LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132801

Issued 07/31/95
Expires 01/31/96
Revenue Code 18754

Establishment
WELLMANN PLUMBING
T9N R6E SEC 20
WHISPERING PINES LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
WELLMANN PLUMBING
3000 S 6 ST
LINCOLN NE 68502

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $ 150 00

FILE NO. _____

DATE: 7/27/

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 20 NE;
   Block _____ : Lot 3 : Addition WHISPERING PINES 2nd
   Street Address ~~S 27th~~ SW 27th + Denton Rd

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

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

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee) Wellmann Plumb

3301 S. 6th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/31/95. Date Frwd. 7/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/31/95. Date Frwd. 7/31/95. ACTION: Approved ☒ Disapproved ☐ Signature: TK

3. City or County Engineer: Date Rec'd. 7-31-95. Date Frwd. 7-31-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-4-95 by: P.D
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-95 By: Paul Wellmann

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

FORM 23 43

Whispering Pines Lot 3

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

Test Location
SW. 27th + Newton Rd. 1/2 miles So. west side

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 20 NE
Property Dimensions: _____ ft. x _____ ft. Area: 20+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-22-95 to 7-23-95. Weather: Precip. 0 Temp. 80°.

OWNER: Ted Forke

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	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5"	30m	1"	
2	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5"	30m	1"	
3	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/4"	30m	3/4"	
4	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/2"	30m	1/2"	
5	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 3/8"	30m	5/8	
6	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/2"	30m	1/2"	

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: July 31, 1995

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: _____

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

D

DATE: 8-4-95

FILE NO. _____

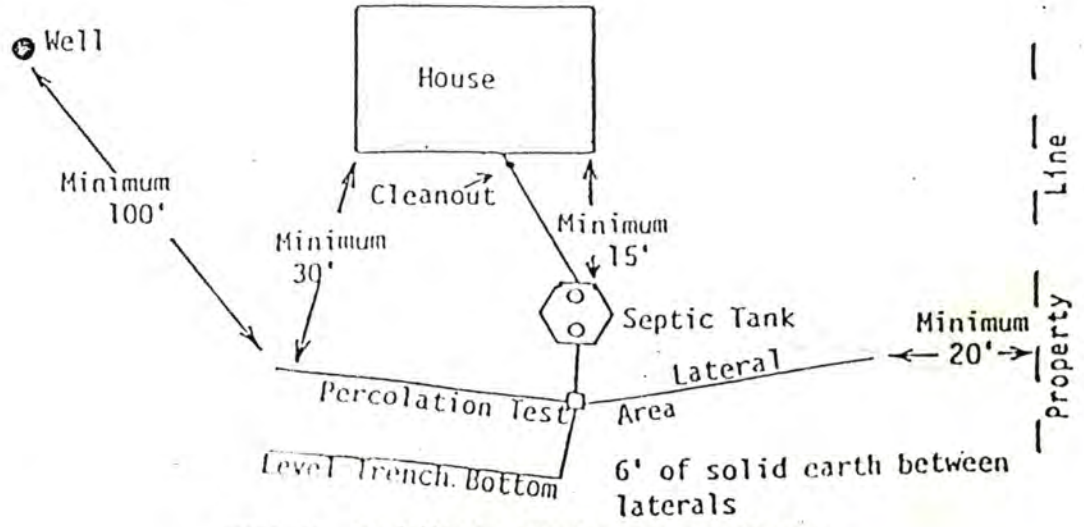
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 90' ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 60 ft.; Stream no ft.; Pressure Line _____ ft.; Property Line 80 ft.

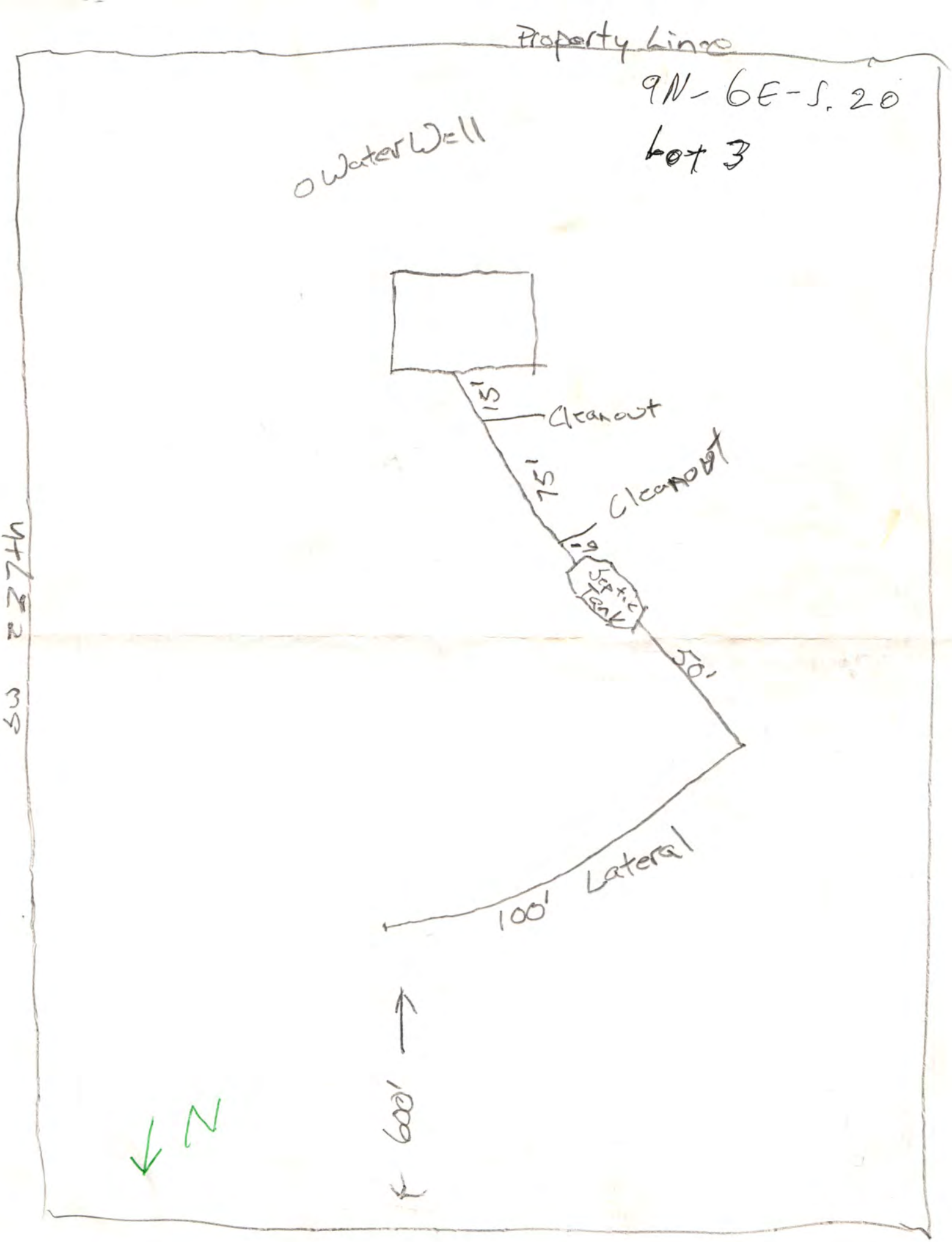
B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☑ Grade 2 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to:
Well or Suction Line 140 ft.; Stream no ft.; Pressure Line _____ ft.; Property Line 160 ft.

C. DISTRIBUTION BOX:
1. Material no; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 1; Length of each line 100', _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream no ft.; Pressure Line no ft.; Property Line 200 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Property Lines
9N-6E-S.20
Lot 3
Water Well
~15'
Cleanout
~25'
Cleanout
~9'
Septic Tank
50'
100' Lateral
60'
N
S43°27'W