LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380097701

Issued 04/14/93
Expires 10/14/93
Revenue Code 18754

Establishment
JIM FORTNER
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 1 LOT 7
11000 ROCKY RIDGE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
JIM FORTNER
5428 S 32 ST
LINCOLN NE 68516

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"

RECEIVED APR 0 9 1993

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: 3/26/93

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 SE 13 ;
   Block 1 : Lot 7 : Addition HIDDEN VALLEY ACRES - 1ST Addition
   Street Address 11000 Rocky Ridge Road

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: 10,000 ? ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Jim R. Fortner
Signature of Applicant (Owner or Lessee)

5428 S. 32nd Lincoln 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/14/93 . Date Frwd. 4/14/93 . ACTION: Approved ☒ Disapproved ☑ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/14/93 . Date Frwd. 4/14/93 . ACTION: Approved ☑ Disapproved ☐ Signature: [signature]

3. City or County Engineer : Date Rec'd. 4/14/93 . Date Frwd. 4/14/93 . ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/10/93 by: J. C. H.
Date: / / by:
Date: / / by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/10/93 By: Jerrold C. Hood

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section SE 13 .
Property Dimensions: 480 ft. x 395 ft. Area: ≈3 acres. (Attach irregular Sheet C with sketch of property).
Soil Type: Silty Clay ☑ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3/26 to 3/26 . Weather: Precip. none Temp. 60° .

OWNER: Jim R. Fortner

Address: 5428 S. 32nd Lincoln

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		3/26	10:00A	3/26	6:00P	3/26	6:00	18"	6:30	19 7/8	30	1 7/8	16
2		"	"	"	"	"	"	16 1/2	"	17 1/2	"	1	30
3		"	"	"	"	"	"	11 7/8	"	12	"	1/8	240
4		"	"	"	"	"	"	9 7/8	"	10 3/8	"	1/2	60
5		"	"	"	"	"	"	11 1/4	"	11 3/8	"	1/8	240
6		"	"	"	"	"	"	13 3/8	"	13 3/4	"	3/8	80
7		"	"	"	"	"	"	11 1/2	"	11 3/4	"	1/4	120

Sum of Percolation Rates: 786
Average of Rates: 112
Mean of Rates: _____

Jim R. Fortner
Signature of Person Conducting Test

Address 5428 S. 32nd Lincoln Phone 421-8488

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 44 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 ☐

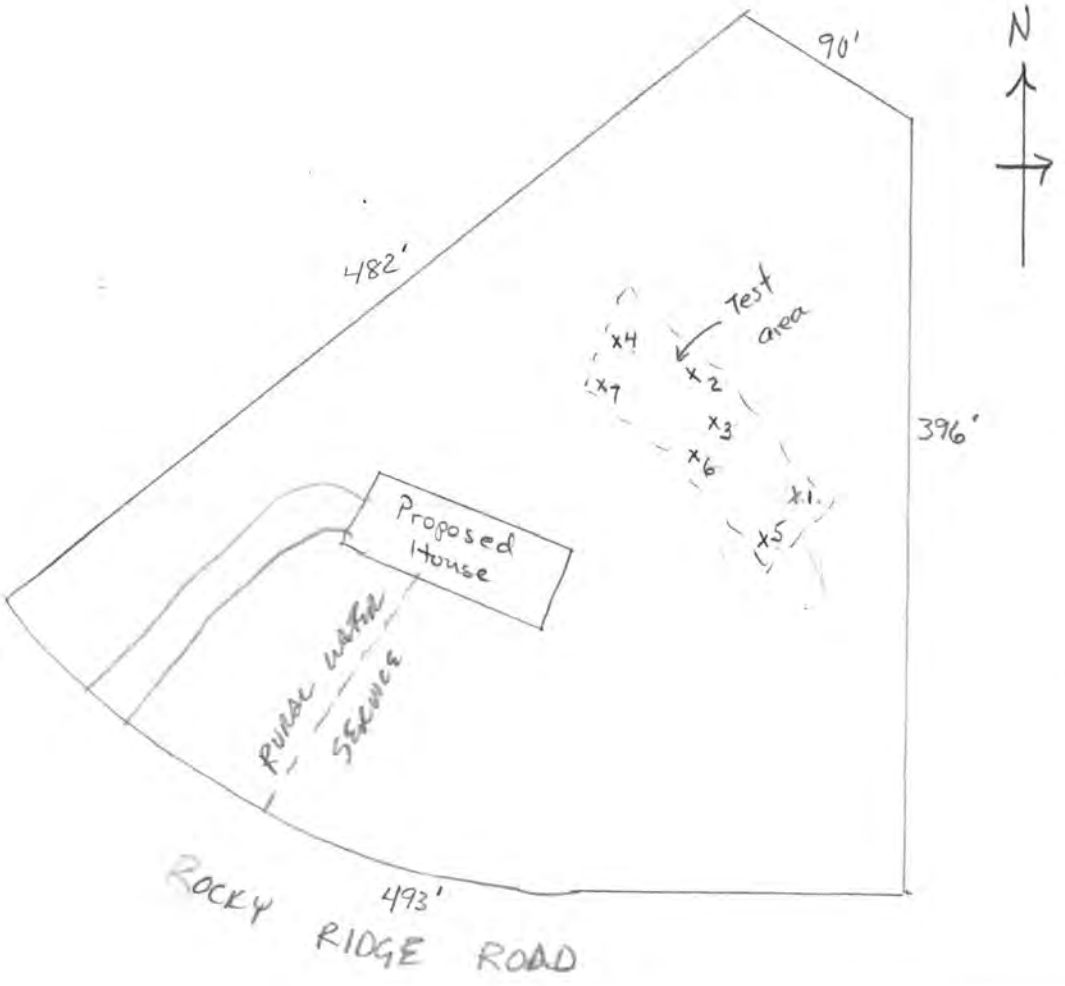
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 9-10-93

FILE NO. _____

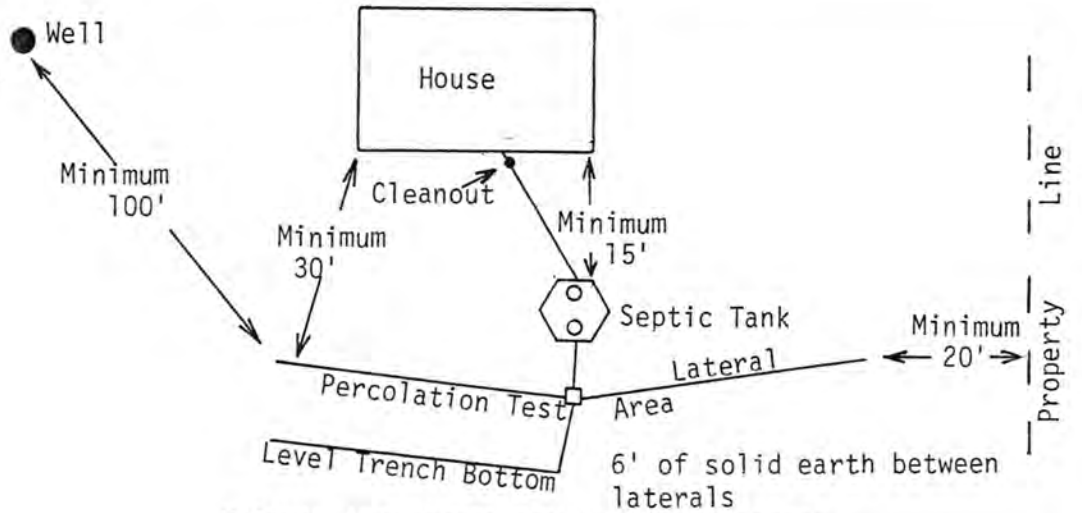
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material ☐ 160 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank 80 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 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 16" 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 5.
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 18 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 84, 84, 32, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 17 ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 33 in. 64 cm
4. Filter Material: Road Gravel
Depth of Material 24-30 in.
5. Distances to:
Well or Suction Line — ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

RECEIVED OCT 12 1993

AS BUILT DRAWING OF SYSTEM

DATE 9-10 93 INSTALLER Larry Schwarb

N

11000 Rocky Ridge Rd.

