LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 95380138001

SEWAGE INSTALLATION

Issued 12/05/95
Expires 06/05/96
Revenue Code 18754

Establishment

BOB HOBACK
T9N R6E SEC 17
IRONWOOD ESTATES BLK 1 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee

BOB HOBACK
1101 N 95 ST
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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: NOV. 27, 1995

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 1 : Lot 4 : Addition IRONWOOD ESTATES
   Street Address SW. 36TH

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: NONE ft.

Bob Hobach
Signature of Applicant (Owner or Lessee)

432-5871 - 1101 NO. 95TH
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/4/95. Date Frwd. 12/4/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hoop

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12-4-95. Date Frwd. 12-4-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 12-4-95. Date Frwd. 12-4-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/15/96 by: J.C.H. Sewer + tank only.
Date: 4/5/96 by: [signature]
Date: 6/6/96 by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/10/96 By: [signature]

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

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 6E ; 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: 11/2/95 to 11/3/95. Weather: Precip. dry Temp. 60°.

Block 1 - Lot 4 Ironwood Estates

OWNER: C & H Builders (Robert Hobert)

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"	11/2	10:00	11/3	10:00	11/3	12:00	6	12:30		30	1¼ 1.25	24 MIN/IN
2	"	"	"	"	"	"	"	"	"		"	1¾ 1.25	17 MIN/IN
3	"	"	"	"	"						"	1¾ 1.25	17 MIN/IN
4	"	"	"	"	"						"	1¼ 1.25	24 MIN/IN
5	"	"	"	"	"						"	1½ 1.5	20 MIN/IN
6	"	"	"	"	↓	↓	↓	↓	↓		"	1 1.0	30 MIN/IN
												6 8.5 1.7	

John L Stidmyer
Signature of Person Conducting Test

Address 9811 NW 40th Phone 430-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: December 4, 1995

Approved Percolation Rate (a)
A. 24 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
3140 N Street
Lincoln NE 68510
(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: March 15, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 218 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 871 sq.ft.

Jerrold C. Hood
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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: June 10th 196

FILE NO: _____

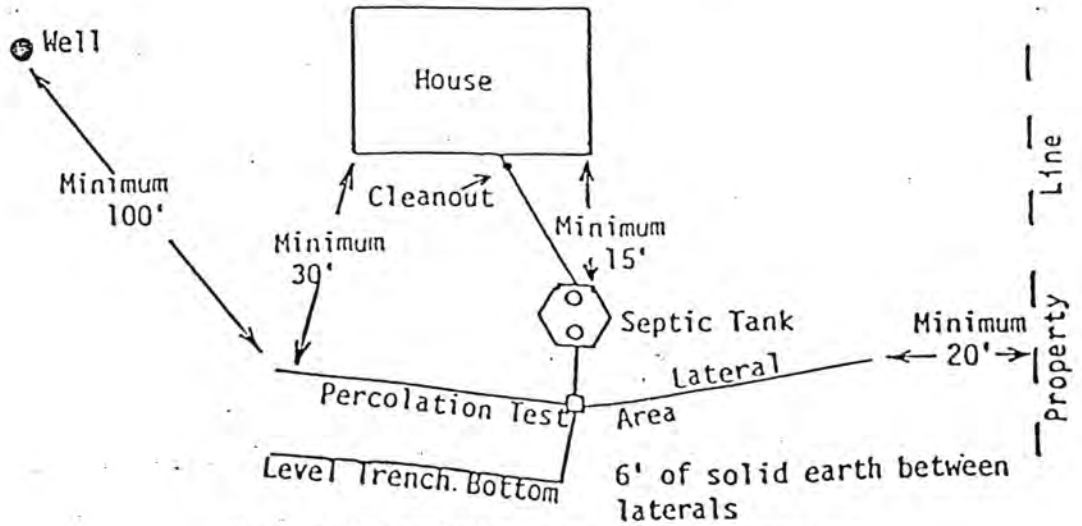
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 129 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100' + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 26 ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
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 at Grade in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number available outlets 6.
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 15' ft.

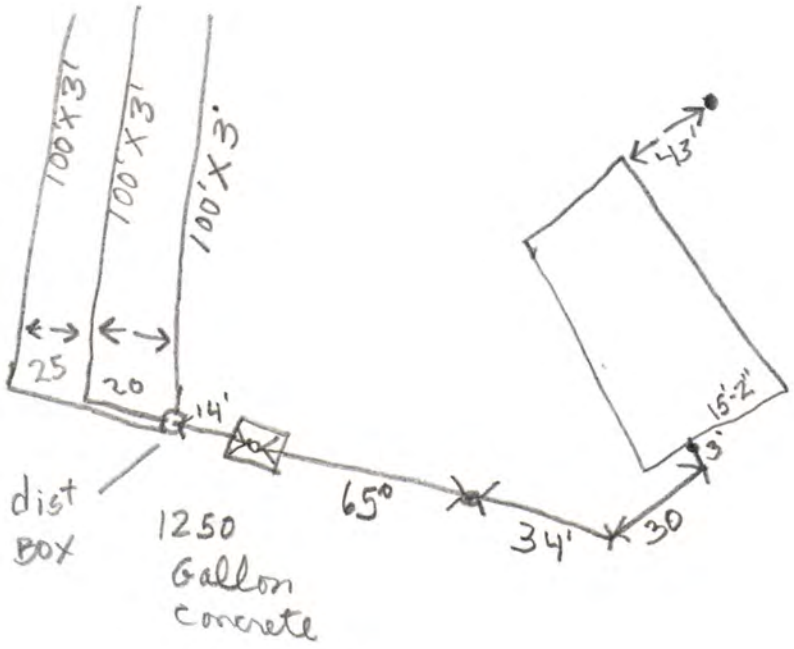
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round _____ or Perforated Pipe 4".
Material: fiberglass ☐; plastic ☐; concrete ☐; other _____.
2. Lateral Lines:
Number 3; Length of each line 100', 100', 100', _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 3 ft.;
Slope 1 in/100 ft.; Average Depth 30 in.
4. Filter Material: Pea Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

East

S.W 36th



in excess of 20' from L.L

Buckhorn

SO.