LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit No. 96380144201

SEWAGE INSTALLATION

Issued 06/26/96
Expires 12/26/96
Revenue Code 18754

Establishment

CLAYTON HAMAN
T9N R5E SEC 15
LOT 65

FEES: $150.00

TOTAL $150.00

Permittee

CLAYTON HAMAN
915 GASLIGHT LN
LINCOLN NE 68521

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"

002182

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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. 9N ; Range 5E ; Section 15 ;
   Block _____ : Lot 65 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Double wide mobile Home

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

4. Distance to public sewer: 810 + ft.

Clayton S. Hamden
Signature of Applicant (Owner or Lessee)

915 Gaslight Lane, Lincoln, NE, 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/23/96. Date Frwd. 6/25/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 5-13-96. ACTION: Approved ☐ Disapproved ☐ Signature: Charlotte Dyer BK

3. City or County Engineer: Date Rec'd. 6-25-96. Date Frwd. 6-25-96. ACTION: Approved ☐ Disapproved ☐ Signature: Larry Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/15/97 by: J.C.H. Little tilt side to side on tank
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/20/97 By: Jerrold C. Hood

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

FORM 23-43

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 5E ; Section & ¼ Section 15 SE¼.
Property Dimensions: _____ ft. x _____ ft. Area: 40.11 acres. (Attach Sheet C with sketch of property). See attached map

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

Dates of Tests: 4-12-96 to 4-14-96. Weather: Precip. 0 Temp. 46°.

OWNER: CLAYTON HAMAN

Address: 915 Gaslight Lane, Lincoln, NE, 68521

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	34	4/12	5:30	4-13	9-6	4-14	1:00	12	4:30/14	12	30	10	2
2	34	4-12	5:30	4-13	9-6	4-14	1:00	12	4:30/14	13	30	10.5	2.½
3	34	4-12	5:30	4-13	9-6	4-14	1:00	12	4:30/14	12	30	10	2
4	34	4-12	5:30	4-13	9-6	4-14	1:00	12	4:30/14	12	30	10	2
5	34	4-12	5:30	4-13	9-6	4-14	1:00	12	4:30/14	12	30	10	2
6	34	4-12	5:3	4-13	9-6	4-14	1:00	12	4:30/14	12	30	10	2

Clayton D. Haman
Signature of Person Conducting Test

Sum of Percolation Rates: 12.½
Average of Rates: 2.08
Mean of Rates: _____

Address 915 Gaslight Lane, Lincoln, NE, 68521 Phone 475-0937

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: June 28, 1996

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

MAY 1 9 1997

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-15-97

System Location (Indicate correct number and street)

Address Clayton Hanson (no rural route) City Denton NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ___ in.
   or distance below basement floor: ___ in.
3. Distance between dwelling and septic tank: 104ft 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: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ___ in.
   Over outlet, diameter ___ in.
   Riser: ☑ above ☐ below grade 12 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 92 ft.
   Stream ___ ft.
   Pressure line ___ ft.
   Property line ___ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

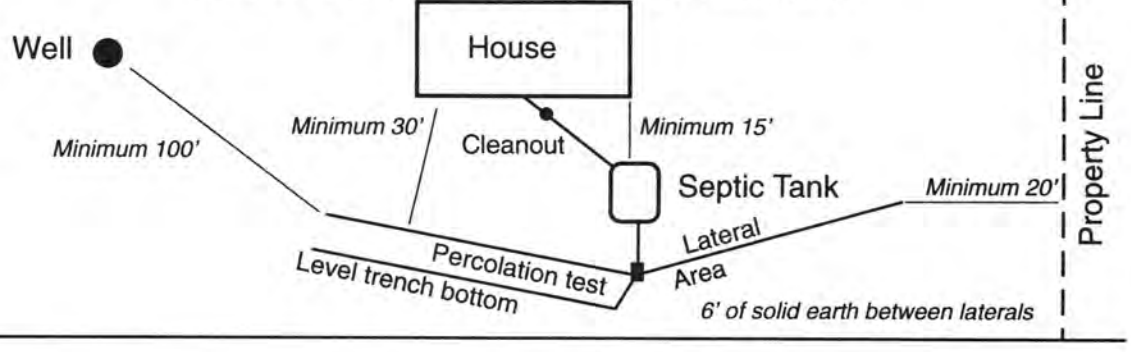
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☑ Perforated pipe
   Diameter of half round: ___
   or perforated pipe: ___
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other Infiltrator System
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   ___ ft. ___ ft., ___ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 3ft in
4. Filter material: ~~Plastic~~ Fiberglass
   Depth of material 36 in.
5. Distances to: Well or suction line 100 ft.
   Stream ___ ft.
   Pressure line ___ ft.
   Property line ___ ft.

Indicate North with Arrow

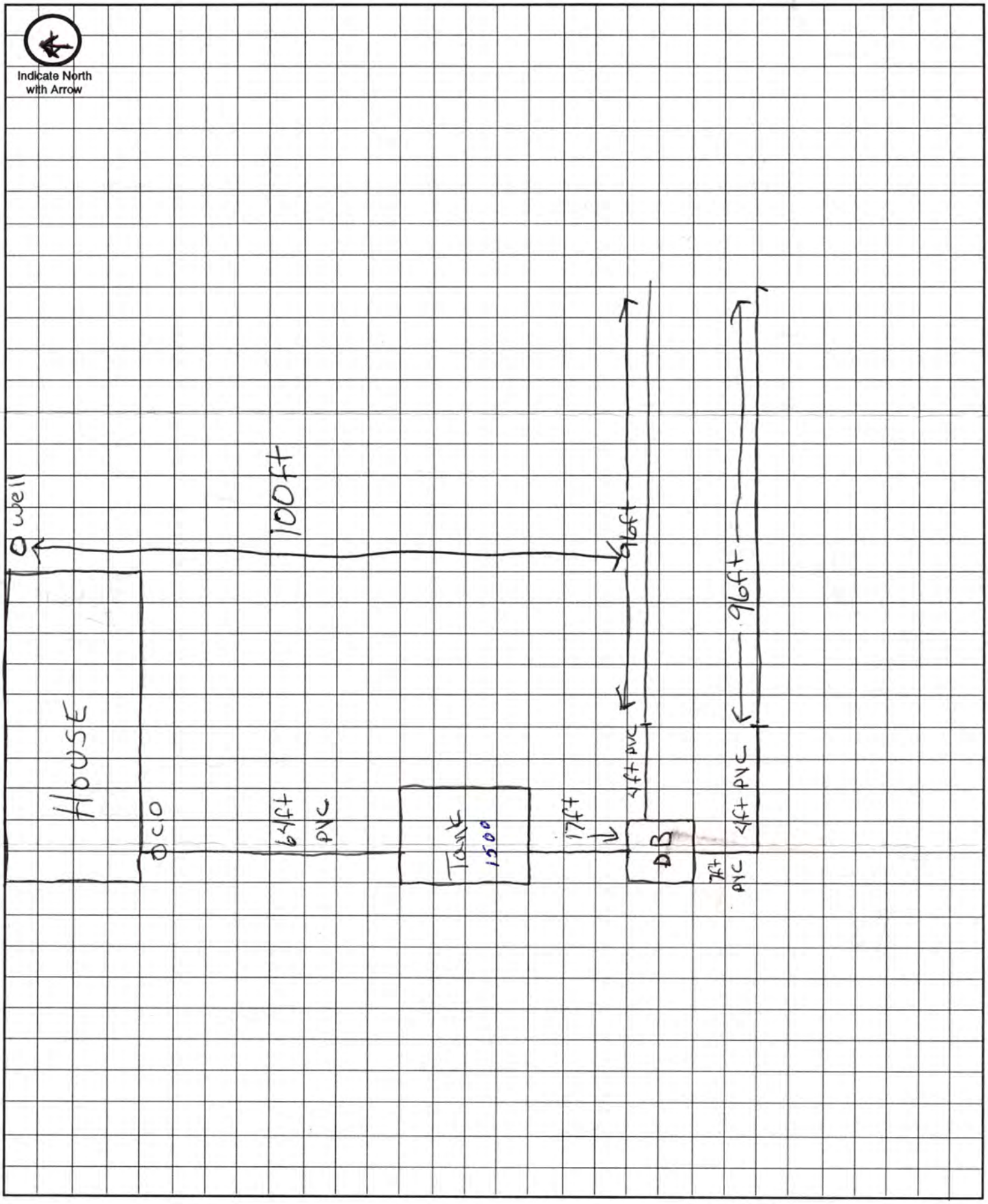
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s