LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380140001

Issued 02/22/96
Expires 08/22/96
Revenue Code 18754

Establishment
PAUL SWINSON
T9N R7E SEC 10
MAR-MA-RA-LO HEIGHTS BLK 2 LOT 7

FEES: $150.00

TOTAL $150.00

Permittee
PAUL SWINSON
2310 S 61 ST
LINCOLN NE 68506

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 2/21/96

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 10 ;
   Block 2 : Lot 7 : Addition MAR-MA-RA-LO HEIGHTS
   Street Address 4701 MANDARIN CIRCLE

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.

Paul L Swinson
Paul L Swinson - Premier Builders Inc.
Signature of Applicant (Owner or Lessee)

2310 S. 61 Lincoln NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd 2/21/96 *. Date Frwd. 2/22/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. ~~2-22-96~~. Date Frwd. 2/22/96. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 2-22-96. Date Frwd. 2-22-96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 3-28-96 by: P.D. + J.M.
Date: 3-29-96 by: P.D.
Date:_____ by:_____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-1-96 By:

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: mar-ma-ra-Jo Heights Lot 7 Block 2

Location: Township 9N ; Range 7E ; Section & ¼ Section 10 .
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: 7-11-90 to 7-12-90 . Weather: Precip. misty Temp. 68 .

OWNER: Karen Kitt

Address: 4721- Mandarin Cv

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	29	7/11	9:30	7/12	8:30	7/12	12:00	16	12:30	17½	30	1½	20MIN/IN
2	29	7/11	9:30	7/12	8:30	7/12	12:00	16½	12:30	17⅝	30	1⅛	27MIN/IN
3	29	7/11	9:30	7/12	8:30	7/12	12:00	15½	12:30	17	30	1½	20MIN/IN
4	29	7/11	9:30	7/12	8:30	7/12	12:00	17¾	12:30	19	30	1¼	24MIN/IN
5	29	7/11	9:30	7/12	8:30	7/12	12:00	15½	12:30	17¼	30	1¾	17MIN/IN
6	29	7/11	9:30	7/12	8:30	7/12	12:00	15½	12:30	16¼	30	¾	40MIN/IN

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

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

90

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam IV
Date: JULY 13, 1990

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: February 22, 1996

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1149 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 3-29-96

FILE NO: _____

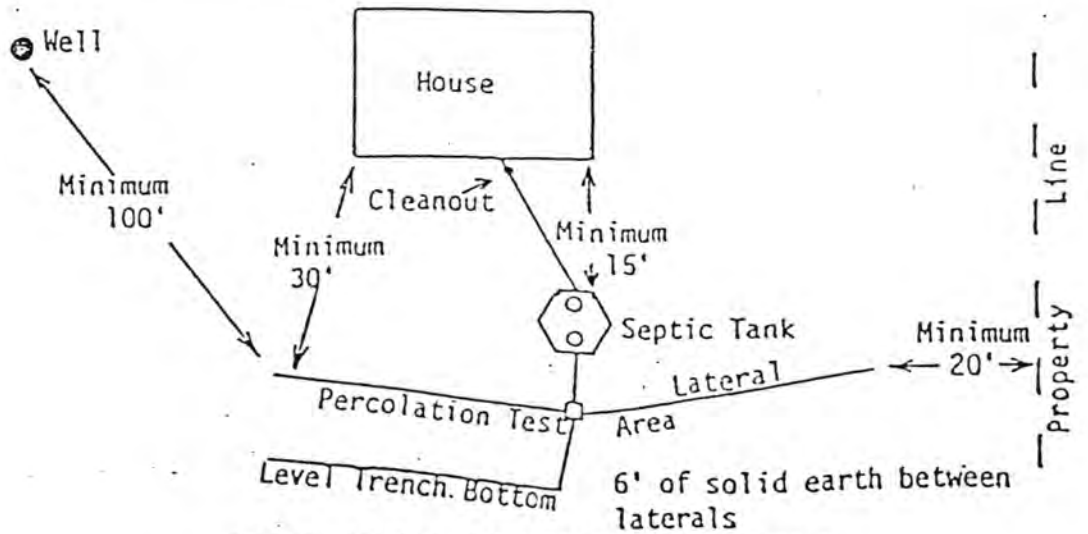
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1250 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 6" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

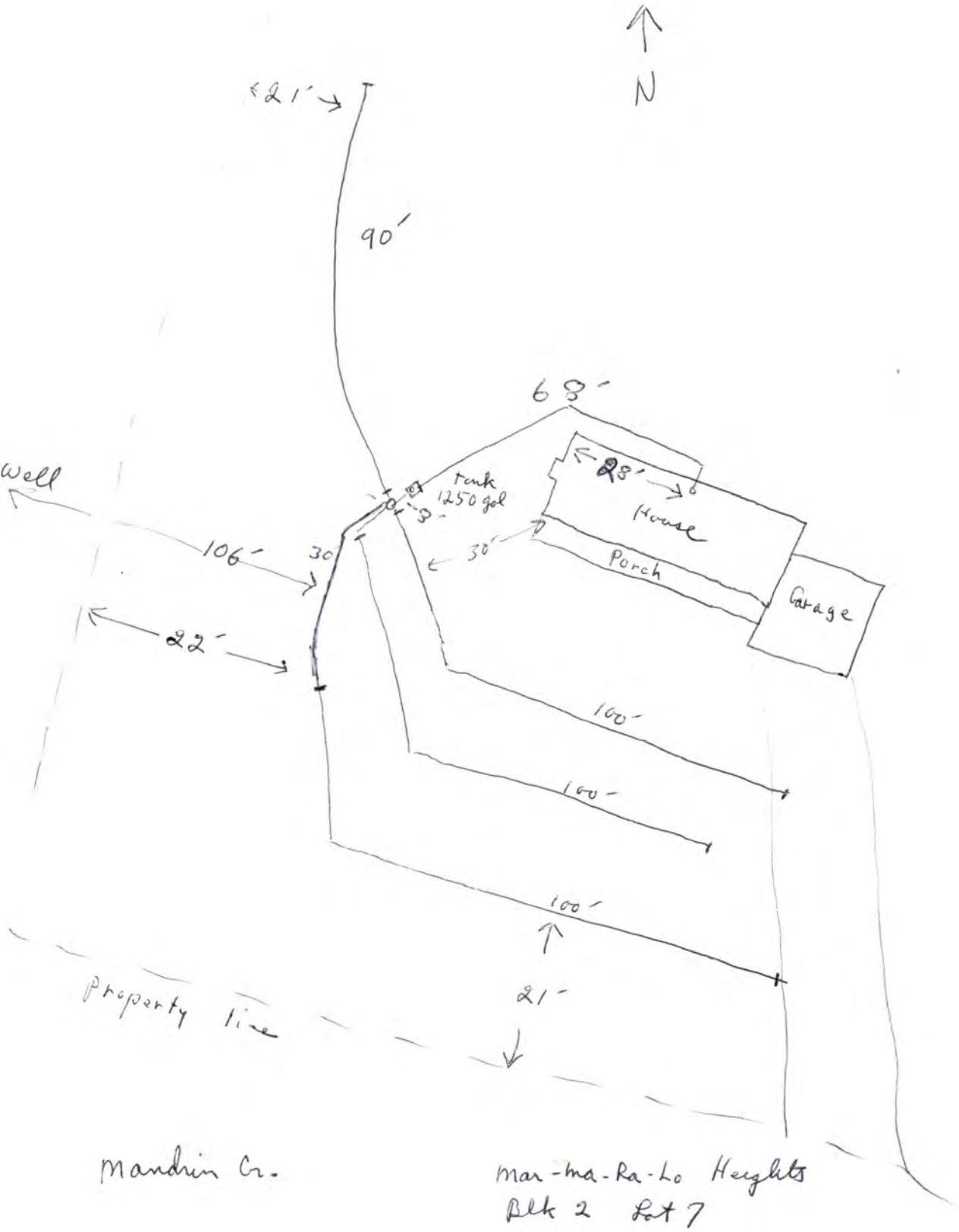
C. DISTRIBUTION BOX:
1. Material precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

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 4; Length of each line 100, 100, 100, 90, _____ ft.;
Total length of laterals 390' ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 3' ft.;
Slope 6" in/100 ft.; Average Depth 30" - 60" in.
4. Filter Material: Road Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line 106 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 22' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarok



Mandrin Cr.

Mar-ma-Ra-Lo Heights
Blk 2 Lot 7