LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380093401

Issued 11/20/92
Expires 05/20/93
Revenue Code 18754

Establishment
HARLAN WAAK
T9N R6E SEC 16
EQUESTRIAN ESTATES BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
HARLAN WAAK
907 S 31 ST
LINCOLN NE 68510

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"

RECEIVED NOV 18 1992

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: 11/16/92

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 16 ; Block 1 : Lot 2 : Addition Equestrian Estates, 1st Add. Street Address Lancaster County

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 4 . Describe 2 story home with basement

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

4. Distance to public sewer: _____ft. EXPERIMENTAL SYSTEM

Marlan Wash Vicki Wash
Signature of Applicant (Owner or Lessee)

907 S 31
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/19/92. Date Frwd. 11/19/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer : Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET.

Site Visits:
Date: 11/8/93 by: J.C.H.
Date: 11/9/93 by: J.C.H.
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/9/93 By: Jerrold C. Hood

~~X EXPERIMENTAL SYSTEM~~ PROVISIONAL APPROVAL

rec'd V# 34463 11-18-92 DH
Schuyler State Bank.

FORM 23-43

RECEIVED NOV 1 3 1992

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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: County of Lancaster Equestrian Estates, First Add. B1 Lot 2

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 410.43 ft. x 322.83 ft. Area: 3.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: 10/18/92 to 10/19/92. Weather: Precip. - Temp. 48°

OWNER: Harlan & Vicki Waak

Address: 907 S 31

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		10-18	2:00	10-18		10-19	9:55	5¼"	10:25	5"	30	¼"	30/¼"
2		"	2:00	"		"	"	5¾"	"	5¼"	"	½"	30/½"
3		"	"	"		"	"	5½"	"	5"	"	½"	30/½"
4		"	"	"		"	"	5⅜"	"	5⅛"	"	¼"	30/¼"
5		"	"	"		"	"	5¼"	"	4⅞"	"	⅜"	30/⅜"
6		"	"	"		"	"	5½"	"	5⅜	"	⅛"	30/⅛"

Sum of Percolation Rates: 30/2"
Average of Rates: 30/⅜"
Mean of Rates: 30/½"

Harlan & Vicki Waak
Signature of Person Conducting Test

Address 907 S 31 Phone 477-9355

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 16, 1992

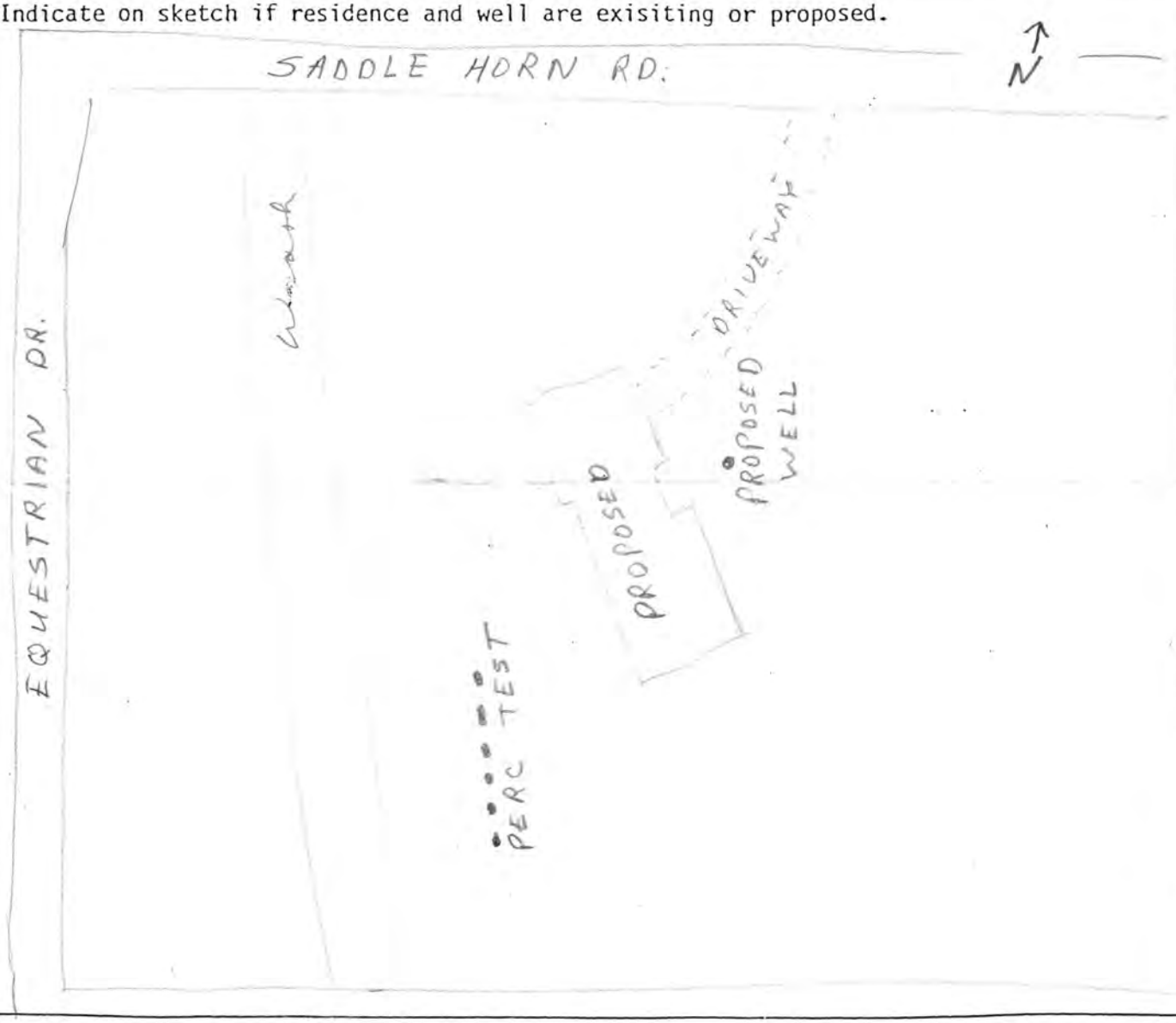
Approved Percolation Rate (a)
A. 80 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED NOV 13 1992

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:_____

_____

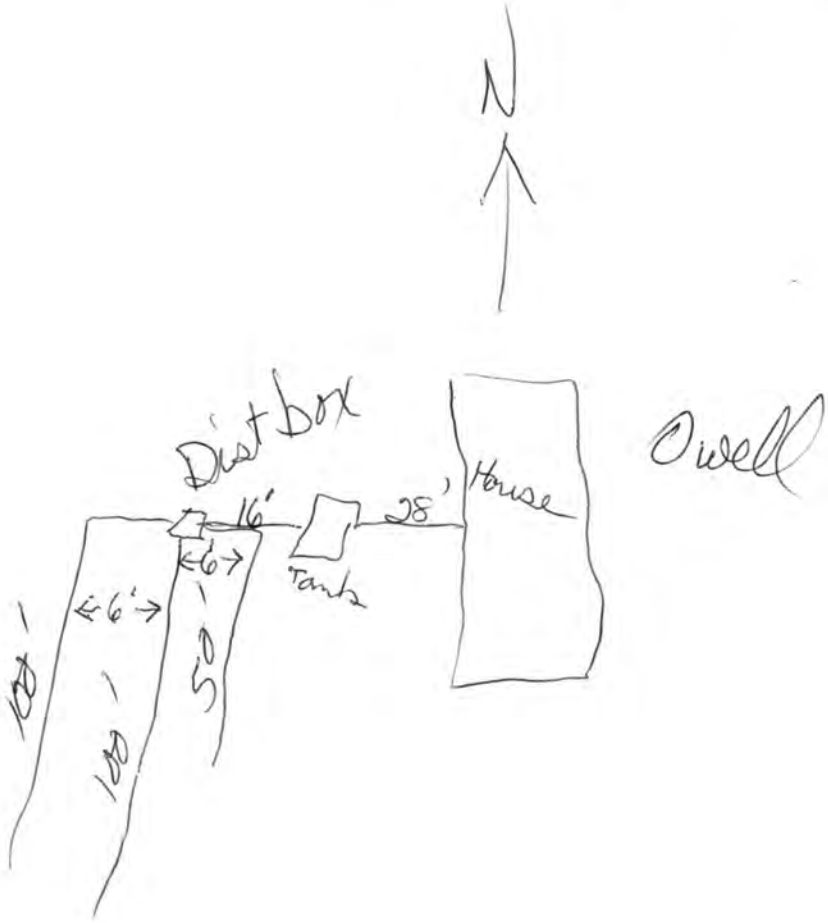
Date:_____

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.

_____
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

DATE 11-8-93 INSTALLER Friesen Excavating



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. _____

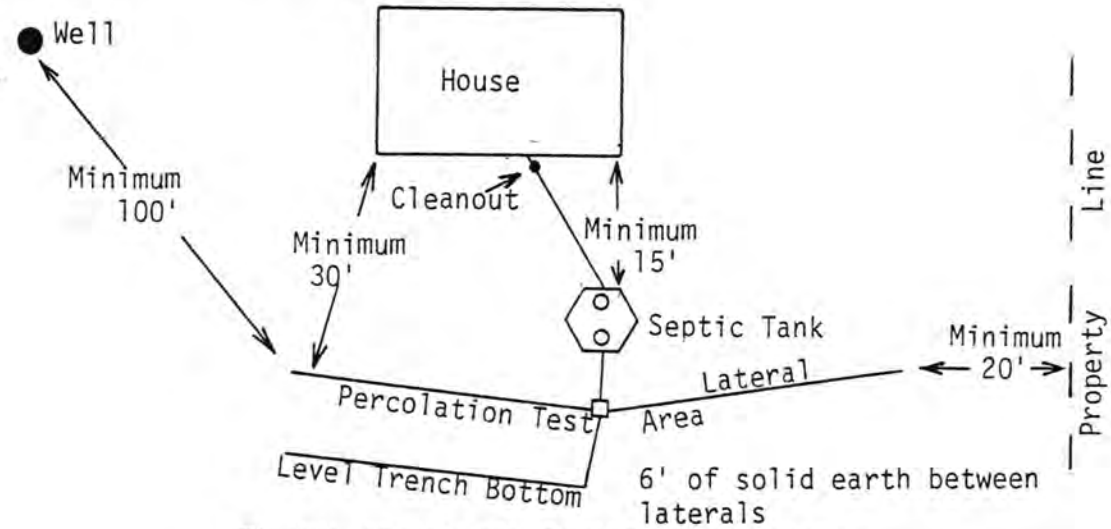
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 28 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 115 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ONE.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
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 _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 9.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 13 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 100, 100, 50, _____, _____ ft.;
Total length of laterals 250 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth 3 in.
4. Filter Material: gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN