LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380135001

Issued 09/26/95
Expires 03/26/96
Revenue Code 18754

Establishment
BEN JAMES
T9N R5E SEC 9
LOT 10

FEES: $150.00

TOTAL $150.00

Permittee
BEN JAMES
3001 WESTBROOK CR
LINCOLN NE 68522

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"

REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $ 150.00

FILE NO. _____

DATE: 1 Sept 1995

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. 9N ; Range 5E ; Section 9 SW4 SW4 OF
   Block _____ AND Lot 10 I.T. ; Addition _____
   Street Address SW 112th & Miles South of West Pioneer.
2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☐
   No. of Bedrooms _____. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: over 5 Miles ☒.

Post-it™ brand fax transmittal memo 7671 # of pages ▸ 1

To Lincoln Dept.	From Lancaster County
Co. Lancaster County	Co. Mutual Inc.
Dept.	Phone #
Fax # 8328-1kh	Fax #

Ber-James by
~~Bob Todd~~ Melvin J Hagna
Signature of Applicant (Owner or Lessee)

3001 Westbrook Cr. Lincoln NE 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/2/95. Date Frwd. 9/22/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-22-95. Date Frwd. 9-22-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blazek

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 33-83

Fax sent by : 797 7475 GAGNER 09/21/95 08:30 Pg: 1

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: 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: 8-26 to 8-27. Weather: Precip. 0 Temp. 90.

OWNER: BEN JAMES

Address: 502 CENTERSTONE
100 N 12TH 68508

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	8/26	8:00	8/27	8:00	8/27	8:00	6	9:00	5 1/4	30	3/4	
2	30	"	"	"	"	"	"	"	"	5 3/8	"	5/8	
3	26	"	"	"	"	"	"	"	"	5 3/8	"	5/8	
4	31	"	"	"	"	"	"	"	"	5 1/2	"	1/2	
5	28	"	"	"	"	"	"	"	"	5 1/2	"	5/8	
6	30	"	"	"	"	"	"	"	"	5 3/8	"	5/8	

Sum of Percolation Rates: 3.25
Average of Rates: 1.25
Mean of Rates: _____

Signature of Person Conducting Test

Address 4810 W CLARE Phone 797-2365

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): STEINAUER LOAM
Date: SEPTEMBER 14, 1995

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

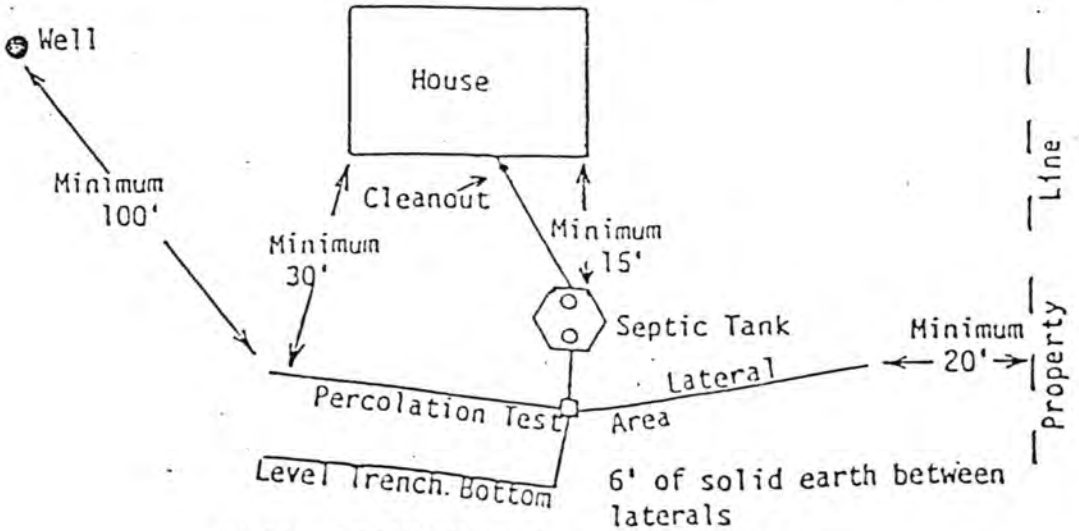
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 39'6" ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line over 200 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

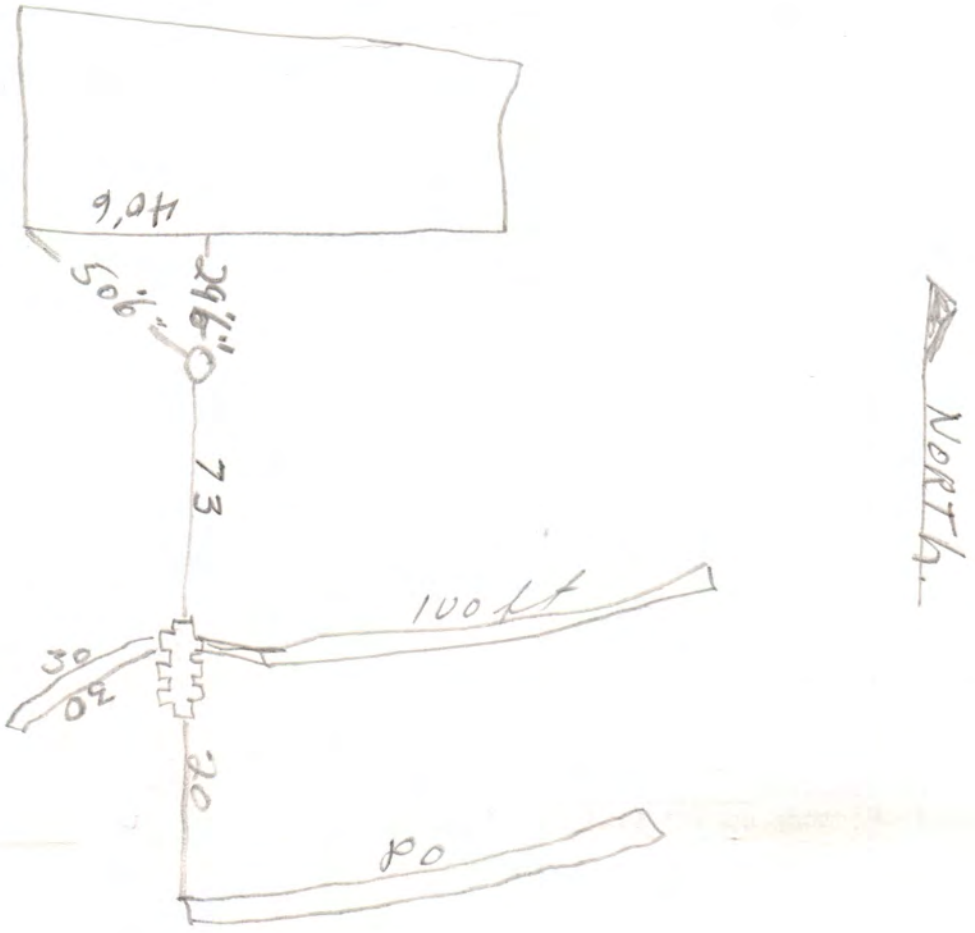
B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade _____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 18 in.
8. Distances to:
Well or Suction Line over 300 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company HAN-CÒR)
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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 30, 100, 80, _____, _____ ft.;
Total length of laterals 210 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 36 ft.;
Slope 4 in/100 ft.; Average Depth 24 in.
4. Filter Material: gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line over 500 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 600 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NORTH
140'
50'
73
100 Lf
30
20
20
80