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. 94380126601

Issued 12/30/94
Expires 06/30/95
Revenue Code 18754

Establishment
ED WEAVER
T8N R7E SEC 9

FEES: $150.00

TOTAL $150.00

Permittee
ED WEAVER
RR0001
BOX 00158
ROCA NE 68430

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 (waived)

FILE NO. _____

DATE: Dec 27, 1994

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. 8 N. ; Range 7E ; Section 9 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 5901 Bennet Rd
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: 2 miles ~~ft~~.

Signature of Applicant (Owner or Lessee)

Rt. 1 Box 158, Roca, NE 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/29/94. Date Frwd. 12/30/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12-30-94. Date Frwd. 12-30-94. ACTION: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 12-30-94. Date Frwd. 12-30-94. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Albuell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1/17/95 by: L.C.H. Portion in flood plain
Date: 1/18/95 by: L.C.H. Lateral moved
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/18/95 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
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B

Test Location 54th + Bennet Rd. 1/2 mile East So. side of Rd.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 7E ; Section & ¼ Section 9 .
Property Dimensions: _____ ft. x _____ ft. Area: 75 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 12-26-94 to 12-27-94 . Weather: Precip. 0 Temp. 39° .

OWNER: Ed. Weaver

Address: RR.1 Box 158 Roca, NE 68430

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"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	4 1/2"	30m	1 1/2"	
2	36"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	4 1/2"	30m	1 1/2"	
3	36"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	4 1/2"	30m	1 1/2"	
4	36"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	5 1/4"	30m	3/4"	
5	36"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	5 1/4"	30m	3/4"	
6	36"	12-26	9:30 Am	12-27	7:30 Am	12-27	7:30 Am	6"	11:30 Am	5 1/2"	30m	1/2"	

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

Mike Haverland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln, NE. Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: December 30, 1994

Approved Percolation Rate (a)
A. 28 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 ☒

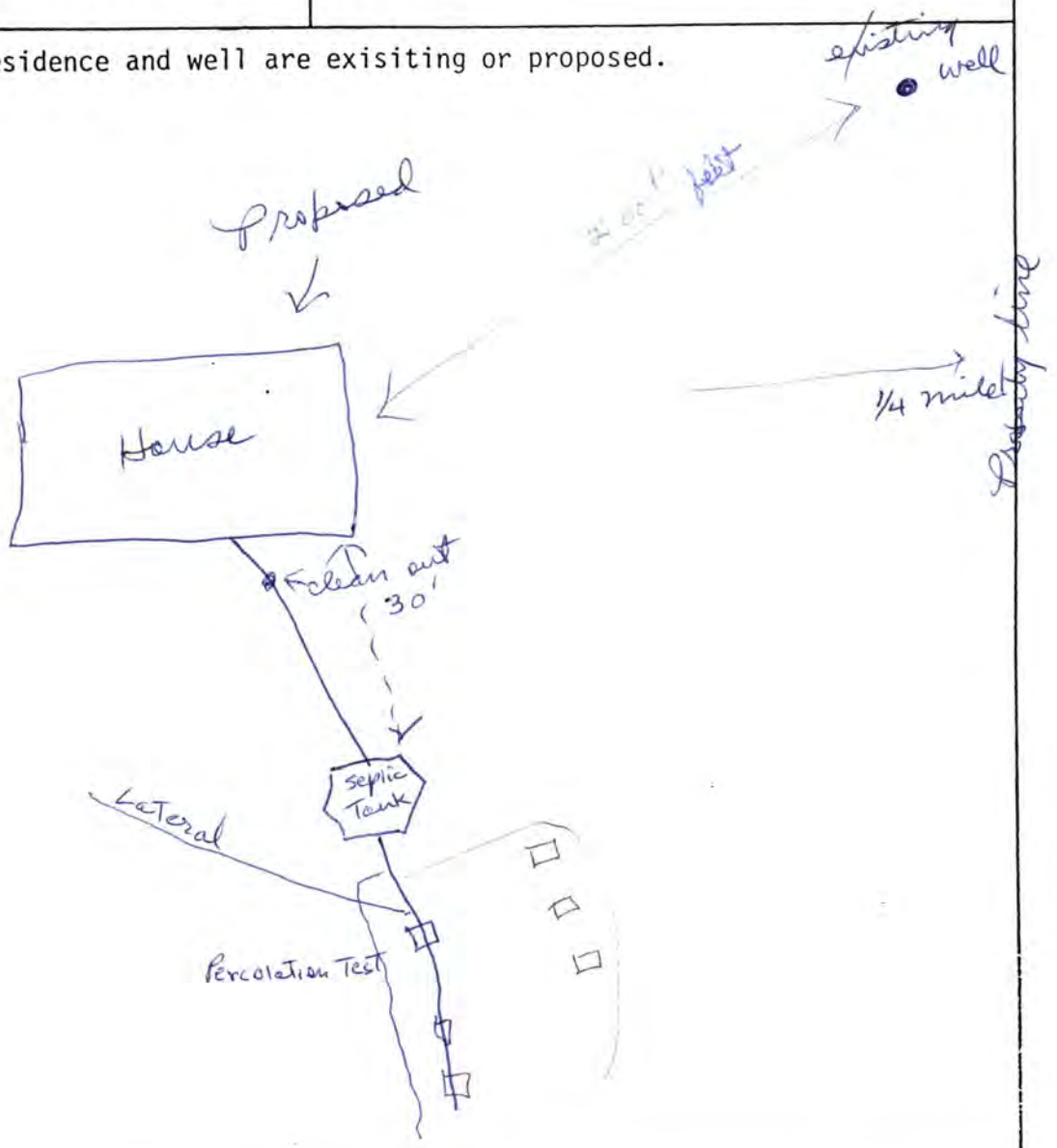
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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:_____

Date: December 30, 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 725 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: Dec 27, 1994

FILE NO. _____

SPECIFICATIONS AS BUILT

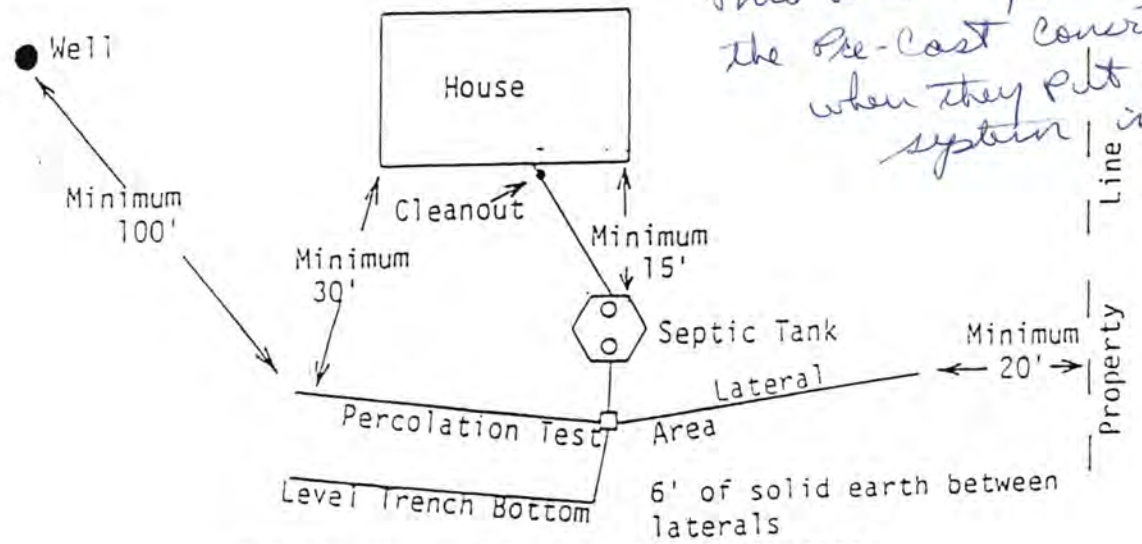
A. BUILDING SEWER:
1. Material C ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____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

B. SEPTIC TANK:
1. Material Concrete ; 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 _____ 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.

This will be filled out by the Pre-Cast Concrete Co. when they put the system in



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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. _____

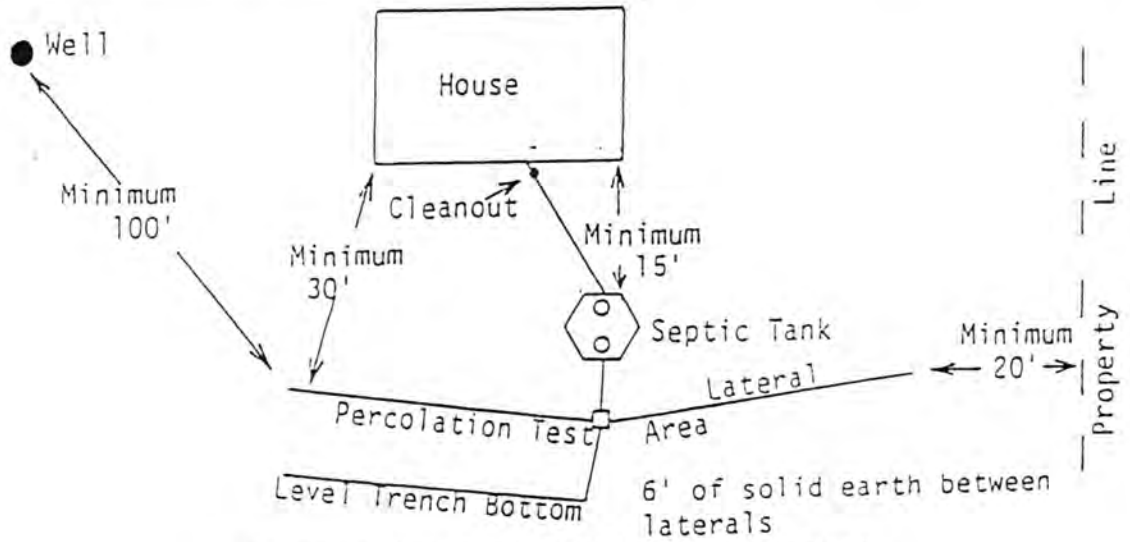
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 96 ft.
4. Number of clean-outs 2.
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 _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 10" 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 _____ 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 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36-40 in.
4. Filter Material: Road Gravel
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

Larry Schwaret 1-18-95

