LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 923800937O1

Issued 11/24/92
Expires 05/24/93
Revenue Code 18754

Establishment
TIM LINDSTROM
T9N R6E SEC 17
HITCHING POST BLK 3 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
TIM LINDSTROM
BOX 57083
LINCOLN NE 68505

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: $_____

FILE NO._____

DATE: 11-23-92.

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 17 ;
   Block 3 : Lot 2 : Addition HIGHGATE POST FIRST ADD
   Street Address _____

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: _____ ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION INDICATES~~ Tim 437-6770

(Birchwood Barns) Tim [signature]
Signature of Applicant (Owner or Lessee)

P.O. Box 57083
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/23/92. Date Frwd. 11/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/24/92. Date Frwd. 11/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 11-24-92. Date Frwd. 11-24-92. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/26/93 by: L. C. H. ~~Need Drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/30/93 By: Jerrold C. Hood

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

FORM 23-43

Birchwood Blds

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 _____; 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: 3-16 to 3-17-93. Weather: Precip. — Temp. 28°.

6211 Saddle Creek
Blk 3 - Lot 2 Hitching Post Hills

X OWNER: _____

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	30	3-16	5 PM	3-17	8:10 AM	3-17	11:10	14 ⅛	11:40	15	30	⅞	
2								19 5/8		21 ⅛		1 ¼	
3								11 ½		12 ½		1	
4								11 ⅜		12 ¼		⅞	
5								16 ½		16 ½		—	
6								9 5/8		8 ¼		5/8	

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

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: March 23, 1993

Approved Percolation Rate (a)
A. 40 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 ☒

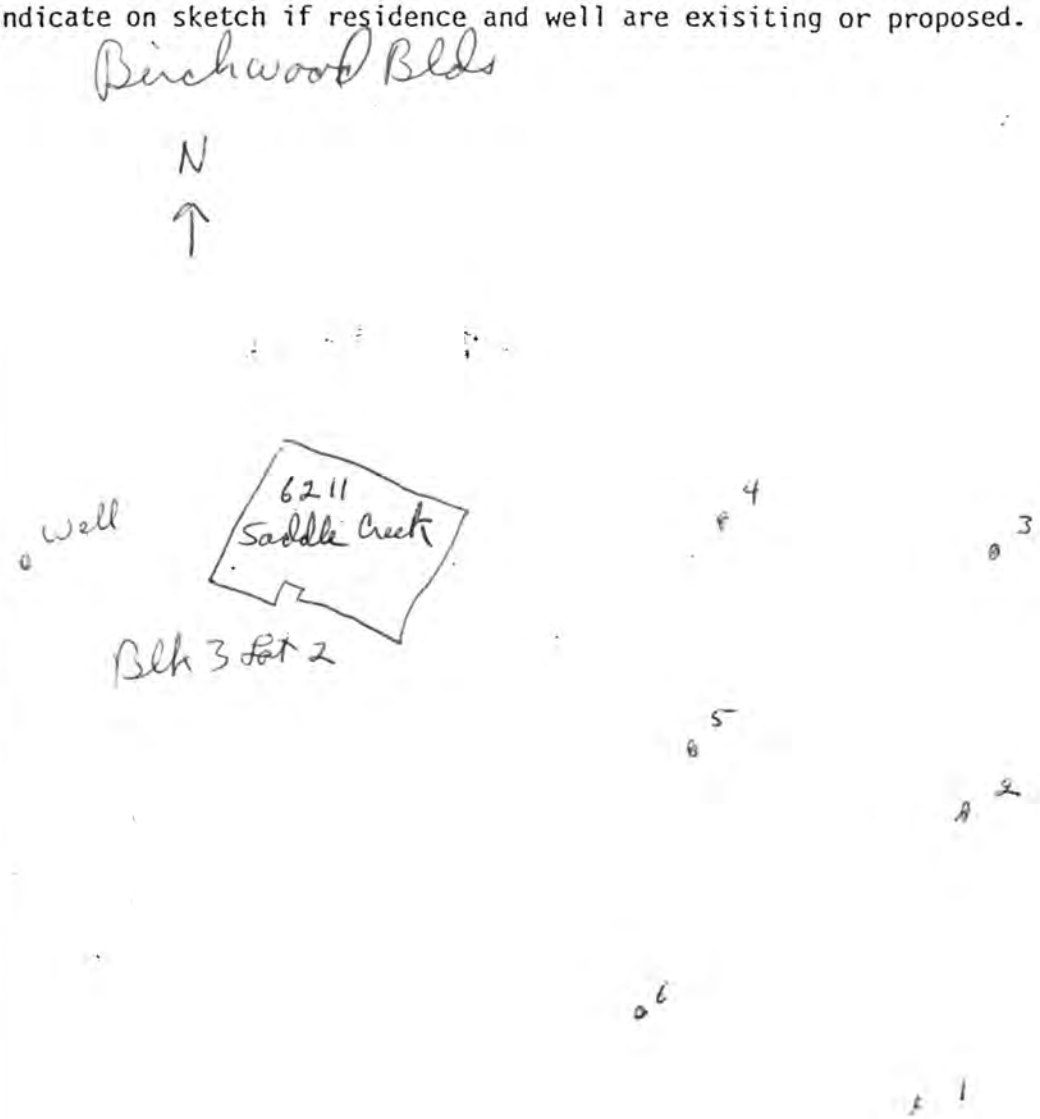
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: March 23, 1993

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 574 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED MAR 3 1993

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: _____

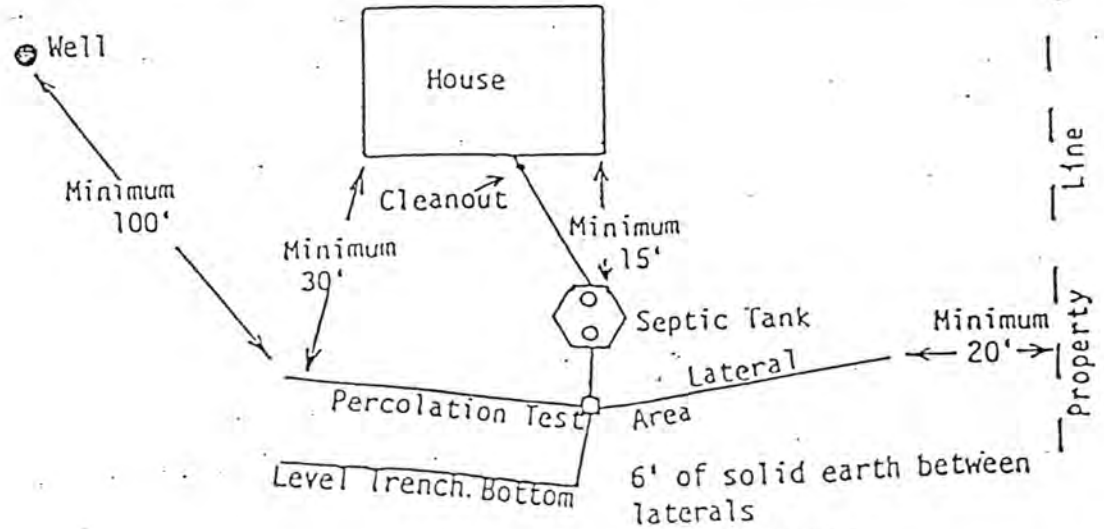
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 120 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Precast 1000 gal No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
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 10 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 10 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 4; Length of each line 100, 100, 100, 60, ____ ft.;
Total length of laterals 360 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36-30 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.



Larry Schwarck 3-16-93

