LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380066801

Issued 01/08/91
Expires 07/08/91

ESTABLISHMENT

STEVE LARSON
T9N R6E SEC 9
LOT 286

FEES: Permit 013754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

STEVE LARSON
3717 N 7 ST
LINCOLN NE 68506

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
1/10/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 1-7-90

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 6E ; Section 9 ;
   Block _____ : Lot 2 + 6 I.T. : Addition _____
   Street Address 4401 SW 84th St.

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: mi ft.

Sinclair Lawson
Signature of Applicant (Owner or Lessee)

6710 N 7 Lincoln 68
Address

(Do not write below this double line) Steven J Lawson 3717 Garfield 68506 Lincoln

1. Health Department: Date Rec'd. 1/8/91. Date Frwd. 1/8/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 1/8/91. Date Frwd. 1/8/91. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 1-8-91. Date Frwd. 1-8-91. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/17/91 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/14/91 By: Jerrold Hood *

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

* SEE ATTACHED EASEMENT

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 9 ; Range 6 ; Section & ¼ Section 9 .
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: 1-3-91 to 1-4-91 . Weather: Precip. NO Temp. 26

OWNER: Steve Jarson
Address: 3717 Garfield

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	20	1-3	1PM	1-3	5PM	1-4	9AM	6	9:11	5	11min	1"	
2	↓	↓	↓	↓	↓	↓	↓	↓	9:11	↓	11min	1"	
3			↓	↓	↓	↓	↓	↓	9:11	↓	11min	1"	
4									9:10		10min	1"	
5									9:10		10min	1"	
6				Sand					9:12		12min	1"	

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

Smitch Lic Co.
Signature of Person Conducting Test
Address 6710 No 7th Phone 435-8868

(Do not write below this line)

REVIEWING ACTION

Remarks: Not too be installed at this site
Soil Type (SCS): HEDVILLE SANDY LOAM
Date: January 8, 1991

Approved Percolation Rate (a)
A. 10 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 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: _____

Date: July 3, 1991

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 862 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED SEP 1 8 1991

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

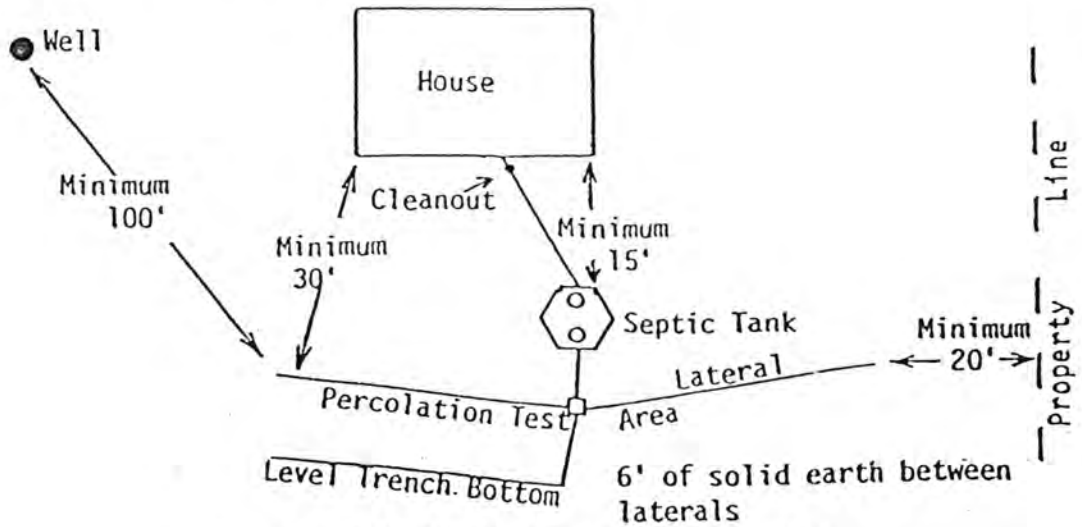
80' tank to D. Box

A. BUILDING SEWER: Class 160
1. Material 16 ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 16 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 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 2" in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 2' 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 80' 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 100', 112', _____, _____, _____ ft.;
Total length of laterals 212' ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4' ft.;
Slope 4" in/100 ft.; Average Depth 36" - 24" in.
4. Filter Material: Road Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

9-17-91

