LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2599-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 10, 1988 — THIS PERMIT EXPIRES

CARMI D. SPICER — ISSUED TO

ROUTE #1, BOX 64 DENTON, NE 68339 — ADDRESS

T9N; R5E; Sec SW¼ 17 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	11-10-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2600-C

DATE: 11-10-87

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: (42 acres) Twp. 9N ; Range 5E ; Section N 5W¼;
   Block _____ : Lot 5 I.t : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: None ft.

Carmi Dejarnette
Signature of Applicant (Owner or Lessee)

RI Box 69 Denton Ne 68339
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11-10-87 . Date Frwd. 11-10-87 . ACTION: Approved ☒ Disapproved ☐ Signature: Ron Mayont

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/10/87 . Date Frwd. 11/10/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Doug Sherwood

3. City or County Engineer: Date Rec'd. 11/10/87 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Lloyd Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-20-87 by: RM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-3-87 By: Ron Mayont

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
Phone: 471-7800

B

FILE NO. 2600-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 5E ; Section & ¼ Section 17 - SW¼ SW¼
Property Dimensions: 1442 ft. x 1294 ft. Area: 42 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 Nov 87 to 4 Nov 87 . Weather: Precip. None Temp. 70 .

OWNER: Carmi D Spicer
Address: R1 Box 69 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		Elapsed	Water	Percolation
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.)	Time (Min.)	Level Drop (in.)	Rates (Min./in.)
1	10/36	3 Nov	8 AM	3 Nov	12 00	4 Nov	12 30	3	4 30	1	30		1.0
2	10/36	"	8 05	"	12 05	"	12 32	2½	4 32	¾			.75
3	10/36	"	8 10	"	12 10	"	12 34	2⅞	4 34	¾			.25
4	10/36	"	8 15	"	12 15	"	12 36	2½	4 36	¾			.25
5	10/36	"	8 20	"	12 20	"	12 38	3	4 38	⅝			.625
6	10/36	"	8 25	"	12 25	"	12 40	2⅞	4 40	⅝			.652
													4.53

Carmi D Spicer
Signature of Person Conducting Test

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

Address R1 Box 69 Denton Ne 68339 Phone 797-2190

(Do not write below this line)

REVIEWING ACTION

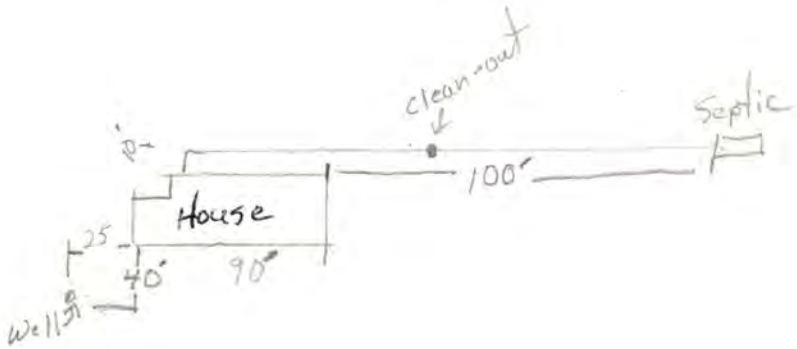
Remarks: _____
Soil Type (SCS): Morrill clay loam
Date: _____

Approved Percolation Rate (a)
A. .75 or 40 min./inch
B. _____ min./inch
C. _____ min./inch

Lon M. Mayo
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.



REVIEWING ACTION

Remarks: Morrill Clay loam

Date: 11-10-87

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 383 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 1,149 sq.ft.
4 ft. - 287 ft

Ron Mayard
Signature of Reviewing Official

Spicer Resident Denton Ne

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. _____

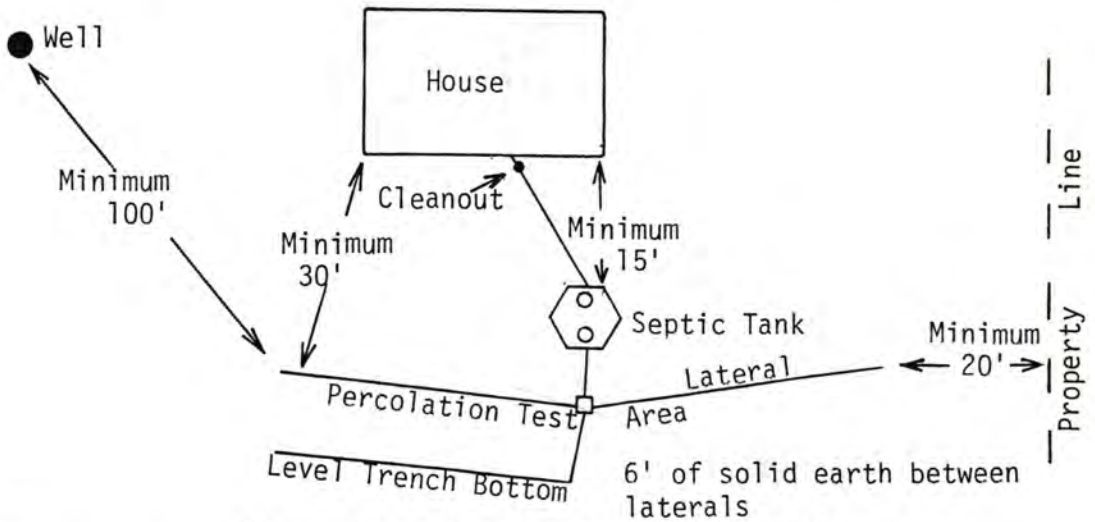
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor ~~8~~ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 200 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 140 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast Step)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. 12 in.
Riser Above ☑ Below ☐ Grade 4 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 200 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 4.
2. Factory Built: Yes ☒ No ☐
(Company Precast Step)
3. Distance from Septic Tank 13 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 4; Length of each line 100, 100, 100, 100, _____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 32 in.
4. Filter Material: Washed gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 250 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Spicer Resident Denton Ne

AS BUILT DRAWING OF SYSTEM

DATE 21 Nov 87 INSTALLER Spicer Plumbing

