LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380146501

SEWAGE INSTALLATION

Issued 08/12/96
Expires 02/12/97
Revenue Code 18754

Establishment

JACK SCOTT
T8N R8E SEC 33
LOT 3

19000 S. 134th

FEES: $150.00

TOTAL $150.00

Permittee

JACK SCOTT
BOX00028
BOX 00028
HICKMAN NE 68372

2460

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: $ 150.00

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 8E ; Section NW 33 ;
   Block _____ : Lot 3 I.T. ; Addition _____
   Street Address 134th + Hickman Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
   maybe 3

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

4. Distance to public sewer: _____ ft. N/A

Jack D Scott
Signature of Applicant (Owner or Lessee)

PO Box 28, Hickman NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/9/96 . Date Frwd. 8/9/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoe

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/12/96 . Date Frwd. 8/12/96 . ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 08/12/96 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-23-97 by: PD sewer pipe & tank only
Date: 10-12-97 by: PD needs drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-10-98 By:

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

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 8 ; Range 8 ; Section & ¼ Section NW 33.
Property Dimensions: 150 ft. x 320 ft. Area: 1.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Aug 6 to Aug 7 . Weather: Precip. 1/2" Temp. 85 .

OWNER: Jack Scott
Address: POBox 28 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	24"	8-6	6 Pm	8-7	6:30P	8-7	6:30 Pm	14 1/8	7 Pm	14 5/8	30	1/2	60 MIN/IN
2	"	"	"	"	"	"	6:34	14	7:04	14 1/2	30	1/2	60 MIN/IN
3	"	"	"	"	"	"	6:35	15	705	15 3/4	30	3/4	40 MIN/IN
4	"	"	"	"	"	"	6:36	15	706	15 5/8	30	5/8	48 MIN/IN
5	"	"	"	"	"	"	6:38	14	708	14 1/2	30	1/2	60 MIN/IN
6	"	"	"	"	"	"	643	15	713	15 1/2	30	1/2	60 MIN/IN

J D Scott (under direction of Brad Southwick)
Signature of Person Conducting Test

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

Address Hickman, NE Phone 792-2511

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: AUGUST 9, 1996

Approved Percolation Rate (a)
A. 55 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

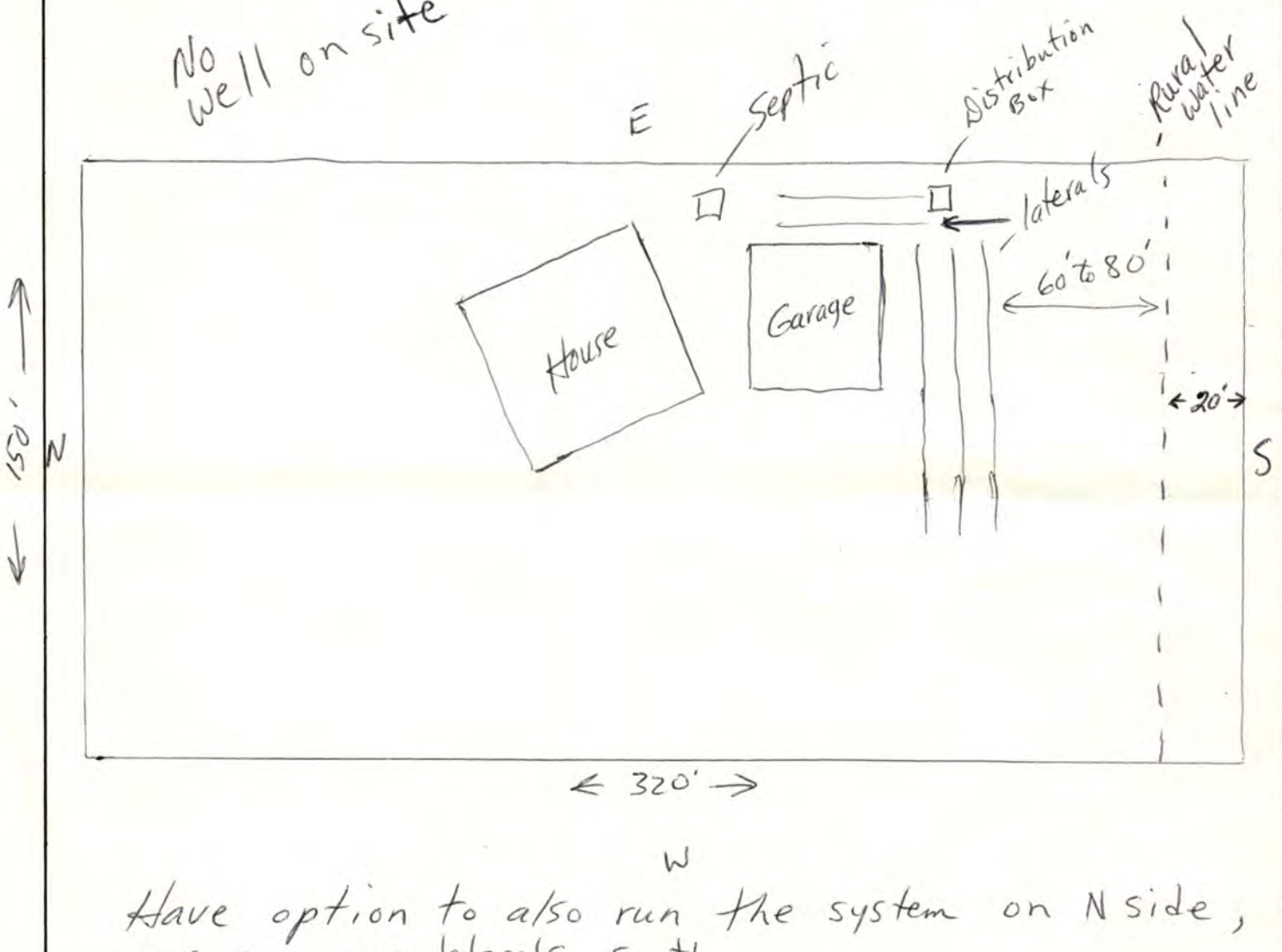
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



Have option to also run the system on N side, or run more laterals South

REVIEWING ACTION

Remarks: _____

Date: AUGUST 9, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 947 sq.ft.

Gerrold 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 Old Mayne Avenue~~ 3140 N St
Lincoln, Nebraska 6858~~3~~10
Phone: 471-7800

D

DATE: 7-8-98
Jack D. Scott

FILE NO. _____

SPECIFICATIONS AS BUILT

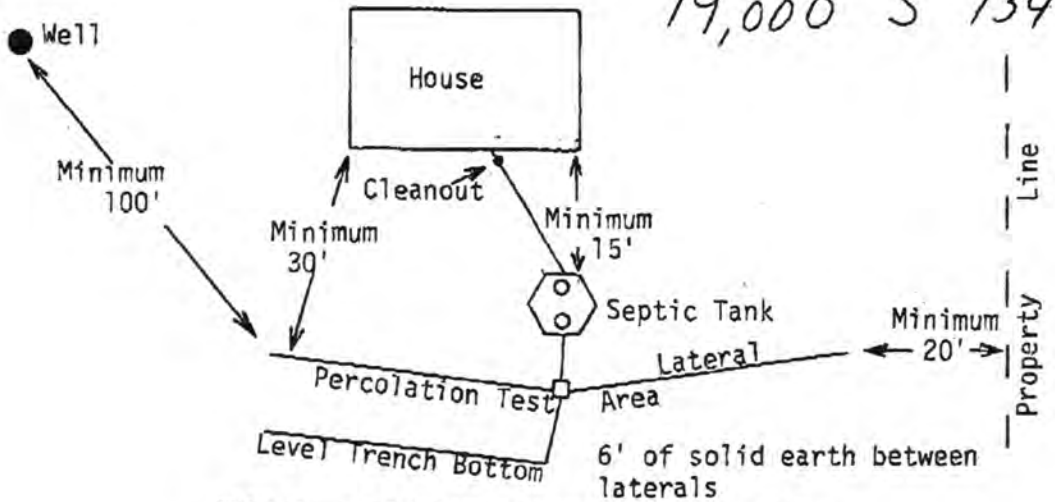
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor 51 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 16 ft.
4. Number of clean-outs one.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 24 ft. ~in house; Property Line 40 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 2.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast Products)
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 15 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 30+ ft.; Property Line 37 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 55 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 15" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 4; Length of each line 50, 75, 42, 75 ft.;
Total length of laterals 242 ft.;
Distance between lateral lines 6 ft
3. Trench dimensions: Width 4 ft.
Slope 3 in/100 ft.; Average Depth 36 in.
4. Filter Material: Straw
Depth of Material 3 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line 32 ft.; Property Line 40 ft.

19,000 S 134th



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Paul
If you need to call him → 7922511

T9N R8E Sec. 33

19,000 S 134th
Jack D. Scott

