LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 95380127801

Issued 03/01/95
Expires 09/01/95
Revenue Code 18754

Establishment

CLAYTON KELLING
T8N R7E SEC 13
LOT 2
10200 ROCA ROAD

FEES: $150.00

TOTAL $150.00

Permittee

CLAYTON KELLING
RR0008
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"

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

FILING FEE: $_____

FILE NO. _____ RECEIVED FEB 24 1995

DATE: 1-3-95

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: (W 1/2 of Lot 2, in the SE 1/4 of Sec. 13, Township 8, Range 7 East of 6th PM)

1. Legal description of property: Twp. 8N ; Range 7E ; Section 13 ;
   Block _____ : Lot 2 : Addition _____
   Street Address 10200 Roca Road, Roca, NE 68430-9761
   80 ACRES.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ~~☒~~
4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

5201 Braemer Road, Rt 8
Address Lincoln NE 68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/24/95. Date Frwd. 2/27/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/27/95. Date Frwd. 2/27/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluegh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/12/95 by: J.C.H.
Date: 6/13/95 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/25/96 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)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

Test Location
10200 Rock Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED: (W ½ of Lot 2 in the SE ¼ of Sec. 13, Township 8, Range 7 East of 6th PM)

Location: Township 8 ; Range 7 ; Section & ¼ Section 13 (W ½ SE ¼)
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: 11-5-94 to 11-6-94 . Weather: Precip. 0 Temp. 55° .

Hole-4-had water in From Pre-Test

OWNER: Clayton C. Kelling

Address: Route-8- Lincoln, NE. 68516-9353

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"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	4½"	30m	1½"	
2	36"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	5"	30m	1"	
3	36"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	4 7/8"	30m	1 1/8"	
4	36"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	5 3/4"	30m	¼"	
5	36"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	4½"	30m	1½"	
6	36"	11-5	1:30 pm	11-6	7:00 Am	11-6	7:00 Am	6"	11:00 Am	4½"	30m	1½"	

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 Products INC.

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: February 27, 1995

Jerrold C. Hoac
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 ☐

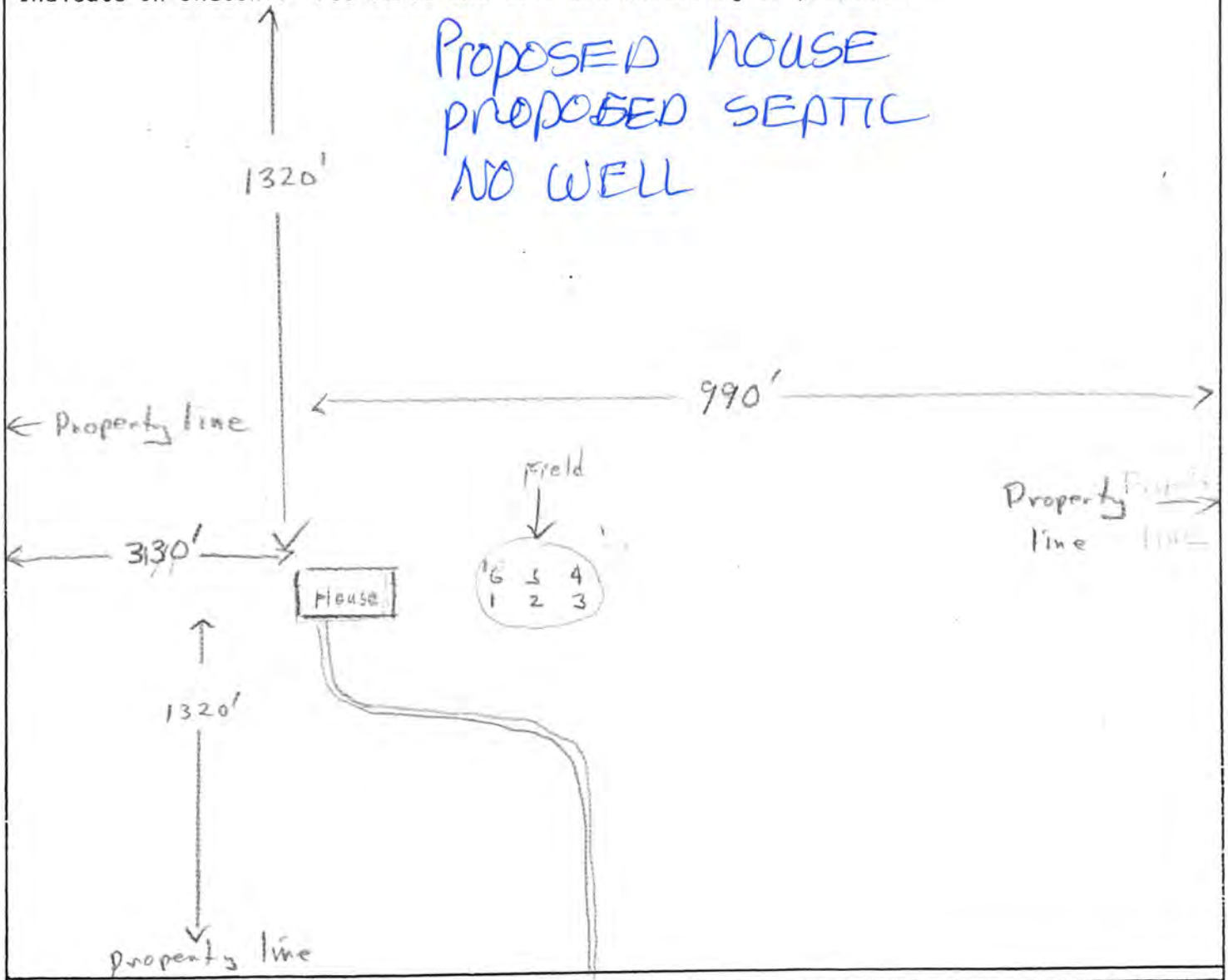
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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: February 27, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 951 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

ORM 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: 6-13-95

FILE NO. _____

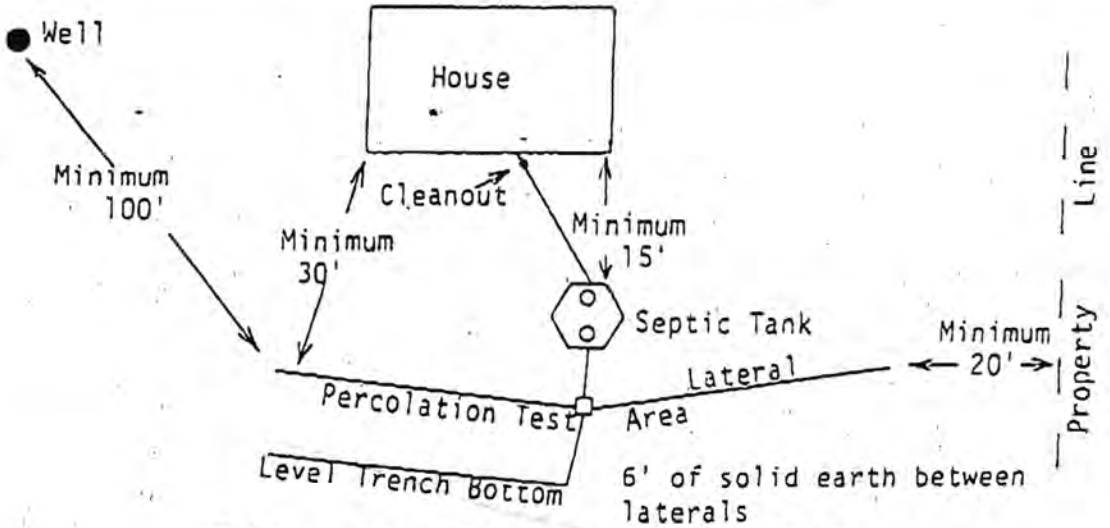
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Scheduled 40; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 113 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line — ft.; Stream — ft.; Pressure Line 75 ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 3.
2. Capacity ____ gals.;
3. Factory Built: Yes ☑ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. — in. Over Outlet; diam. — in. Riser Above ☑ Below ☐ Grade 3 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 ~~120~~ ft.; Stream — ft.; Pressure Line 150 ft.; Property Line ¼ mile ~~ft~~.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐ (Company ?)
3. Distance from Septic Tank 12 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 100, 100, 100, 20, ____ ft.; Total length of laterals 320 ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.; Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road GRAVEL Depth of Material 18 in.
5. Distances to: Well or Suction Line — ft.; Stream — ft.; Pressure Line 200 ft.; Property Line ¼ mile ~~ft~~.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

10200 Rock Road

Wellmann Plumbing

