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. 90380066601

Issued 12/18/90
Expires 06/18/91

ESTABLISHMENT

CRAIG PRANGE
T9N R7E SEC 32
LOT 49
~~10901~~ S 56 STREET
10845

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

CRAIG PRANGE
4300 SOUTH ST
APT 2
LINCOLN NE 68506

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/27/90	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: 12-19-90

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: Lot 49 in the S.E. quarter of Section 32 Township 9 North Range 7, East of the 6th P.M. Twp. T9N ; Range R7E ; Section 32 ;
   Block _____ : Lot H9 I.T. : Addition _____
   Street Address ~~10901~~ 10845 South 56th street

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

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

4. Distance to public sewer: _____ ft.

Craig Prange
Signature of Applicant (Owner or Lessee)

4300 So. Street Lincoln, NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/19/90. Date Frwd. 12/19/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/14/90. Date Frwd. 12/19/90. ACTION: Approved ☐ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 12/19/90. Date Frwd. 12/19/90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 2/19/91 by: J.C. Hood ~~Red Drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/21/91 By: Jerrold Hood *

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

* PARTS OF THE LEACH FIELD ARE IN SOIL THAT LOOKS GOOD, PARTS ARE IN SOIL THAL LOOKS RATHER BAD FOR SEPTIC SYSTEMS

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. _____

Please return this Copy

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 32
Property Dimensions: _____ ft. x _____ ft. Area: 2.68 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . (PAC2) - Glacial Till
Dates of Tests: 8-6 to 8-7-90. Weather: Precip. 0 Temp. 85.

OWNER: Craig Prange
Address: 3769 Garfield Lincoln 68506

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	8/6	8:00	8/7	3:00	8/7	5:15	24⅛	5:45	25⅛	30	1	
2	29		A		P			26		26⅛		⅛	
3	36							21¼		22⅜		1⅛	
4	36							26⅛		27¼		1⅛	
5	28							25		26		1	
6	36							23⅜		24⅛		¾	
7	36							26½		27⅛		⅝	
8	36							28¼		29⅛		⅞	

Brad Smithwick
Signature of Person Conducting Test

Address 1111 C 44 Henderson Phone 792-2462

Sum of Percolation Rates: 6.68
Average of Rates: .83
Mean of Rates: _____

39 min/in

3 Bdrm 1,000 277 3' wide

(Do not write below this line)

REVIEWING ACTION

Remarks: Along natural drainageway would have to be an inclusion

Soil Type (SCS): Pawnee Clay Loam

Date: December 19, 1990

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald E. 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
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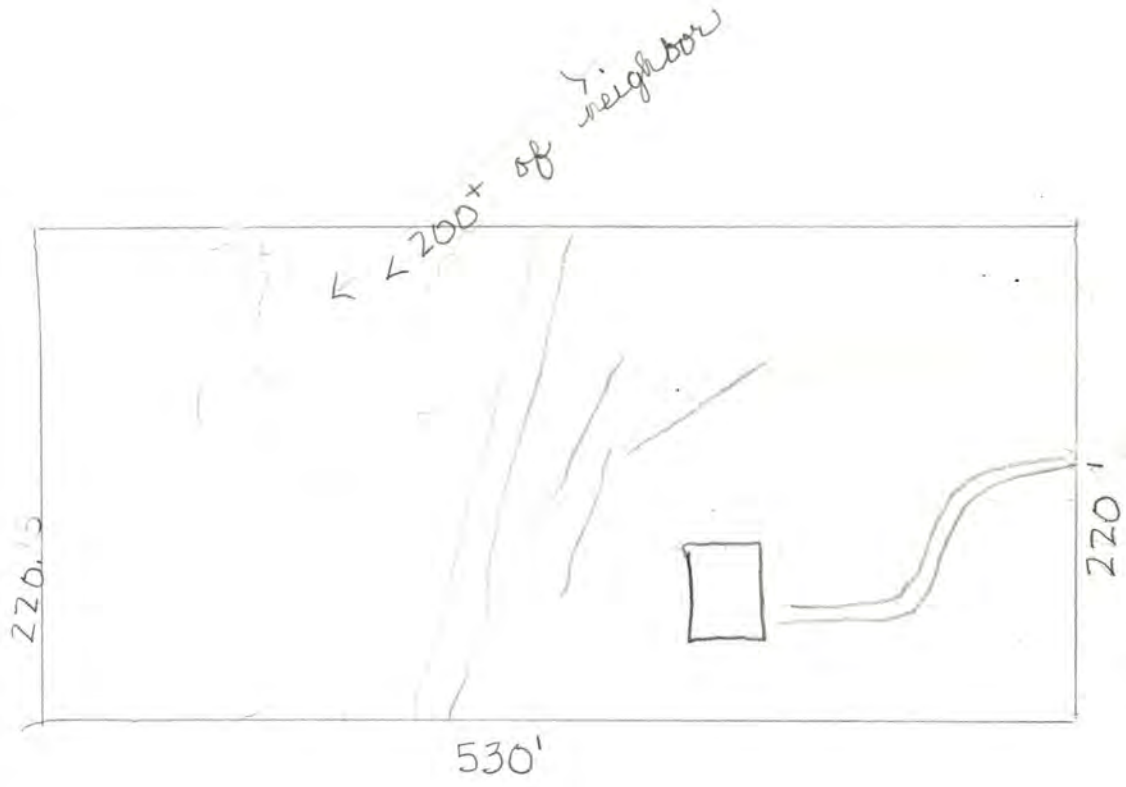
C

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.

Lot 49 of SE¼ of 32-9-7; commonly known 10901 S. 56th 2.68 acres



REVIEWING ACTION

Remarks: _____

Date: December 19, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 277 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 832 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
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D

DATE: 2-19-91

FILE NO. _____

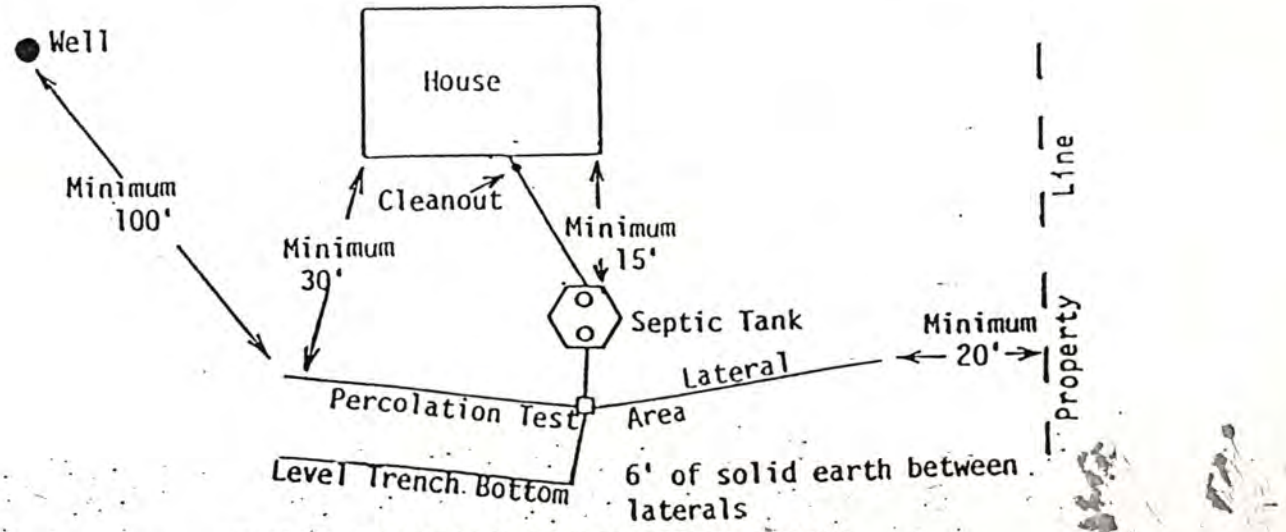
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Class #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 25' ft.
4. Number of clean-outs inside.
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 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 _____ 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 _____ 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, 70, 80, 30, _____ ft.;
Total length of laterals 280 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 5 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line 100 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

2-19-91

