LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380106001

Issued 09/13/93
Expires 03/13/94
Revenue Code 18754

Establishment
WOBIG CONSTRUCTION
T9N R6E SEC 16 QTR NW
EQUEES BLK 3 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
WOBIG CONSTRUCTION
1143 SUMNER ST
LINCOLN NE 68502

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. 9N ; Range 6E ; Section 16 ;
   Block 3 : Lot 3 : Addition Equestrian Estates 1st Addn.
   Street Address 5 Stallion Rd.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐.
   No. of Bedrooms 3 . Describe Single family residence

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

4. Distance to public sewer: 6? ft.

R W Wolfe
Signature of Applicant (Owner or Lessee)

1143 Sumner
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/10/93. Date Frwd. 9/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/13/93. Date Frwd. 9/13/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Gee

3. City or County Engineer: Date Rec'd. 9-13-93. Date Frwd. 9-13-93. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-17-93 by: P.D
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-17-93 By: [signature]

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

FORM 23-43

2343 W. Stallion

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 606' ft. x 441' ft. Area: 3 acres. (Attach Sheet C with sketch of property). Irreg.
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-26-93 to 8-27-93. Weather: Precip. 0 Temp. 85°.

OWNER: Don & Patty Benzing
Address: 630 ? Brian Rosa Dr.

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	8-26	1:30	8-27	1:30	8-27	5:20	18½	5:50	20¾	30	2¼	
2	36	"	"	"	"	"	"	16½	"	20	"	3½	
3	37	"	"	"	"	"	"	9¾	"	12	"	2¼	
4	37	"	"	"	"	"	"	11¾	"	12½	"	¾	
5	36	"	"	"	"	"	"	14⅜	"	20¼	"	5⅞	
6	36	"	"	"	"	"	"	13½	"	14¼	"	¾	

R Unobig
Signature of Person Conducting Test
Address 1143 Sumner Phone 475-3288

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Has to be an inclusion
Date: September 10, 1993

Approved Percolation Rate (a)
A. 11 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 ☐

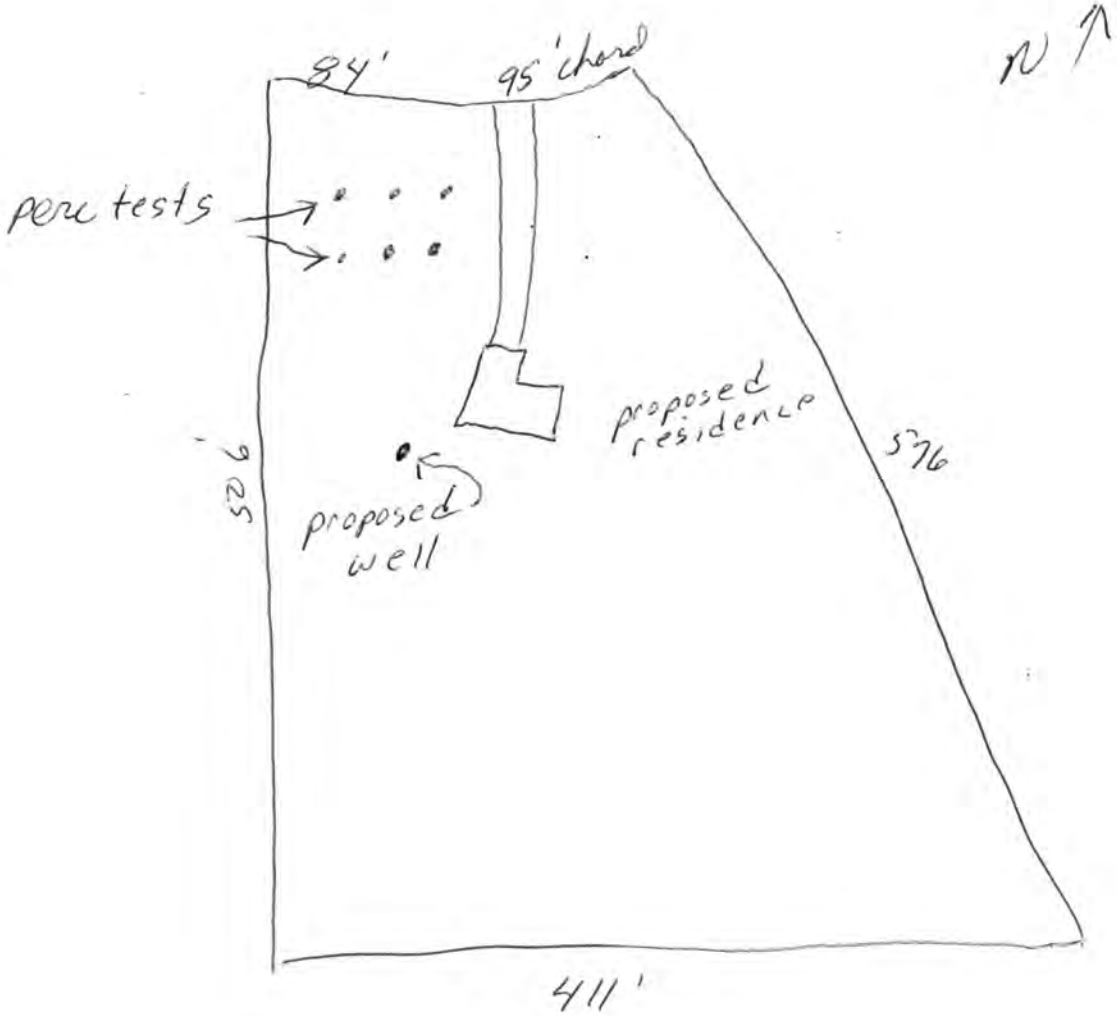
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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: SEPTEMBER 10, 1993

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 171 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 512 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

2343 W. Scallow

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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D

DATE: _____

FILE NO. _____

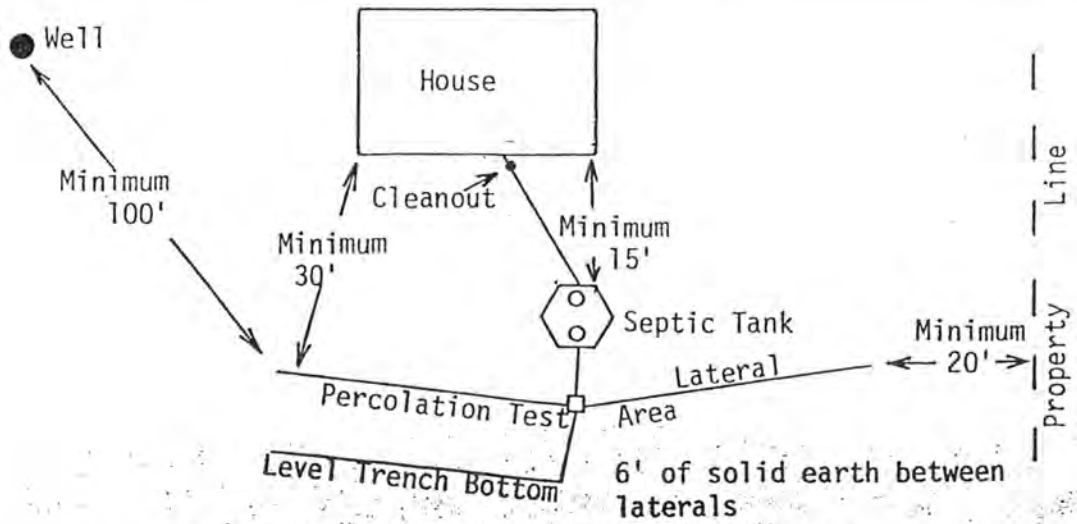
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast ; No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☒ Grade 12" 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 _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____ .
2. Factory Built: Yes ☑ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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, 95, 40, _____, _____ ft.;
Total length of laterals 235 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3' ft.;
Slope 6" in/100 ft.; Average Depth _____ in
4. Filter Material: Road Gravel
Depth of Material 14" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

2343 W. Stallion

11-17-93

