LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380140201

SEWAGE INSTALLATION

Issued 03/05/96
Expires 09/05/96
Revenue Code 18754

Establishment

BEN JAMES
T9N R6E SEC 5
PIONEER ESTATES BLK 2 LOT 7

FEES: $150.00

TOTAL $150.00

Permittee

BEN JAMES
502 CENTER STONE
100 N 12 STREET
LINCOLN NE 68508

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

A

FILING FEE: $_____

FILE NO._____

DATE: 2/27/96

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: Block 2 LOT 7 PIONEER ESTATES SECT 5-T9N-R6 (EAST of 6PM)

1. Legal description of property: Twp. 9N ; Range 6E ; Section 5 ;
   Block 2 : Lot 7 : Addition PIONEER ESTATES
   Street Address_____

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: OVER 1000 ft.

BEN JAMES III by Melvin F Wagner
Signature of Applicant (Owner or Lessee)

502 CENTER STONE
100 N 12TH LINCOLN NE 68508
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/4/96 . Date Frwd. 3/5/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/8/96 . Date Frwd. 3/8/96 . ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 3-5-96 . Date Frwd. 3-5-96 . ACTION: Approved ☐ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT YET.~~

Site Visits:
Date:_____ by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/31/98 By: Jerrold C. Nood

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: Block 2 LOT 7 Pioneer ESTATE SEC 15-T9N-R6 (EAST of 6PM)

Location: Township _____; Range 6; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 2/26/96 to 2/27/96. Weather: Precip. 0 Temp. 17.

OWNER: BEN J. JAMES III

Address: 502 CENTER STONE
100 N 12TH LINCOLN NE 68508

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	32	2/26	11:00 AM	2/27	4:30 PM	2/27	5:00	6	6:30	5¼	30	¾	40 MIN/IN
2	34	"	"	"	"	"	"	8	"	7½	"	½	60 MIN/IN
3	30	"	"	"	"	"	"	6	"	4¾	"	1¼	24 MIN/IN
4	36	"	"	"	"	"	"	7	"	6½	"	½	60 MIN/IN
5	32	"	"	"	"	"	"	8	"	7½	"	½	60 MIN/IN
6	30	"	"	"	"	"	"	6	"	5⅜	"	⅝	48 MIN/IN

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

Melvin F. Gagner
Signature of Person Conducting Test

Address 4810 W Claire Phone 432-5698
LINCOLN NE 68523 (Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 49 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrald 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 ☐

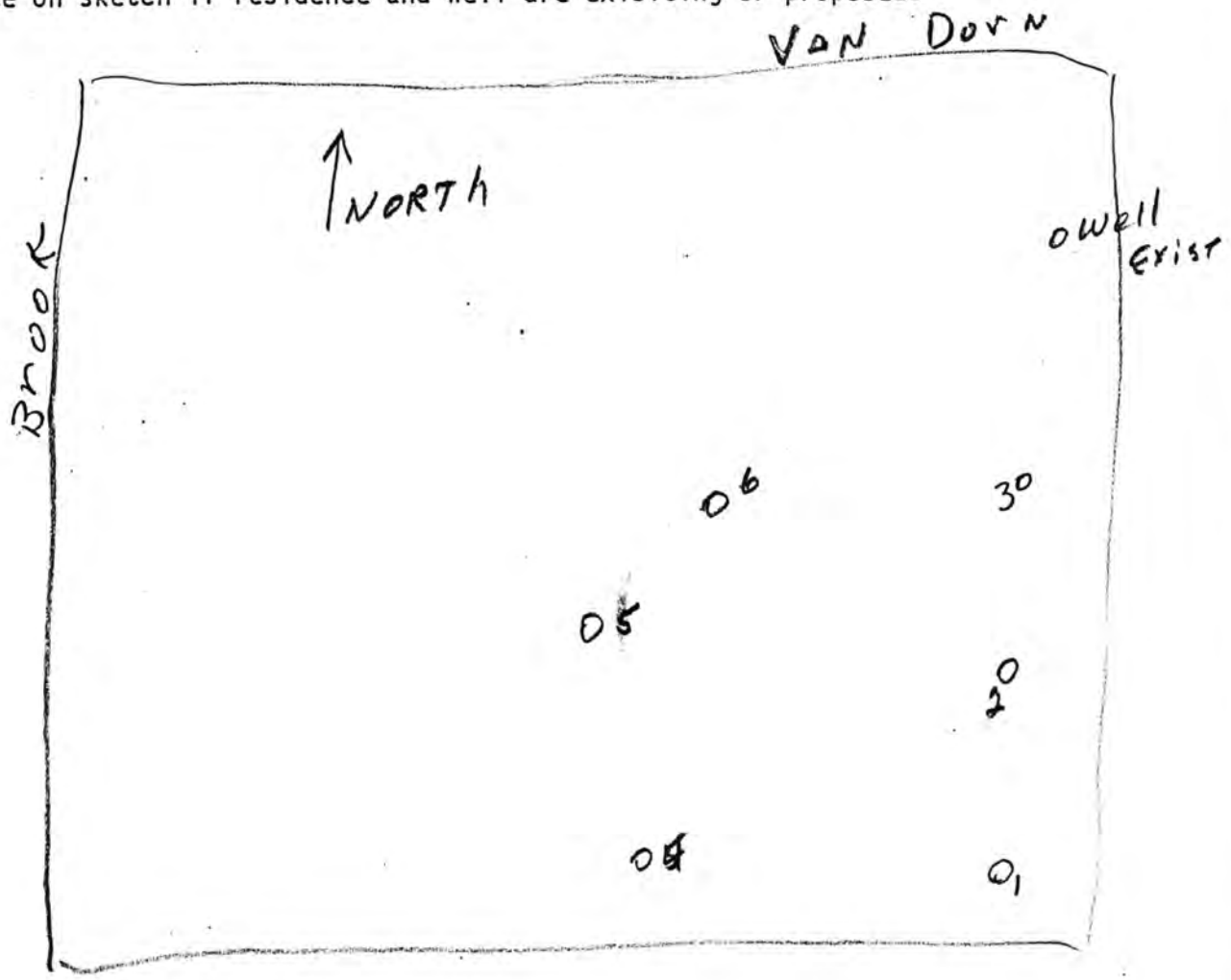
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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:_____

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 981 sq.ft.

Gerrold 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 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 9 aug 96

FILE NO: _____

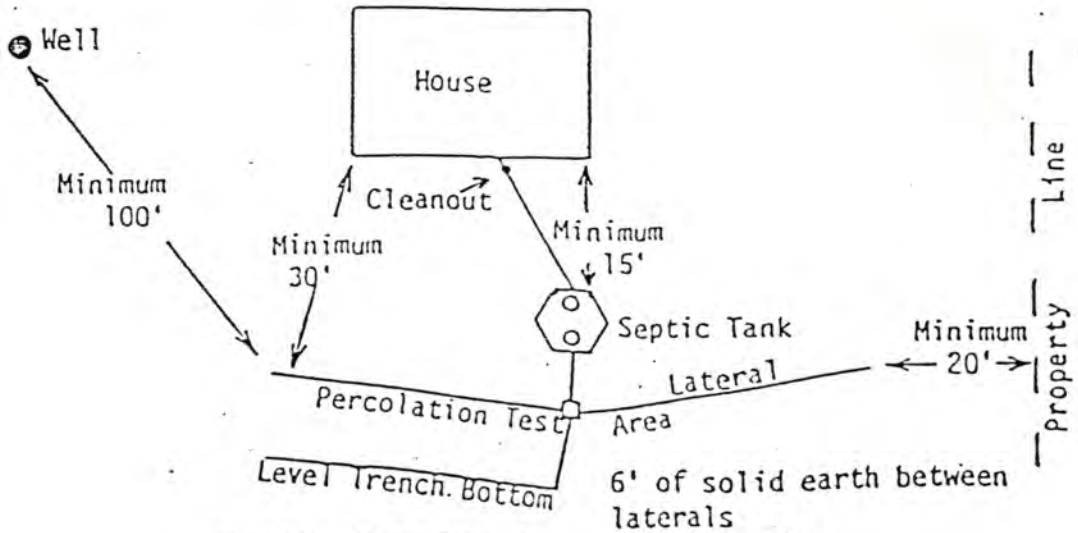
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 25 ft.

B. SEPTIC TANK:
1. Material CEMENT; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre CAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade 2 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

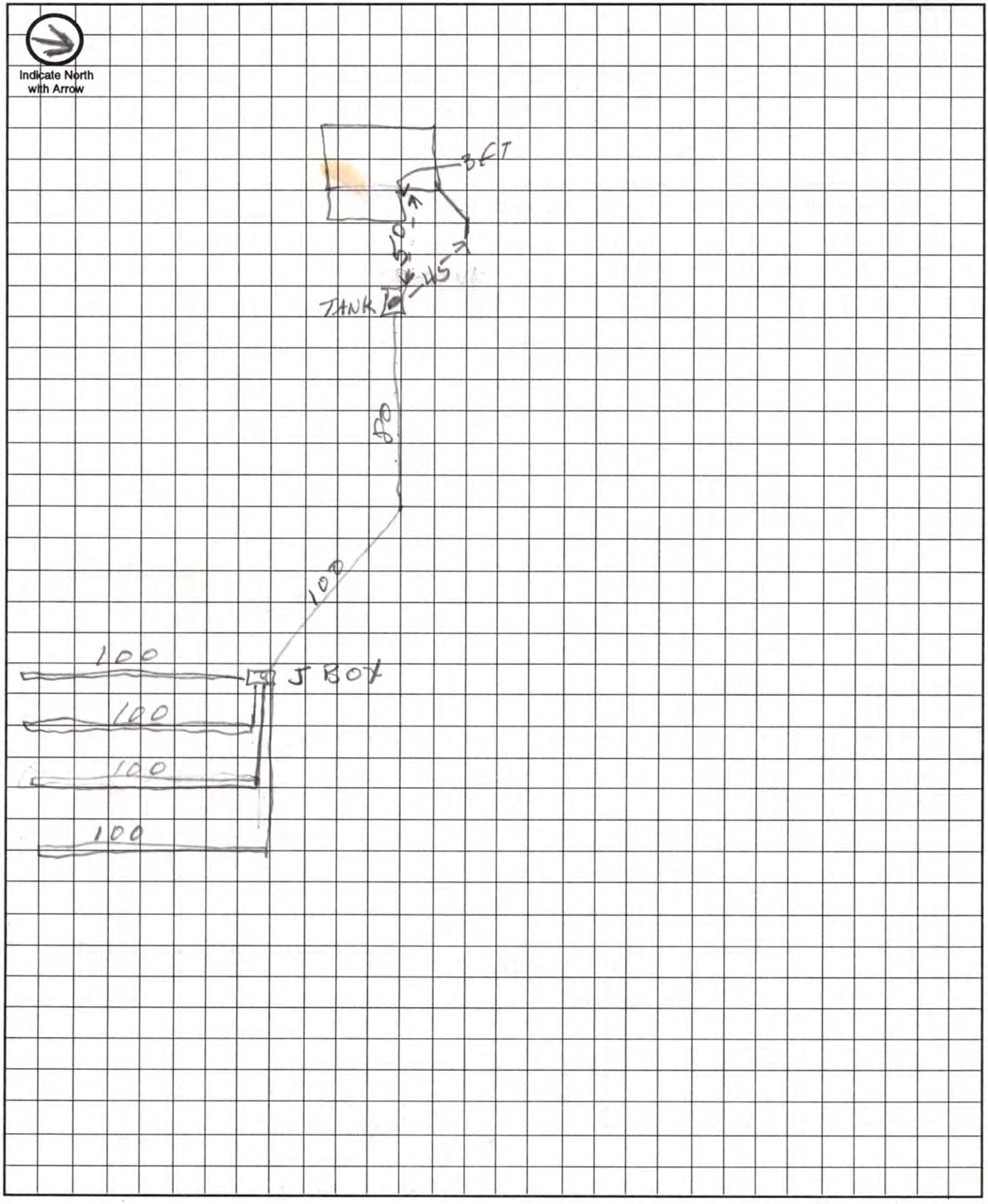
C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company HAN-COR)
3. Distance from Septic Tank 180 ft.

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 90, 80, 80, 80, ft.;
Total length of laterals 330 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 36 ft.; Slope 4 in/100 ft.; Average Depth 20 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 108 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

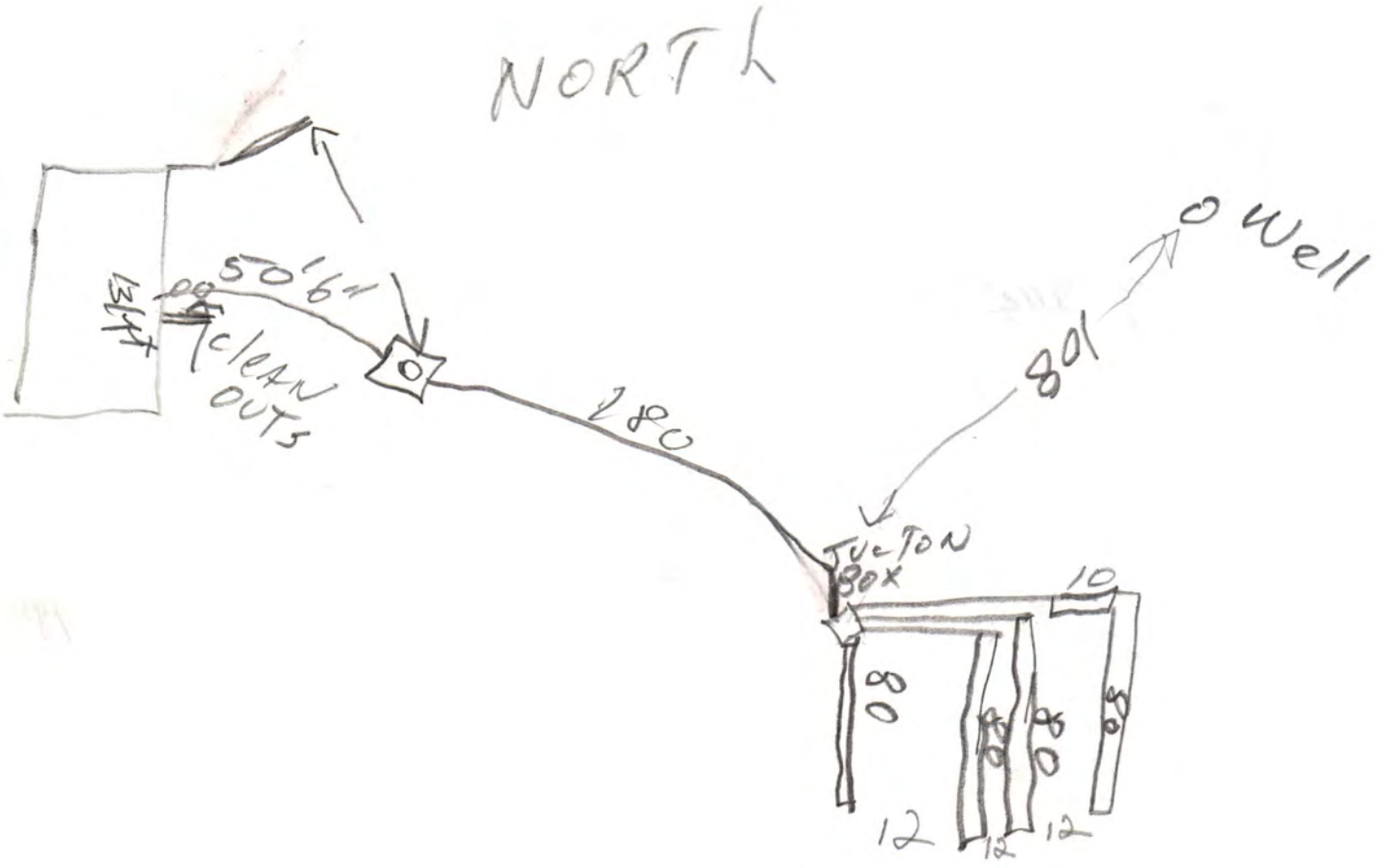


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

As Built Drawing



Approximate Scale: 15 ft. = 1 grid line/s


NORTH
50'6"
LIGHT
CLEAN OUTS
180
80'
WELL
JUCTON BOX
10
80
80
80
12
12
12