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. 96380147501

Issued 08/26/96
Expires 02/26/97
Revenue Code 18754

Establishment
ROD HORNBY
T9N R6E SEC 17
SOUTH FORTY BLK 2 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee
ROD HORNBY
6940 O ST
SUITE 300
LINCOLN NE 68510

2500

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: $ 175

FILE NO. _____

DATE: 8-17-96

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 2 : Lot 4 : Addition The South Forty LCN
   Street Address 6737 SW 34th

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

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
   ~~or other approved~~

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

6940 O St Suite 300.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/19/96. Date Frwd. 8/20/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-20-96. Date Frwd. 8-20-96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 8-20-96. Date Frwd. 8-20-96. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/27/97 By: Jerrold C. Hood

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

FORM 23-43

-0477
ORPTION TEST DATA REPORT
x to Application)
eference: City Ordinance No. 9150 and
County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Block 3 Lot 4 The South Forty 6737 SW 34th

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 425 ft. x 310 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 17 Oct 96 to 18 Oct 96. Weather: Precip. 0 Temp. 60's
430-6510 OWNER: Rod Hornby
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	10/17	4:10	10/18	6:05	10/18	6:05	6	6:35	5 1/4	30	3/4	40 MIN/IN
2	30	"	"	"	"	"	"	6	"	5 3/8	"	5/8	48 MIN/IN
3	26	"	"	"	"	"	"	6	"	5 3/8	"	5/8	48 MIN/IN
4	30	"	"	"	"	"	"	6	"	5 1/2	"	1/2	60 MIN/IN
5	28	"	"	"	"	"	"	6	"	5 1/2	"	1/2	60 MIN/IN
6	24	"	"	"	"	"	"	6	"	5 3/8	"	5/8	48 MIN/IN

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)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 51 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Fax sent by : 797 7475 GAGNER 01/26/97 16:54 Pg: 2

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

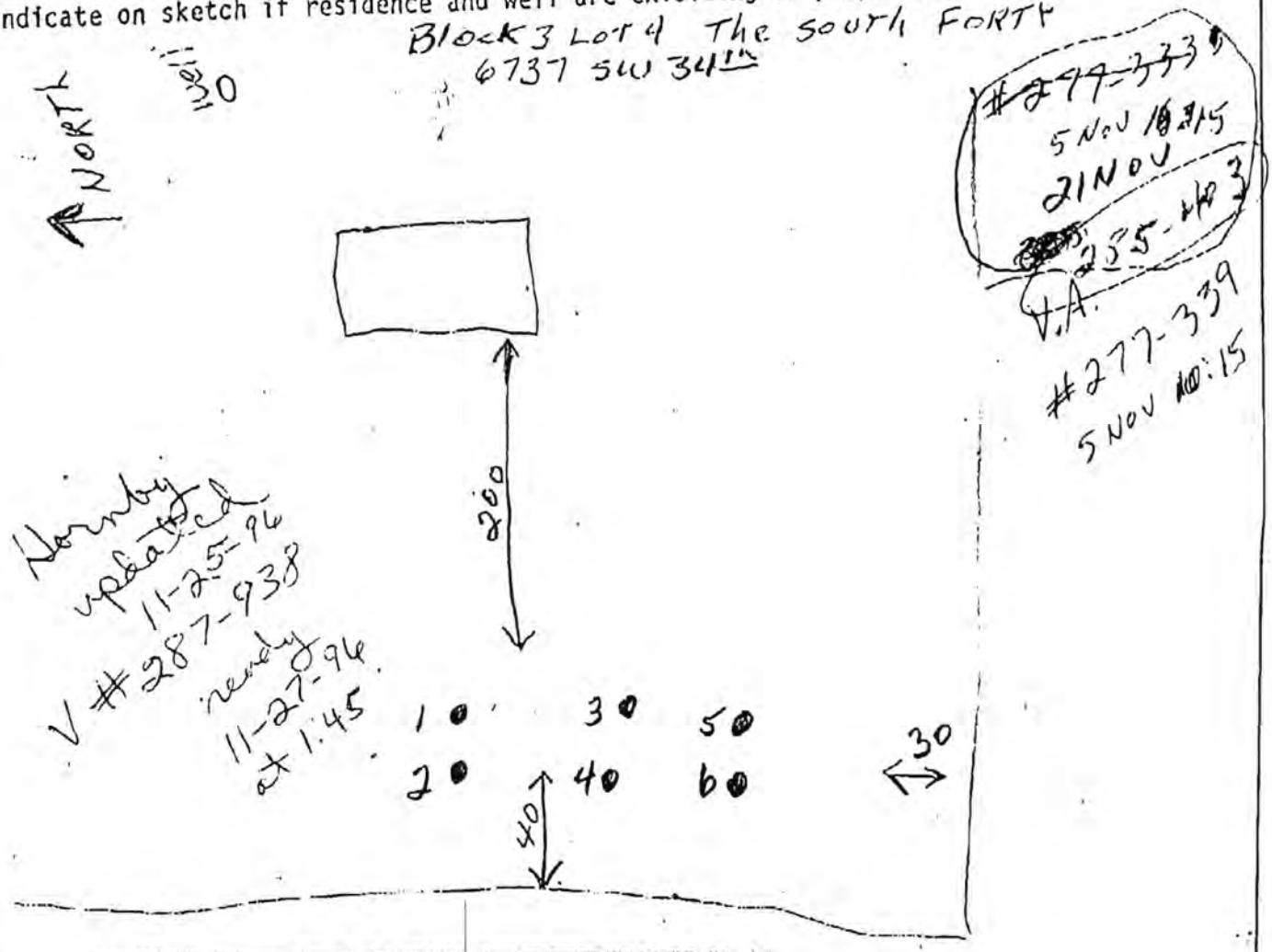
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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.



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To County Health	From Roger Court
Co. Jerry Hood	Co. Malvin
Dept.	Phone #
Fax # 441-8323	Fax # 797-7475

Remarks :

sign Requirement
ty of Septic Tank 1000 gals.
Length of Laterals 207 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 620 sq.ft.

Date: _____

Jerrold C. Hood
Signature of Reviewing Official

Fax sent by : 797 7475 01/26/97 16:54 Pg: 1

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2 Dec 96

System Location (Indicate correct number and street)

Address 6737 SW 34th (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 83 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line 150 ft.

B. Septic Tank

1. Material: CONCRET
   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 _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 150 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 125 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 155 ft.

D. Absorption Field

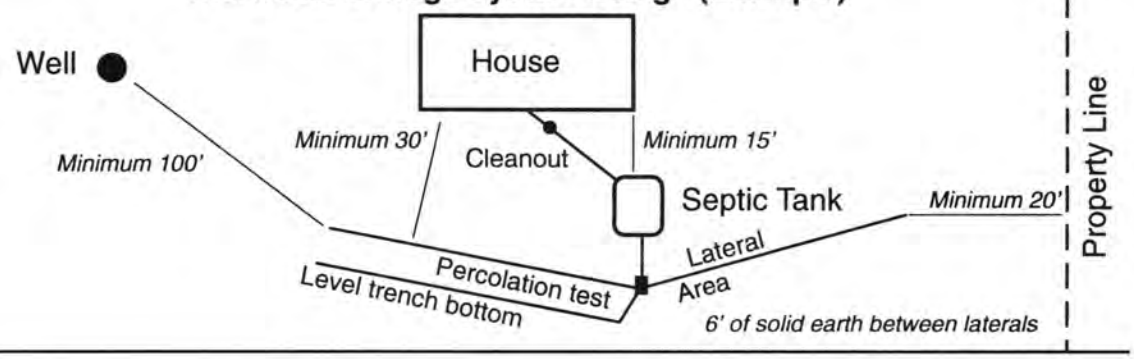
(Provide as-built drawings on back of this form)

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. 90 ft.
   30 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 4 in/100 ft.
   Average depth 20 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line 250 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 30 ft.

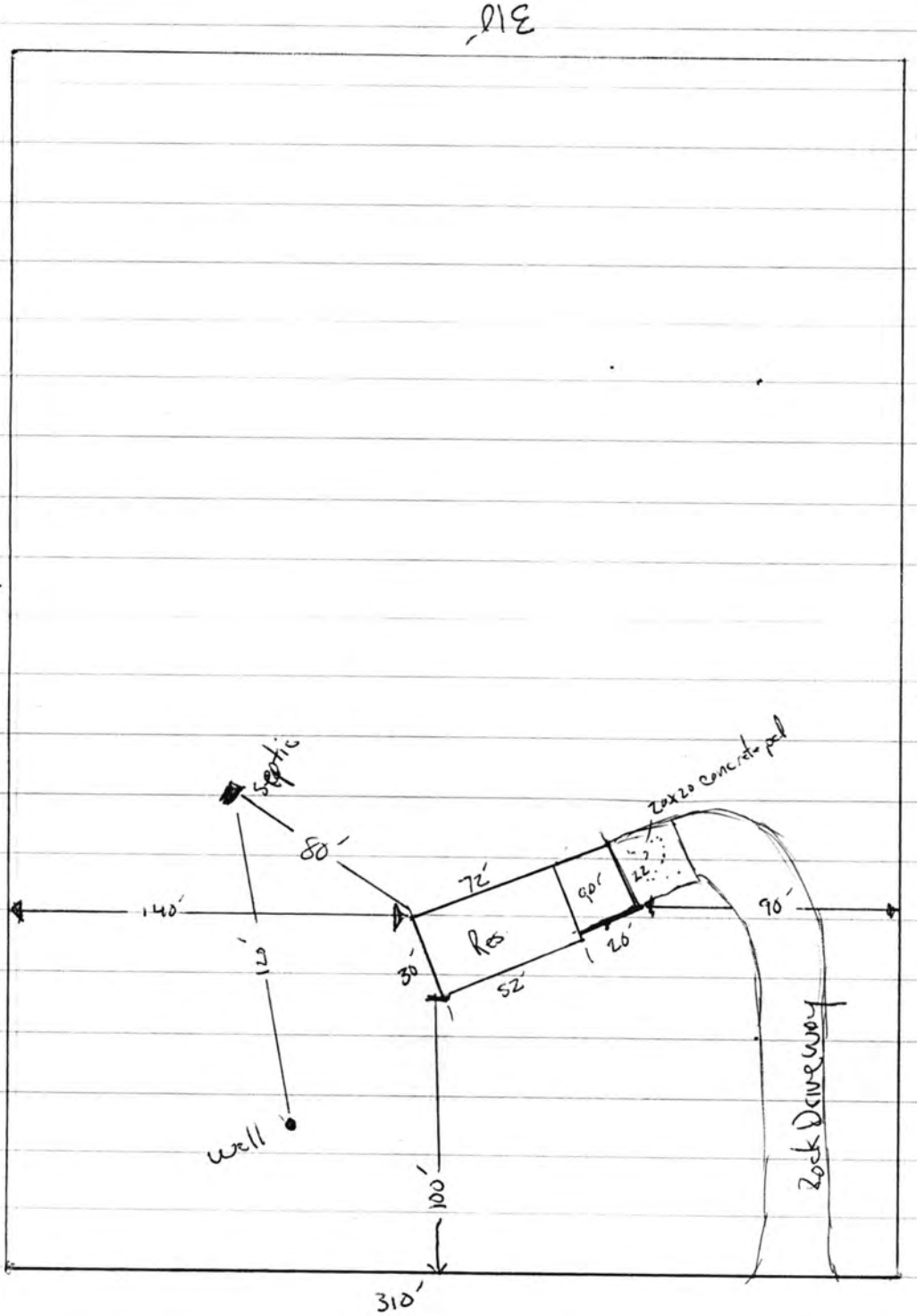
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

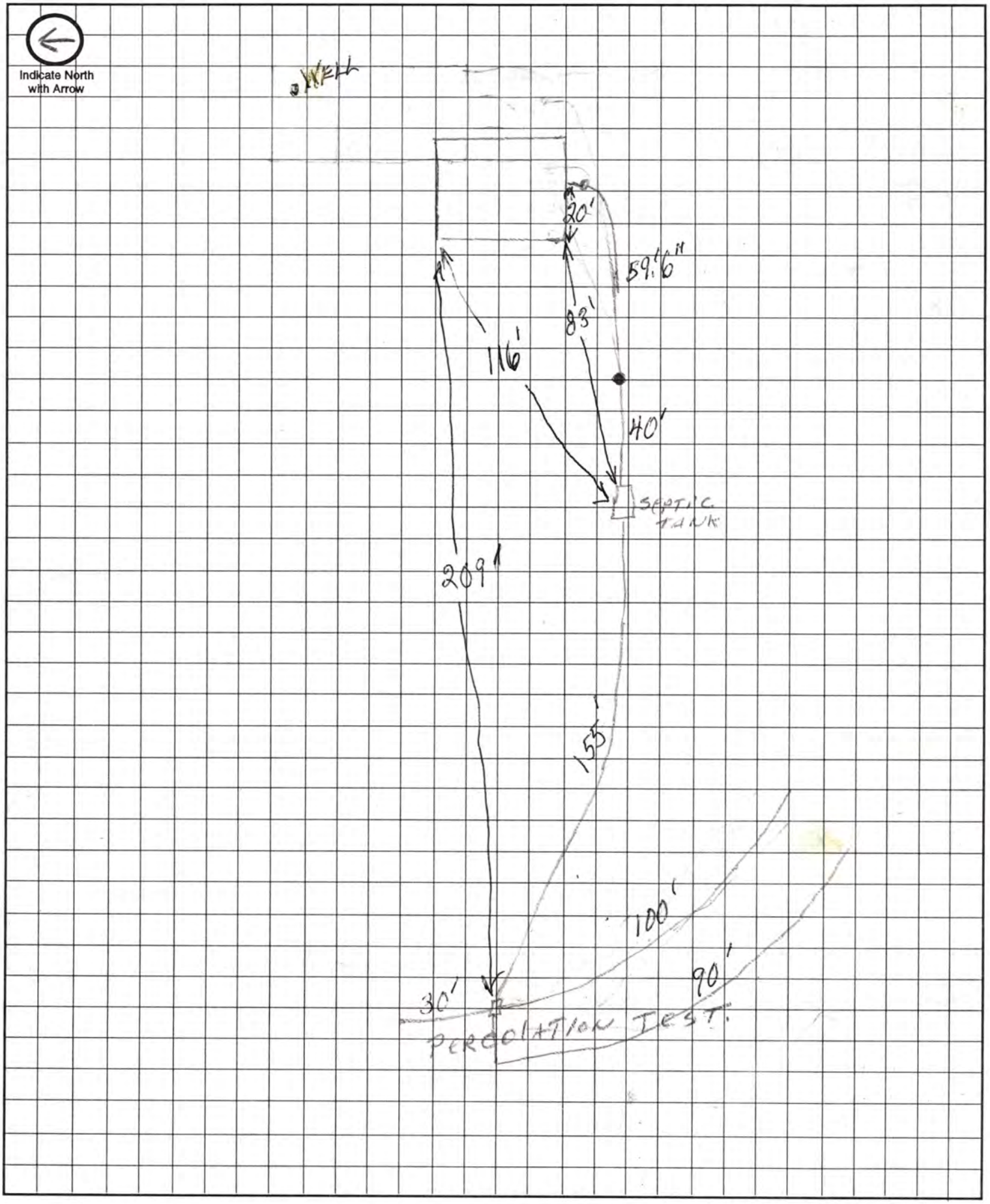


Legal Lot 4 Block 2 The South Forty LCN.

Address SW 34th

North
1" = 60'

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s