LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 94380114301

SEWAGE INSTALLATION

Issued 03/28/94
Expires 09/28/94
Revenue Code 18754

Establishment

MICHAEL MAY
T9N R7E SEC 1
LOT 29

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL MAY
9400 HOLDREGE ST
LINCOLN NE 68527

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 3/24/94

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 7E ; Section 1 ;
   Block _____ : Lot 29IT Addition _____
   Street Address 3000 South 98th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe _____

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

4. Distance to public sewer: _____ ft.

Michael P. May
Signature of Applicant (Owner or Lessee)

9400 Holdrege
Address
Lincoln, Ne 68505

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/25/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/28/94. Date Frwd. 3/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spur

3. City or County Engineer: Date Rec'd. 3-28-94. Date Frwd. 3-28-94. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: 6/10/94 by: L.C.H.
Date: 10/11/94 by: L.C.H. Taylor only. one lateral left.
10/14/94 P.D.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-14-94 By: Paul Williamson

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

FORM 23-43

SEP 10 '93 13:49 GEN. EXCAVATING — Joseph Stavas — 6121 P.2/2 — 65506

14282

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
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B

FILE NO.______

PROPERTY WHERE SOIL TESTED:

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: 4/27/90 to 4/28/90. Weather: Precip.______ Temp.______

OWNER: ~~Richard~~ Joseph Stavas

Address: 500 ft So of 984 Van Dorn West Side

Joe D'Amico

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	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs	[illegible]	3/4
2	36	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs	[illegible]	1/4
3	36	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs	[illegible]	1/2
4	36	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs	[illegible]	2
5	36	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs		1/4
6	36	4/27	9:00	4/28	9:00	4/28	9:00	6"	4/28	1:00	4hrs		1/8
													2nd hr
												3	3rd hr
												4	4th

Sum of Percolation Rates: ______
Average of Rates: ______
Mean of Rates: ______

Terry Clifton
Signature of Person Conducting Test

Address 4401 No 44 ST Phone 467-1627

(Do not write below this line)

REVIEWING ACTION

Remarks: ______
Soil Type (SCS): Wymore Silty Clay Loam
Date: March 25, 1994

Approved Percolation Rate (a)
A. 32 min./inch
B. ______ min./inch
C. ______ min./inch

Gerrold 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: March 25, 1994

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 323 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed 291 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

100'
100'
100'
100'
4'
22'
Box
50'
Box
6'
5'
42'
TANK
34'
20'
Garage
77'
14'
Cleanout
N
WELL

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. _____

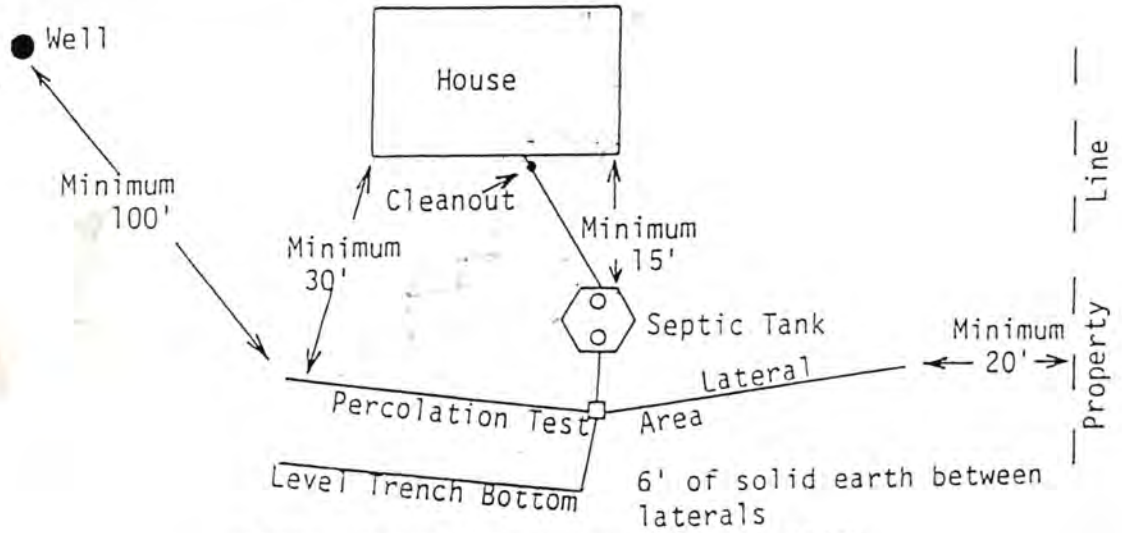
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 97 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 1500 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☑ Grade 6 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 42 / 92 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other ____ .
2. Lateral Lines:
Number 4 ; Length of each line 100 , 100 , 100 , 100 , ____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN