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. 91380079001

Issued 12/23/91
Expires 06/23/92

ESTABLISHMENT

R WOBIG
T9N R7E SEC 22
PORTSHE HTS ~~X~~ 4 ADD ~~BLK 1 LOT 3~~ LOT 1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

R WOBIG
1143 SUMNER ST
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/24/91	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. _____

DATE: 12-7-91

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 # : Lot 3 : Addition PORSCHE Hts. 2nd Addn.
   Street Address 7921 Porsche La

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Single family Res.

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

4. Distance to public sewer: _____ ft. EXPERIMENTAL SYSTEM

R. W. Wobig
Signature of Applicant (Owner or Lessee)

1143 Sumner Lincoln Ne. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/16/91. Date Frwd. 12/16/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold G. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/16/91 Date Frwd. 12/16/91 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 12/17/91. Date Frwd. 12/17/91. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

7/13/94 by J.C.H. Switch to lagoon
TANK + Building Sewerons

Site Visits:
Date: 3/27/92 by: [illegible]
Date: 4/2/92 by: [illegible]
Date: 4/2/92 by: [illegible]

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/2/92 By: [illegible]

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

Experimental System - provisional Approval

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 _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 437.1 ft. x 300' ft. Area: 3.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12-14-91 to 12-15-91. Weather: Precip. 0 Temp. 40°.

OWNER: Al & Kathleen Milano

Address: _____

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	12-14	10:00	12-15	10:00	12-15	10:00	10¼	2:30	10	30	.25	
2	35							12		11 7/8		.125	
3	36							9½		9¼		.25	
4	37							9		8 7/8		.125	
5	35							13½		13 3/8		.125	
6	34							9		8¾		.25	

R Cwalina
Signature of Person Conducting Test

Sum of Percolation Rates: 1.125
Average of Rates: .18
Mean of Rates: _____

Address 1143 Sumner Phone 475-3288

(Do not write below this line)

REVIEWING ACTION

Remarks: As expected too slow for conventional septic system
Soil Type (SCS): _____
Date: _____

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

Jerrold C. Hood
Signature of Reviewing Official

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 _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 437.1' ft. x 300' ft. Area: 3.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 12-6-91 to 12-7-91. Weather: Precip. 0 Temp. 50

OWNER: Al & Kathleen Milana

Address: _____

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	12-6	12:00	12-7	12:00	12-7	12:00	8¾	12:30	8¼	30 min	½	
2	35	/	/	/	/	/	/	9	/	8¼	/	¾	
3	37	/	/	/	/	/	/	6	/	5⅜	/	⅝	
4	36	/	/	/	/	/	/	8	/	7½	/	½	
5	36	/	/	/	/	/	/	10	/	9¼	/	¾	
6	37	/	/	/	/	/	/	7	/	6½	/	½	

Sum of Percolation Rates: 3 5/4
Average of Rates: .604
Mean of Rates: 28

R. Wolvig
Signature of Person Conducting Test

Address 1143 Sumner Phone 475-3288

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 48 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 ☒

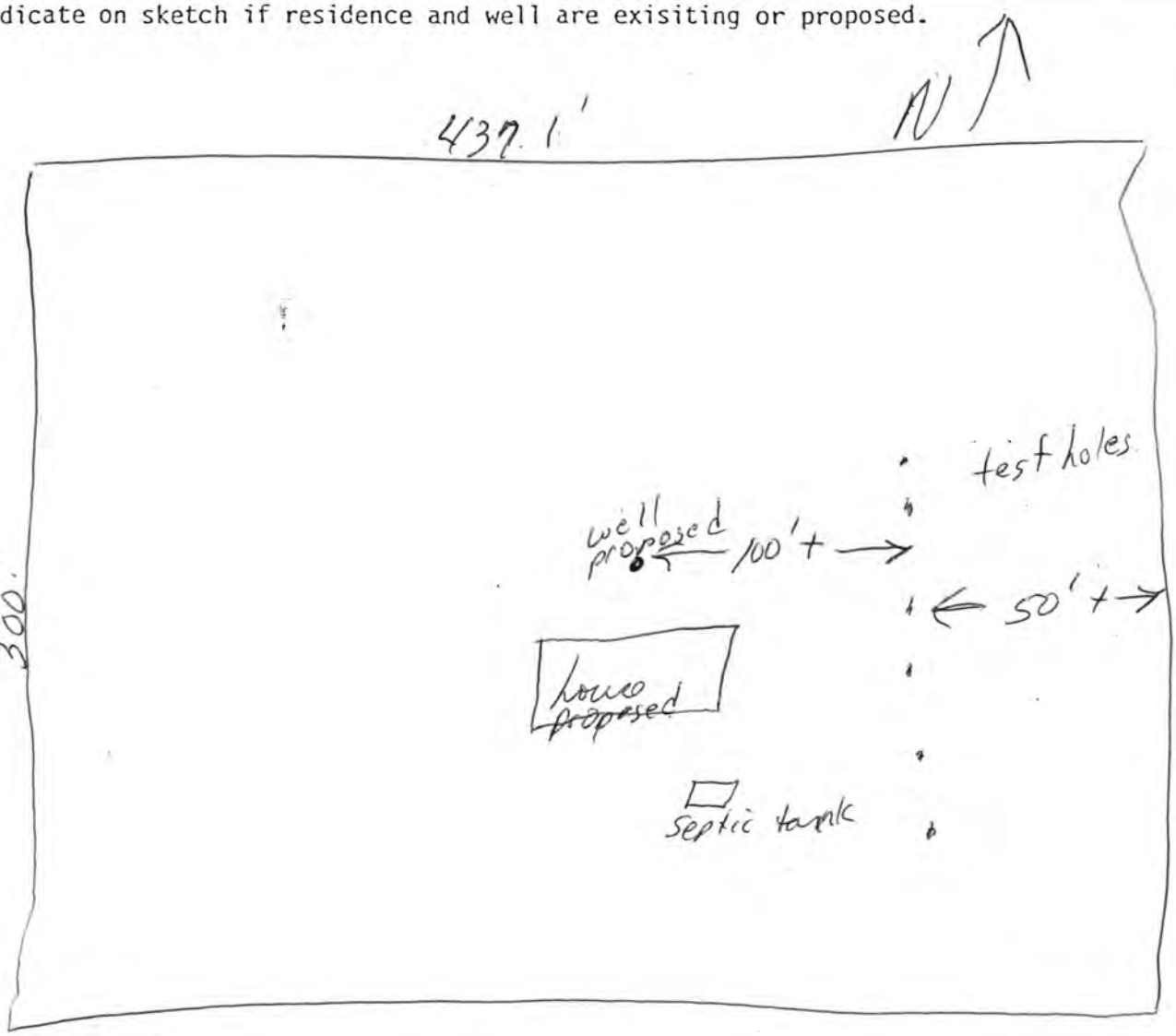
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 1500 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
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D

DATE: 4/2/92

FILE NO. _____

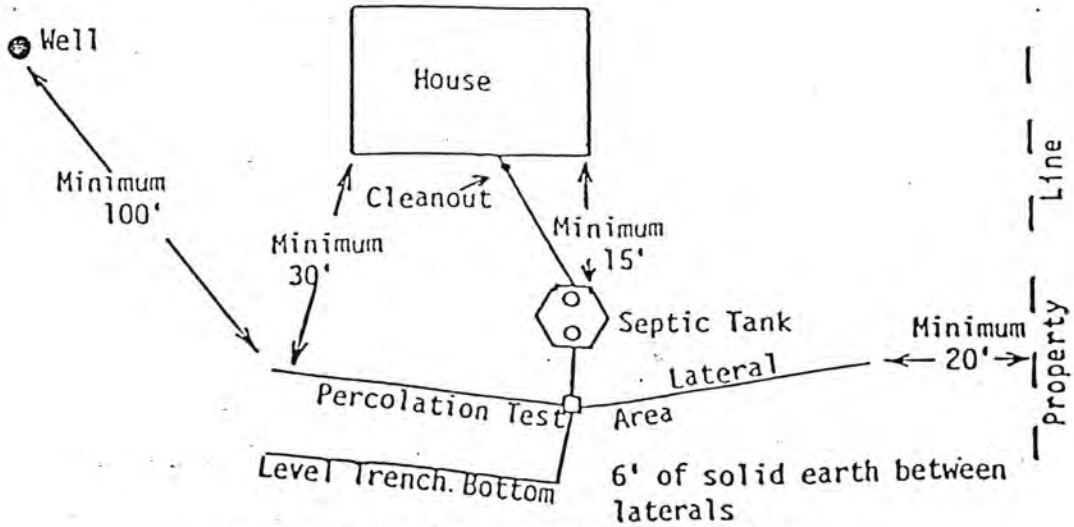
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 13 in.
3. Distance between dwelling and septic tank 55 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 120 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 24 ft.

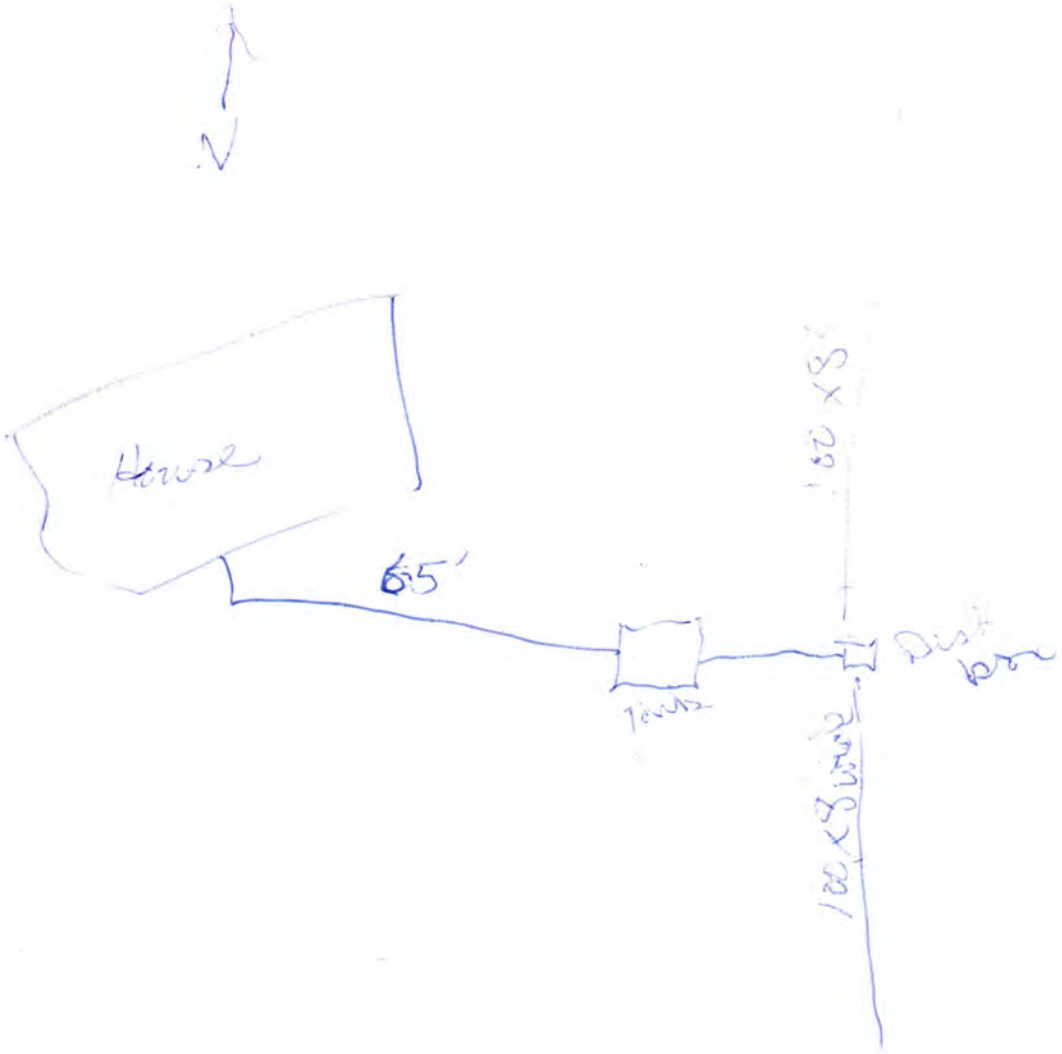
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 34 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 2 ; Length of each line 100, _____, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 0.2 in/100 ft.; Average Depth 3 in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 120 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



NOTE Distrib. Box
NOT TWO LINES FROM
BOX, but a T - From a
lateral

4/2/02

