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. 90380047601

Issued 06/06/90
Expires 12/06/90

ESTABLISHMENT

WILLIAM ZINS
T9N R7E SEC 2
LOT 15

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

WILLIAM ZINS
6040 OAKRIDGE DR
LINCOLN NE 68516

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
	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: $ 150.00

FILE NO. 90380047601

DATE: _____

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 20 ;
   Block 1 : Lot 4 : Addition COUNTRY ACRES SOUTH
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

ROBISON CONSTRUCTION
Signature of Applicant (Owner or Lessee)

237 SO. 70 SUITE 210
LINCOLN, NE 68510
Address

OWNER - BILL ZINS

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/6/90. Date Frwd. 6/6/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Harry Spin

3. City or County Engineer: Date Rec'd. 6-6-90. Date Frwd. 6-6-90. ACTION: Approved ☒ Disapproved ☐ Signature: BEMichaels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-21-90 by: rm need drawing
Date: 8-22-90 by: rm
Date: 9/11/90 by: J. C. H.

PROVISIONAL

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 8-24-90 By: Ron Maxwell

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)

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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ 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: 8/17/90 to 8/18/90. Weather: Precip. 0 Temp. 90.

OWNER: William L. Zins

Address: 6040 Oakridge Dr., Lincoln Ne.

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"	8/17/90	5pm	8/18/90	6pm	8/18/90	6pm	22"	6:30pm	20½"	30 min	1½"	
2	"	"	"	"	"	"	"	"	"	20¾"	"	1¼"	
3	"	"	"	"	"	"	"	"	"	20¾"	"	1¼"	
4	"	"	"	"	"	"	"	"	"	21⅜"	"	5/8"	
5	"	"	"	"	"	"	"	"	"	21"	"	1"	
6	"	"	"	"	"	"	"	"	"	20⅜"	"	1⅝"	
7	"	"	"	"	"	"	"	"	"	20¾"	"	1¼"	
8	"	"	"	"	"	"	"	"	"	20⅞"	"	1⅛"	
9	"	"	"	"	"	"	"	"	"	20⅜"	"	1⅝"	
10	"	"	"	"	"	"	"	"	"	20½"	"	1½"	

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

William L. Zins
Signature of Person Conducting Test

Address 6040 Oakridge Dr. Phone 402-483-5065
Lincoln, Ne (Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 20, 1990

Approved Percolation Rate (a)
A. 24 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 ☒

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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: AUGUST 20, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 301 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 902 sq.ft.

Jerrold C. Hoos
Signature of Reviewing Official

FORM 20104-0477 RECEIVED AUG 2 3 1990
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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D

DATE: _____

FILE NO. _____

SPECIFICATIONS AS BUILT

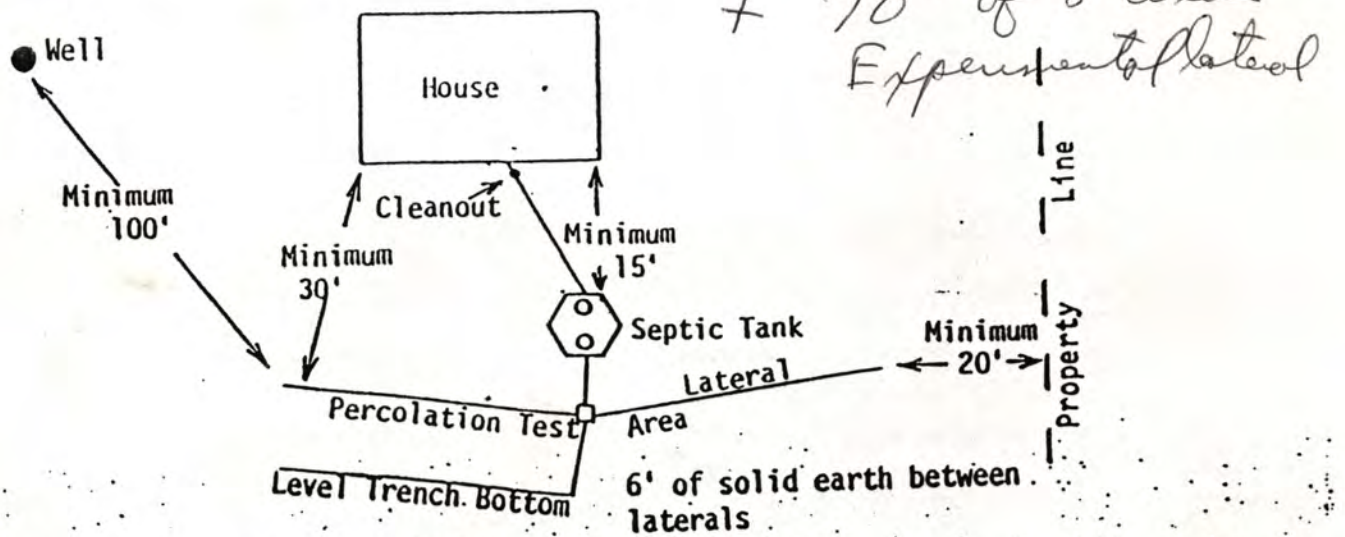
A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 128 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. ~~24~~ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 3 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 27" 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 43 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 5; Length of each line 30, 80, 60, 70, 70 ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 32 in.
4. Filter Material: Road Gravel
Depth of Material 15 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 20 ft.

+ 70' of 8' wide Experimental lateral



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

8-21-90

a Well

