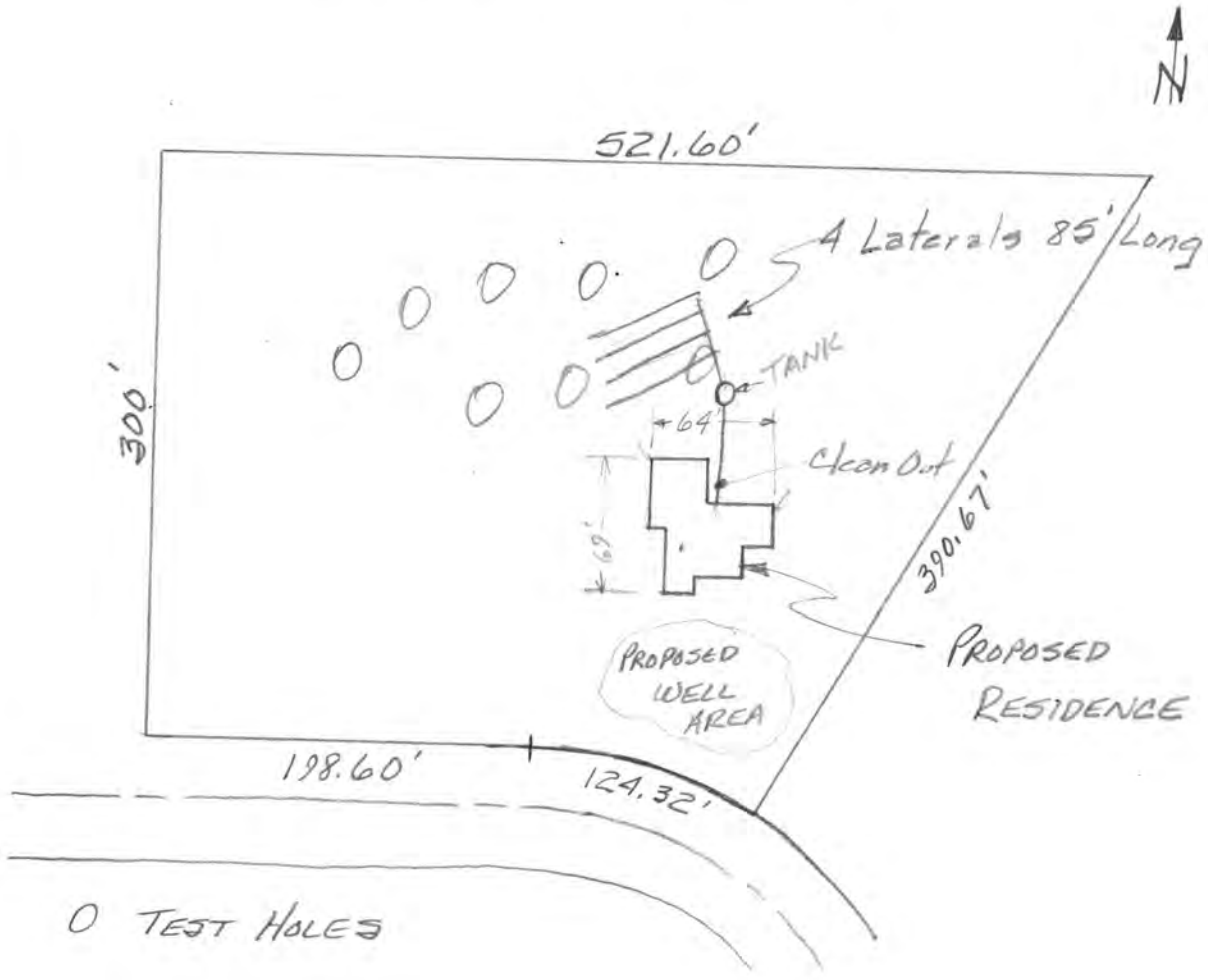
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: April 5, 1994

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 990 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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. 94380114901

Issued 04/05/94
Expires 09/05/94
Revenue Code 18754

Establishment
ROBERT SIMARD
T8N R5E SEC 17
ELSNER LAKESIDE ESTA BLK 3 LOT 1

FEES: $150.00

TOTAL $150.00

mittee
ROBERT SIMARD
1901 S 25 ST
LINCOLN NE 68502

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"