LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380106401

Issued 09/21/93
Expires 03/21/94
Revenue Code 18754

Establishment
MIKE POE
T9N R7E SEC 22
DUNROVIN BLK 1 LOT 3
8440 S 81 STREET

FEES: $150.00

TOTAL $150.00

Permittee
MIKE POE
8701 ROCA RD
ROCA NE 68430

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: $ 150.00

FILE NO. _____

DATE: 9-20-93

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:

1. Legal description of property: Twp. T9N ; Range R7E ; Section 22 ;
   Block 1 : Lot 3 : Addition Duvoisins Estates 1st Add.
   Street Address 8446 South 81st.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: 3miles ft.

Mike Poe, Mng. Poe Development
Signature of Applicant (Owner or Lessee)

8701 Rocca Rd, Rocca, NE 68430
Address (437-6911)

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/20/93. Date Frwd. 9/21/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoof
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/21/93. Date Frwd. 9/21/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spurr
3. City or County Engineer: Date Rec'd. 9-21-93. Date Frwd. 9-21-93. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bahr

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-12-93 by: P.D.
Date: 1-23-94 by: P.D
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-28-94 By: Paul Dreyfuss

* Experimental System

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: Lot 3, Block 1, Dawsons Estates 1st Add 8440 SO. 21st.

Location: Township T9N ; Range R7E ; Section & ¼ Section 22.
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: 9-15-93 to 9-16. Weather: Precip. _____ Temp. 60's.

OWNER: Rose Development Co.

Address: 8201 Roca Rd, Roca, NE 68430

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	24	9/15	1:30PM			9/16	1:30				30M	½"	
2	26	↓	↓			↓	↓				↓	⅜"	
3	28											¾"	
4	26											½"	
5	30											¼	
6	30	↓	↓			↓	↓				↓	¼	

Signature of Person Conducting Test

Address 8201 Roca Rd, Roca, NE. Phone 437-6911

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for septics
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 69 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 ☐

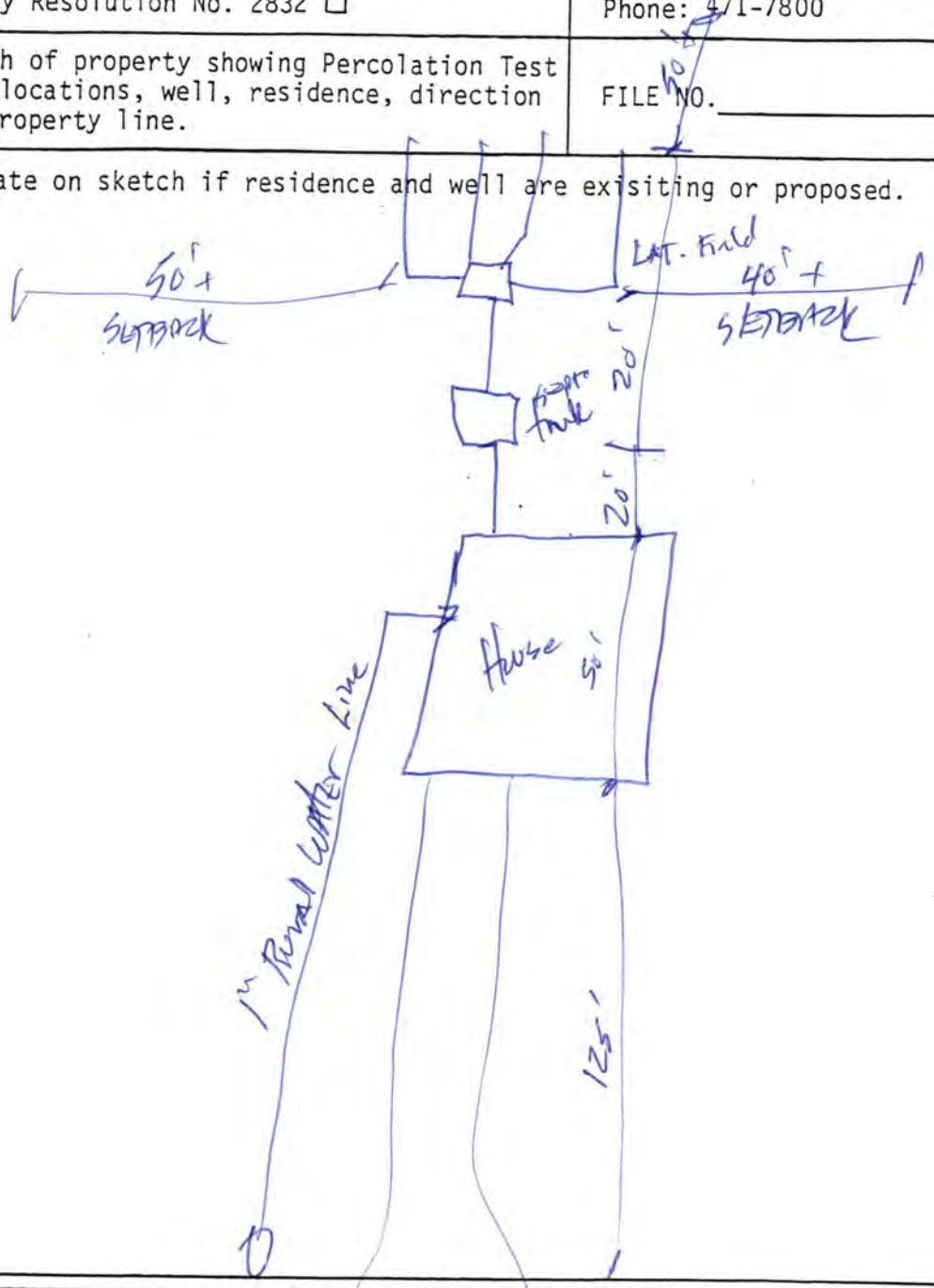
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 _____ 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
Phone: 471-7800

D

DATE: 1-23-94
8440 So. 81st

FILE NO. _____

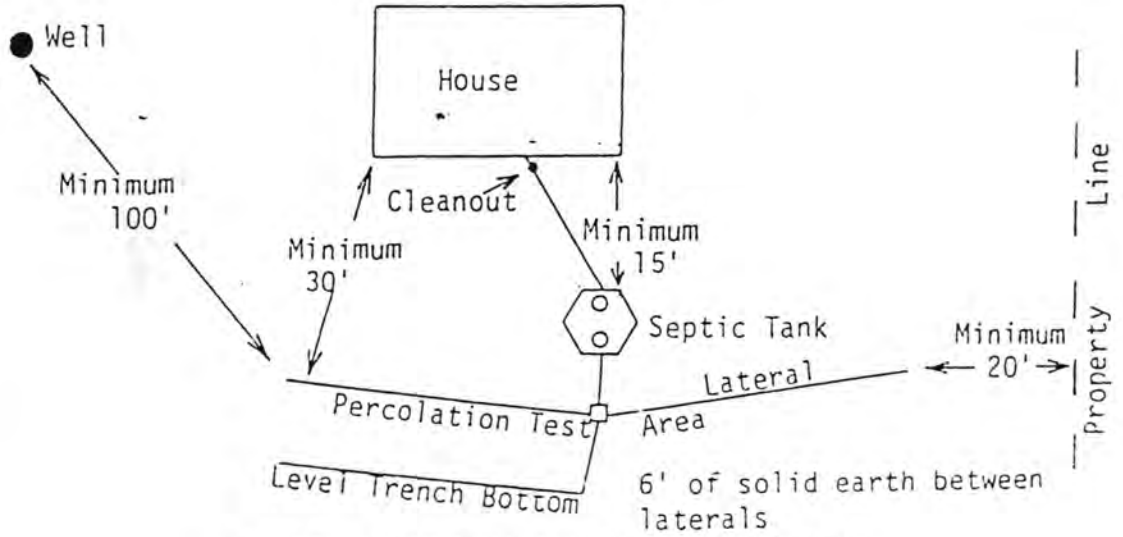
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: PVC
1. Material ~~Cement~~ ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 20 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 Concrete ; No. of compartments 1.
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 36 in.
8. Distances to:
Well or Suction Line ____ ft.; Stream 80 ft.; Pressure Line ____ ft.; Property Line 100 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 4.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 4 ; Length of each line 100', 100, 100, 100, 100 ft.; Total length of laterals ____ ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 8'-0" ft.; Slope 1 in/100 ft.; Average Depth 36" in.
4. Filter Material: Road Gravel
Depth of Material 24" in.
5. Distances to:
Well or Suction Line R. Water ft.; Stream 40 ft.; Pressure Line ____ ft.; Property Line 100 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

002

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8440 So. 81st ST. LLCN 22607

Twp 9N Range 7E Section 22 1/4 ___ 1/4 ___ Block 1 Lot 3 Addition 1st of Dunrovin

Directions to Property 81ST & YANKEE HILL

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System East Side of House Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Wendy Bridsall & Maria & Wilbur	8440 So 81st	421-8440
Tenant/Buyer:	Bill & Mimi Zimmer		
Return to:	CROWNE CLOSING CO.	6940 O St., STE. 312, ATTN: Lincoln, Ne. 68510 Londi Rutan	464-1200

Signature of Applicant [signature] Address ___ Date 11/6/95

HEALTH DEPARTMENT USE ONLY

Date Received 11/20/95 Received $150.00 Check ☑ #2140 Cash ☐

PRELIMINARY STATUS--By Gerald C. Hoel **DATE:** 11/22/95

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☐	Approved ☐	Date___/___/___by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional ☒	Date___/___/___by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved ☐	Date___/___/___by___

Comments: PROVISIONAL APPROVAL ON SEWAGE SYSTEM BECAUSE IT IS OF AN EXPERIMENTAL VARIETY, NO EVIDENCE OF MALFUNCTION.

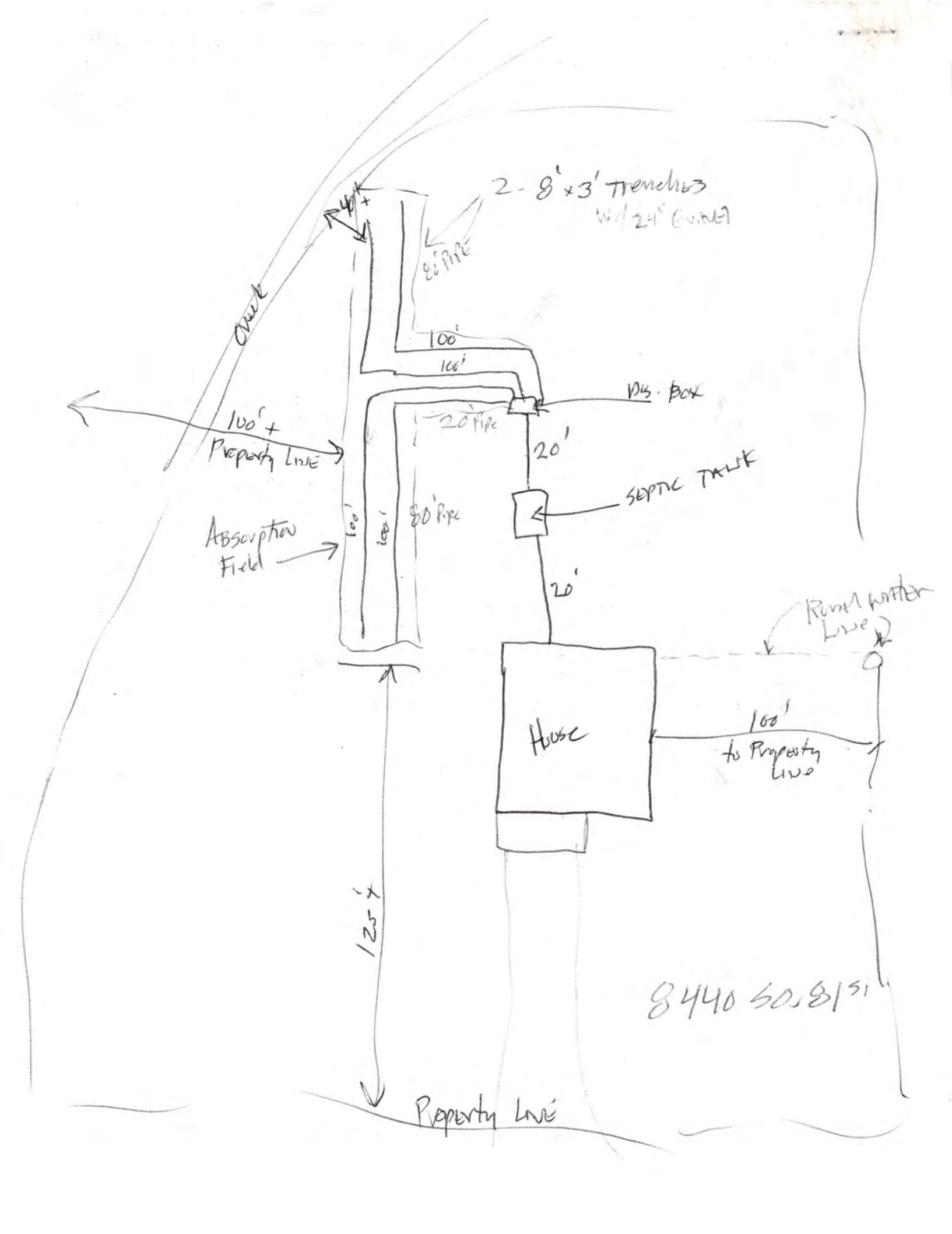
See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Gerald C. Hoel R.E.H.S. Date 11/22/95

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.


2 - 8' x 3' Trenches
w/ 24" Gravel
40'+
8" Pipe
Creek
100'
100'
Dis. Box
100'+
Property Line
20' Pipe
20'
SEPTIC TANK
Absorption
Field
100'
100'
80' Pipe
20'
Rural Water
Line
House
100'
to Property
Line
125'+
Property Line
8440 50, 8/51