# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT
SEWAGE INSTALLATION

No. 92380080601

Issued 03/16/92
Expires 09/16/92

ESTABLISHMENT
DENNIS OELSCHLAGER
T9N R6E SEC 26
LOT 30
RR #1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
DENNIS OELSCHLAGER
4700 GRASSRIDGE RD
LINCOLN NE 68512

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 3/18/92 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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:_____

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 26 ;
   Block _____ : Lot 30 I.T. : Addition Acreage - 12.8.
   Street Address RR#1 Lincoln, Ne. 68502

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: _____ft.

Dennis D. Delahoyde
Signature of Applicant (Owner or Lessee)

4700 Grossridge Rd. -421-6171- Home.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/12/92. Date Frwd. 3/13/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/13/92. Date Frwd. 3/13/92. ACTION: Approved ☐ Disapproved ☐ Signature: Kay Spur
3. City or County Engineer : Date Rec'd. 3/13/92. Date Frwd. 3/13/92. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Bakels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8/14/92 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/14/92 By: Jerrold C. Hood

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
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**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 26 .
Property Dimensions: _____ ft. x _____ ft. Area: 12.8 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: 2/24-92 to 2-25-92 Weather: Precip. 0 Temp. 40

OWNER: Dennis D Odell
Address: RR#1 Lincoln, Ne 68502

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 | 2/24 | 4~~PM~~ | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 8~~PM~~ | 3 | 30 | 1" | |
| 2 | 36 | 2/24 | 4/PM | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 8~~PM~~ | 4 | 11 | 3/4" | |
| 3 | 36 | 2/24 | 4/PM | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 11 | 3¼ | 11 | 1" | |
| 4 | 36 | 2/24 | 4/PM | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 11 | 3 | 11 | 1" | |
| 5 | 36 | 2/24 | 4/PM | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 11 | 3½ | 11 | 3/4" | |
| 6 | 36 | 2/24 | 4/PM | 2/25 | 4/PM | 2/25 | 4~~PM~~ | 6" | 11 | 2¼ | 11 | 1" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Dennis D Odell
Signature of Person Conducting Test

Address 4700 Grassridge Rd. Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: MARCH 11, 1992

Approved Percolation Rate (a)
A. 32 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 ☒

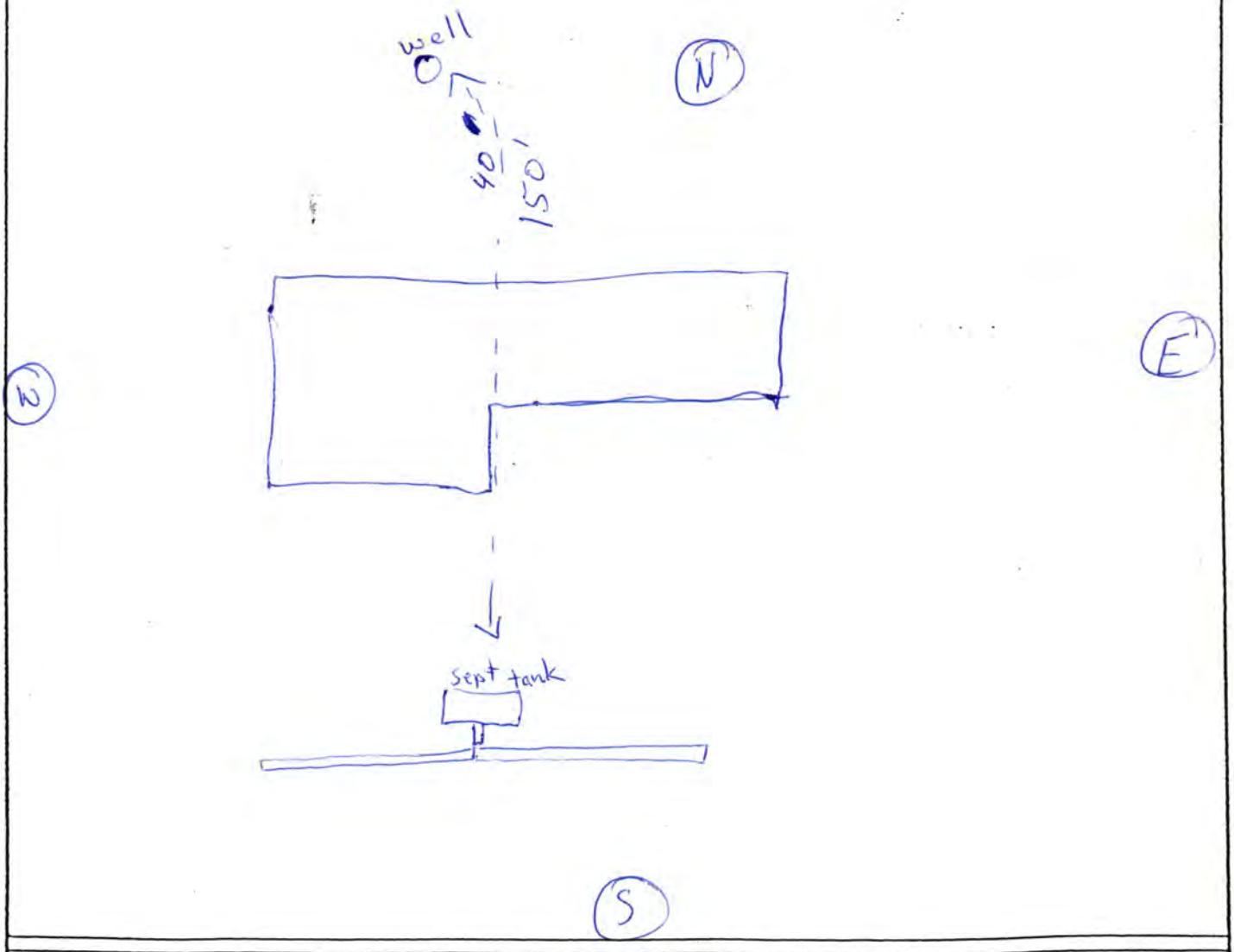
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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 1250 gals.
2. Total Length of Laterals 344 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 1033 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
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**D**

DATE: 8/14/92

FILE NO. _____

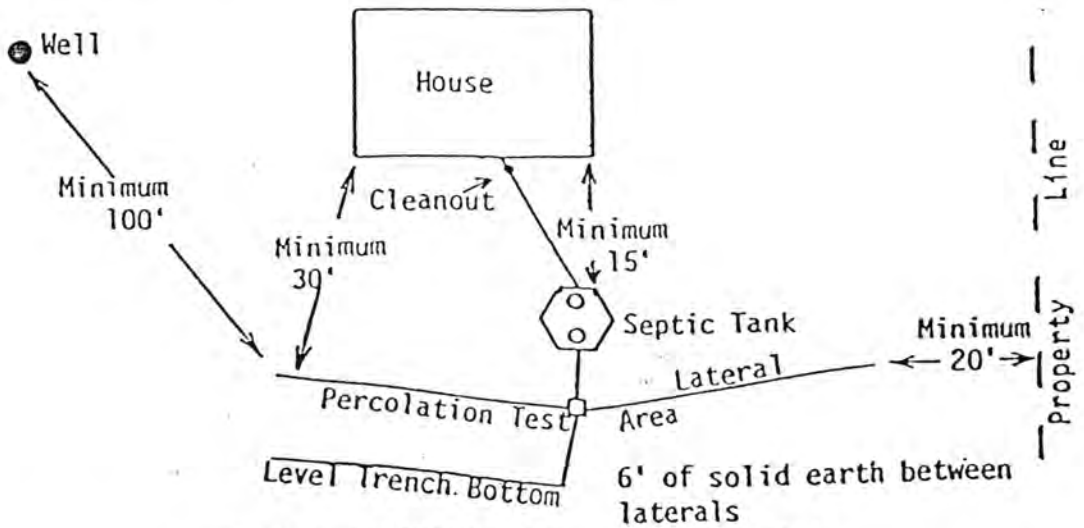
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

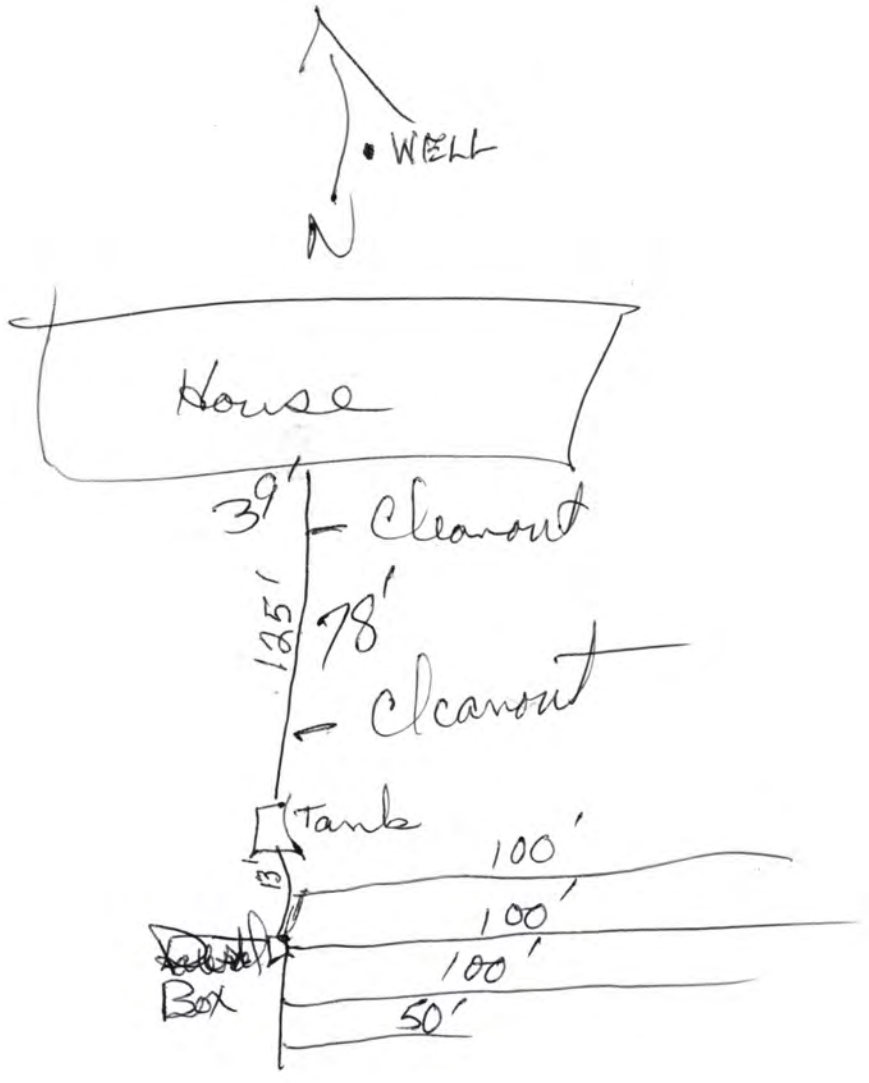
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 20 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, 50, _____ ft.;
Total length of laterals 350 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 0 in/100 ft.; Average Depth 18 in.
4. Filter Material: gravel
Depth of Material 8 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


WELL
N
House
39'
Cleanout
125'
78'
Cleanout
Tank
13'
100'
100'
100'
50'
Box