LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380124201

Issued 10/31/94
Expires 05/01/95
Revenue Code 18754

Establishment
DON JOHNSON
T8N R7E SEC 22
LEISURE LAKES 4TH LOT 1
17401 S 75 STREET COURT

FEES: $150.00

TOTAL $150.00

Permittee
DON JOHNSON
3743 S 48 ST
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

A

FILING FEE: $_____

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 ; Block _____ : Lot 1 : Addition 4th Addn Leisure Lakes LLC N
   Street Address 17401 So. 75th Street Court

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.

437-7880 Dan Ackman
Signature of Applicant (Owner or Lessee)

3743 So. 48th St.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/31/94. Date Frwd. 10/31/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/31/94. Date Frwd. 10/31/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. _____. Date Frwd. 10/31/94. ACTION: Approved ☑ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 2/21/95 by: JCH+LC.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/21/95 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

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: 2-17 to 2-18. Weather: Precip. _____ Temp. 40.

OWNER: _____

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	30"	2-17	2:00	2-18	1:00	2-18	2:00	6	2:30	5¼	30	¾	
2	"	"	"	"	"	"	"	"	"	5¼	"	¾	
3	"	"	"	"	"	"	"	"	"	6	"	1	
4	"	"	"	"	"	"	"	"	"	5¼	"	¾	
5	"	"	"	"	"	"	"	"	"	5	"	1	
6	"	"	"	"	"	"	"	"	"	4⅞	"	1⅛	

Dave Vogt
Signature of Person Conducting Test

Address Box 181 Elmwood Phone 560-4267

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Confirmed Sharpsburg Silty Clay Loam
Date: February 21, 1995

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
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: _____

FILE NO: _____

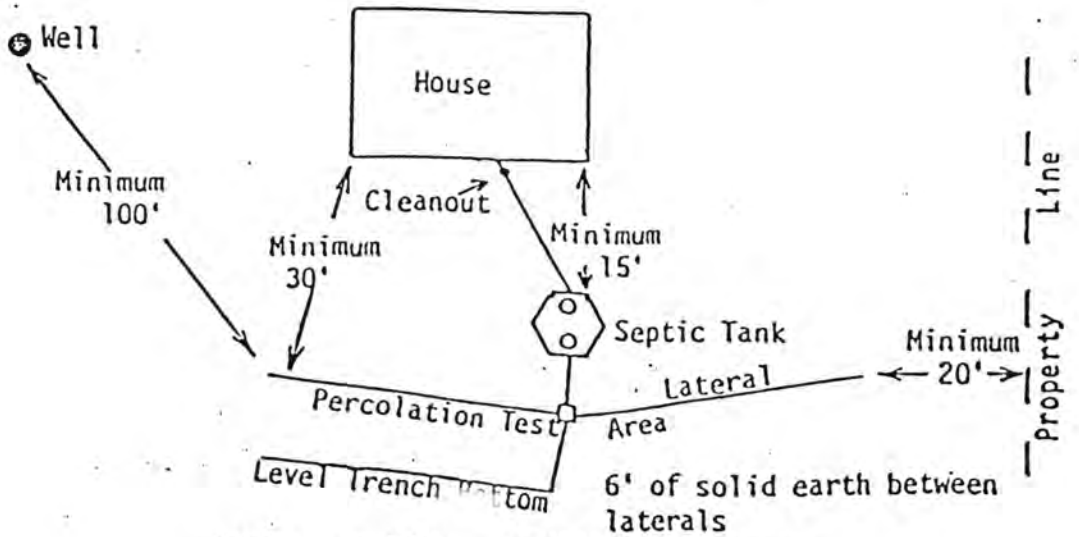
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs None.
5. Distances to: Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre-Cast)
4. Manholes: Over Inlet; diam. 8 in. Over Outlet; diam. 12 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 12 in.
8. Distances to: Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5.
2. Factory Built: Yes ☒ No ☐ (Company Pre-Cast)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 22" or Perforated Pipe ____. 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 7 ft.
3. Trench dimensions: Width 4 ft.; Slope 2½ in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel Depth of Material 24 in.
5. Distances to: Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 30+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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

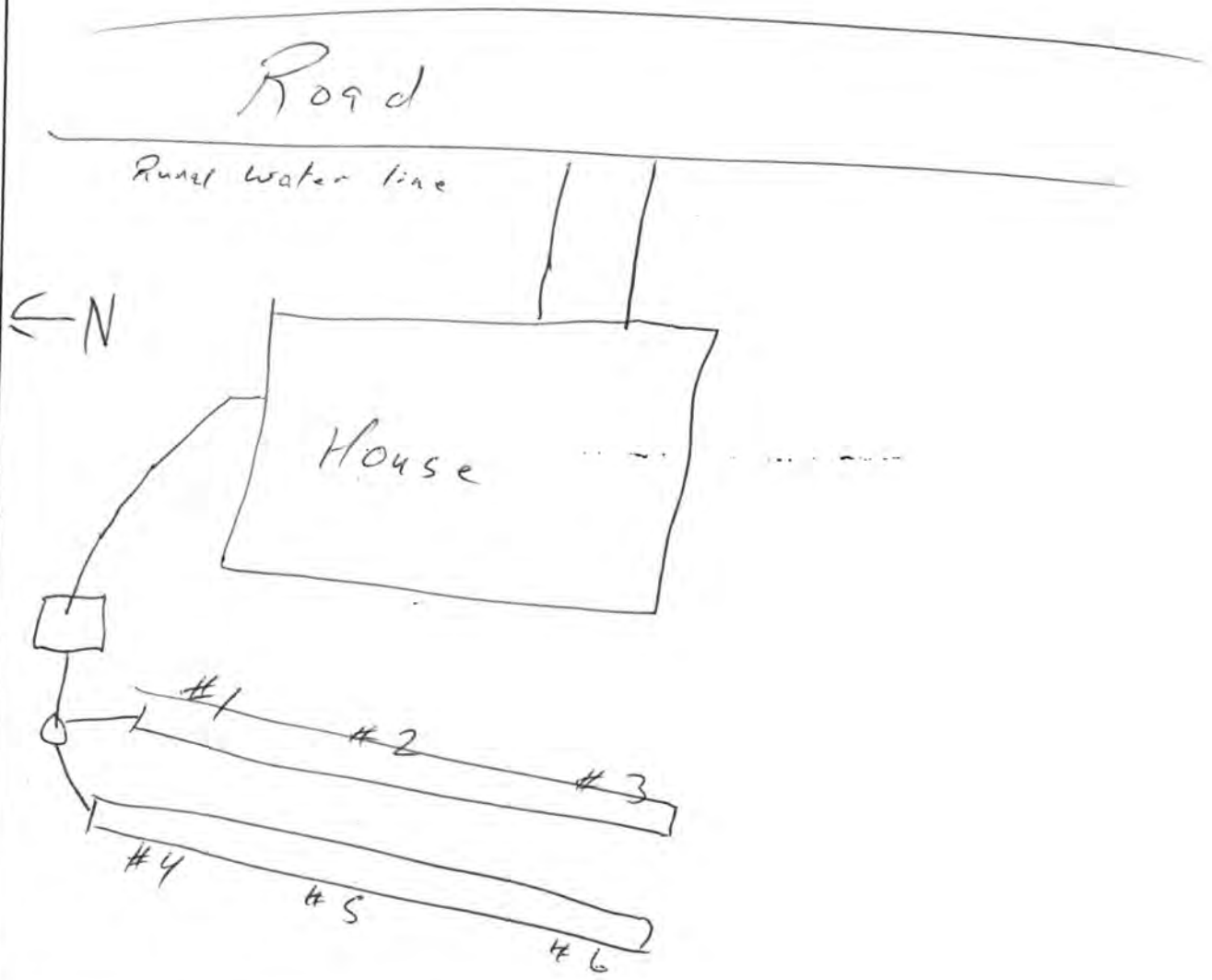
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

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:_____

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

17401 So 75th St. Court
Builder Don Johnson

Installed By Vogt T & T
2-21-95

N

