LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

E INSTALLATION
ON

No. 96380150001

Issued 10/14/96
Expires 04/14/97
Revenue Code 18754

ishment
NN CUSTOM HOMES INC
T8N R7E SEC 4
WHITEROCK ESTATES BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
MANN CUSTOM H INC
6101 S 25 ST
LINCOLN NE 68512

Issued By M. Jane Ford
Health Director

2713

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150 ck #16042
10/08/96 ks

FILE NO. _____

DATE: 10-8-96

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 7E ; Section 4 ;
   Block 1 : Lot 3 : Addition Whiterock Estates.
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: — ft.

New address after 10/15/96
Mann Customs Inc.
3121 So 6th st. Suite B
Lincoln Ne 68502

Mann Customs Inc.
Signature of Applicant (Owner or Lessee) (mobil 430-0860)

6101 So 25th Lincoln Ne 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/8/96. Date Frwd. 10/8/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/8/96. Date Frwd. 10/8/96. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer : Date Rec'd. 10-8-96. Date Frwd. 10-8-96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/18/97 by: L.C.H. Sewer only. Need fence ~~drawing~~ etc.
Date: 3/19/97 by: L.C.H.
Date: 8/25/97 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/25/97 By: Jerrold C. Hood

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

FORM 21-41

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-19-97

System Location (Indicate correct number and street)

Address 11633 Whiterock Cr (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20" in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 436' ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line — ft.
   stream — ft.
   pressure line — ft.
   property line 51 ft.

B. ~~Septic Tank~~

1. Material: Lagoon 49'x49'
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ~~Distribution~~ Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. ~~Absorption~~ Field

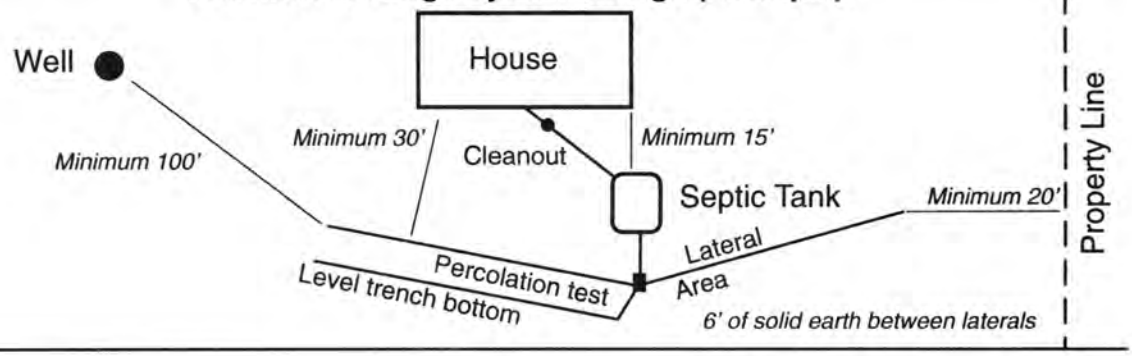
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

54th & Saltillo

Scott Heuermann
3720 Chapel Hills Lane
Lincoln, NE 68507 467-4145

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 7-24-96 to 7-25-96. Weather: Precip. 0 Temp. 78.

Hole #5 Had water from Pre-Sad. Period

OWNER: 11633

Address: ~~5500~~ White Rock In. error from 6/15/98

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"	7-24	6:50P	7-25	9:10P	7-25	9:10P	6"	9:40P	5¾"	30min	1/4"	
2	36"	7-24	6:50P	7-25	9:10P	7-25	9:10P	6"	9:40P	6"	30min	0"	
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Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

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

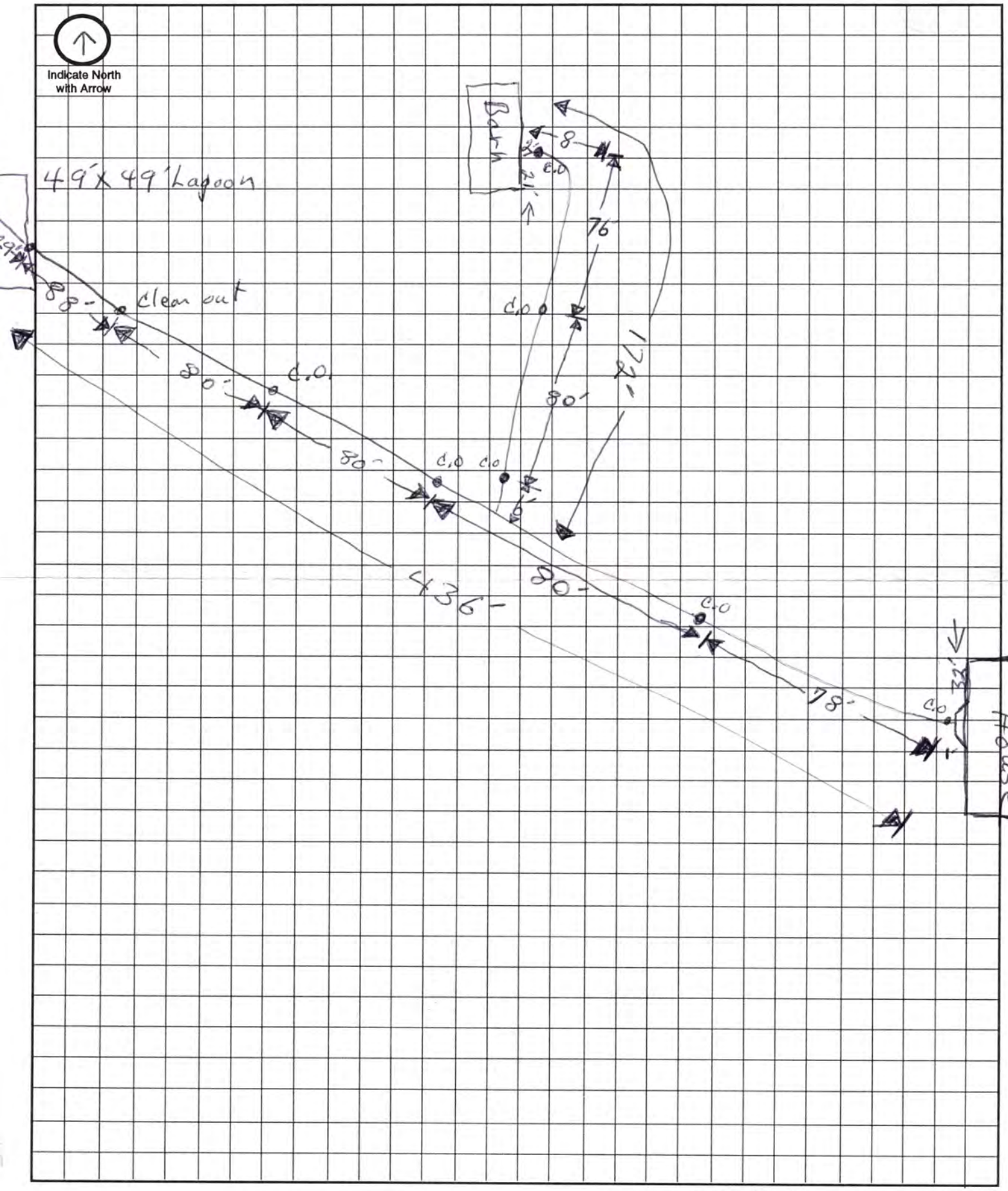
Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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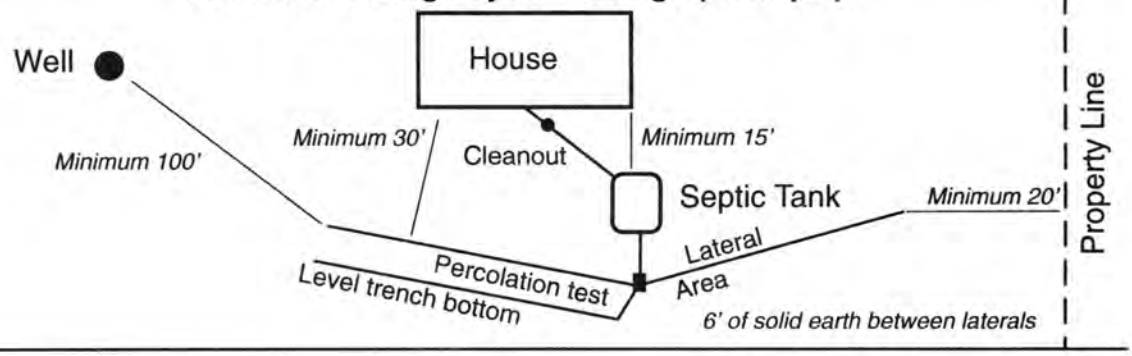
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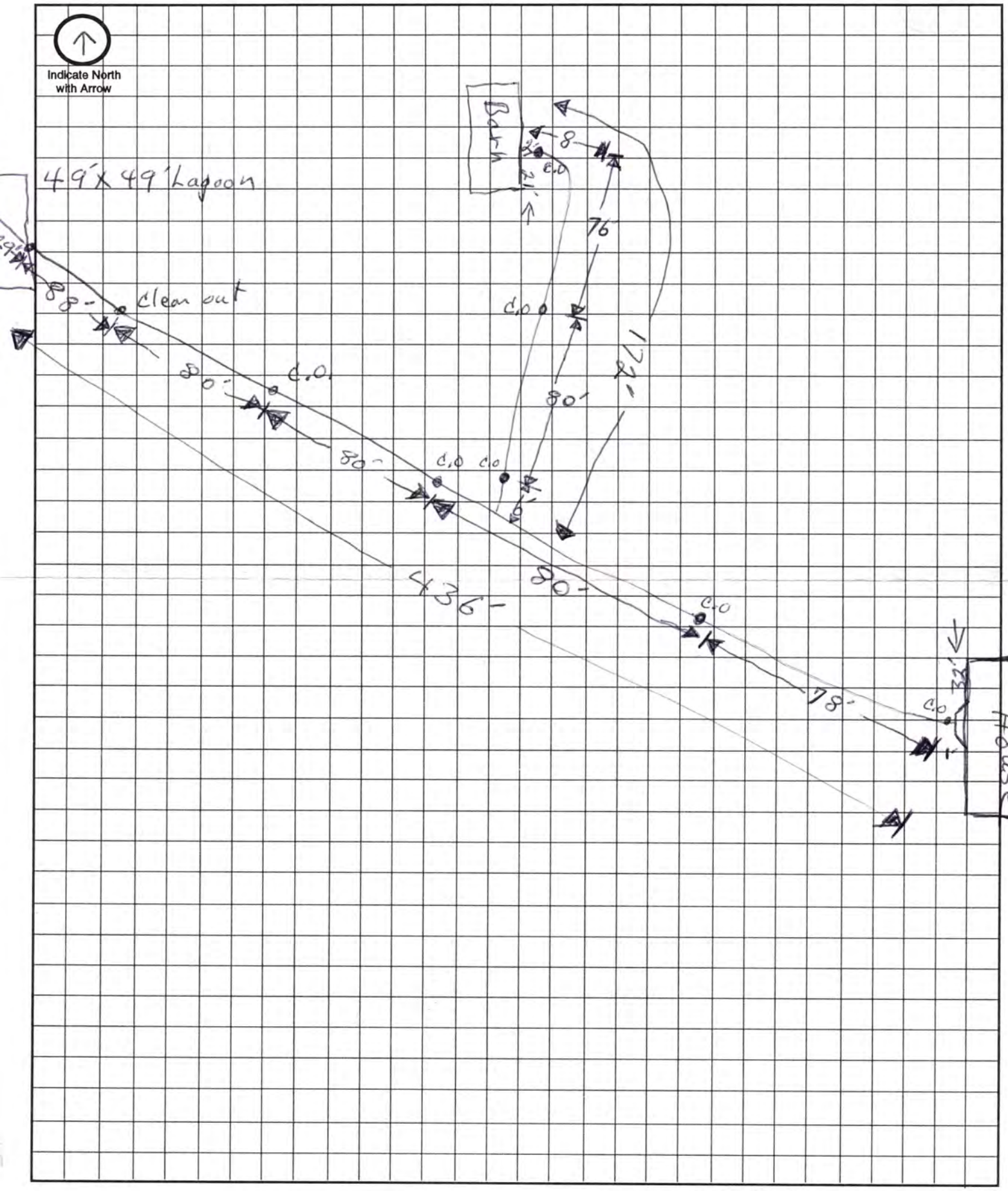
Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s