LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380098801

Issued 05/12/93
Expires 11/12/93
Revenue Code 18754

Establishment
MARY HANSEN
T9N R5E SEC 14
7201 W OLD CHENEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee
MARY HANSEN
RR0001
BOX 00056
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: $_____

FILE NO. _____

DATE: 5-10-93

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 of 6pm; Section 14, NE¼ of NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 7201 West Old Cheney Road, Denton, 68339
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: N.A. ft.

Mary S Hansen
Signature of Applicant (Owner or Lessee)

Rt. 1 Box 56, Denton, NE 68339
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/11/93. Date Frwd. 5/12/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/12/93. Date Frwd. 5/12/93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 5-12-93. Date Frwd. 5-12-93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE SEALED.

Site Visits:
Date: 12/14/95 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/16/96 By: Jerrold C. Hood *

* PIPING APPARENTLY COVERED WITHOUT INSPECTION HENCE PROVISIONAL APPROVAL. VISIBLE PIPE IS 224'. GRADE BETWEEN HOUSE & LAGOON IS VERY POSITIVE.

FORM 23-43

521 Cattle National Bank.

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 9N ; Range 5E of 6pm; Section & ¼ Section 14, NE¼ of NE¼
Property Dimensions: 448.75 ft. x 521.78 ft. Area: 5.38 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 5-9-93 to 5-10-93. Weather: Precip. 3/4" Temp. 55°.

OWNER: Mary Hansen & David Marsh
Address: Rt. 1 Box 56, Denton

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				
Hole 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	32"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	5 3/8"	30	5/8"	48/1"
2	36"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	5 1/4"	30	3/4"	40/1"
3	32"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	5 1/4"	30	3/4"	40/1"
4	36"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	4 7/8"	30	1 1/8"	26.7/1"
5	36"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	5 1/4"	30	3/4"	40/1"
6	36"	5-9	17:00	5-9	21:00	5-10	22:00	6"	22:30	4"	30	2"	15/1"

Sum of Percolation Rates: 209.7
Average of Rates: 34.95/1"
Mean of Rates: _____

Mary A Hansen
Signature of Person Conducting Test
Address Rt. 1 Box 56, Denton Phone 797-5112

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
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

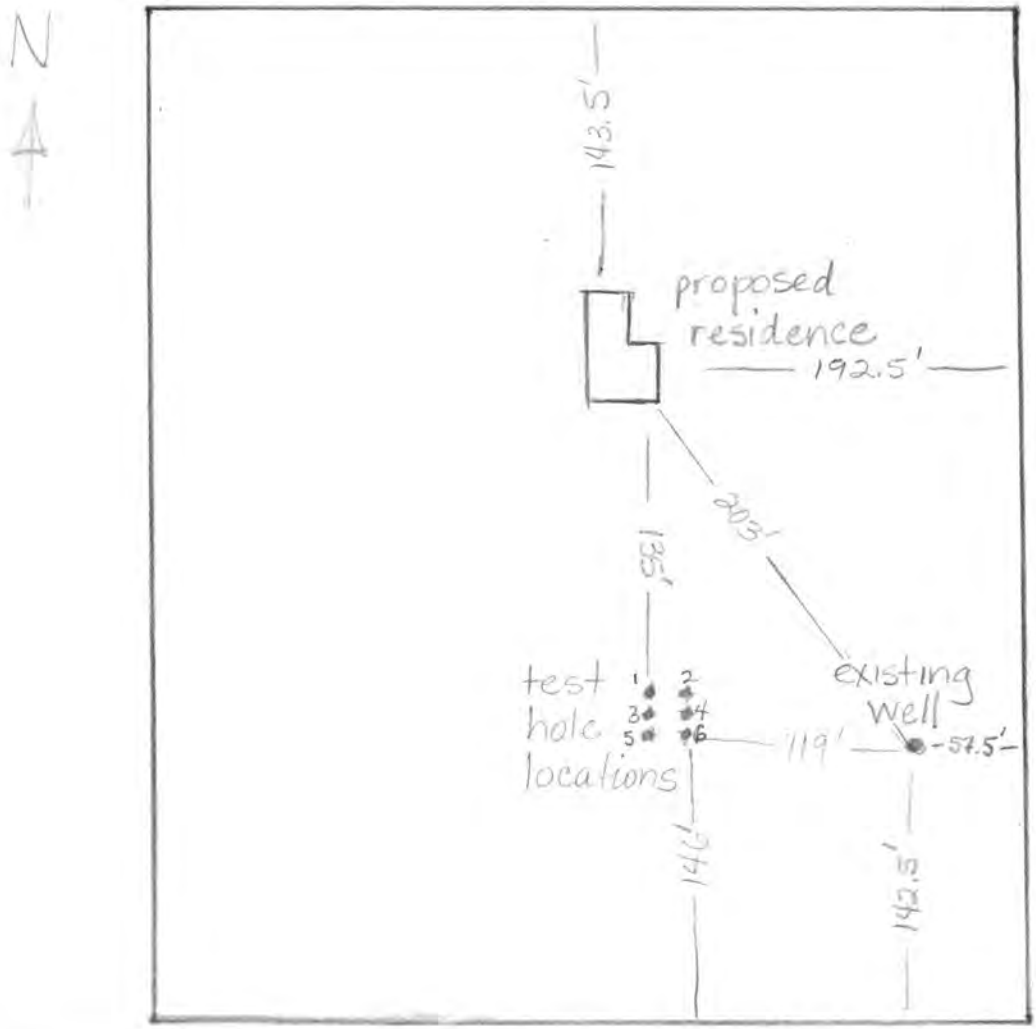
C

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.

Scale 1" = 100'



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~~ 3140N Street
Lincoln, Nebraska ~~68502~~ 68510
Phone: 471-7800

D

DATE: 1-8-96

FILE NO. _____

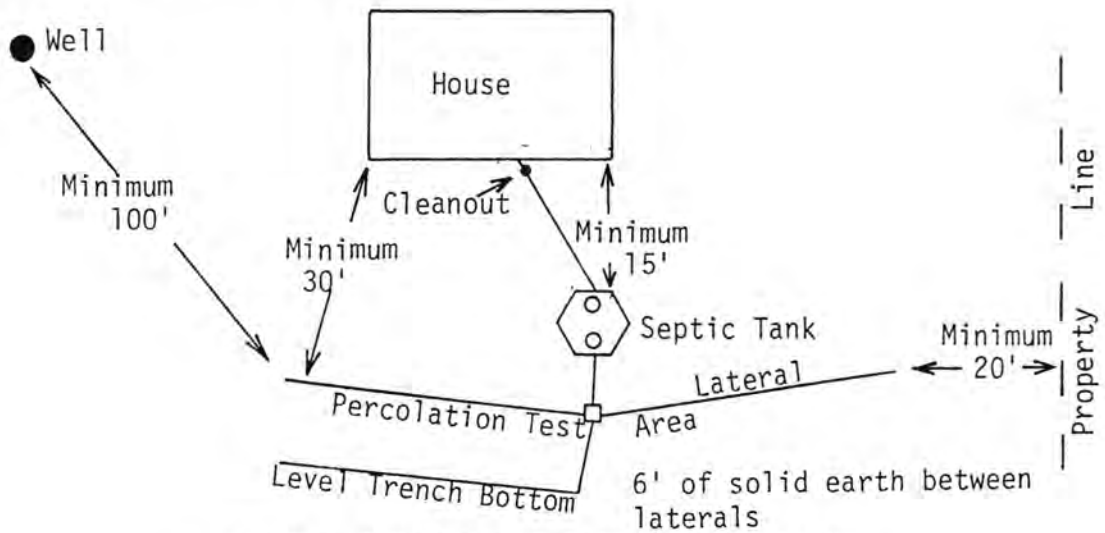
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: (LAGOON)
1. Material Clay ; Diameter 564 in.
2. Distance ~~above basement floor _____ in., or~~ (below) basement floor 72 in.
3. Distance between dwelling and ~~septic tank~~ lagoon 118 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 100 ft.; ~~Stream _____ ft.;~~ Pressure Line 80 ft.; Property Line 132 ft. (nearest)

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.; Slope _____ in/100 ft.; Average Depth _____ in.
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

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

7201 West Old Cheney Road

