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. 94380110701

Issued 01/03/94
Expires 07/03/94
Revenue Code 18754

Establishment
RICHARD DANEK
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 4 LOT 4
11110 ASPEN CANYON ROAD

FEES: $150.00

TOTAL $150.00

Permittee
RICHARD DANEK
4509 S 36 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"

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. 1

DATE: 11-16-93

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: Lot 4 Block 4 Hidden Valley Acres, First Addition

1. Legal description of property: Twp. 9N ; Range 7E ; Section 13 ; Block 4 : Lot 4 : Addition ~~1st~~ HIDDEN VALLEY ACRES
   Street Address 1110 Aspen Canyon Rd.
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒
   ~~Site Seepage Bed~~ CHANGE TO LAGOON
4. Distance to public sewer: _____ ft.

X [signature]
Signature of Applicant (Owner or Lessee)

4509 So 36th Street
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 1/3/94 . Date Frwd. 1/3/94 .	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 1/3/94 . Date Frwd. 1/3/94 .	ACTION: Approved ☒ Disapproved ☐	Signature: Gary Spier
3. City or County Engineer :	Date Rec'd. 1-3-94 . Date Frwd. 1-3-94 .	ACTION: Approved ☒ Disapproved ☐	Signature: Dennis Sadek

REMARKS OR REASONS FOR DISAPPROVAL LINE TO KEEP OUT GROUND WATER.

Site Visits:
Date: 4-4-94 by: P.D 9:00
Date: 4-4-94 by: P.D 3:00pm
Date: 4-4-94 by: P.D 4:00pm

*Experimental

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-12-94 By: Paul Bostrom

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

provisional approval only

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: Lot 4 Blk 4 Hidden Valley Acres First Add.

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: 11-15 to 11-16-93. Weather: Precip. — Temp. 40°.

11110 Aspen Canyon Rd.

OWNER: Richard Danek

Address: 4509 So 36th

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	11-15	1:00	8:00	11-16	11-16	10:00	10½	10:30	10¾	30	¼	
2								9		9⅛		⅛	
3								7⅛		7⅛		—	
4								14		14		—	
5								10½		10⅝		⅛	
6								12		12			
7								10¼		10¼		—	
8								13¾		13⅞		⅛	
9								12¼		12¼		—	
10								4½		4½		—	

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

Larry Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

(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 ☐

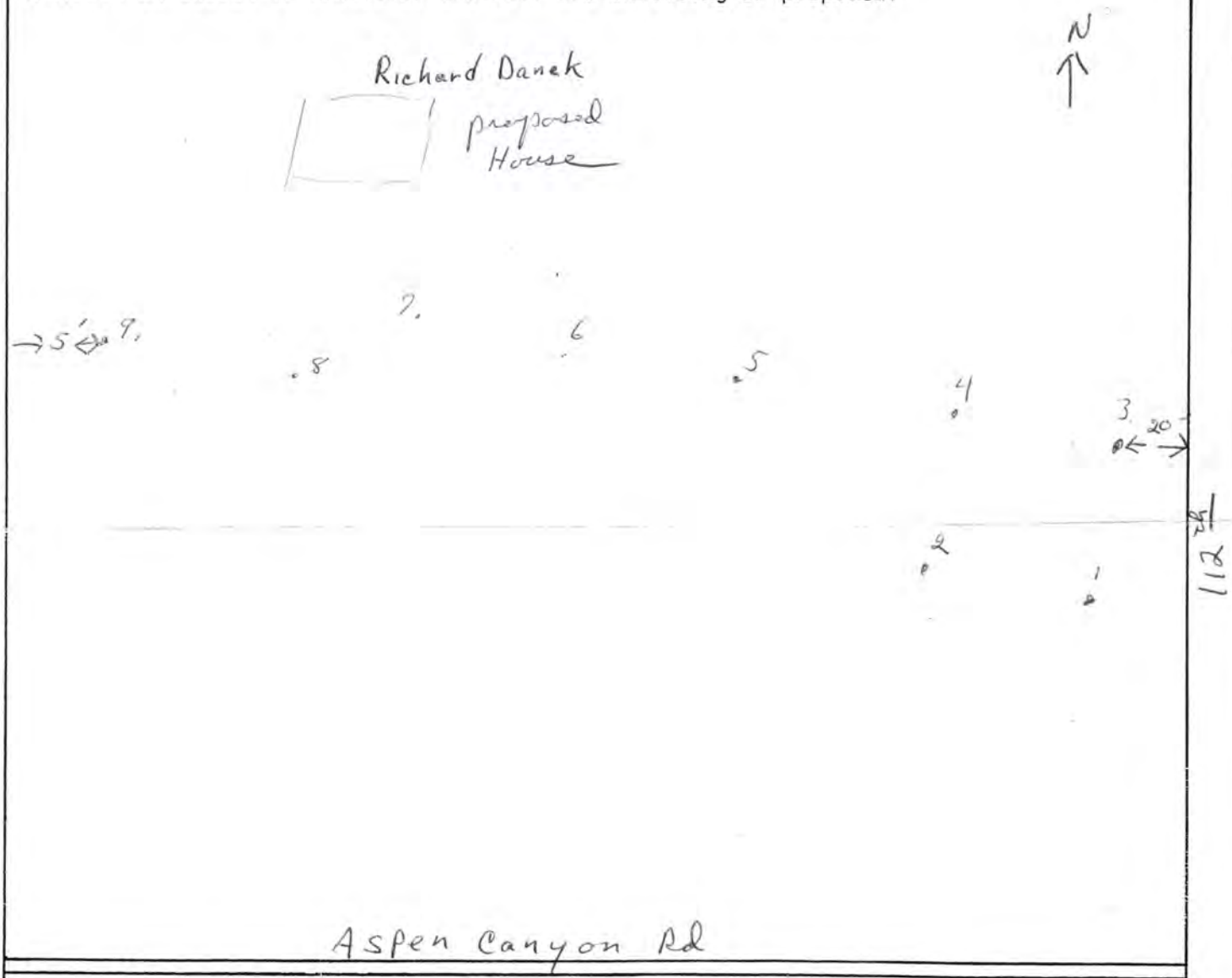
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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
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D

DATE: _____

FILE NO. _____

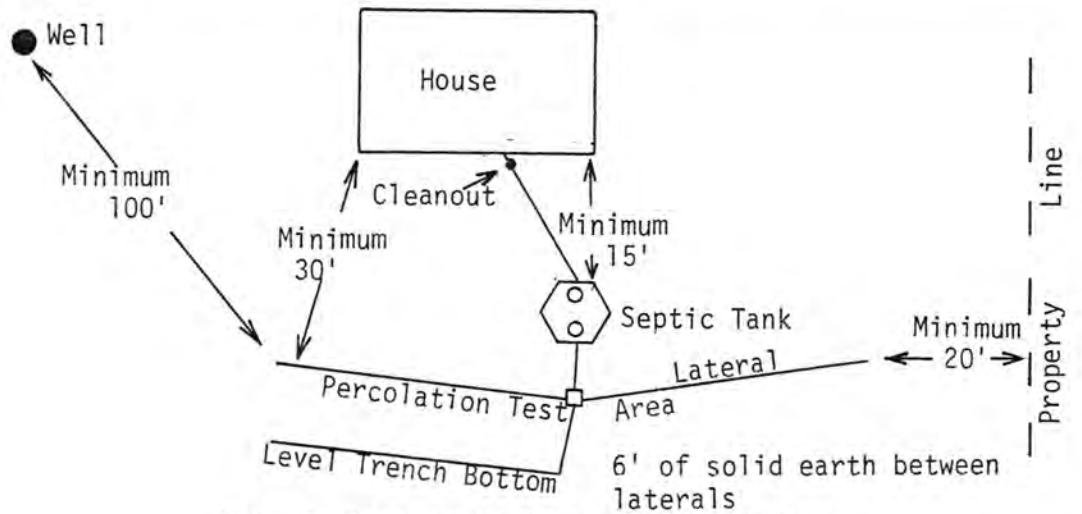
SPECIFICATIONS AS BUILT

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 63 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 12~ 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 83~ 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 80~ , 90~ , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope — in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 24 below & also in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



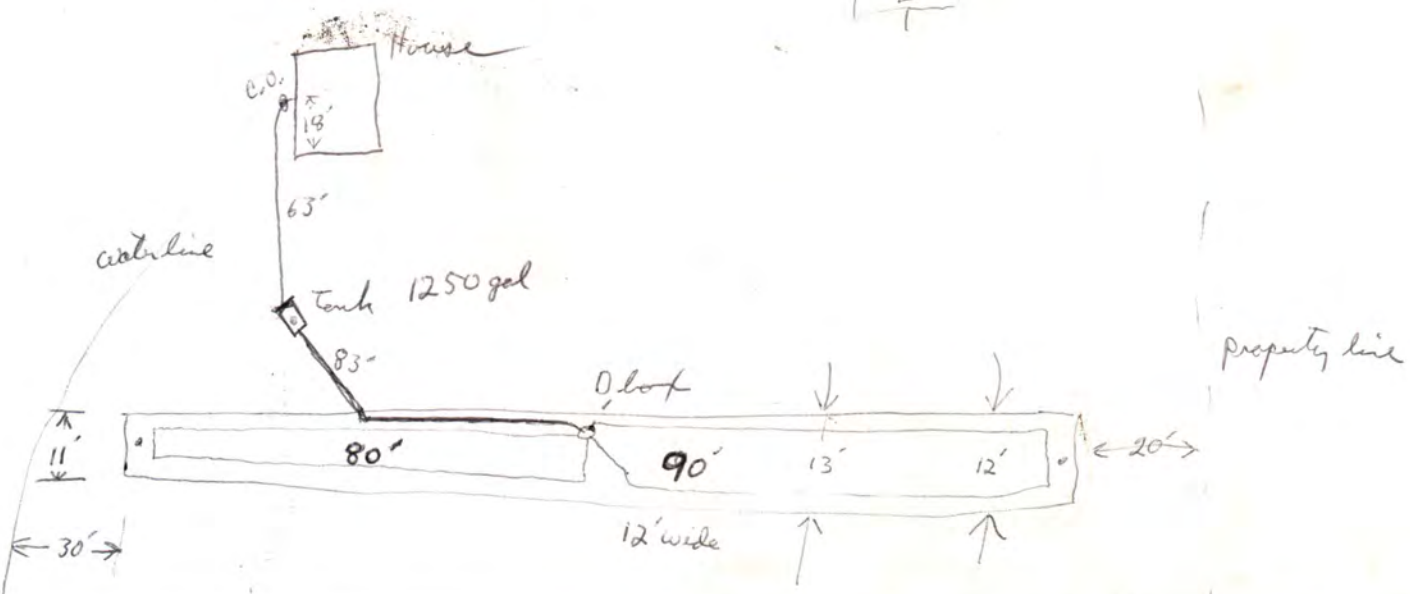
TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 4-4-94 INSTALLER Larry Schwank

Richard Danie
11110 Aspen Canyon Rd





170' Experimental x 12' wide x 3' deep.
352 ton Road Gravel