LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380006101

Issued 12/05/89
Expires 04/24/90

ESTABLISHMENT

DONALD REINWALD
T8N R7E SEC 22 QTR SW
LEISURE LAKE ESTATES
SW 1/4

FEES: Permit 018754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

DONALD REINWALD
7000 MARTELL RD
HICKMAN NE 68372

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89380006101

Issued 12/05/89
Expires 04/24/90

ESTABLISHMENT

DONALD REINWALD
T8N R7E SEC 20 QTR SW
LEISURE LAKE ESTATES
SW 1/4

FEES: Permit 013754 $60.00

Total $60.00

Issued By COUNTY HEALTH

PERMITTEE

DONALD REINWALD
7000 MARTELL RD
HICKMAN NE 68372

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
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RECEIVED DEC 0 4 1989

Rec 11-14-89

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 60.00 filed in Apt-May 4

FILE NO. _____

DATE: _____

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 22 ; SW1/4
   Block 1 : Lot 2 : Addition Leisure Lake Estates
   Street Address 7000 Martell Rd. Hickman Ne 68372
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.

Lagoon must be sealed

for Reinwald

Don Reinwald Phyllis Reinwald
Signature of Applicant (Owner or Lessee)

7000 Martell Rd.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/4/89. Date Frwd. 12/5/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoge
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 11-30-89. ACTION: Approved ☑ Disapproved ☐ Signature: Annetta Pool
3. City or County Engineer: Date Rec'd. 12/5/89. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lynn R. Beaumont

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: Oct-89 by: rmm
Date: Dec-8-89 by: rmm
Date: _____ by: _____

need fence

INSTALLATION FINAL WRITTEN APPROVAL
Date: Dec-8-89 By: Ron Maynard

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

FORM 23-43

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: 10-30

FILE NO. _____

Reinwald - 70 & Markell Rd.

Sewage Lagoon

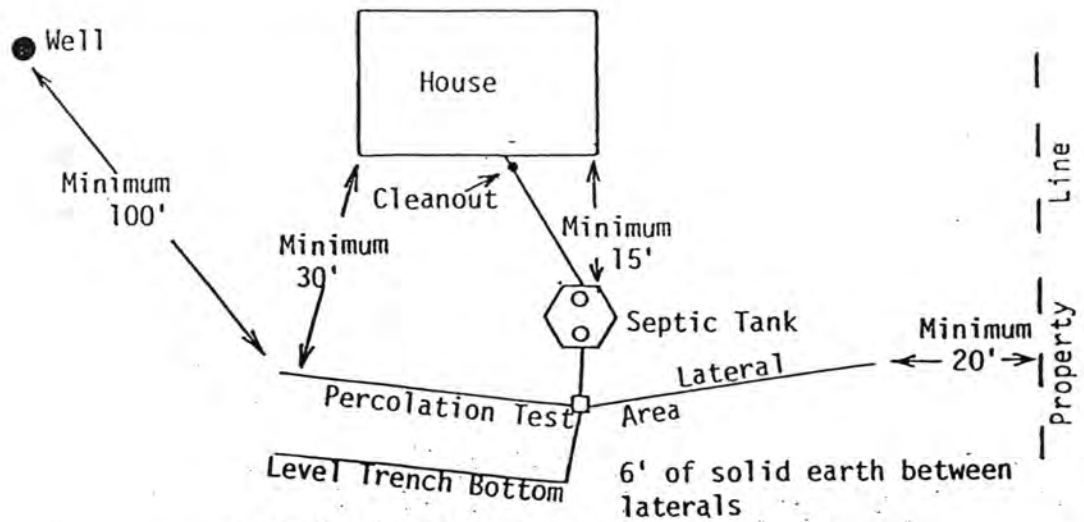
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: class 160
1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 9 in.
3. Distance between dwelling and ~~septic~~ Lagoon tank 150 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

3833 [illegible]

Classic Homes

R7 T8
Sec. 22

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

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: 6-12-89 to 6-13-89. Weather: Precip. 0 Temp. 65°.
Test Taken NE. Side of 68th + Martal Rd.

OWNER: Phyllis Reinwald
Address: 2200 W. Summer
475-8675

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"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 3/4"	30m	1/4"	.250
2	36"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 5/8"	"	3/8"	.375
3	36"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 5/8"	"	3/8"	.375
4	36"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 5/8"	"	3/8"	.375
5	36"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 5/8"	"	3/8"	.375
6	36"	6-12	7:00 pm	6-13	5:00 pm	6-13	5:00 pm	6"	8:00 pm	5 3/4	"	1/4"	.250

Sum of Percolation Rates: 2.00
Average of Rates: .333
Mean of Rates: _____

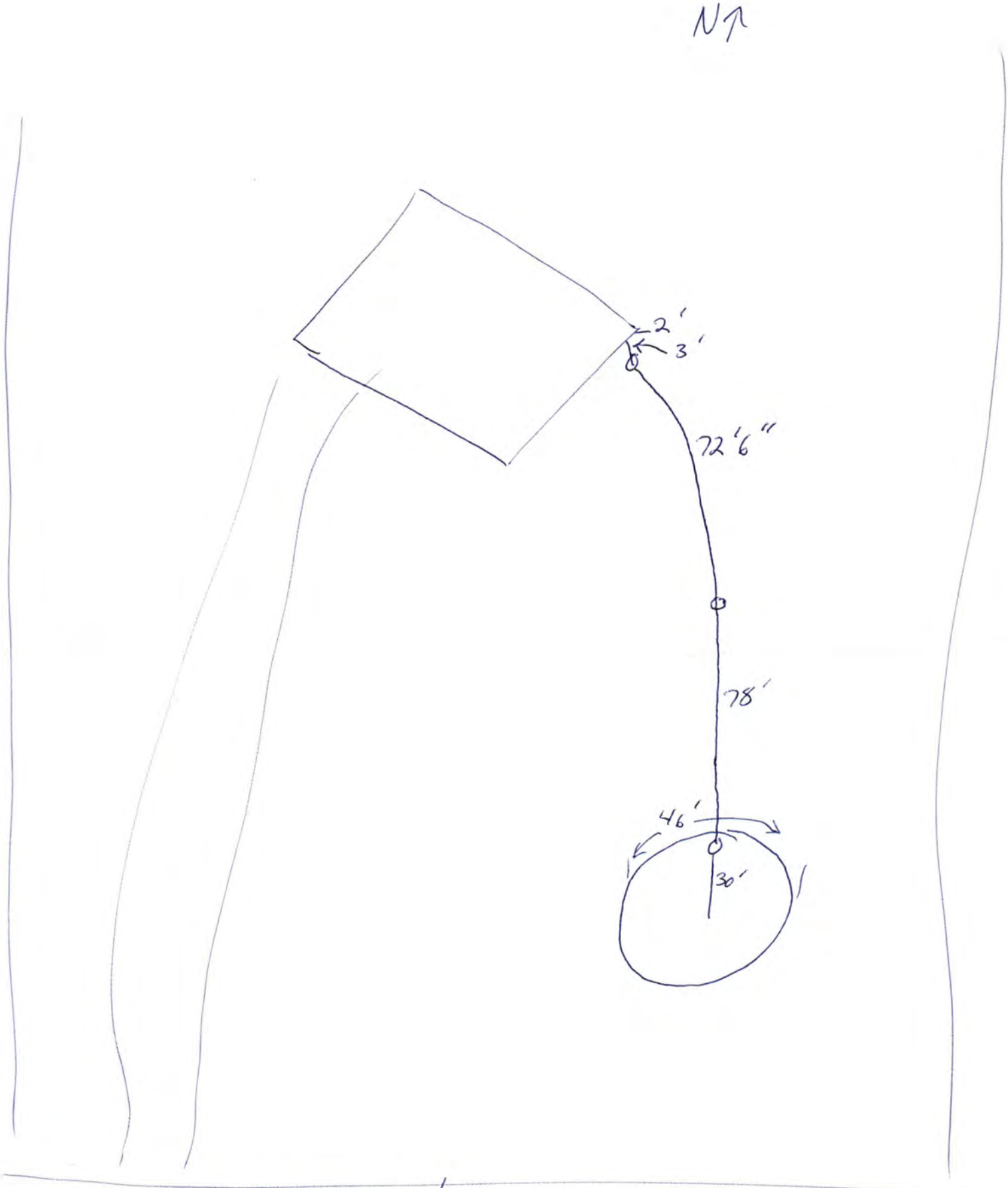
Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAN Ave Lincoln Phone 464-0638

Pre-Cast Step Co.

(Do not write below this line)

REVIEWING ACTION Approved Percolation Rate (a)


N
2'
3'
72'6"
78'
46'
30'
Martell Rd