LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380085801

Issued 06/12/92
Expires 12/12/92

ESTABLISHMENT

GAYLEN BARTLING
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 2 LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

GAYLEN BARTLING
3200 EDWARDS CT
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/15/92	PAID

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: 471-7800

A

FILING FEE: $ 150

FILE NO. _____

DATE: 5-24-92

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 3 : Addition 1st add. Hidden Valley Acres
   Street Address Rocky Ridge

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: — ft.

X Gaylan Bandemer
Signature of Applicant (Owner or Lessee)

3700 Edwards ct Lincoln 68502
Address

(488-8021 or 560-8021)

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/10/92. Date Frwd. 6/12/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nord

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/12/92. Date Frwd. 6/12/92. ACTION: Approved ☐ Disapproved ☐ Signature: Kay Lyon

3. City or County Engineer: Date Rec'd. 6-12-92. Date Frwd. 6-12-92. ACTION: Approved ☒ Disapproved ☐ Signature: RB Mytharn

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-12-92 by: JC
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-12-92 By: John Thon

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Hidden Valley Acres

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: 5-23 to 5-24-92 Weather: Precip. — Temp. 62°

OWNER: _____

Address: _____

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	30	5-23	11:30	5-24	7:10	5-24	12:20	17	12:50	17 ½	30	½	
2	1							17 ¼		17 ¾		¼	
3								14 ⅞		15 ¼		⅜	
4	1							6 ⅞		7 ⅛		¼	
5								9 ⅝		9 ⅝		—	
6	1							14 ¼		14 ¾		½	
7	1							13 ⅛		13 ⅝		½	
8								9 ½		10 ⅛		⅝	
9	1							12 ¼		13		¾	
10	1							12 ⅞		12 ⅝		½	

Larry Schwarck Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

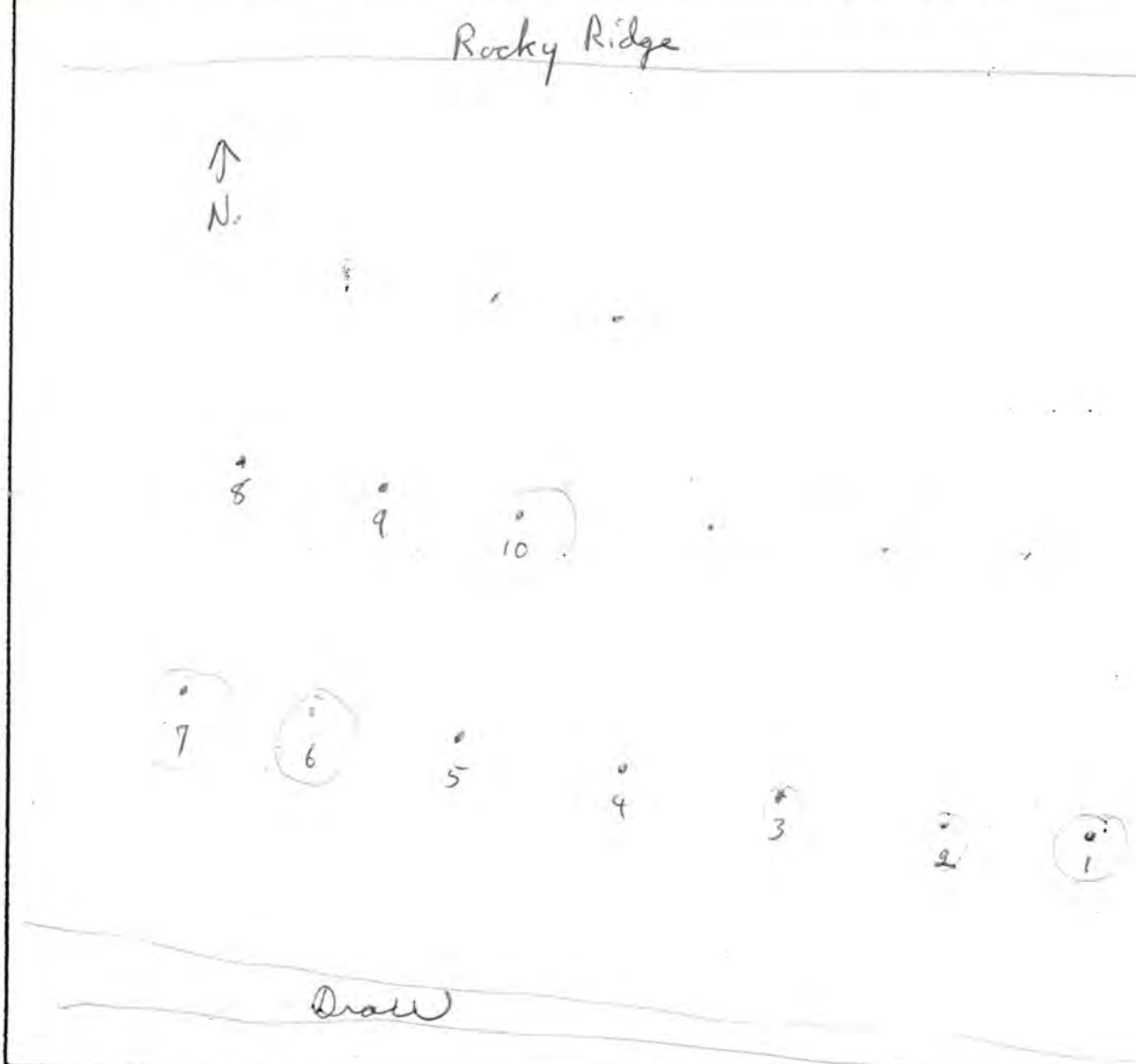
Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: _____

Approved Percolation Rate (a)
A. 53 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 938 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: _____

FILE NO. _____

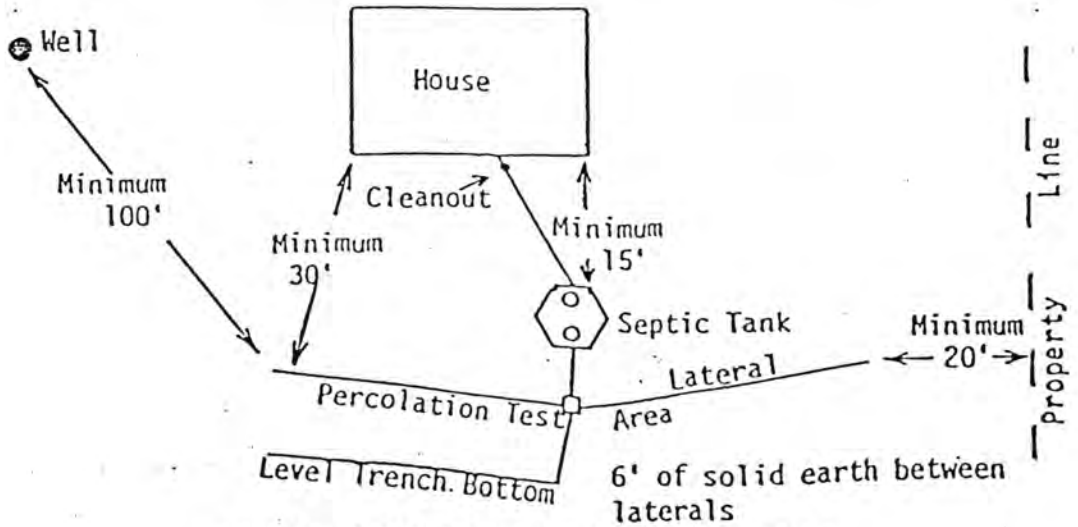
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160 ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor 3' in.
3. Distance between dwelling and septic tank 45' 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 1000 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 5" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

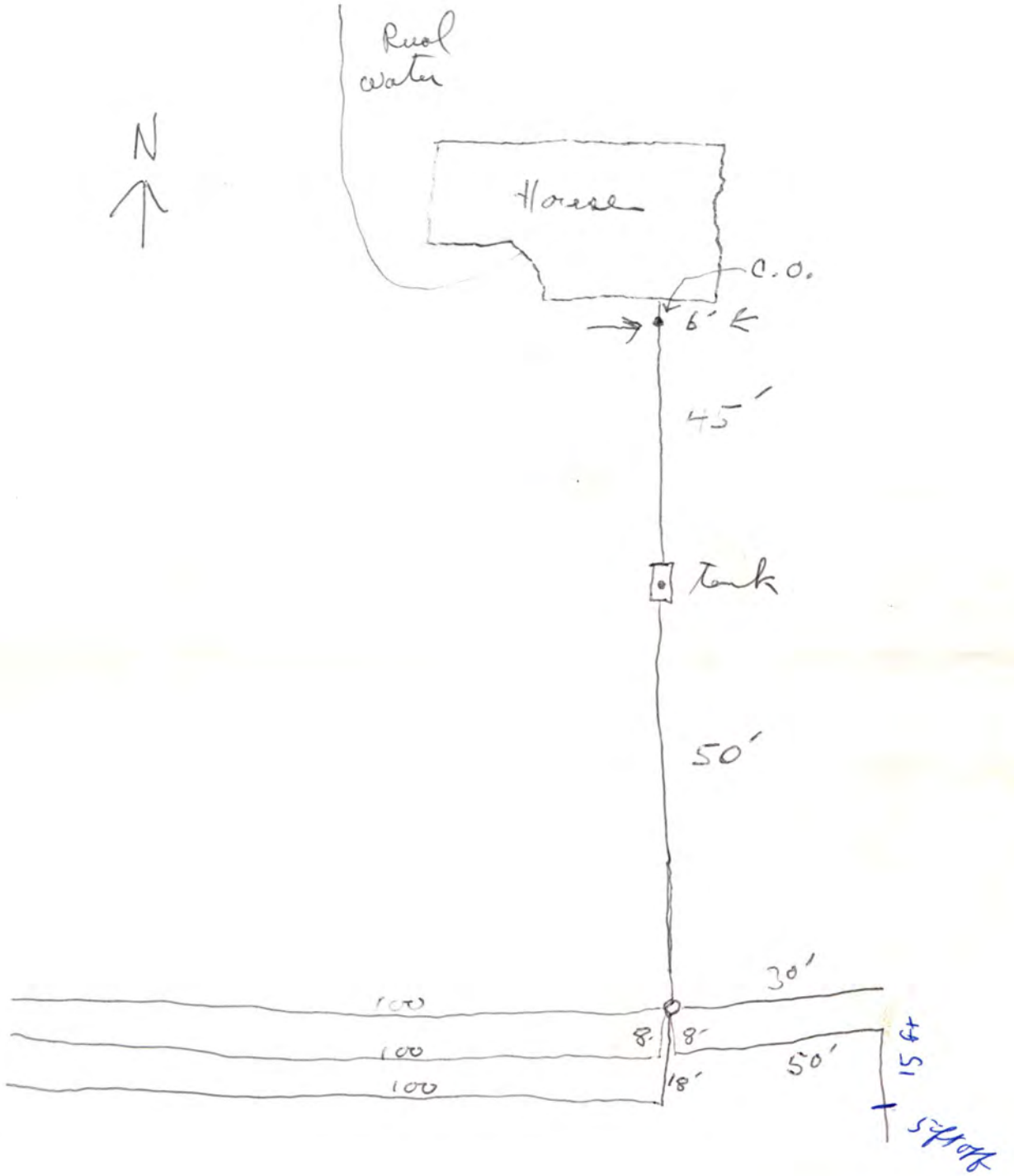
C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 50 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4 or
Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 5 ; Length of each line 100, 100, 100, 50, 30 ft.;
Total length of laterals 380 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6" in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck 8-12-92



Note T. Schwarck

5ft cutoff the SE Lateral, Soil STAYS 6in below

8-12-92 Larry Schwarck