LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 95380135401

SEWAGE INSTALLATION

Issued 09/28/95
Expires 03/28/96
Revenue Code 18754

Establishment

DENNIS FREY
T9N R6E SEC 15
LARSEN'S 1ST ADD. BLK 1 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee

DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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: $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. 9N ; Range 6E ; Section 15 ;
   Block 1 : Lot 1 : Addition Larsen's 1st add
   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. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Dennis Frey
Signature of Applicant (Owner or Lessee)

RT 1 Box 88A Nickman 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/95. Date Frwd. 9/29/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Dood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-6-95. Date Frwd. 10-6-95. ACTION: Approved ☒ Disapproved ☐ Signature: Rick Dunn

3. City or County Engineer: Date Rec'd. 9-29-95. Date Frwd. 9-29-95. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Michaelson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-20-95 by: JA
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/20/95 By: JA

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

FORM 23-43

SW 9/4 - Denton BAE

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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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: 11-24 to 11-27. Weather: Precip. None Temp. 55°.

OWNER: _____

Address: _____

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	30"	11-26	9:18	11-26	1:18	11-27	12:30	6"	1:00	4 3/4	30	1 1/4	
2	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
3	"	"	"	"	"	"	"	"	"	5	"	1	
4	"	"	"	"	"	"	"	"	"	5	"	1	
5	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	
6	"	"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	

Signature of Person Conducting Test

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

Address P.O Box 181 Elmwood, NE 68349 Phone 560-4267

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

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 ☐

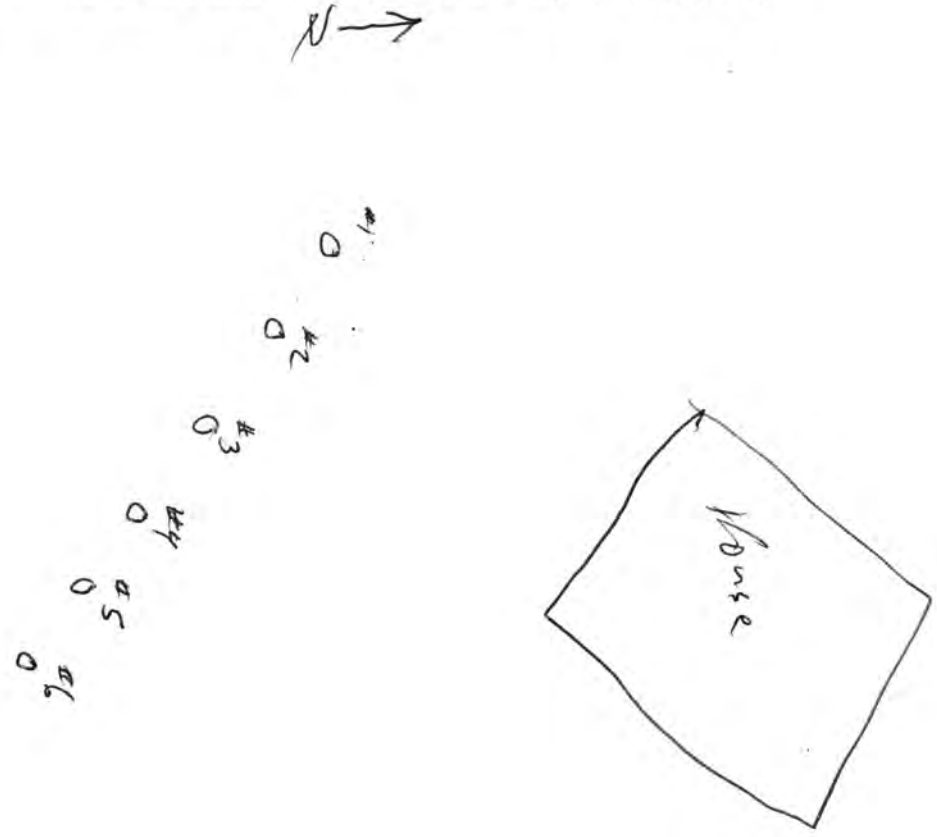
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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 _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

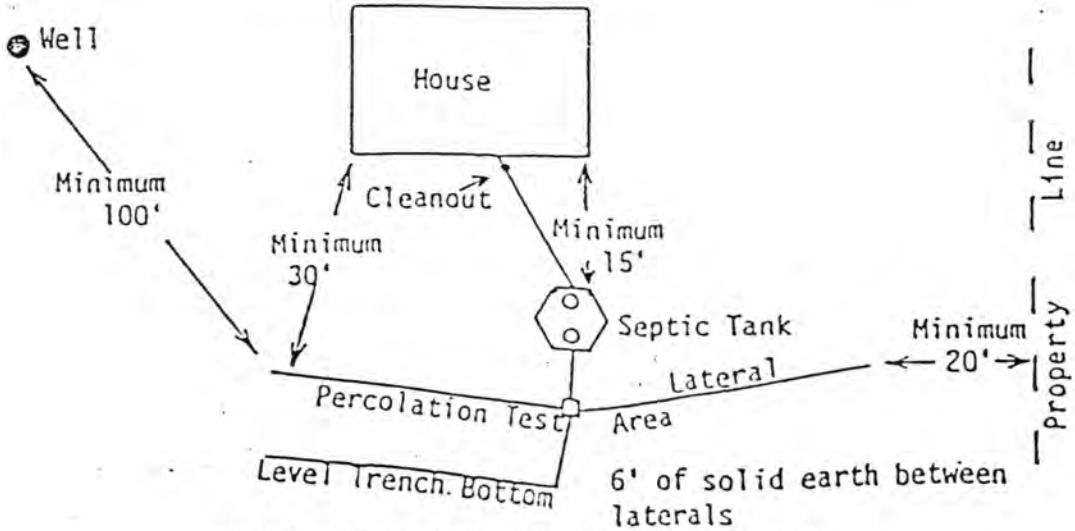
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ~~18~~ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 55 ft.
4. Number of clean-outs None.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 110+ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company American)
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 8 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 12 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company American)
3. Distance from Septic Tank 36 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22 or Perforated Pipe ___.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ___.
2. Lateral Lines:
Number 2 ; Length of each line 88, 92, ___, ___, ___ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 13 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 28 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream NA ft.; Pressure Line 100+ ft.; Property Line 30+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

SW 9th & Dunlap Rd

Installed By Wright Tank
12-20-95

