LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380127301

Issued 01/30/95
Expires 07/30/95
Revenue Code 18754

Establishment
LEGACY HOMES INC
T9N R6E SEC 15
LARSEN BLK 1 LOT 1
630 W DENTON ROAD

FEES: $150.00

TOTAL $150.00

Permittee
LEGACY HOMES INC
5815 WOODSTOCK AV
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: 1/25/94

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 Lawsen
   Street Address 630 W. Denton 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: > 1,000 ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES.~~

Danny R Marshall
Signature of Applicant (Owner or Lessee)

Legacy Homes, Inc.
5815 Woodstock AV
Address Lincoln NE 68512

(Do not write below this double line) phone: 421-9500

1. Health Department: Date Rec'd. 1/27/95. Date Frwd. 1/30/95. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/30/95. Date Frwd. 1/30/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 1-30-95. Date Frwd. 1-30-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-21-95 by: Paul Dietzmann
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-21-95 By: Paul Dietzmann *

* PROVISIONAL APPROVAL ONLY

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

Test Location
630 W. Denton Rd.

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: 4-1-95 to 4-2-95. Weather: Precip. 0 Temp. 60°

Holes-1-2-6 had water in from Pre-Test

OWNER: Wellman Plumbing

Address: 3301 So. 6th St. Lincoln, NE.

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	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
2	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
3	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
4	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 5/8"	30m	3/8"	
5	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 1/2"	30m	1/2"	
6	36"	4-1	1:00 pm	4-2	8:30 Am	4-2	8:30 Am	6"	9:30 Am	5 7/8"	30m	1/8"	

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

Mike Woodard
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638
Precast Products INC.

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for Conventional septic
Soil Type (SCS): _____
Date: April 5, 1995

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

Jerrold C. Hook
Signature of Reviewing Official

471-8329

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

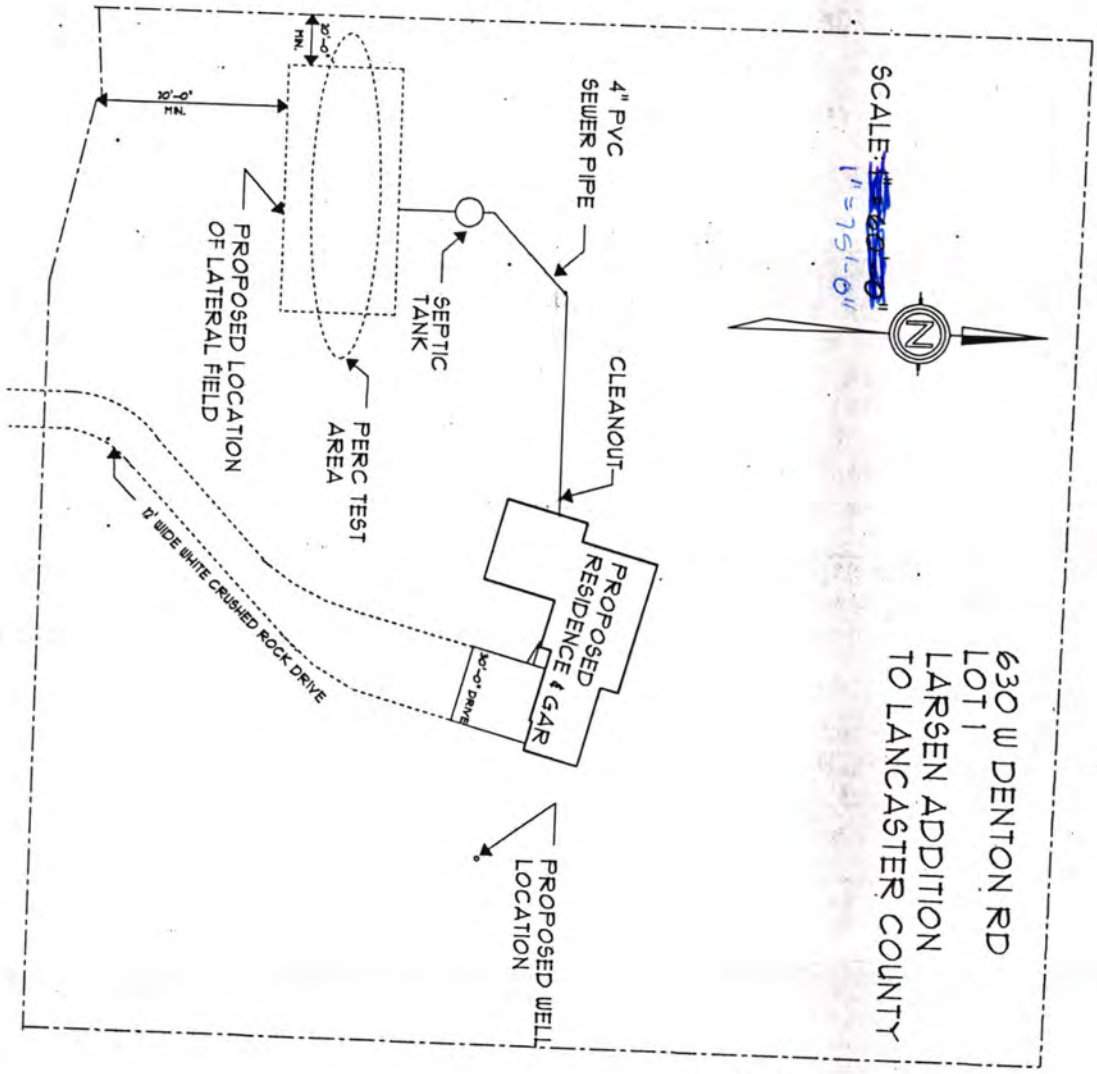
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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 _____ sq.ft.

Jerrold 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 DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 6-21-95

FILE NO. _____

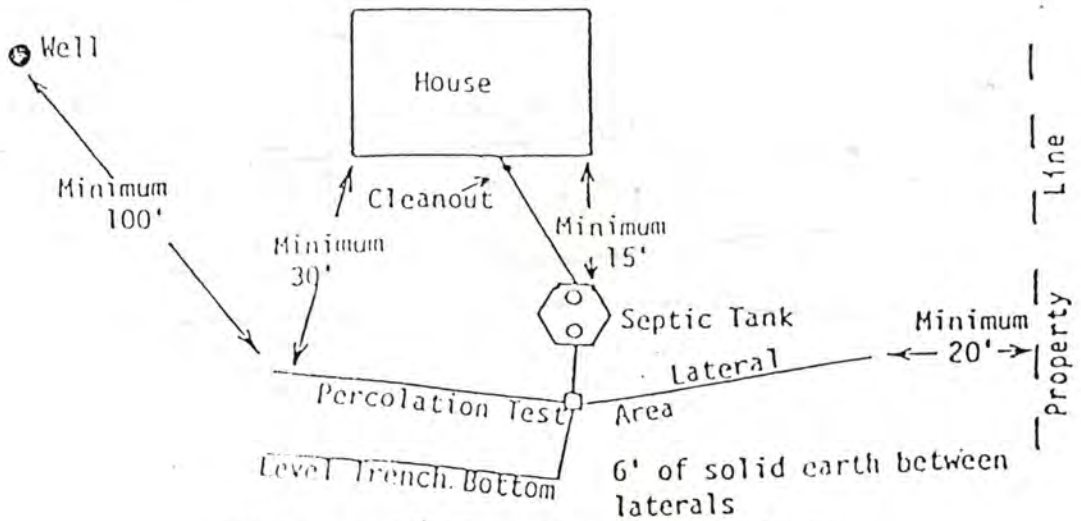
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line — ft.; Property Line 150' ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 2 & 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
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 24 in.
8. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line — ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material plastic; Number available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 20 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 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.
Distance between lateral lines — ft
3. Trench dimensions: Width 8 ft
Slope 0 in/100 ft.; Average Depth 18 in.
4. Filter Material: Gravel
Depth of Material 38 in
5. Distances to:
Well or Suction Line — ft.
Stream — ft.; Pressure Line — ft.; Property Line 40 ft



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Wellmann Plumbing

