LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 94380114701

Issued 04/05/94
Expires 09/05/94
Revenue Code 18754

Establishment
K. NEIL SPAHN
T9N R5E SEC 8
LOT 50

FEES: $150.00

TOTAL $150.00

Permittee
K. N SPAHN
RR0001
BOX 0023A
DENTON NE 68339

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: 4-1-94

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 8 ;
   Block _____ : Lot 50 Addition _____
   Street Address _____

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.

K Neil Sparks
Signature of Applicant (Owner or Lessee)
Rt #1 Box 23A
Denton, Ne. 68339
Address 785-2495

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/4/94 . Date Frwd. 4/4/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/5/94 . Date Frwd. 4/5/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Harry Spier

3. City or County Engineer: Date Rec'd. 4/6/94 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Ron Maynard

REMARKS OR REASONS FOR DISAPPROVAL SEWAGE SYSTEM MUST BE OUT OF FLOOD PLAIN Flagged area indicated above flood plain for system by donor 10 feet.

Site Visits:
Date: 6-10-94 by: Ron need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-2-94 By: Ron Maynard

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

FORM 23-43

Percolation test

3-30-94

Hole #	first fill 24"	12" maintain
1	9 30/A	
2	9 32	
3	9 34	
4	9 36	
5	9 30	
6	9 40/A	

west to East

fill to 12" 3-31-94

	start time	½ hr	1 hr	1½ hr	2 hr	2½ hr	3 hr	3½ hr
1	12:28p	14½"	12"	12¼"	12¾	13	13	13 5:25p
2	12:30p	dry	16½"	18"	19½	19¼	18	17 5:26p
3	12:32p	dry	15½"	16"	17½	18	17¼	16½ 5:27p
4	12:34p	dry	14"	15½	16¼	16½	16	15½ 5:28p
5	12:35p	14"	11¾	12½	12½	13	12½	12½ 5:29p
6	12:37p	16"	13½"	14¼	14¾	15¼	14½	14½ 5:30p
	Last Measure Time							

Refill to 12" after each measurement

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 ~~89~~ ; Range ~~95~~ ; Section & ¼ Section ~~5~~ 8 Lot 50
Property Dimensions: _____ ft. x _____ ft. Area: 20.48 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 3-30 94 to 3-31-94. Weather: Precip. 0 Temp. 60°.

OWNER: Neil Spahn
Address: Rt 1 Box 23A Denton, Ne. 68339

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"	3/30	9 20 A	3/30	1 30 P	3/31	4 55 P	10"	5 25	13	30	3	
2	36		9 32		1 33		4 57	10"	5 26	17	29	7	
3	36		9 34		1 35		4 58	10"	5 27	16½	29	6½	
4	36		9 36		1 37		5 00	10"	5 28	15½	28	5½	
5	36		9 38		1 40		5 02	10"	5 29	12½	27	2½	
6	36		9 40		1 43		5 03 P	10"	5 30	14½	17	4½	

Barbara Spahn
Signature of Person Conducting Test

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

Address Rt 1 Box 23A Phone 795-2495
Denton, Ne. 68339 (Do not write below this line)

REVIEWING ACTION

Remarks: ~~Looks incredibly wet but was advised it was accurate.~~
Soil Type (SCS): ~~Sharpsburg Silty Clay Loam~~
Date: ~~April 4, 1994~~

Based off of wrong section
actually Judson Silt Loam

Approved Percolation Rate (a)
A. 6 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

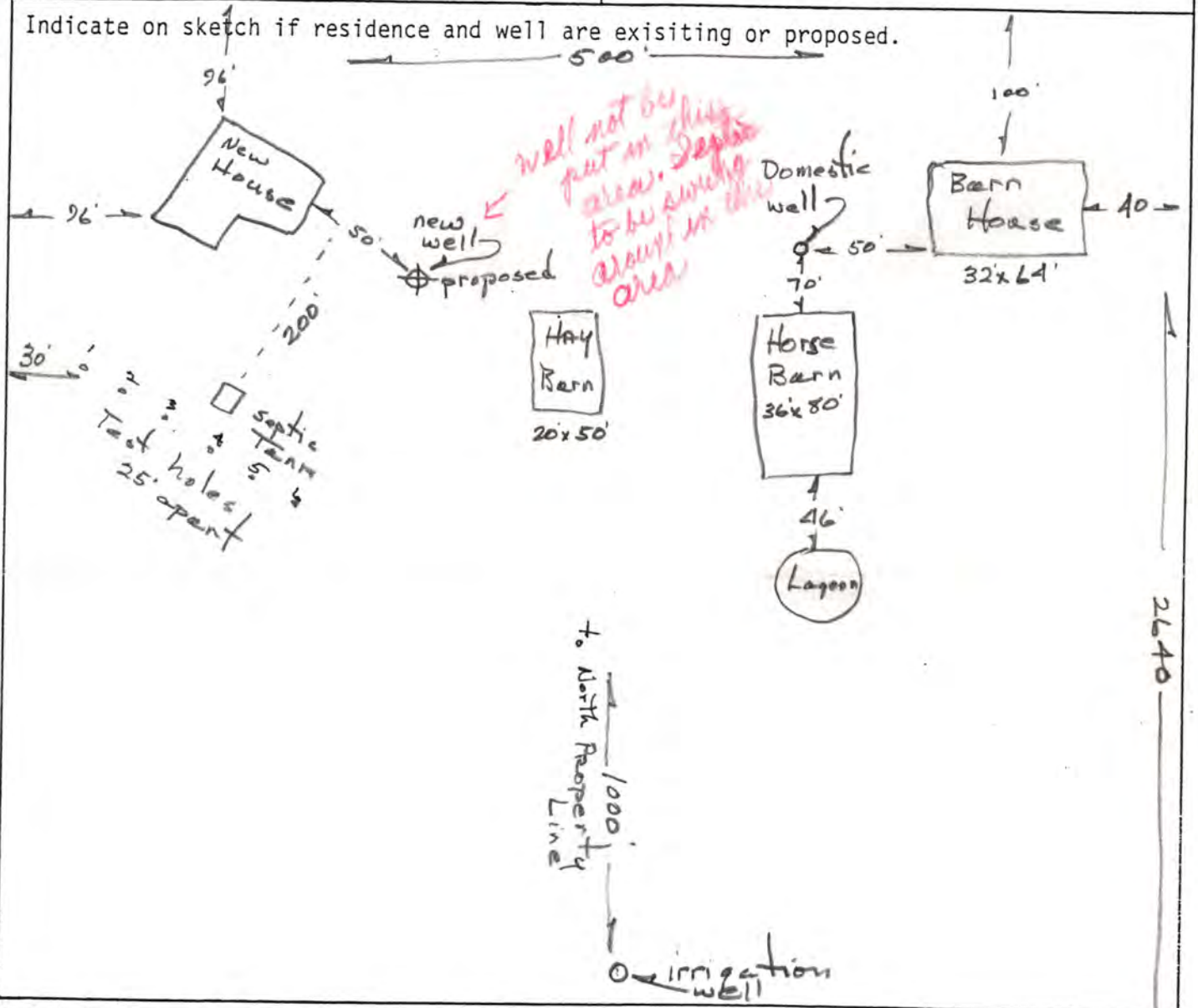
C

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

FILE NO. _____

North

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

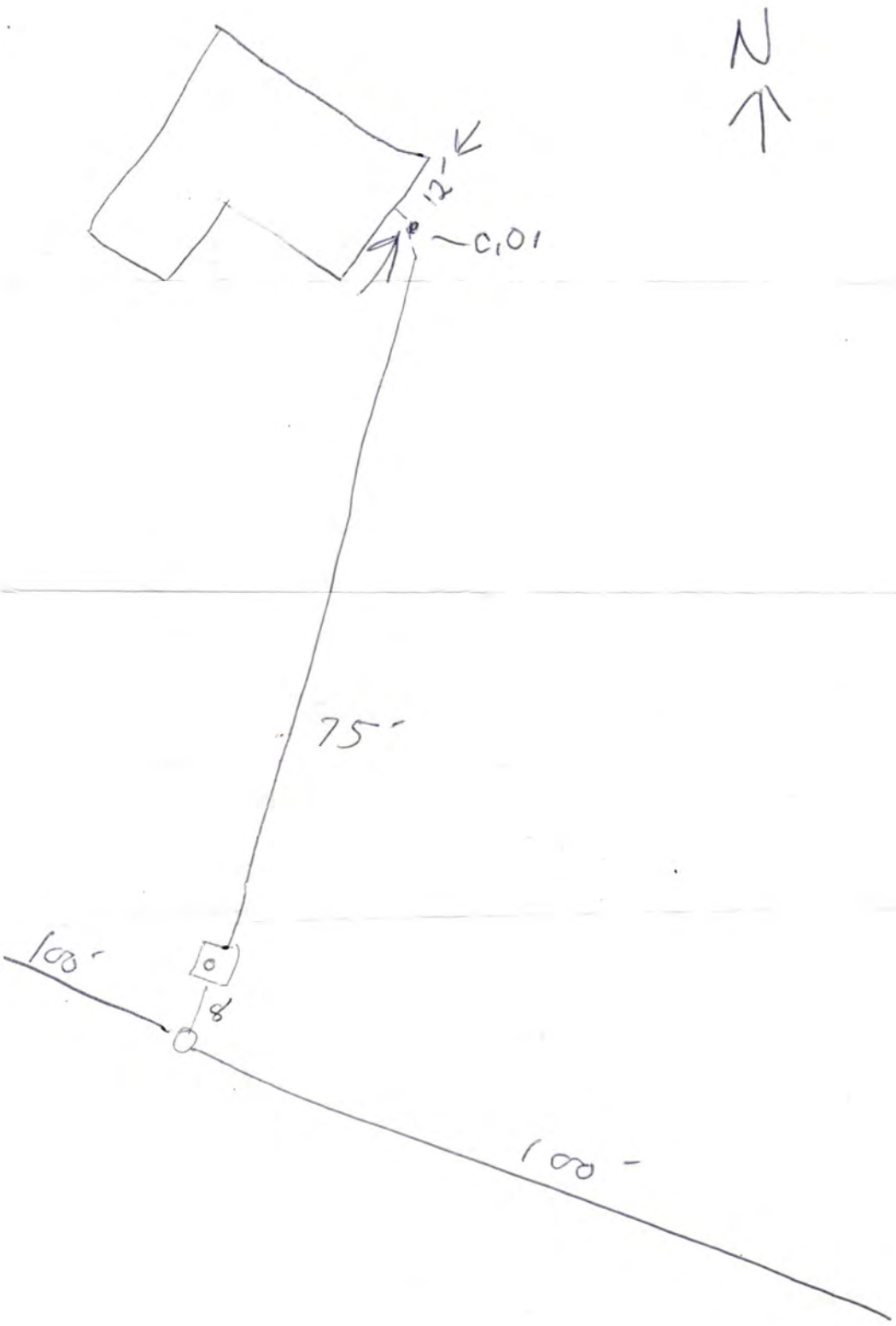
Date: April 4, 1994

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 405 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 6-10-94 INSTALLER L. Schwarck



RECEIVED AUG 0 1 1994

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. _____

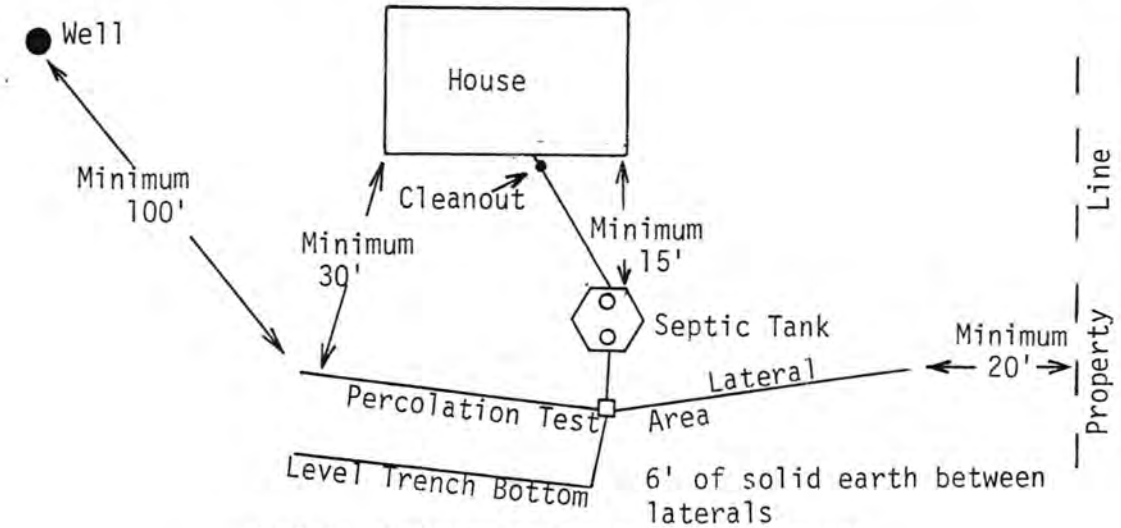
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material # 160 ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 178' ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 6 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 _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 _____ 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 — ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth Road Cut in. (48")
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