# 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. 90380012001

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
THOMAS GAPP
T9N R7E SEC 21
LOT 7

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE THOMAS GAPP
1007 TWINRIDGE RD
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

9038 00120

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. 903800120

DATE: 12 APR 90

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 21 ;
   Block ____ : Lot T.I.T. : Addition ____
   Street Address 7501 S. 70th
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe ____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: Not Available ft.

Signature of Applicant (Owner or Lessee)

1007 TWINRIDGE, LINCOLN
Address

(Do not write below this double line)

| | | | |
|---|---|---|---|
| 1. Health Department: | Date Rec'd. 4/12/90 . Date Frwd. 5/4/90 . | ACTION: Approved ☒ Disapproved ☐ | Signature: Jerrold E. Hoop |
| 2. Supt. Bldg. Insp.: or Village Clerk | Date Rec'd. 5/4/90 . Date Frwd. 5/4/90 . | ACTION: Approved ☒ Disapproved ☐ | Signature: Vela |
| 3. City or County Engineer : | Date Rec'd. 5-4-90 . Date Frwd. 5-4-90 . | ACTION: Approved ☒ Disapproved ☐ | Signature: Dennis Bartels |

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 5-1-90 by: ____
Date: 5-2-90 by: ____
Date: ____ by: ____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-7-90 By: Ron Maynard

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 9N ; Range 7E ; Section & ¼ Section 21 .
Property Dimensions: 1280.52 ft. x 1316.04 ft. Area: 37.243 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ ; Peoria Loam Clay ☒ ; Top Soil ☒ .
Dates of Tests: 12/30/88 to 12/31/88 . Weather: Precip. 0 Temp. 49° .

OWNER: Tom Gapp

Address: 70th & Pioneers

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" | 12/30 | 2:00 | 12/30 | 6:00 | 12/31 | 8:00 | 6" | 12:00 12/31 | 5 1/2" | ~~240~~30 | 1/2" | 30/ 1/2" |
| 2 | 24" | 12/30 | 2:02 | 12/30 | 6:02 | 12/31 | 8:01 | 6" | 12:01 12/31 | 5 1/2 | ~~240~~30 | 1/2" | 30/ 1/2" |
| 3 | 24" | 12/30 | 2:04 | 12/30 | 6:04 | 12/31 | 8:02 | 6" | 12:02 12/31 | 5 1/2 | ~~240~~30 | 1/2" | 30/ 1/2" |
| 4 | 30" | 12/30 | 2:06 | 12/30 | 6:06 | 12/31 | 8:03 | 6" | 12:03 12/31 | 5 1/2 | ~~240~~30 | 1/2" | 30/ 1/2" |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 2"
Average of Rates: 1/2"
Mean of Rates: 30min.1/2"

Tom Craig
Signature of Person ~~Conducting~~ Test

Address 1919 So. 40th #202 Phone 488-7677

(Do not write below this line)

REVIEWING ACTION

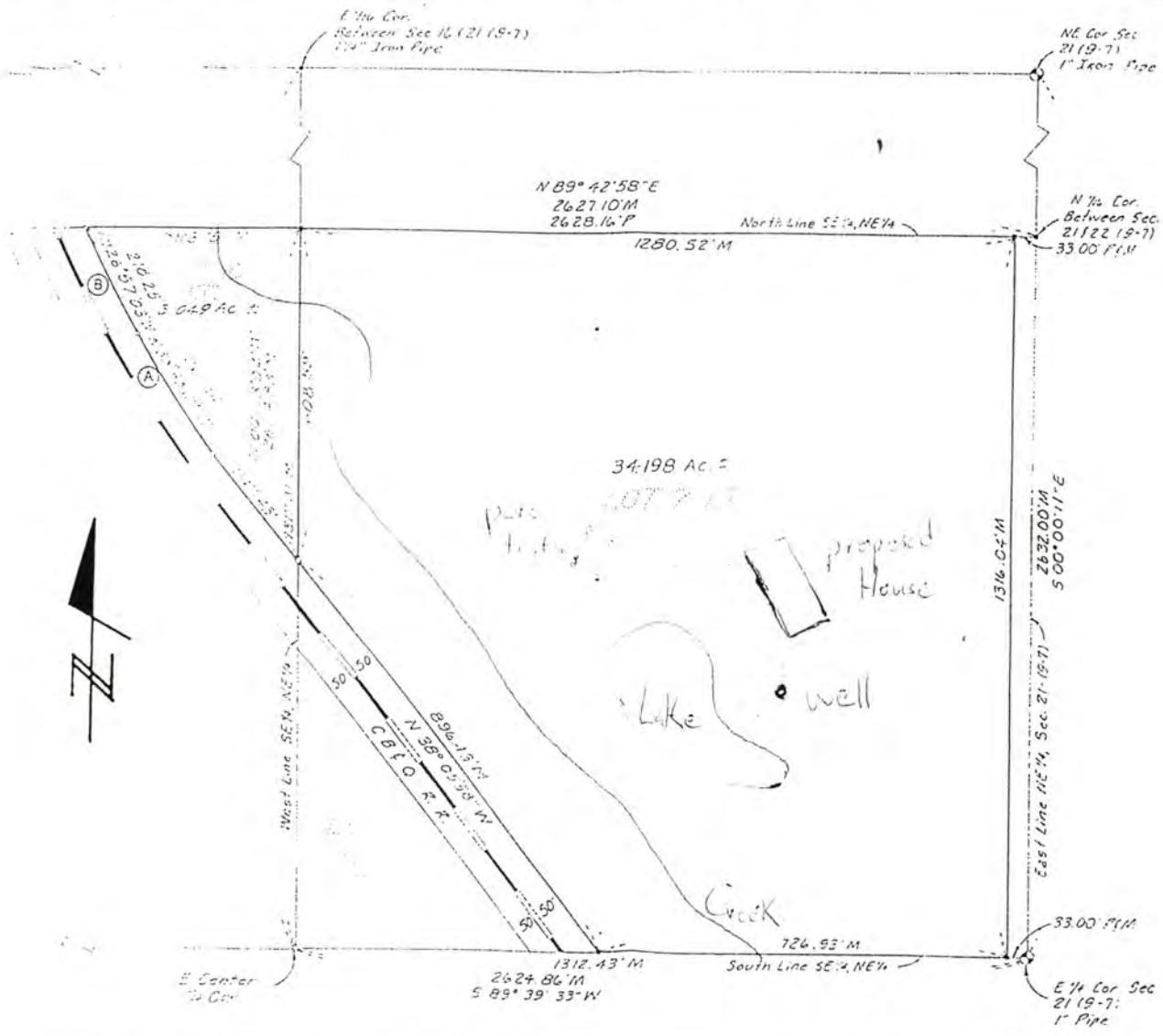
Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Judson Silt Loam at break with Pawnee Clay Loam
Date: April 12, 1990

Gerrold C. Hoos
Signature of Reviewing Official

| | |
|---|---|
| FORM 20102-0477<br>PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)<br>City Ordinance No. 9150 ☐<br>County Resolution No. 2832 ☒ | LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT<br>Division of Environmental Health<br>2200 St. Marys Avenue<br>Lincoln, Nebraska 68502<br>Phone: 471-7800<br>**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: April 12, 1990

Minimum Design Requirement

1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 650 sq.ft.

Jerrold 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: 471-7800

**D**

DATE: 5-2-90

FILE NO. _____

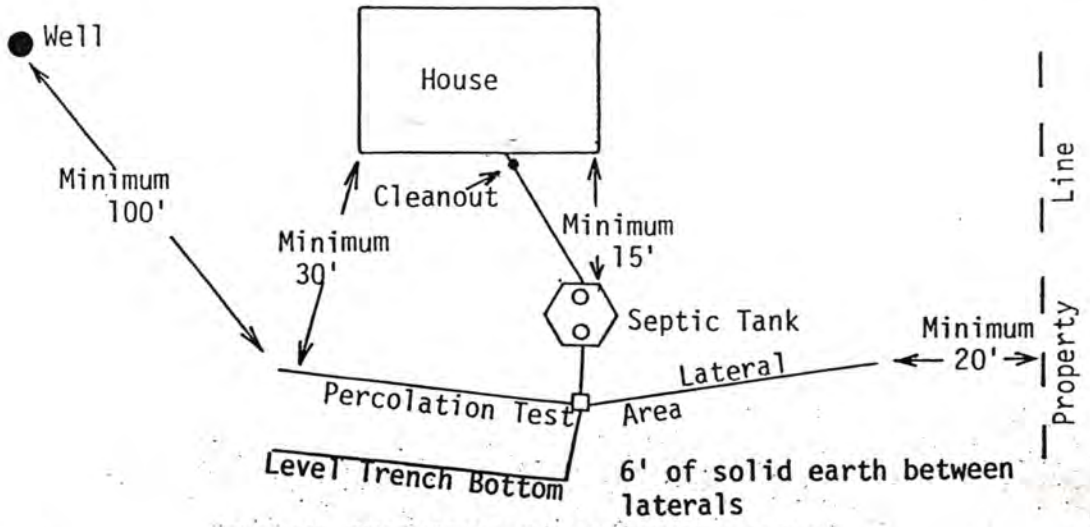
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 4" / 60 ; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 180' ft.
4. Number of clean-outs 3 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

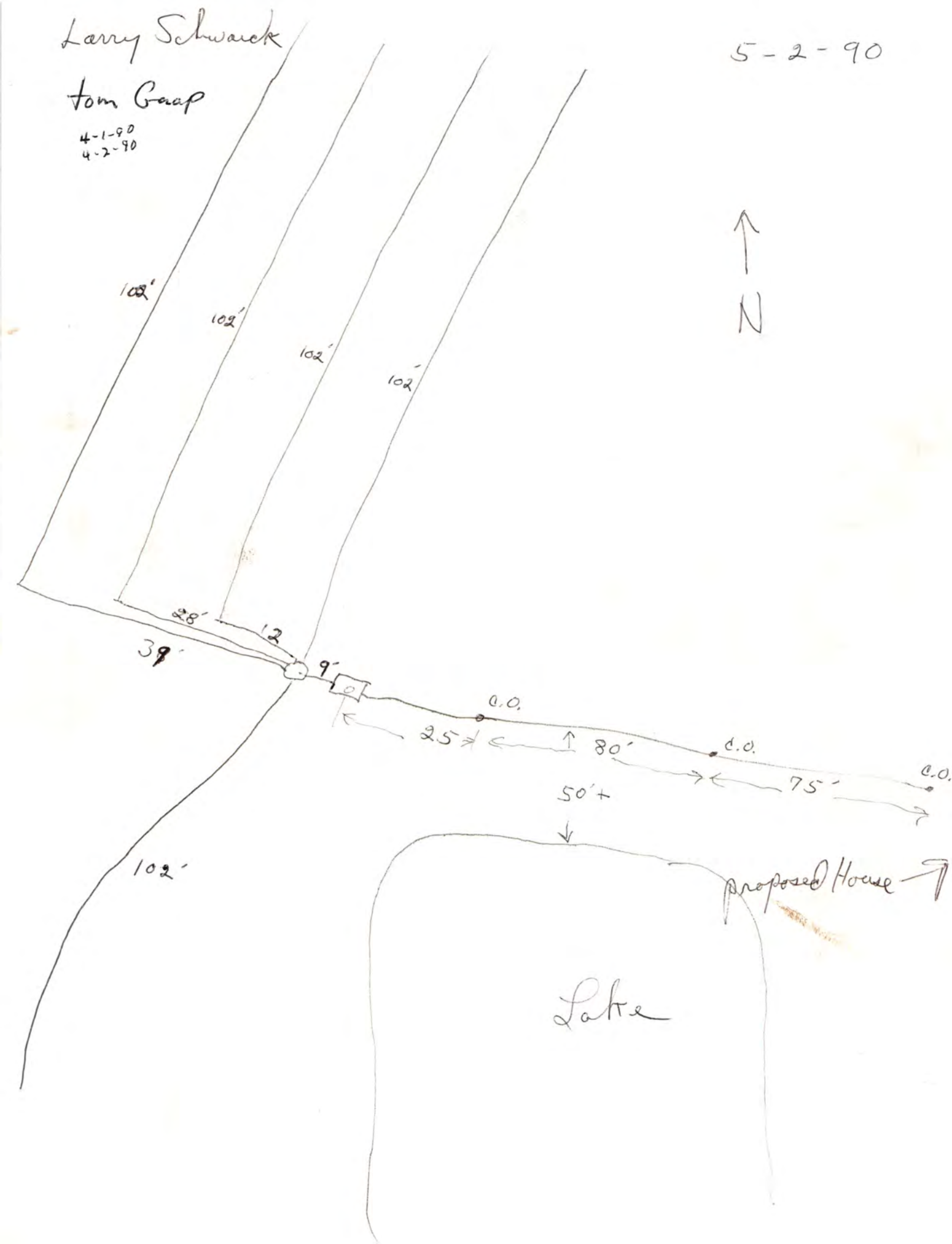
B. SEPTIC TANK:
1. Material Pre Cast ; No. of compartments _____ .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____ )
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 6" in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast ; 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 4 .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____ .
2. Lateral Lines:
Number 5 ; Length of each line 102 , 102 , 102 , 102 , 102 ft.;
Total length of laterals 510' ft.;
Distance between lateral lines 12' ft.
3. Trench dimensions: Width 3 ft.;
Slope 0-6" in/100 ft.; Average Depth 30" in.
4. Filter Material: Road Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Larry Schwarck
Tom Gaap
4-1-90
4-2-90
5-2-90
N
102'
102'
102'
102'
28'
12'
39'
9'
C.O.
25'
80'
C.O.
75'
C.O.
50'+
102'
proposed House
Lake