# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION

No. 96380143501

Issued 06/10/96
Expires 12/10/96
Revenue Code 18754

Establishment

DENNIS RUSSELL
T9N R6E SEC 15
LARSEN 2ND ADDITION LOT 5
1033 GAILYN CIRCLE

FEES: $150.00

TOTAL $150.00

Permittee

DENNIS RUSSELL
BOX00255
BOX 00255
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"**

002077

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:_____

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 — : Lot 5 : Addition Larsen 2nd Addition
   Street Address 1033 Gailyn Cr. Lincoln

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: NA ft.

x Dennis Russell
Signature of Applicant (Owner or Lessee)

x Box 255 Hickman Ne 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/10/96. Date Frwd. 6/10/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/10/96. Date Frwd. 6/10/96. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 6-10-96. Date Frwd. 6-10-96. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bahr

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/11/96 by: J. C. H. ~~Sewer tank & 1 lateral.~~ Need Drawing
Date: 10/14/96 by: J. C. H.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/14/96 By: Jerrold C. Hood

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**

441-8029

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Lot 5, Larsen 2nd Addition

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: 6/1/96 to 6/2/96. Weather: Precip. Wet Temp. 50°.

4' wide trench =

OWNER: Dennis Russell

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 | 35" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 5 ¼ | 30 | ¾ | 40 MIN/IN |
| 2 | 28" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 5" | 30 | 1" | 30 MIN/IN |
| 3 | 30" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 5 ⅛ | 30 | ⅞ | 34 MIN/IN |
| 4 | 30" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 5 | 30 | 1" | 30 MIN/IN |
| 5 | 28" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 5 ½ | 30 | ½" | 60 MIN/IN |
| 6 | 26" | 6/1 | 10:00 | 6/2 | 10:20 | 6/2 | 2:20 | 6" | 3:00 | 4 ¾ | 30 | ¼ | 24 MIN/IN |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

John Stahmer
Signature of Person Conducting Test

Address 9811 N.W. 40th Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 60 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
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(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 660 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

DENNY RUSSELL

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: 10-12-96

FILE NO: _____

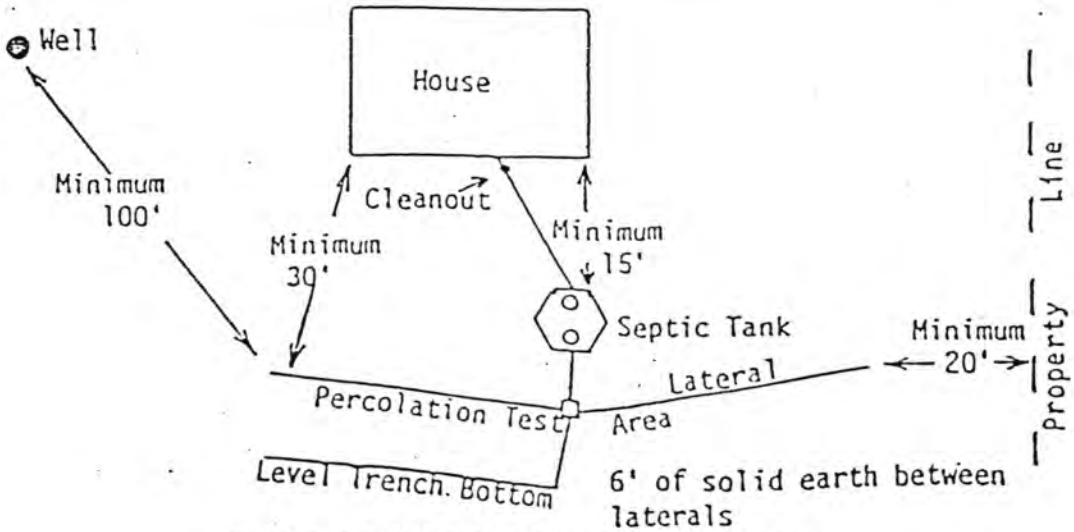
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CL 160 ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 2 ft.
4. Number of clean-outs 3.
5. Distances to: Well or Suction Line 200 + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 50 + ft.

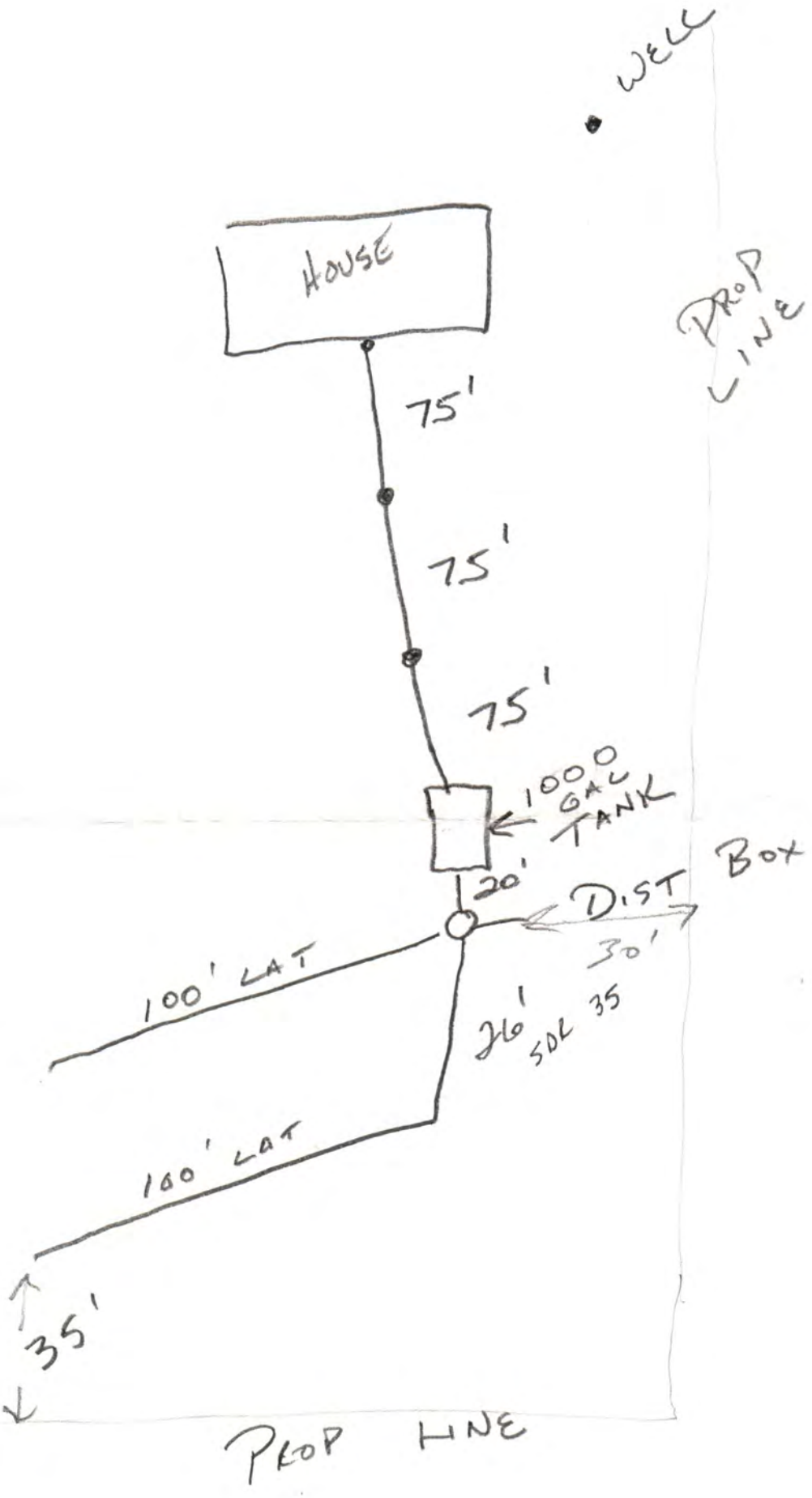
B. SEPTIC TANK:
1. Material CONC ; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐ (Company PRECAST)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☑ Below ☐ Grade 6 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to: Well or Suction Line 200 + ft.; Stream 200 + ft.; Pressure Line 200 + ft.; Property Line 25 ft.

C. DISTRIBUTION BOX:
1. Material CONC ; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐ (Company PRECAST)
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 15" or Perforated Pipe ____. 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 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 2½ in/100 ft.; Average Depth 24 in.
4. Filter Material: GRAVEL Depth of Material ____ in.
5. Distances to: Well or Suction Line 250 + ft.; Stream 250 + ft.; Pressure Line 250 + ft.; Property Line 30 ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


WELL
HOUSE
PROP LINE
75'
75'
75'
1000 GAL TANK
20'
DIST Box
30'
100' LAT
26' SDL 35
100' LAT
35'
PROP LINE