LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION
SEPTIC TANK

No. 89380003301

Issued 09/18/89
Expires 03/18/90

ESTABLISHMENT

MORRISSEY'S PLUMBING & HEATING
T9N R6E SEC 23 QTR SE
SE 1/4

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE

MORRISSEY'S PLUMBING & HEAT IN
2711 KUCERA DR
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8938 00033

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: $ 60 cc

FILE NO. _____

DATE: 9-13-89

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 28 ; SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 9201 S. 42 12th
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 1 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: ? ft.

Morrissey Plumbing T.D. Morrissey
Signature of Applicant (Owner or Lessee)

2711 Kucera
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 9/18/89 . Date Frwd. 9/20/89 .	ACTION: Approved ☒ Disapproved ☐ Signature:	Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 9/20/89 . Date Frwd. 9/20/89 .	ACTION: Approved ☐ Disapproved ☐ Signature:	
3. City or County Engineer :	Date Rec'd. 9-20-89 Date Frwd. 9-20-89	ACTION: Approved ☒ Disapproved ☐ Signature:	

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/28/89 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/28/89 By: Jerrold 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
Division of Environmental Health
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 9201 SW 12TH.

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: Sept 11 to _____. Weather: Precip. 1" RAIN Temp. 70°.

OWNER: _____

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"	9-12-89	11 AM	9-13-89	11 AM	9-13-89	12 NOON	34"	1-13	30 1/2"	75	3 1/2	
2	36"							33 1/4		30 3/8	"	2 7/8	
3	36"							30"		27 7/8	"	2 1/8	
4	36"							32		29 1/4	"	2 3/4	
5	36"							34		31 1/2	"	2 1/2	

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

T.D. Mowrey
Signature of Person Conducting Test

Address 2711 Kucera Phone 423-8422

(Do not write below this line)

REVIEWING ACTION

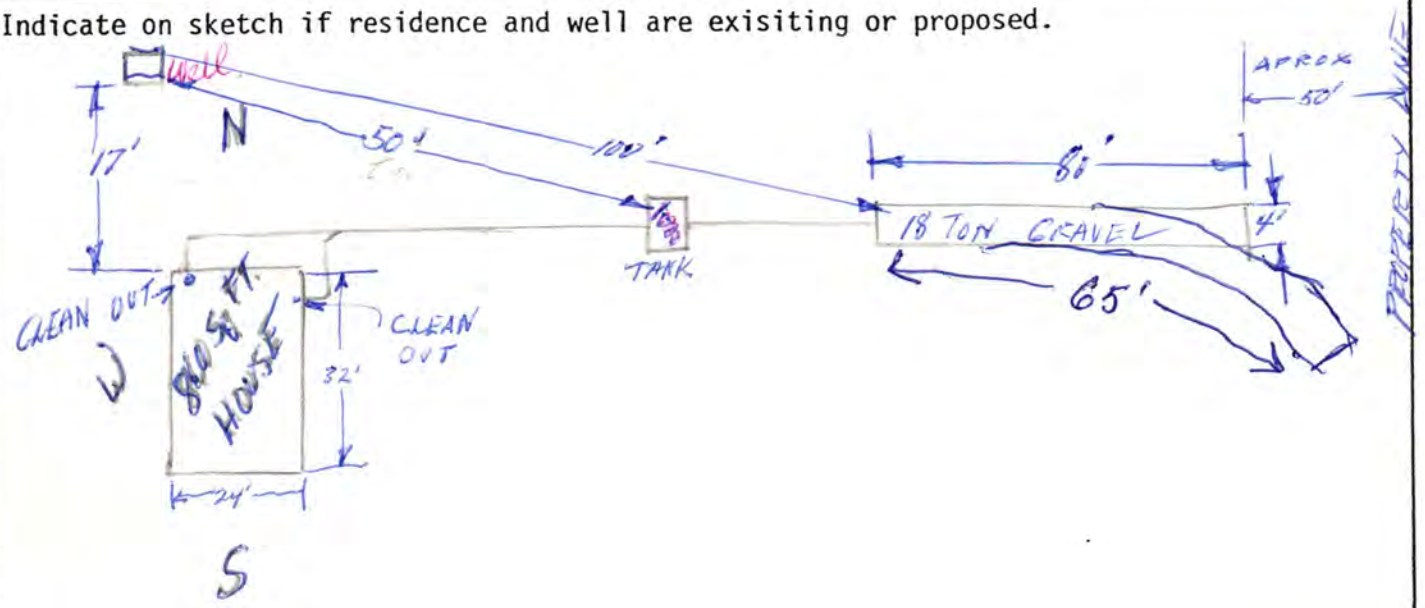
Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: September 18, 1989

Gerald C. Wood
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: As Built

Date: _____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 80' ft.
3. With a Trench Width of 4.5" 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: _____

FILE NO. _____

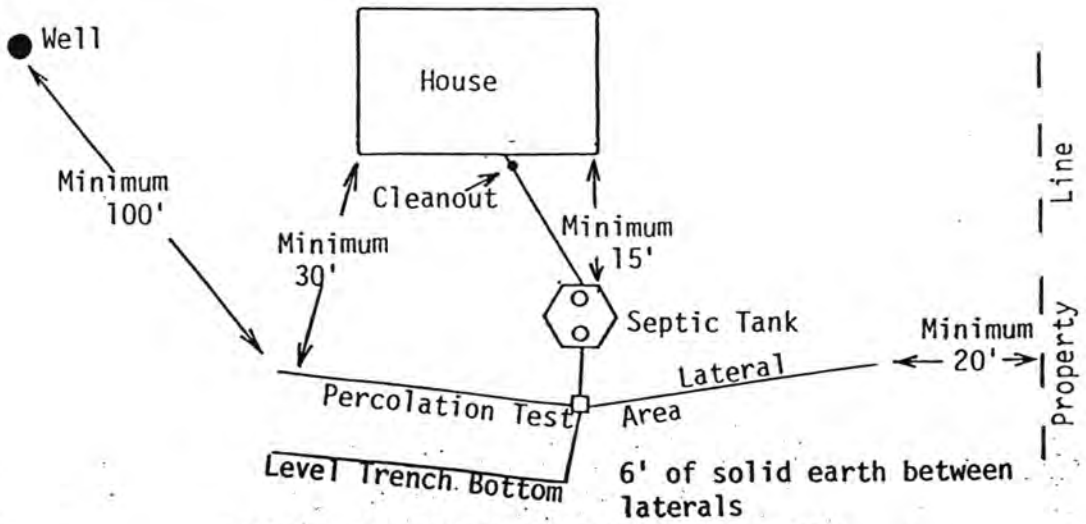
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC PLASTIC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 30" in.
3. Distance between dwelling and septic tank 30' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 17' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
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 50' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 150' ft.

C. DISTRIBUTION BOX:
1. Material _____; 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 1 ; Length of each line 80', _____, _____, _____, _____ ft.;
Total length of laterals 80' ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4' ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN