LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380132301

Issued 07/25/95
Expires 01/25/96
Revenue Code 18754

Establishment
GEORGE WATSON JR
T9N R7E SEC 13
BLK 2 LOT 2
11111 ROCKY RIDGE RD

FEES: $150.00

TOTAL $150.00

Permittee
GEORGE WATSON JR
435 N 44 ST
APT 1418
LINCOLN NE 68503

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____

FILE NO. _____

DATE: 19 July 95

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 13 ;
   Block 2 : Lot 2 : Addition FIRST HIDDEN VALLEY
   Street Address 11111 Rocky Ridge Road

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: _____ ft.

Jay M Watson
Signature of Applicant (Owner or Lessee)

435 N. 44 #1418
Address Lincoln Ne 68503

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/25/95. Date Frwd. 7/25/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nead
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/25/95. Date Frwd. 7/25/95. ACTION: Approved ☒ Disapproved ☐ Signature: TK
3. City or County Engineer : Date Rec'd. 7-25-95. Date Frwd. 7-25-95. ACTION: Approved ☒ Disapproved ☐ Signature: KD Mat

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/20/95 by: D.C.H. ~~Needs to finish fence~~
Date: 11/27/95 by: D.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/27/95 By: Jerrold C. Nead

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

FORM 33 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:

Location: Township 9 ; Range 7 ; Section & ¼ Section 13 .
Property Dimensions: 250 ft. x 520 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 16 July 95 to 17 July 95. Weather: Precip. 0 Temp. 88-90.

OWNER: George M Watson JR

Address: 435 N. 44 #1418 Lincoln Ne 68503

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	31	7/16	12:00	7/16	4PM	7/17	8:30	17½	900	18½	30	1	
2	31	7/16	12PM	7/16	4PM	7/17	8:30	14¾	900	15⅞	30	1⅛	
3	31	7/16	12PM	7/16	4PM	7/17	8:30	15¼	900	17¾	30	2½	
4	31	7/16	12PM	7/16	4PM	7/17	8:30	17	900	19	30	2	
5	31	7/16	12PM	7/16	4PM	7/17	8:30	14½	900	16⅜	30	1⅞	
6	31	7/16	12PM	7/16	4PM	7/17	8:30	15½	900	17⅜	30	1⅞	
7	31	7/16	12PM	7/16	4PM	7/17	8:30	14½	900	17	30	2½	
8	31	7/16	12PM	7/16	4PM	7/17	8:30	15½	900	17½	30	2	

Geo M Watson
Signature of Person Conducting Test

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

Address 435 N. 44 #1418 Lincoln Ne 68503 Phone 465-5833

(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 ☐

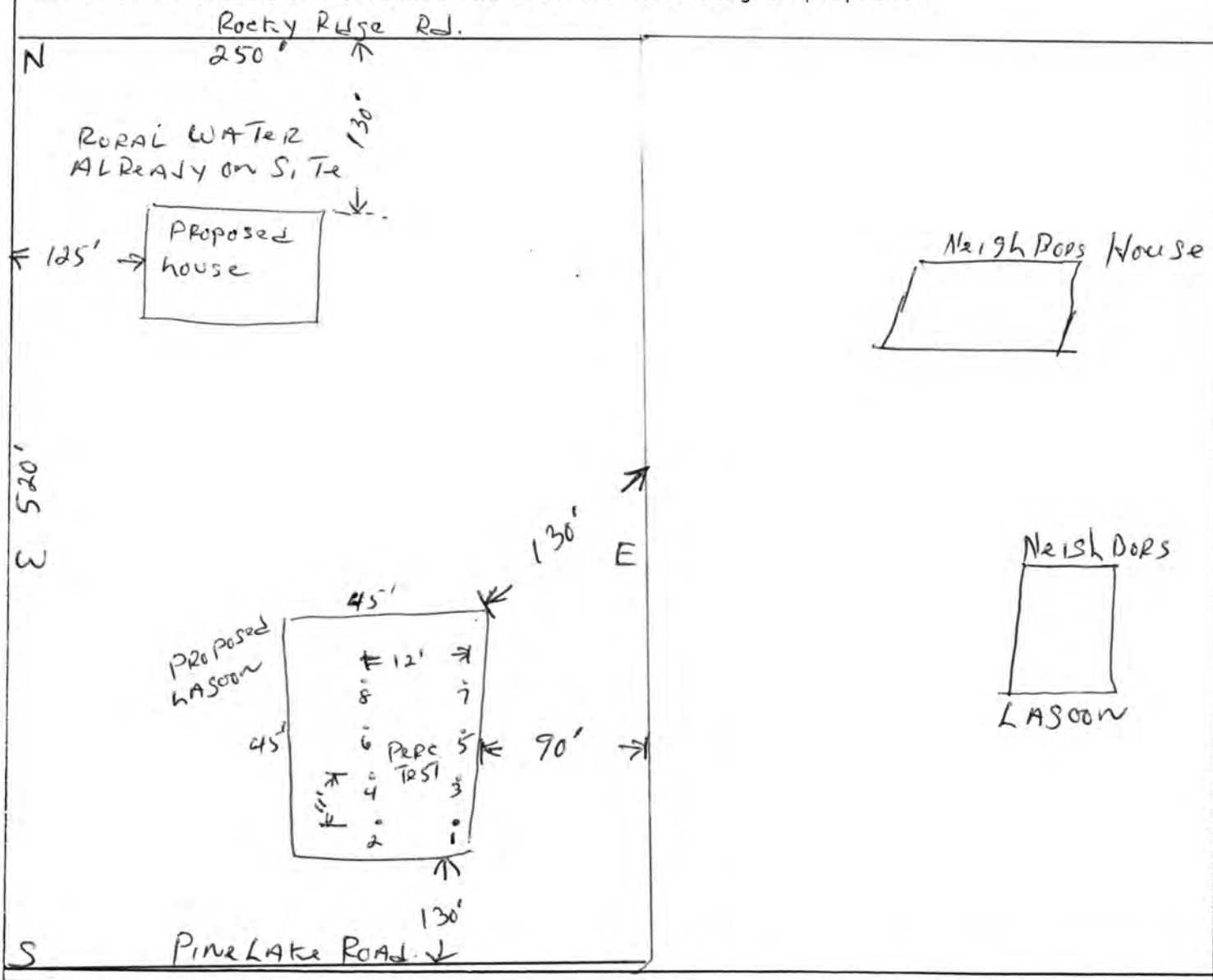
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

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: 20th 1995

FILE NO. _____

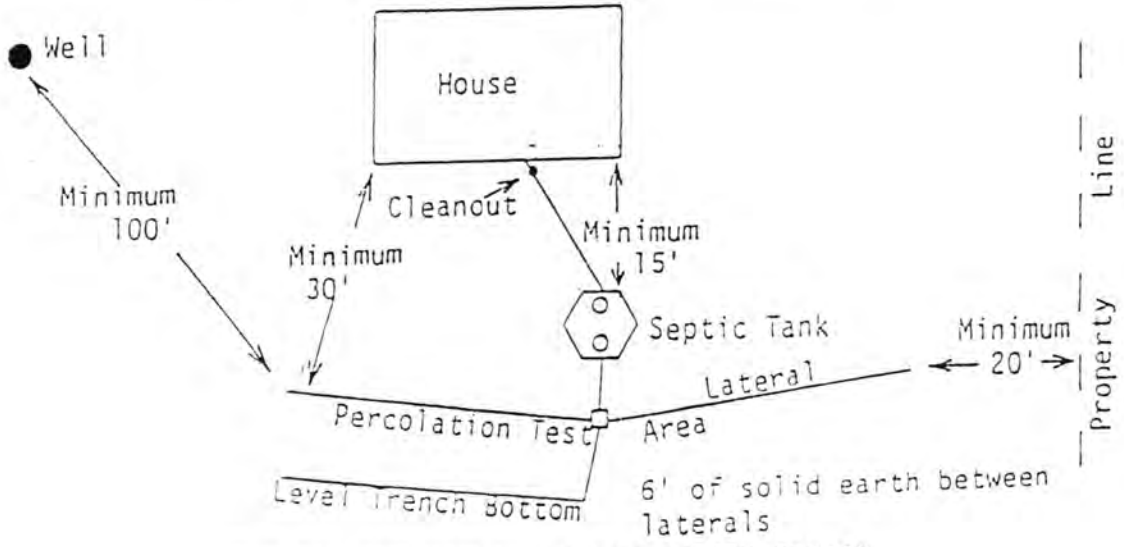
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 4" IPS PVC 120 160PSI ASTM D-2241
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and ~~septic tank~~ 250' ft. LAGOON
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

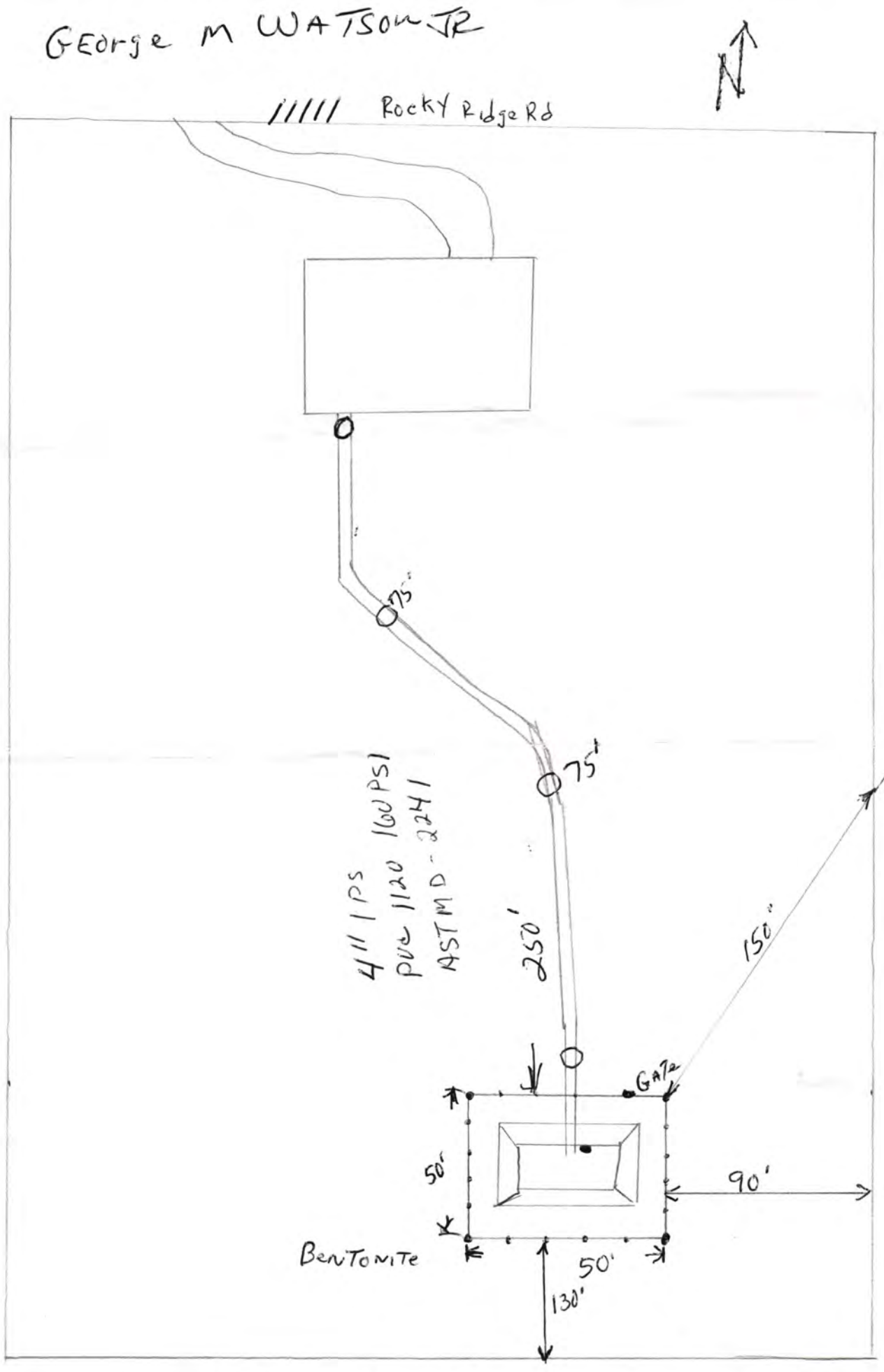
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ Gals.;
3. Factory Built: Yes ☐ No ☐ (Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ 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 ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ 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


George M WATSON JR
Rocky Ridge Rd
75'
75'
4" IPS
PVC 1120 160 PSI
ASTM D-2241
250'
100'
150'
GATE
50'
90'
BENTONITE
50'
130'
Pine Lake Road