LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380151801

Issued 11/21/96
Expires 05/21/97
Revenue Code 18754

Establishment
ASPEN BUILDERS
T9N R6E SEC 17

FEES: $150.00

TOTAL $150.00

Permittee
ASPEN BUILDERS
3121 DENVER CT
LINCOLN NE 68516

2829

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"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address ~~50~~ 3730 W. Buck Rd. (no rural route) City Lincoln NE, Zip NE

Legal Description 1/4 1/4 Section 17 Township 9N Range 6E Subdivision South Forty Addition B. 2 Block L. 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Aspen Builders Signature _____

Address 3121 Denver City/State/Zip LNK

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Aspen Builders / Bob Rakes Company Name _____

Address 3121 Denver City/State/Zip Lincoln,

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department**	Date rec'd 11/14/96 Date frwd 11/19/96	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11-19-96 Date frwd 11-19-96	**ACTION** ☒ Approved ☐ Disapproved Signature [illegible]	
3. **City or County Engineer**	Date rec'd 11-19-96 Date frwd 11-19-96	**ACTION** ☒ Approved ☐ Disapproved Signature Robert D. Mykam	

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 28, 1998

Business Office Use Only 3074

Date Rec'd 11/14/96

Amt Paid 150 ⁰⁰

Rec'd By [illegible] ~~Cash~~/Check No. 13157

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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: Block 2 LOT 1 The SOUTH FORTY

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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: John A. Keech
H 477-5461
Address: W 471-3260

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	24	9/25	1:20	9/26	1:40	9/26	1:40	6	9/26	5½	30	½	60 MIN/IN
2	28	"	"	"	"	"	"	"	"	5½	"	½	60 MIN/IN
3	30	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
4	24	"	"	"	"	"	"	"	"	5¼	"	3/4	40 MIN/IN
5	28	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
6	26	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
7	26	"	"	"	"	"	"	"	"	5½	"	½	60 MIN/IN

Melvin F Hagen
Signature of Person Conducting Test

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

Address 4810 W CLAIRE Phone 797-2365

(Do not write below this line) 432-5698

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: NOVEMBER 19, 1996

Approved Percolation Rate (a)
A. 52 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

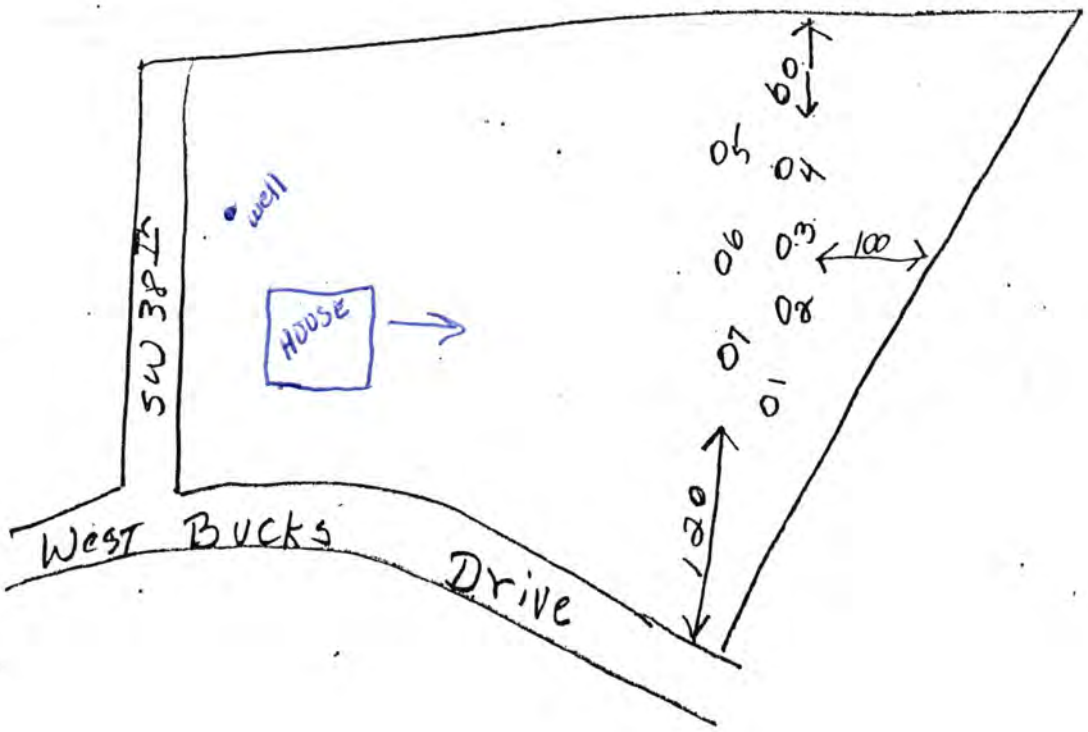
C

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.

Block 2 Lot 1 The South forty



REVIEWING ACTION

Remarks:_____

Date: NOVEMBER 19, 1996

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 933 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

D AUG 27 1998

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 96 3801518

Sewage Disposal System
As Built Plans & Specifications

Date 8-15-98

System Location (Indicate correct number and street)
Address 6740 SW 38th (no rural route) City Lincoln NE, Zip NE

A. Building Sewer
1. Material: plastic
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream — ft.
   pressure line 80 ft.
   property line >50 ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 150 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line >100 ft.

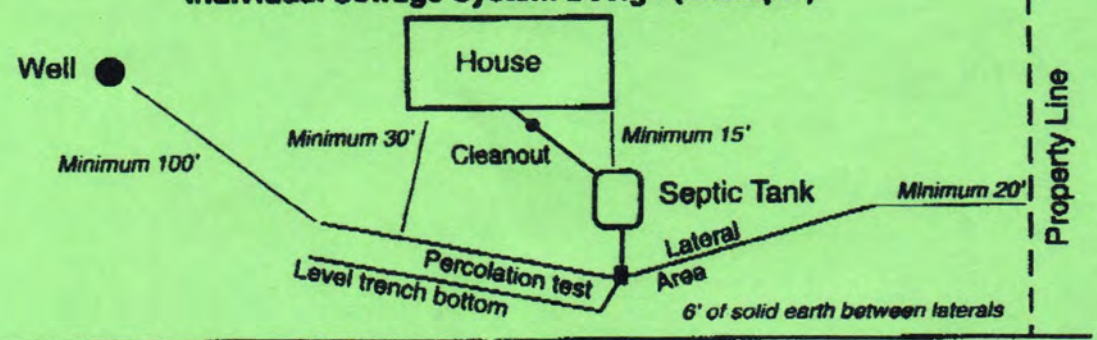
C. Distribution Box
1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45' ft.

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 ft. 100 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope ____ in/100 ft.
   Average depth 30 in
4. Filter material: gravel
   Depth of material 15-18 in.
5. Distances to: Well or suction line 140 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 40 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

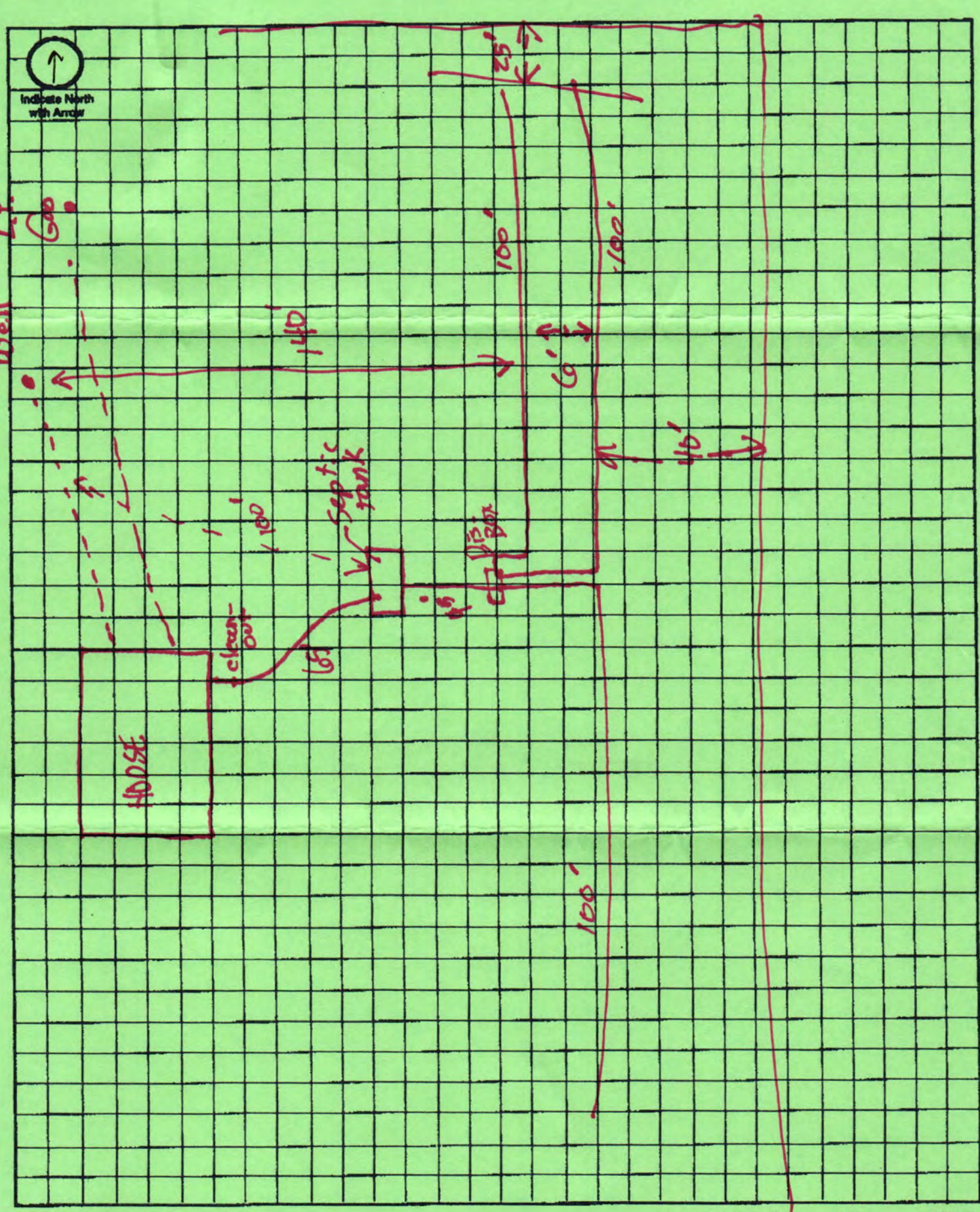
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

AUG 27 1998



Approximate Scale: _____ ft. = _____ grid line/s