LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 94380125301

Permit
SEWAGE INSTALLATION

Issued 11/22/94
Expires 05/22/95
Revenue Code 18754

Establishment
DON SHOWMAKER
T9N R5E SEC 29

FEES: $150.00

TOTAL $150.00

Permittee
DON SHOWMAKER
3935 FOLSOM ST
LINCOLN NE 68522

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: Nov 3

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. T9N ; Range 5E ; Section 29 SE¼
   Block_____ : Lot_____ : Addition_____
   Street Address 11115 West Yankee Hill 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: None ft.

Don Bloemaker
Signature of Applicant (Owner or Lessee)

3935 Folsom 68522 LNC
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/21/94. Date Frwd. 11/22/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/23/94. Date Frwd. 11/23/94. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 11/22/94. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-18-94 by: P.D.
Date: 12-5-94 by: P.D.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-94 By:

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER: Don Shoemaker

Address: 3935 Folsom Lincoln Nebr 68522
423 3928 W-BK 475 4800

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.)
											30	1¼	
											30	1¾	
											30	¾	

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

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 21, 1994

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hoos
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
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 12-5-94

FILE NO. _____

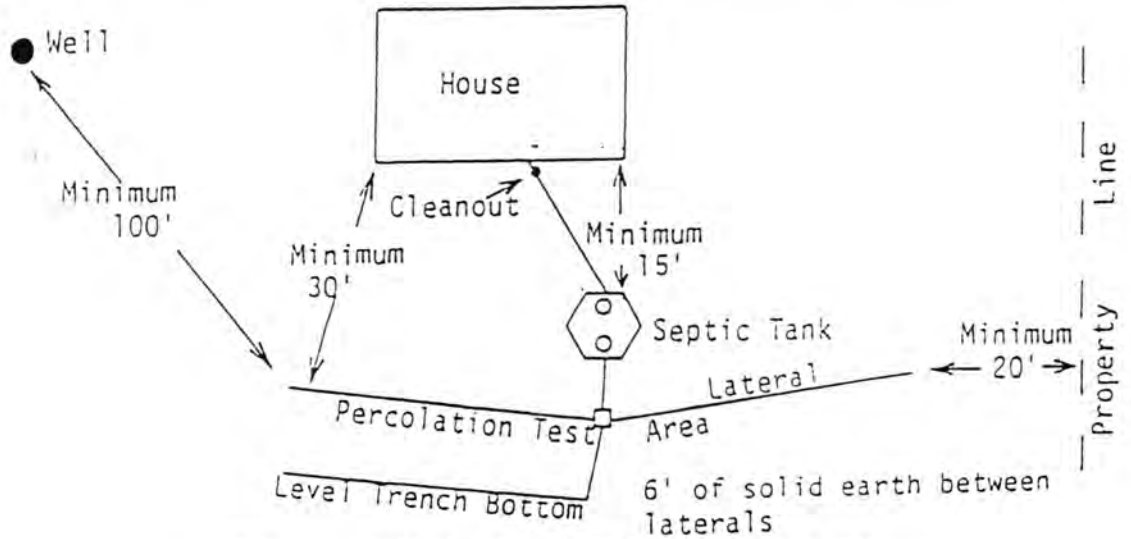
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material C PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 47 ft.
4. Number of clean-outs one inside.
5. Distances to:
Well or Suction Line 75 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

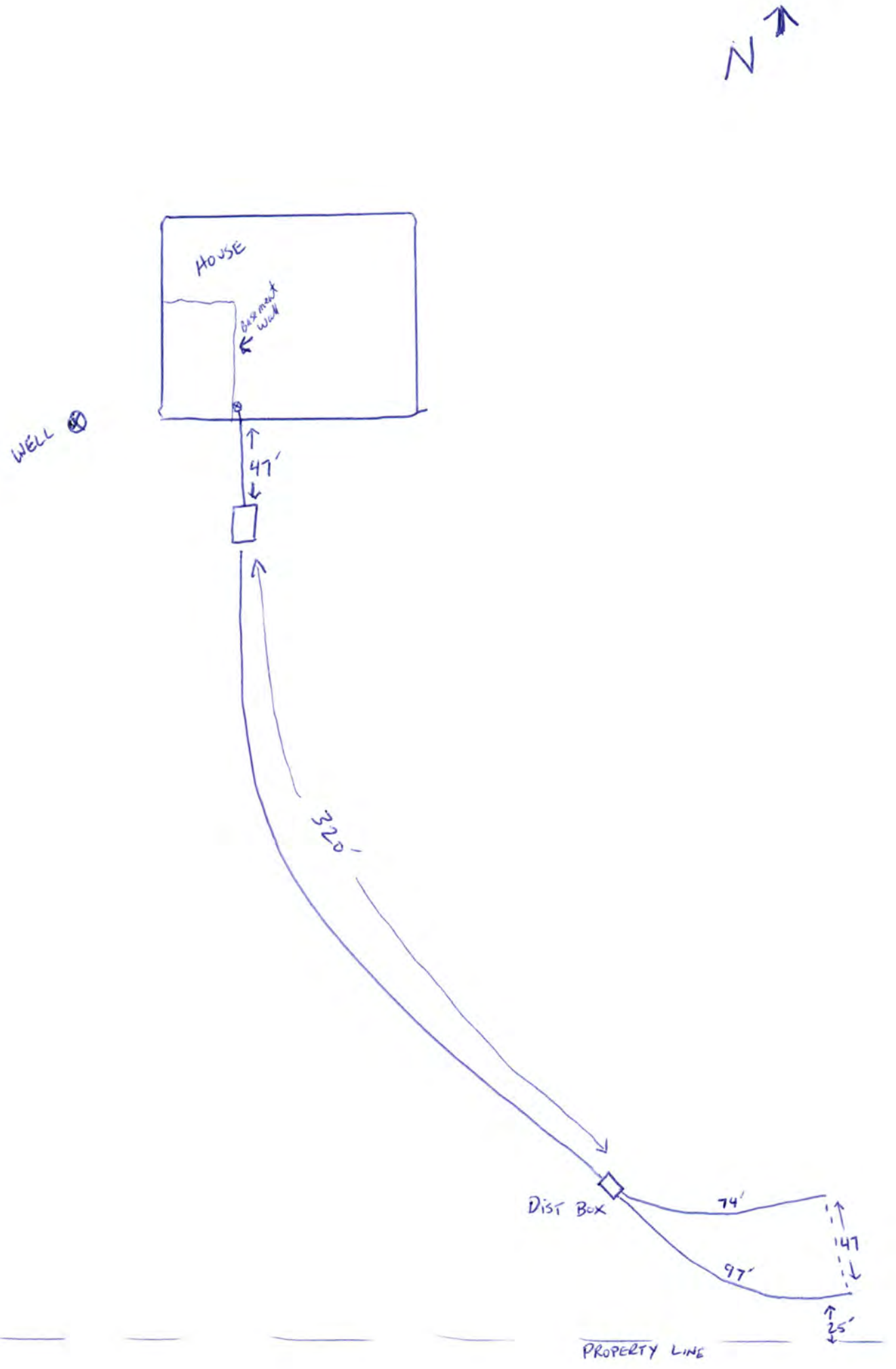
B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 6 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 75 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank 320 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 74, 97, _____, _____, _____ ft.; Total length of laterals 171 ft.; Distance between lateral lines 47 ft.
3. Trench dimensions: Width 4 ft.; Slope _____ in/100 ft.; Average Depth ~~24~~ 18 in.
4. Filter Material: Gravel
Depth of Material ~~24~~ 18 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
HOUSE
basement wall
WELL
47'
320'
Dist Box
74'
97'
147'
25'
PROPERTY LINE