1819

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 20, 1982
THIS LICENSE OR PERMIT EXPIRES

JOHN O VANIER RURAL ROUTE ROCA NE 68430
LICENSEE OR PERMITTEE ADDRESS

T9N, R6E, SECTION 35, LOT 26, parcel 1
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
589960	2-20	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

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: 474-1541

A

FILING FEE: $ 60 00

FILE NO. 1819

DATE: 8-19-81

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 35;
   Block ____: Lot 26 I.T.; Addition Parcel 1
   Street Address 11000 South 14TH Street

2. Property Use: Residential ☒; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe ____

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

4. Distance to public sewer: 3 Miles ~~ft.~~

John O Vanier
Signature of Applicant (Owner or Lessee)

RFD. Rosa Neb 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/2/81. Date Frwd. 10/2/81. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/2/81. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Thewood

3. City ~~or County~~ Engineer: Date Rec'd. 10-2-81. Date Frwd. 10-2-81. ACTION: Approved ☒ Disapproved ☐ Signature: M Craig

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 8-20-81 by: JMN
Date: ____ by: ____
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-9-81 By: John Colson

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section 35 . S.E 1/4
Property Dimensions: 1200 +- ft. x 1200 +- ft. Area: 29.85 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐ .
Dates of Tests: 8-18-81 to 8-19-81. Weather: Precip. wet Temp. 80.

423-3637 OWNER: John O Vanier

Address: RFD. Roca Neb 68430

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"	8/17	12:PM	8/18	12:PM	8/18	1:PM	6½"	5:PM	2 3/4	240 ½	3 3/4	.64
2								6"		2 1/2	⅜	3 1/2	109
3								6"		2 3/8	½	3 5/8	64
4								7"		2 3/4	⅝	4 1/4	56
5								7"		2 7/8	½	4 1/4	59
6								6"		2 1/4	⅜	3 3/4	65

Sum of Percolation Rates: 477
Average of Rates: 475
Mean of Rates: _____

John O Vanier
Signature of Person Conducting Test

Address RFD ROCA, NEB 68430 Phone 423-3637

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
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 ☐

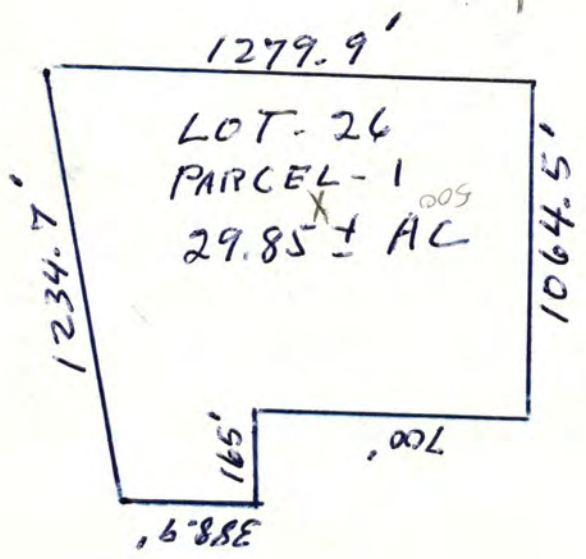
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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.



9-20-21 - inspection
5" drop 100' lateral
111' to well
1000 gal. tank

REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 165 ft.
3. With a Trench Width of 4' in.
4. Total Area of Lateral needed ____ sq.ft.

_____
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
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D

DATE: 8-20-81

FILE NO. _____

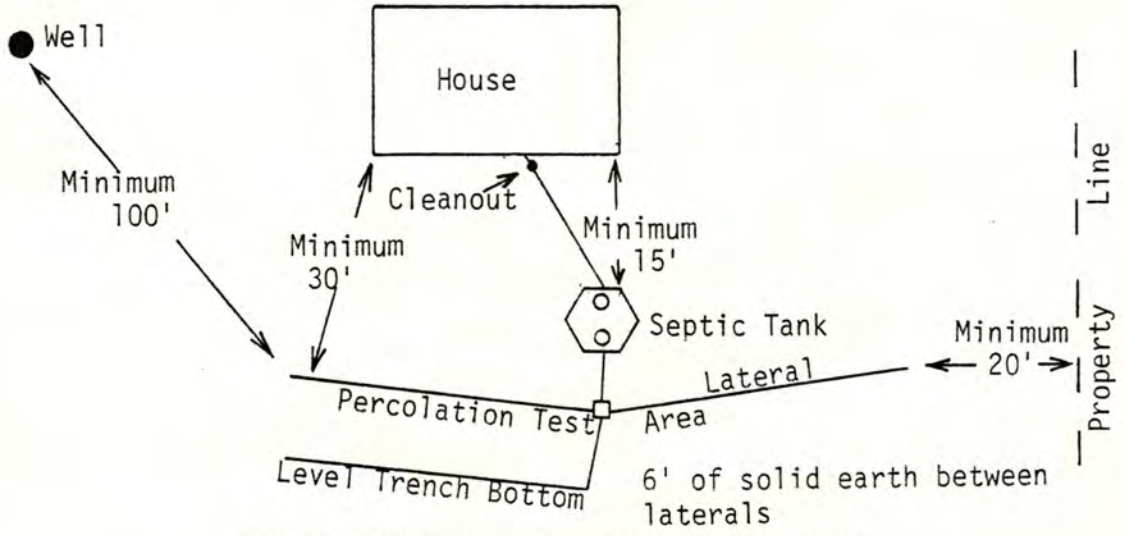
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor 80 in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 88 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 55 ft.;
Stream 250 ft.; Pressure Line ____ ft.; Property Line 80 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments One.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step Co)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 93 ft.;
Stream 300 ft.; Pressure Line 42 ft.; Property Line 80 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
3. Distance from Septic Tank 3 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or
Perforated Pipe ____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☒ ; other ____.
2. Lateral Lines:
Number 1 ;Length of each line ____, ____, ____, ____, 100 ft.;
Total length of laterals 100 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 3 in/100 ft.; Average Depth 36" in.
4. Filter Material: Gravel (Road)
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 111 ft.;
Stream 250 ft.; Pressure Line 60 ft.; Property Line 28 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 8.20.81 INSTALLER Elmer Janssen

