LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380108301

Issued 10/27/93
Expires 04/27/94
Revenue Code 18754

Establishment
DONALD FAUTH
T9N R6E SEC 9

FEES: $150.00

TOTAL $150.00

Permittee
DONALD FAUTH
5630 LANCELOT LN
LINCOLN NE 68512

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

FILE NO. _____

DATE: _____

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. 9 N ; Range 6E ; Section 9 SW¼SW¼SE¼SE¼;
   Block _____ : Lot _____ : Addition _____
   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: _____ ft.

Donald L. Faulk
Signature of Applicant (Owner or Lessee)

5630 Lancelot Ln Lincoln Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/25/93. Date Frwd. 10/26/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/26/93. Date Frwd. 10/26/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 10-26-93. Date Frwd. 10-26-93. ACTION: Approved ☒ Disapproved ☐ Signature: Robert W. Rhoades

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/23/93 by: J.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/3/94 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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 9 SW¼ SW¼ SE¼ SE¼
Property Dimensions: _____ ft. x _____ ft. Area: 60 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 10-21-93 to 10-21-93. Weather: Precip. 0 Temp. _____.

OWNER: Donald L. Fauth
Address: 5630 Lancelot Ln
Lincoln Ne 68512

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10/21	8 AM	10/21	12 00	10/21	12 30	5"	1:00	4½	200	9½	1 1/19
2	36	10/21	8 05	10/21	12 05		12 35	10"	105	9	1 30	8 3/4	1
3	36	10/21	8 10	10/21	12 10		12 40	9"	140	8½	235	7	1½
4	36	10/21	8 15	10/21	12 15		12 45	10½"	115	9½	240	9	1½
5	36	10/21	8 20	10/21	1220		12 50	9"	120	8¾	245	8	3/4
6	36	10/21	8 30	10/21	1230		12 55	6"	125	4½	250	8	1½
7	36	10/21	835	10/21	1235		1:00	6½	130	3½	255	8	1½

added to 9½ added to 9"

Donald L. Fauth
Signature of Person Conducting Test
Address 5630 Lancelot Ln Phone 423-1107

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: October 25, 1993

Approved Percolation Rate (a)
A. 23 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 ☐

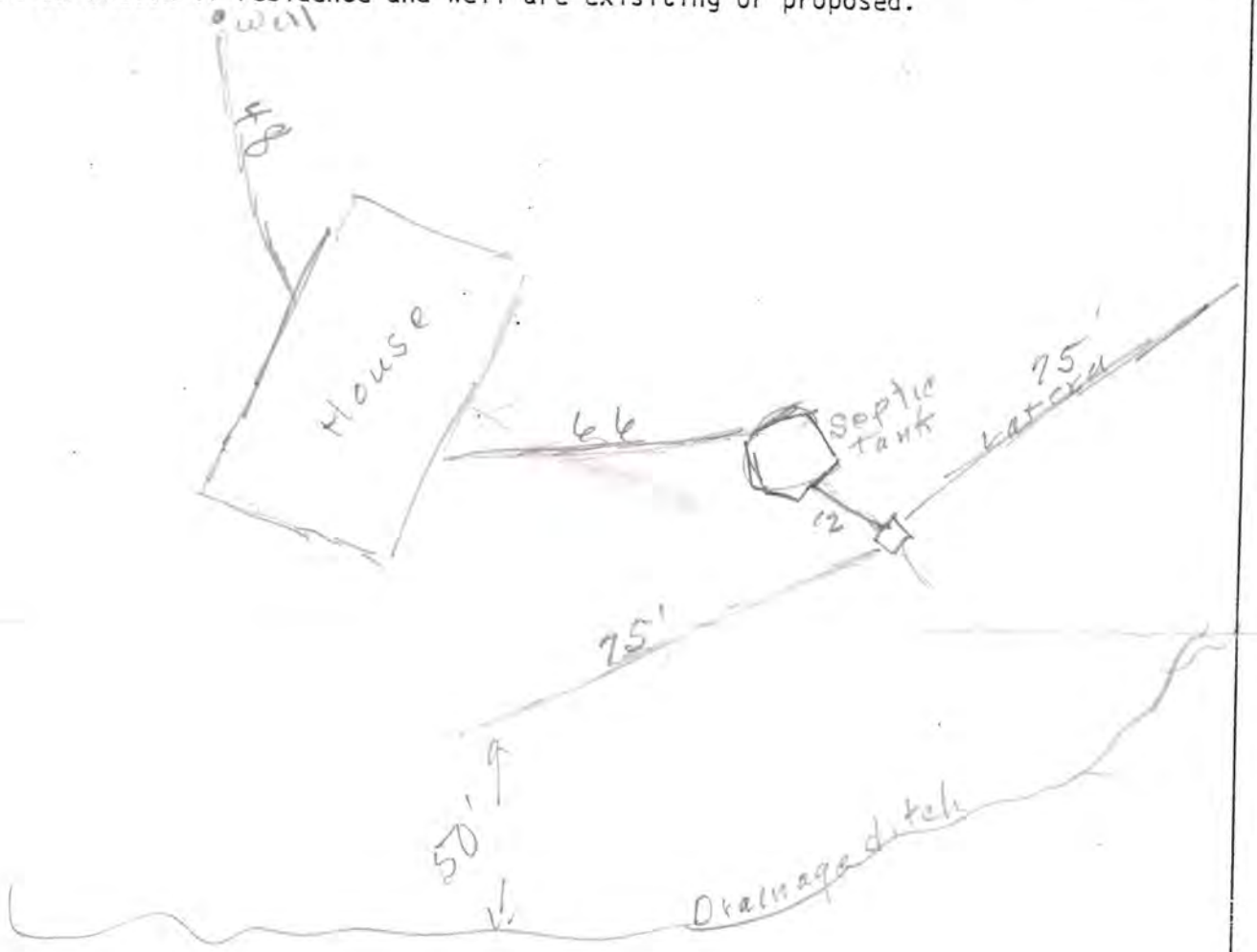
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Phone: 471-7800

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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 222 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 665 sq.ft.

_____
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
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Lincoln, Nebraska 68502
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D

DATE: _____

FILE NO. _____

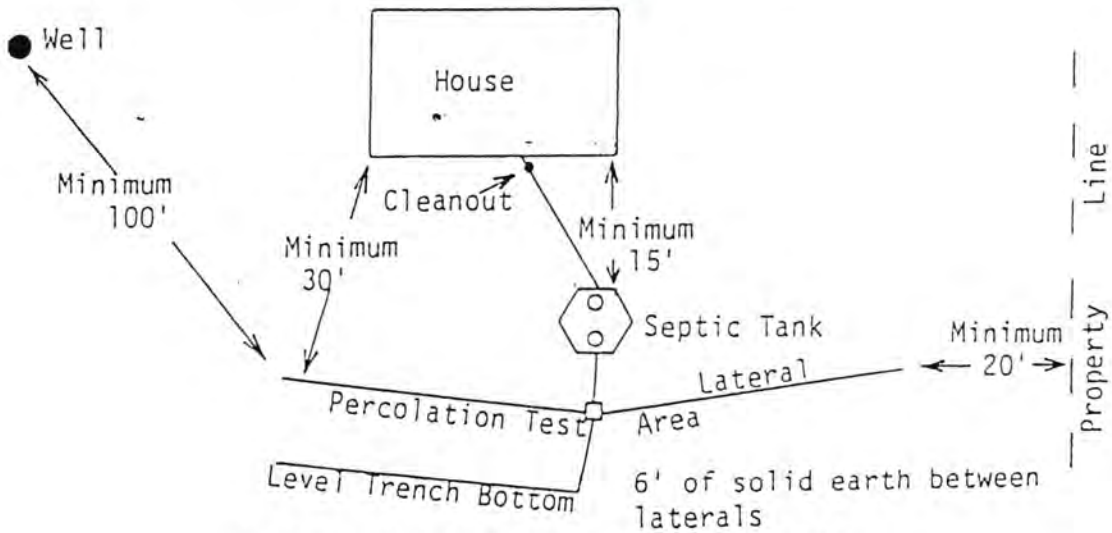
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLAS ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12" in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs 3.
5. Distances to: Well or Suction Line OVER 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material CEMENT ; No. of compartments 1.
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 _____ 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 OVER 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

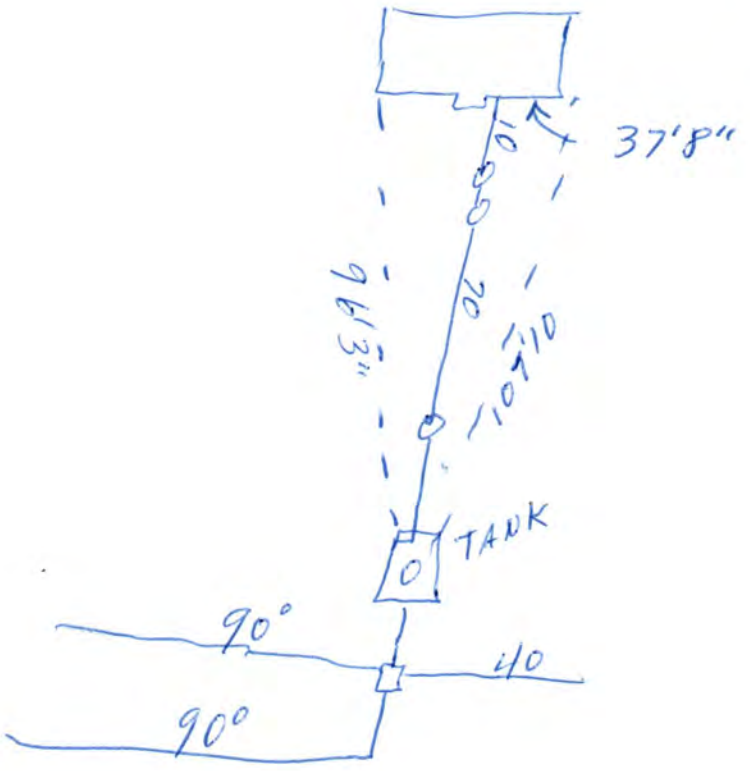
C. DISTRIBUTION BOX:
1. Material PLASTIC ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company _____)
3. Distance from Septic Tank 10 ft.

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 90, 90, 40, _____, _____ ft.; Total length of laterals 220 ft.; Distance between lateral lines 10 ft.
3. Trench dimensions: Width 36" ft.; Slope 4" in/100 ft.; Average Depth 24" in.
4. Filter Material: Gravel Depth of Material 12 in.
5. Distances to: Well or Suction Line OVER 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

5401 S Coddington



NORTH