LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380076601

Issued 10/18/91
Expires 04/18/92

ESTABLISHMENT

RAYMOND KLEIN
T9N R6E SEC 16
PESTER RIDGE ESTATES BLK 3 LOT 2
2401 PESTER RIDGE ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

RAYMOND KLEIN
7930 RENO RD
LINCOLN NE 68505

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
10/18/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 10-15-91

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 2 : Addition PESTER RIDGE ESTATES
   Street Address 2401 Pester Ridge Road

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.

Raymond K Lein
Signature of Applicant (Owner or Lessee)

7930 Reno Rd
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/16/91. Date Frwd. 10/17/91. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/17/91. Date Frwd. 10/17/91. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 10/17/91. Date Frwd. 10/17/91. ACTION: Approved ☑ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT YET~~

Site Visits:
Date: 5-29-92 by: P.D
Date: 6-29-92 by: P.D need drawing
Date: _____ by: _____

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

* Provision approval "Experimental System"

INSTALLATION FINAL WRITTEN APPROVAL
Date: June 4, 2001 By: Paul [illegible]

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 16 .
Property Dimensions: 376.66 ft. x 411.24 ft. Area: 4 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 10-9-~~10~~ 91 to 10-16-91. Weather: Precip None Temp. 70

OWNER: Raymond H Lee
Address: 7930 Reno Rd

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	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	4½"	30	¼"	
2	36	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	4¾"	30	¼"	
3	36	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	3"	30	½"	
4	36	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	5"	30	¼"	
5	36	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	4¾"	30	¼"	
6	36	10-9	4 PM	10-10	4 PM	10-10	4 PM	6	8 PM	1½"	30	1"	

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

Raymond H Lee
Signature of Person Conducting Test

Address 7930 Reno Rd Phone 489-4406

(Do not write below this line) work 477-7161

REVIEWING ACTION

Remarks: too slow for Conventional
Soil Type (SCS): Wymore Silty Clay septic loam
Date: _____

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

Jerrold C. Hook
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 ☒

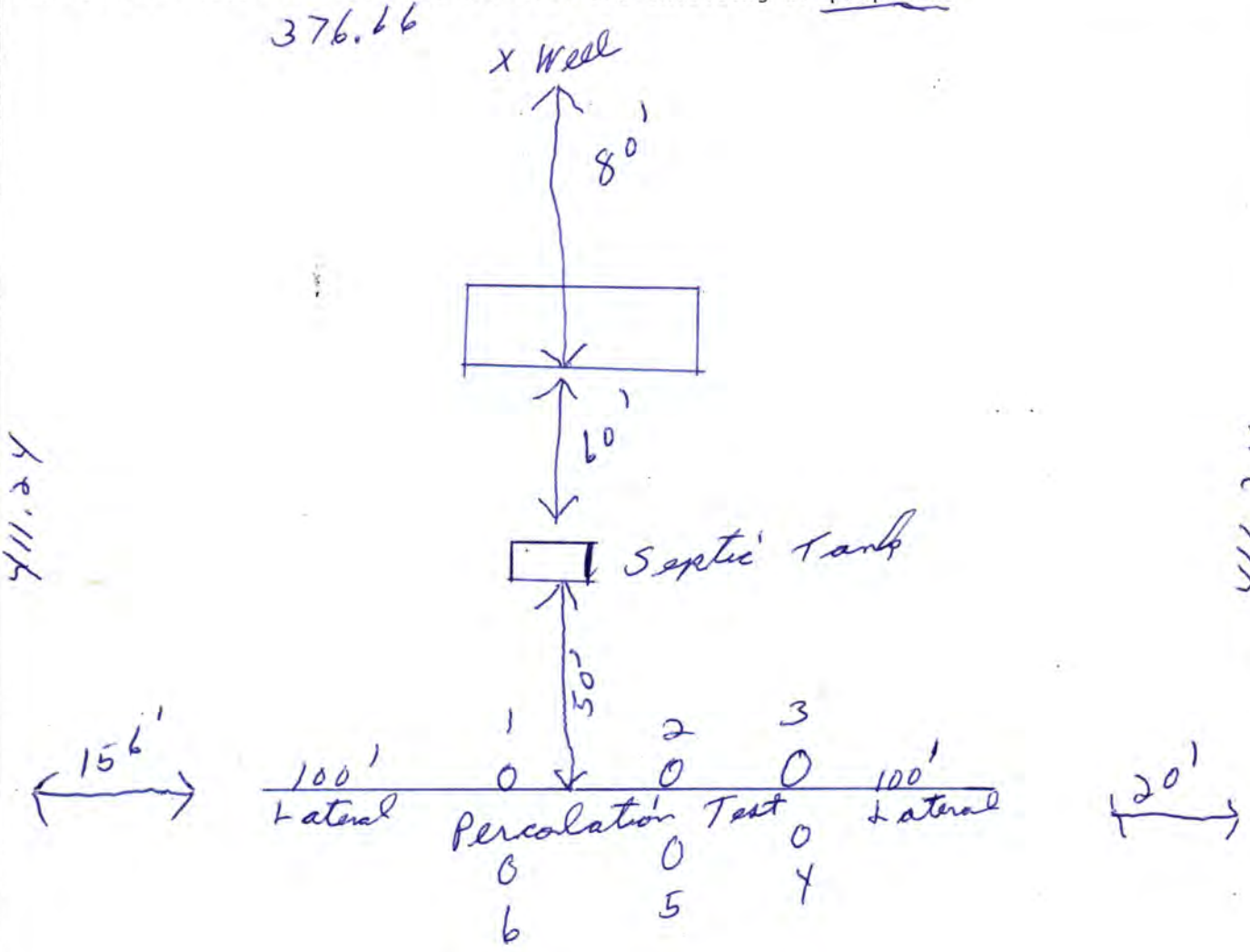
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

D

DATE: 10-15-91

FILE NO. _____

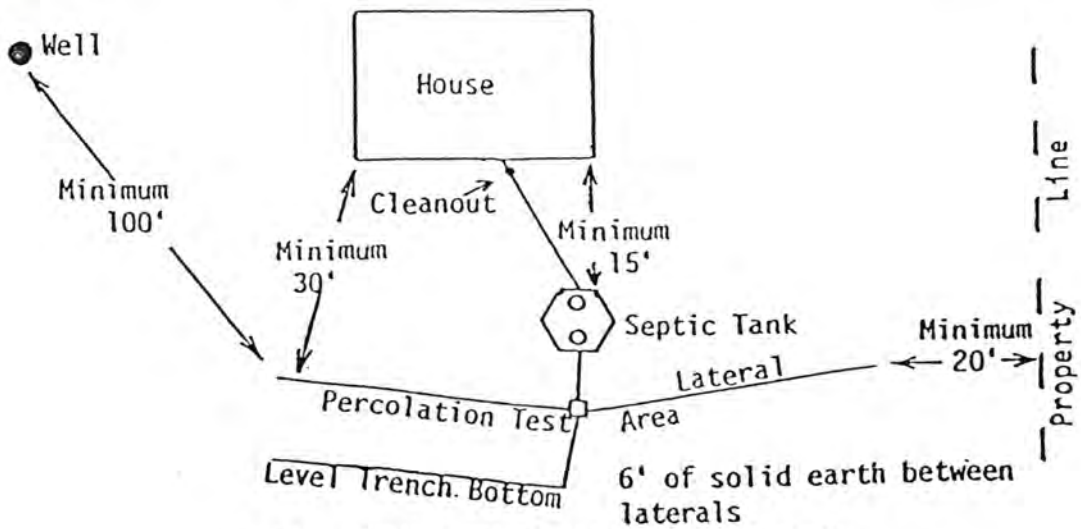
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 3Ft in.
3. Distance between dwelling and septic tank 60 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 190 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☑ No ☐ (Company Pre Cast Step Co)
4. Manholes: Over Inlet; diam. ## in. as per Factory
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 18 in.
8. Distances to: Well or Suction Line 140 ft.; Stream ____ ft.; Pressure Line 90 ft.; Property Line 120 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 3.
2. Factory Built: Yes ☑ No ☐ (Company Pre Cast Step Co)
3. Distance from Septic Tank 50 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"/1.
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 100, ____, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 1 ft. as shown below
3. Trench dimensions: Width 4 ft.; Slope 5 in/100 ft.; Average Depth 20½ in.
4. Filter Material: road gravel
Depth of Material 3 Ft in.
5. Distances to: Well or Suction Line 190 ft.; Stream None ft.; Pressure Line 140 ft.; Property Line 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Raymond Klein
2401 Pester Ridge Rd
9138007666

