FILE # 2845

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

HAMPTON ENTERPRISES 1660 SO. 70TH ST., SUITE 203 LINCOLN, NE 68506

LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Sec 10; NE¼ of SE¼

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

T0 2H001 $60.00 08-30-82

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: $60.00 ck 2502

FILE NO. 28495

DATE: 5-22-89

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 _____ : Lot _____ : Addition _____
   Street Address NE¼ of SE¼

2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
   No. of Bedrooms _____. Describe Storage Bldg
   3 men 5 days 8 hrs/day

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

4. Distance to public sewer: mi' _____ ft.

Hampton Enterprises
Signature of Applicant (Owner or Lessee)

1660 So 70th Suite 203
Address
Zip ne.

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/22/89. Date Frwd. 5/23/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/24/89. Date Frwd. 5/24/89. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 5/23/89. Date Frwd. 5/23/89. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~WELL IS DRILLED BUT NO PERMIT HAS BEEN OBTAINED. APPLICATION FOR PERMIT WAS SENT BUT IT HAS NOT BEEN RETURNED.~~

Site Visits:
Date: 6/16/89 by: J.C. Hood
Date: 6/19/89 by: J.C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/19/89 By: Jerrold C. Hood

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

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:

Location: Township 9 ; 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: 5-15-89 to 5-16-89 . Weather: Precip. _____ Temp. _____ .

OWNER: Hampton Enterprises

Address: 1640 So 70th St 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	18'	5/15	8:30 AM	5-15	1 PM	5-16	11 AM	6	12 AM	4 3/4	60	1 1/4	
		↓	↓	↓	↓	↓			↓		↓		
2	18"						↓	6		1 5/8		1 3/8	
3	18"							4		4 3/8		1 3/8	
4	18"							6		4 1/2		1 1/2	
5	18"							6		4 3/4		1 1/4	
6	18"							6		4 3/4		1 1/4	

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

Little Lee Co.
Signature of Person Conducting Test

Address 6710 No 7 Phone 435-5868 Certified Soil Consultant

Copy of Test attached (Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam
Date: May 22, 1989

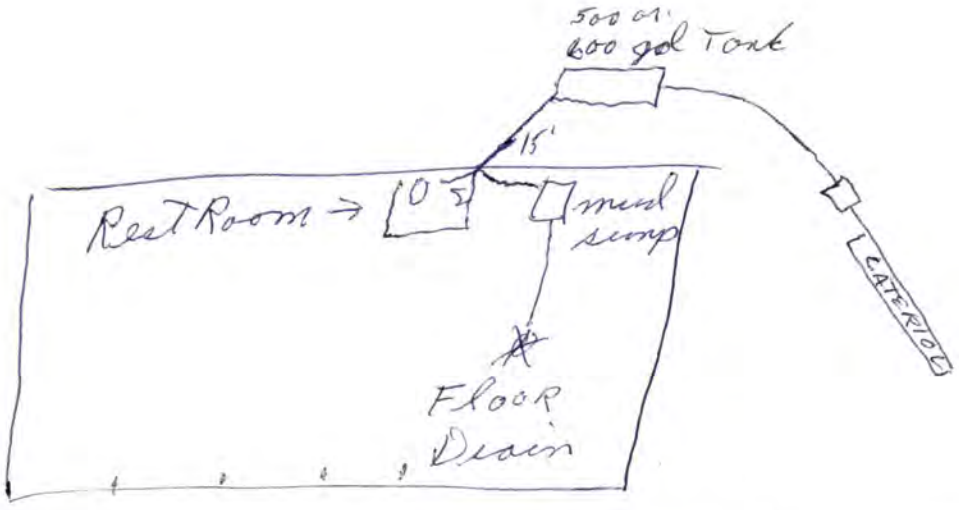
Approved Percolation Rate (a)
A. 46 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Wood
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.

(N)



DRIVE

REVIEWING ACTION

Remarks: _____

Date: May 22, 1989

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 45 sq.ft.

Gerrold 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 DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: 5-22-89

FILE NO. _____

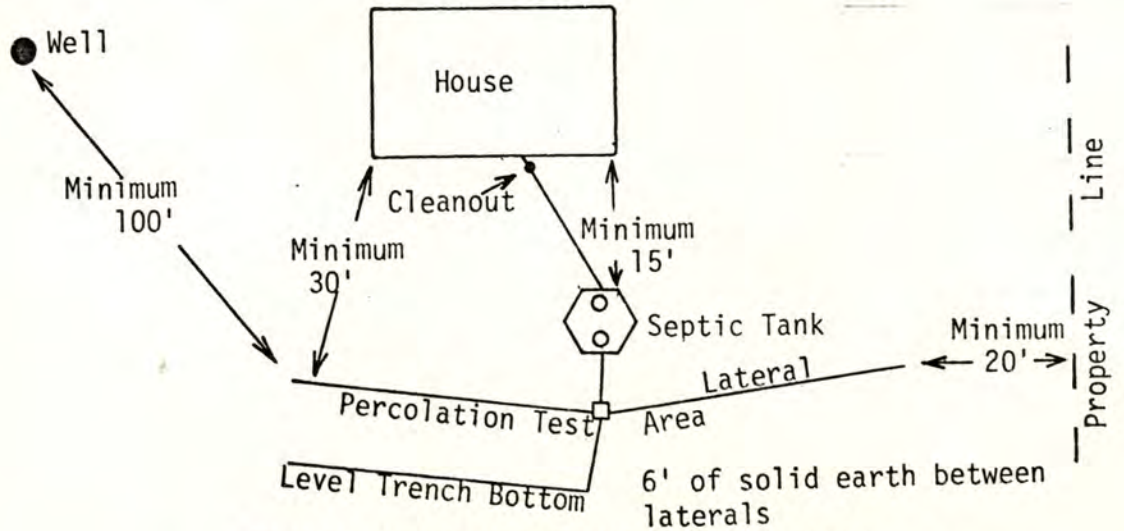
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs 1 inside.
5. Distances to: Well or Suction Line 50 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

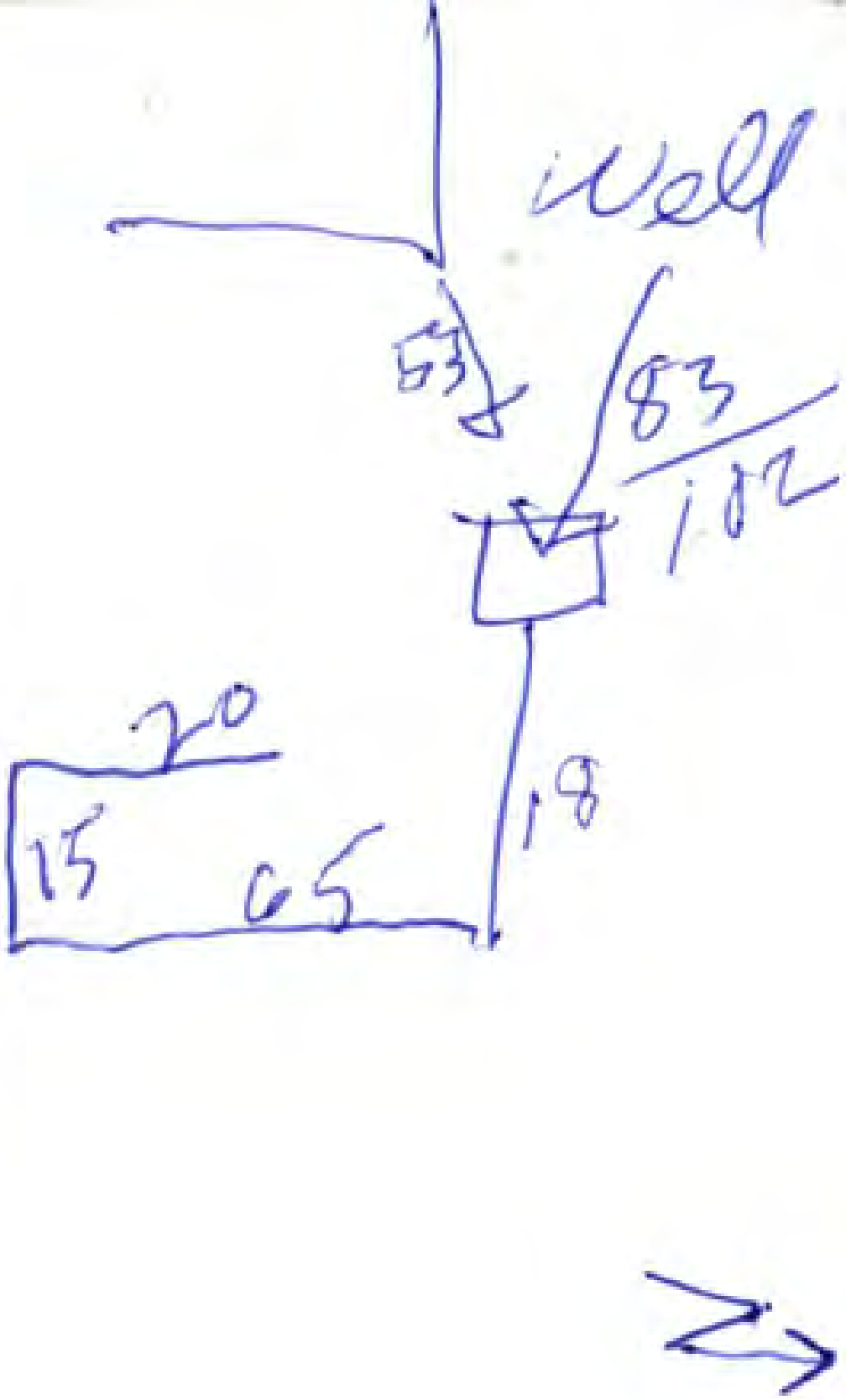
B. SEPTIC TANK:
1. Material Pla ; No. of compartments 2.
2. Capacity 500 gal gals.;
3. Factory Built: Yes ☒ No ☐ (Company Mo-Tank)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☐ Grade at in.
5. Inlet: Baffle ☐ ; or Tee ☒
6. Outlet: Baffle ☐ ; or Tee ☒
7. Depth of top of tank below finished grade at in.
8. Distances to: Well or Suction Line 50 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐ (Company Hard Core)
3. Distance from Septic Tank 20 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 1 ; Length of each line ____, ____, ____, ____, ____ ft.; Total length of laterals ____ ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 36in ~~ft.~~; Slope 6 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel, Depth of Material 12 in.
5. Distances to: Well or Suction Line 100 ft.; Stream 50 ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


well
53
83
182
20
15
65
18