LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380121801

Issued 09/07/94
Expires 03/07/95
Revenue Code 18754

Establishment
DONNA SHINAUT
T8N R7E SEC 4
WHITEROCK ESTATES BLK 1 LOT 5
11630 WHITEROCK CIRCLE

FEES: $150.00

TOTAL $150.00

Permittee
DONNA SHINAUT
4708 PRESCOTT LN
APT F
LINCOLN NE 68506

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"

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: $_____ FILE NO._____

DATE: 9-6-94

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. 8N ; Range 7E ; Section 4 ; Block 1 ; Lot 5 ; Addition Whiterock estates
   Street Address 11630 Whiterock Circle, Roca.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe SFR
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: — ft. EXPERIMENTAL SYSTEM

Dave McGinnis
Signature of Applicant (Owner or Lessee)

4708 Prescott Ave. Suite F 68506
Address
Pride Homes 434-3220

(Do not write below this double line)

1. Health Department:	Date Rec'd. 9/6/94 . Date Frwd. 9/6/94 .	ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood	
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 9/7/94 . Date Frwd. 9/7/94 .	ACTION: Approved ☒ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 9-7-94 . Date Frwd. 9-7-94 .	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11/7/94 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 11/7/94 By: Jerrold Hood

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL

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

Test Location Whiterock Estates
Block 1 Lot 5

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: 5-28-94 to 5-29-94. Weather: Precip. 0 Temp. 65°.

OWNER: Kubr Const.

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"	5-28	2:00 pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 5/8"	30m	3/8"	
2	36"	5-28	2:00 pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 3/4"	30m	1/4	
3	36"	5-28	2:00 Pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 5/8"	30m	3/8"	
4	36"	5-28	2:00 pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 7/8"	30m	1/8"	
5	36"	5-28	2:00 pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 3/4"	30m	1/4"	
6	36"	5-28	2:00 pm	5-29	8:15 Am	5-29	8:15 Am	6"	9:45 Am	5 7/8"	30m	1/8"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAW Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ 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 ☐

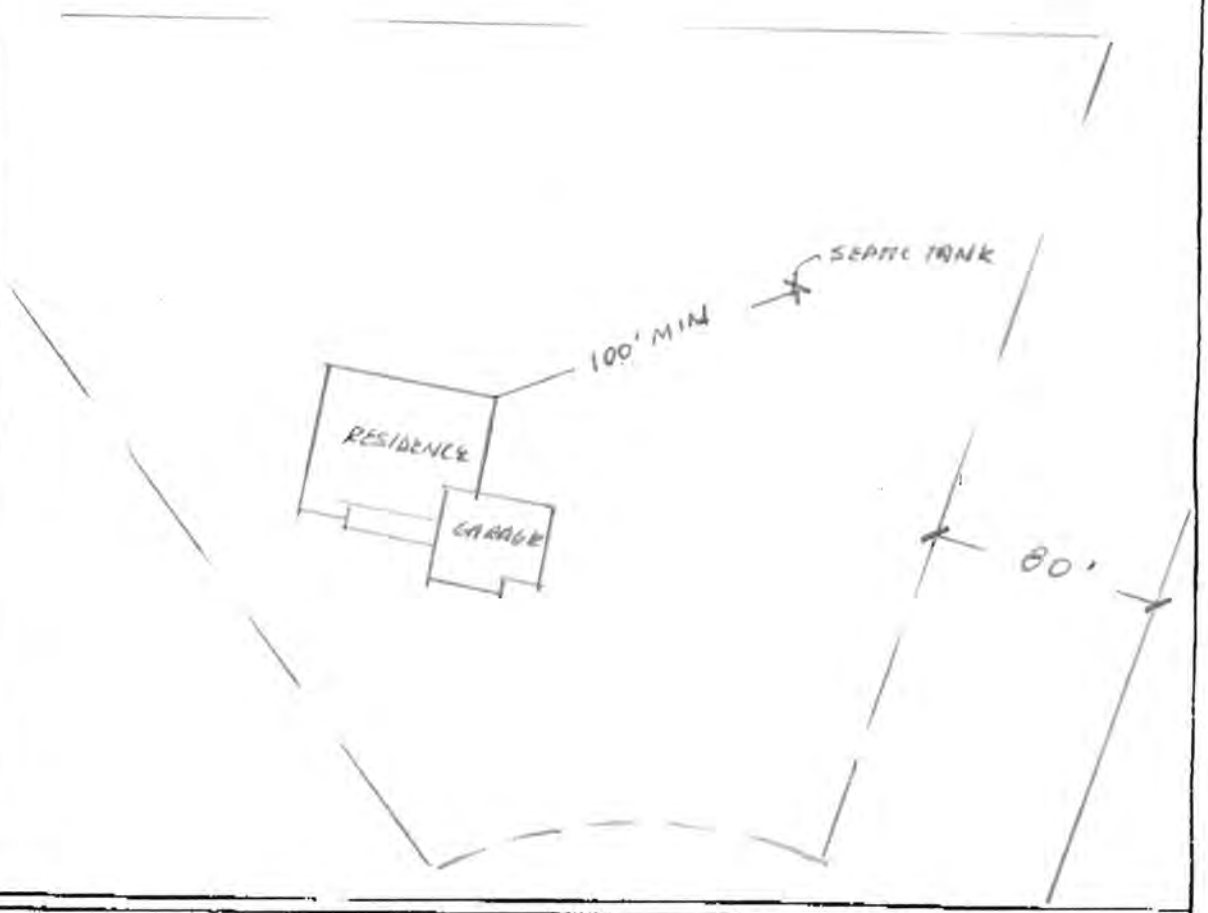
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____ 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

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: 11-7-94

FILE NO. _____

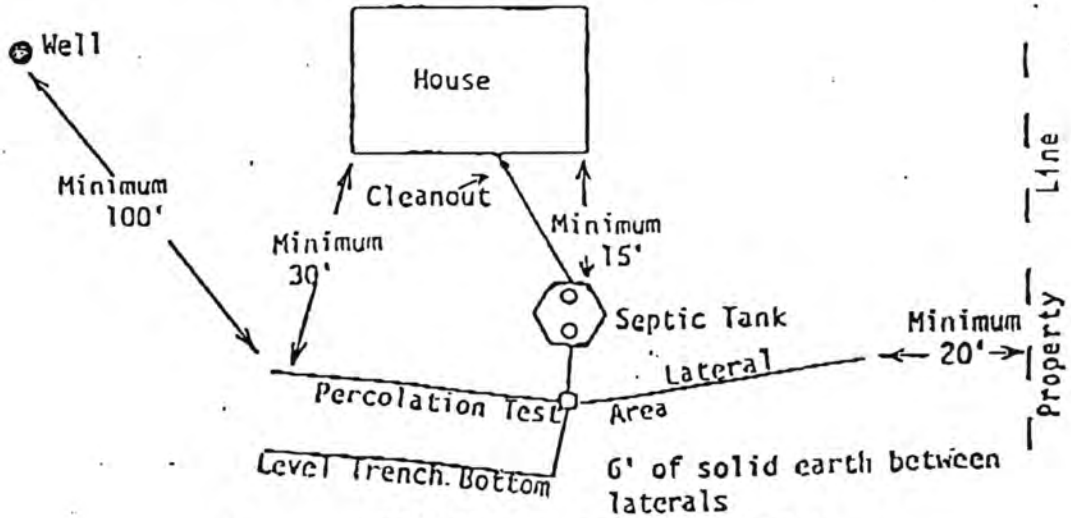
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 ; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 75 ft.; Property Line 125 ft.

B. SEPTIC TANK:
1. Material concrete ; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. — in.
Over Outlet; diam. — in.
Riser Above ☐ Below ☑ Grade 10 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 150 ft.; Property Line 125 ft.

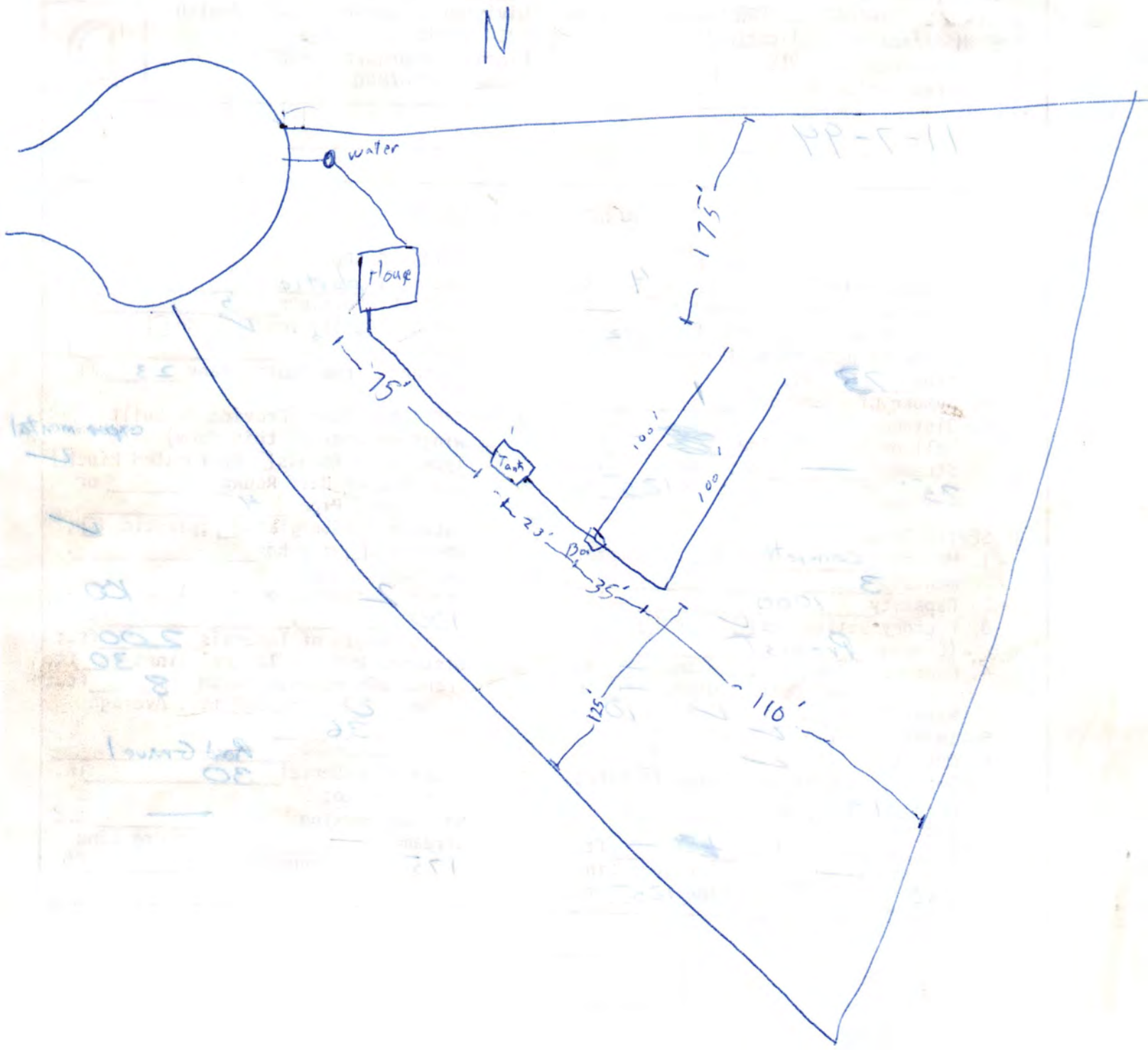
C. DISTRIBUTION BOX:
1. Material plastic ; Number - available outlets 3.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 23 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form) experimental
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round — or Perforated Pipe 4" .
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 30 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Rod Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 175 ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

11630 White Rock
Wellmann Plumbing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380121801

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Expires 03/07/95
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Establishment
DONNA SHINAUT
T8N R7E SEC 4
WHITEROCK ESTATES BLK 1 LOT 5
11630 WHITEROCK CIRCLE

FEES: $150.00

TOTAL $150.00

Permittee
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4708 PRESCOTT LN
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LINCOLN NE 68506

Issued By M. Jane Ford
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City Ordinance No. 9150 ☐
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Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

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Dave McGinnis
Signature of Applicant (Owner or Lessee)

4708 Prescott Ave. Suite F 68506
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1. Health Department:	Date Rec'd. 9/6/94 . Date Frwd. 9/6/94 .	ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood	
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REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11/7/94 by: J.C.H.
Date: ____ by: ____
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White: Health Dept. Copy
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Date: 11/7/94 By: Jerrold Hood

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Division of Environmental Health
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Lincoln, Nebraska 68502
Phone: 471-7800

B

Test Location Whiterock Estates
Block 1 Lot 5

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).
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OWNER: Kubr Const.

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Sum of Percolation Rates: _____
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Mean of Rates: _____

Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAW Ave Lincoln NE Phone 464-0638
Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

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

_____
Signature of Reviewing Official

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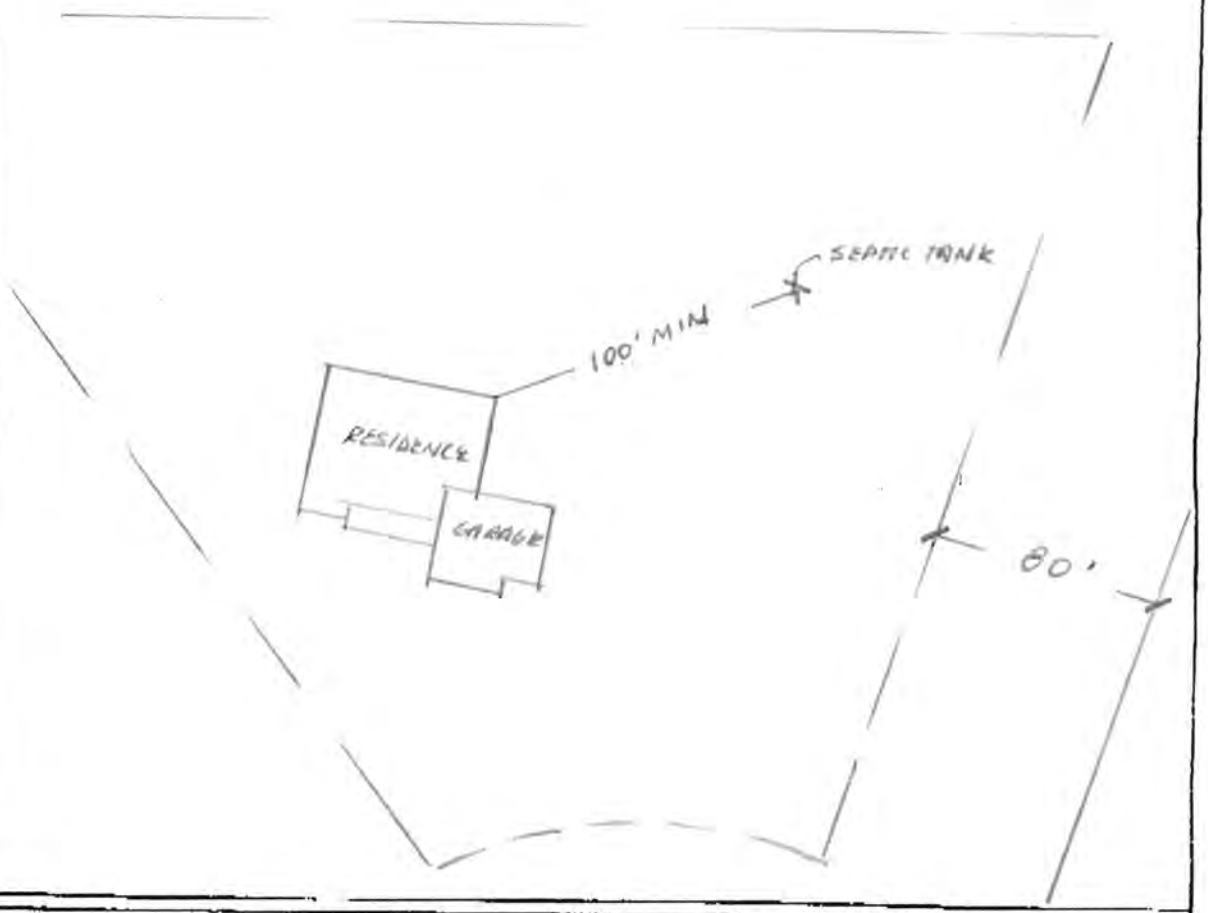
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____ 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

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PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 11-7-94

FILE NO. _____

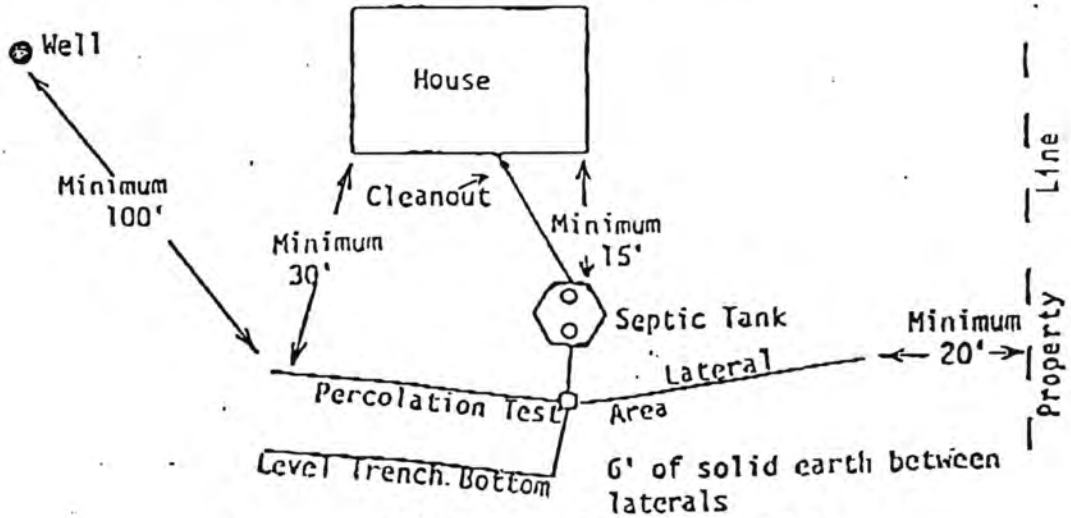
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3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 75 ft.; Property Line 125 ft.

B. SEPTIC TANK:
1. Material concrete ; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. — in.
Over Outlet; diam. — in.
Riser Above ☐ Below ☑ Grade 10 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 150 ft.; Property Line 125 ft.

C. DISTRIBUTION BOX:
1. Material plastic ; Number - available outlets 3.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 23 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form) experimental
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round — or Perforated Pipe 4" .
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 30 ft.
3. Trench dimensions: Width 8 ft.;
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TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

11630 White Rock
Wellmann Plumbing

