LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1729-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 14, 1981 — THIS PERMIT EXPIRES

Melvin Lesoing — ISSUED TO

Hickman NE 68372 — ADDRESS

T8N, R7E, Section 31 S½ of SE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $60.00

FILE NO. 1729-C

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 31 ; S½ OF SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Melvin Lecong Owner
Signature of Applicant (Owner or Lessee)

Hebron, Ne. 68370
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/13/80. Date Frwd. 11/14/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/14/80. Date Frwd. 11/14/80. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11-14-80. Date Frwd. 11-14-80. ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8/1/81 by: J.C.H.
Date: 9/1/81 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 9/15/81 By: Jerrold C. Hood

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

* EXPERIMENTAL SYSTEM CONDITIONAL APPROVAL ONLY.

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: 474-1541

B

FILE NO. 1729-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7 ; Section & ¼ Section 31 S^2SE^4.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☑ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Nov 11, 1980 to Nov-12, 1980. Weather: Precip. P.C. Temp. 55°.

OWNER: Melvin Lessing
Address: Hickman, Ne. 68372

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	11/11	0300 PM	11/12	0900 AM	11/12	0940	6"	10:10 11/12	5 7/8	30	1/8	
2	34	11/11	0305	11/12	0900	11/12	0945	6"	10:15 11/12	5 3/4	30	1/4	
3	36	11/11	0310	11/12	0900	11/12	0950	6"	10:20 11/12	5 7/8	30	1/8	
4	36	11/11	0315	11/12	0900	11/12	0955	6"	10:25 11/12	5 3/4	30	1/4	
5	36	11/11	0320	11/12	0900	11/12	1000	6"	1030 11/12	5 5/8	30	3/8	
6	38	11/11	0325	11/12	0900	11/12	1005	6"	1035 11/12	5 3/4	30	1/4	

Melvin Lessing
Signature of Person Conducting Test

Address Hickman, Ne. 68372 Phone 792-2251

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 13, 1980

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7 ; Section & ¼ Section S½ SE¼ 31
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☑ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-18-80 to 11-19-80 . Weather: Precip. CLEAR Temp. 45 .

OWNER: Melvin Lesoing
Address: Hickman, Ne. 68372

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	11-18	1:00	11-18	5:00	11-19	AM 9:15	6	9:45	5 5/8	30	3/8	
2	36	11-18	1:05	11-18	5:05	11-19	9:20	6	9:50	5 3/4	30	1/4	
3	36	11-18	1:10	11-18	5:10	11-19	9:25	6	9:55	5 1/2	30	1/2	
4	36	11-18	1:15	11-18	5:15	11-19	9:30	6	10:00	5 1/2	30	3/4	
5	36	11-18	1:20	11-18	5:20	11-19	9:35	6	10:05	5 1/2	30	1/2	
6	36	11-18	1:25	11-18	5:20	11-19	9:40	6	10:10	5 5/8	30	3/8	

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

Melvin Lesoing
Signature of Person Conducting Test

Address Hickman, Ne. 68372 Phone 792-2251

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

(over)

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

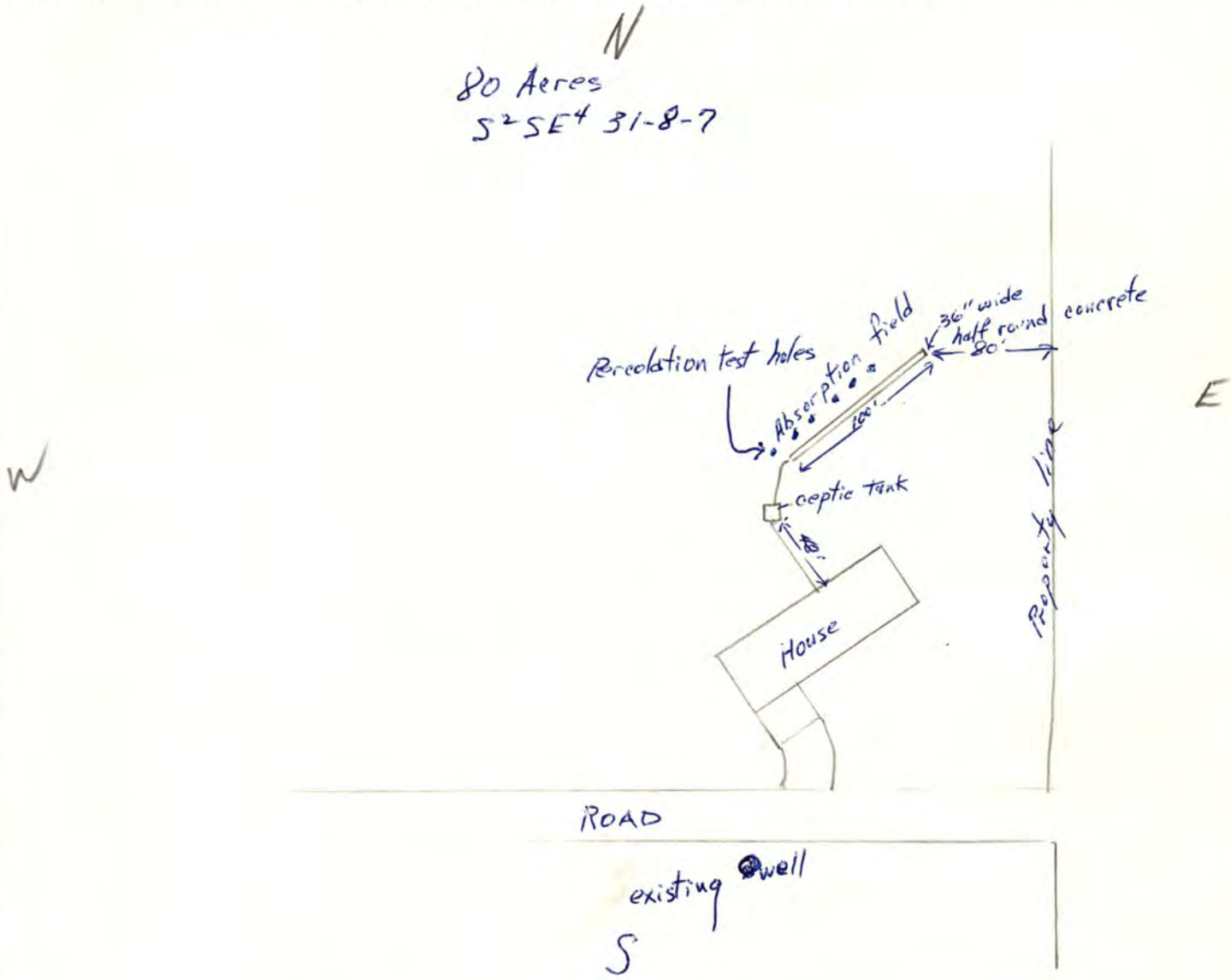
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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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: 474-1541

D

DATE: Nov. 13, 1980

FILE NO. 1729-C

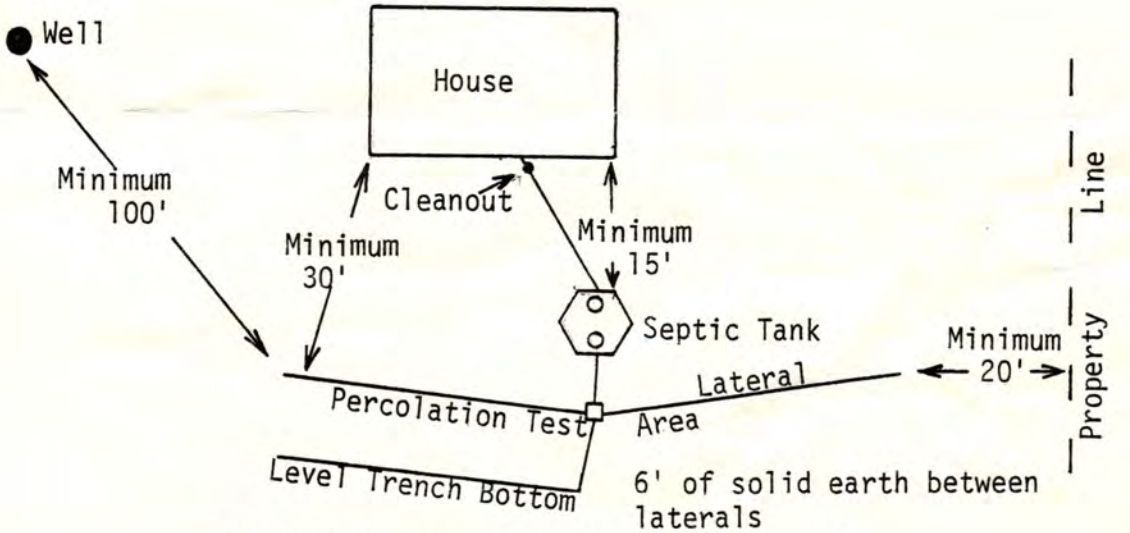
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Re-enforced plastic; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 48 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 200 ft.; Stream ____ ft.; Pressure Line 50 ft.; Property Line 175 ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments 2.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. 18 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 24" in.
8. Distances to:
Well or Suction Line 200 ft.; Stream ____ ft.; Pressure Line 80 ft.; Property Line 200 ft.

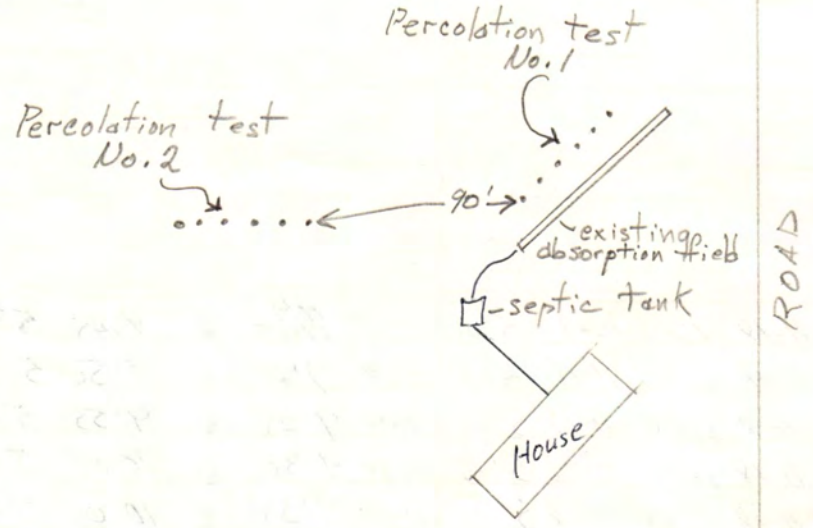
C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company ____)
3. Distance from Septic Tank 4½ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 36" or Perforated Pipe ____.
Material: fiberglass ☐; plastic ☐; concrete ☑; other ____.
2. Lateral Lines:
Number ___; Length of each line First 100 ft., #2 Line 100', 4th trench 20" ft.; Total length of laterals ____ ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.; Slope Level in/100 ft.; Average Depth 12 in.
4. Filter Material: Gravel 20" Crushed #2 Depth of Material 12 20" in.
5. Distances to:
Well or Suction Line 200 ft.; Stream ____ ft.; Pressure Line 100 ft.; Property Line 80 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

N


Percolation test No. 1
Percolation test No. 2
90'
existing absorption field
septic tank
House
ROAD

W

E

ROAD

S

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Van Ingen Construction Co.

