LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380131501

Issued 07/11/95
Expires 01/11/96
Revenue Code 18754

Establishment
MANN CUSTOMS
T9N R7E SEC 22
DUHROVIN 2ND ADD BLK 1 LOT 1
8000 ALIMARK LANE

FEES: $150.00

TOTAL $150.00

Permittee
MANN CUSTOMS
6101 S 25 ST
LINCOLN NE 68512

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

3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $_____

FILE NO. _____

DATE: 7-10-95

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 22 ; Block 1 : Lot 1 : Addition DUNROVIN ACRES 2ND .
   Street Address 8000 ALMARK LANE.

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

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

4. Distance to public sewer: _____ ft.

Mann Customs Inc.
Signature of Applicant (Owner or Lessee)
Jeffrey Mann

6101 So 25th Lincoln, 68512
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/10/95 . Date Frwd. 7/11/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/11/95 . Date Frwd. 7/11/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Dayton

3. City or County Engineer : Date Rec'd. 7-11-95 . Date Frwd. 7-11-95 . ACTION: Approved ☒ Disapproved ☐ Signature: RJ Hall

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER

Site Visits:
Date: 10/17/95 by: J.C.H. Tanks, parts of 2 laterals in.
Date: 10/27/95 by: [illegible] Sewer, distribution box not in.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 1/4/95 By: Jerrold C. Hood

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

FORM 23 43

* EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL

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

Test Location
8000 Alimark Ln.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

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: 6-29-95 to 6-30-95. Weather: Precip. 0 Temp. 61°.

Holes-1-2-4-6 had water in From Pre-Test

OWNER: Mann Custom Homes
Address: 6101 So. 25 Lincoln NE. 432-5386

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	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 7/8"	30m	1/8"	
2	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 7/8"	30m	1/8"	
3	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 3/4"	30m	1/4"	
4	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 7/8"	30m	1/8"	
5	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 5/8"	30m	3/8"	
6	36"	6-29	7:00 pm	6-30	8:00 Am	6-30	8:00 Am	6"	8:30 Am	5 7/8"	30m	1/8"	

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Daw Ave Lincoln, NE. Phone 464-0638
Precast Products Inc.

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

(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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

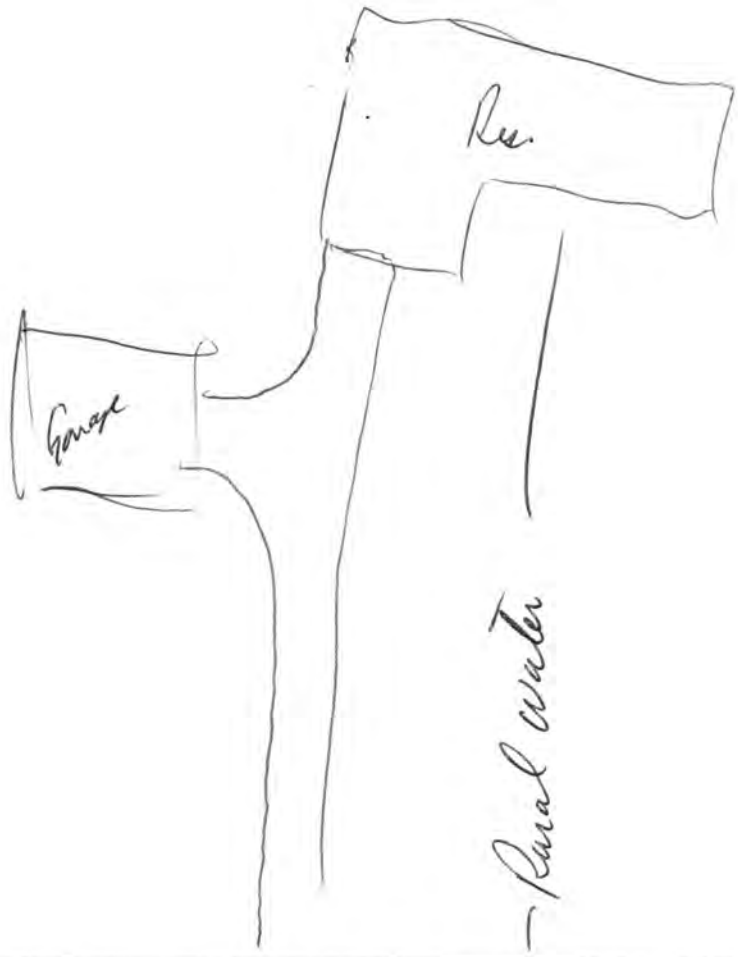
C

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.

Septic



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

DEC 2 8 1995

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: _____

FILE NO: _____

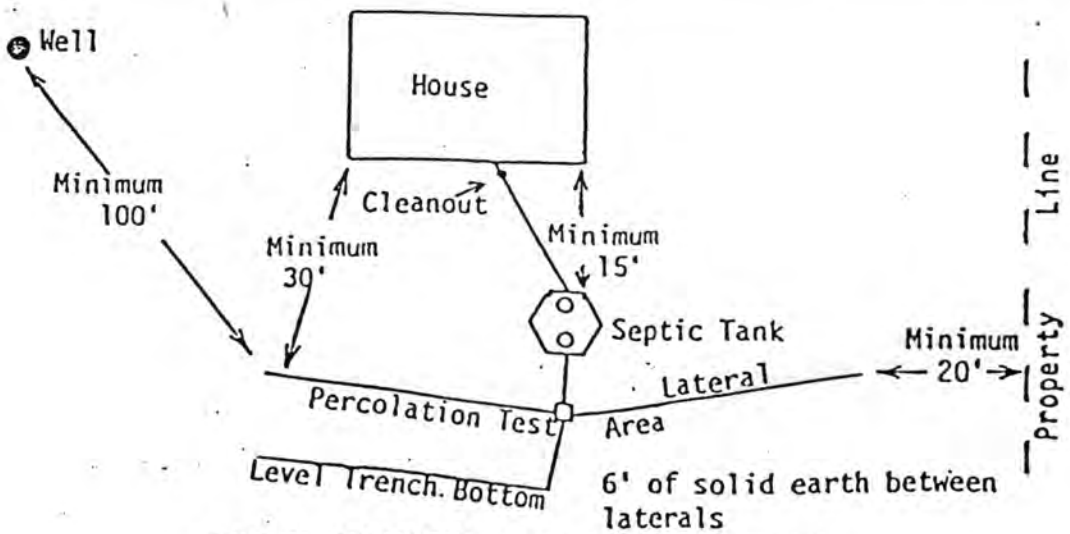
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 64 ft.
4. Number of clean-outs None .
5. Distances to:
Well or Suction Line NA ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 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 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 44 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or
Perforated Pipe _____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ;Length of each line 84 , 84 , 84 , ____ , ____ ft.;
Total length of laterals 152' ft.;
Distance between lateral lines 18 ft.
3. Trench dimensions: Width 8 ft.;
Slope 4 in/100 ft.; Average Depth 30 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

8000 Alimark
Mana Custom Homes

Installed By
Vogt T&T

