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. 92380079601

Issued 02/10/92
Expires 08/20/92

ESTABLISHMENT

LORAN STARA
T9N R7E SEC 33
DEERHAVEN ACRES BLK 4 LOT 2
10801 S 63 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

LORAN STARA
3208 S 56 ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
2/21/92	PAID

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

RECEIVED FEB 07 1992

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: _____

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. 9 North ; Range 7 East ; Section 33 ;
   Block 4 : Lot 2 : Addition Deerhaven Acres
   Street Address 10801 S. 63rd

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: Many ft.

Loran Hanes
Signature of Applicant (Owner or Lessee)

3208 S. 56th 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/7/92. Date Frwd. 2/14/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/14/92 Date Frwd. 2/14/92 ACTION: Approved ☒ Disapproved ☐ Signature: M Goddard

3. City or County Engineer: Date Rec'd. 2-14-92. Date Frwd. 2-14-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Myhan

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 9/4/92 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North; Range 7 East; Section & ¼ Section 33.
Property Dimensions: 320 ft. x 430 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: 2/1/92 to 2/2/92. Weather: Precip. — Temp. 52°

OWNER: Loran Stara

Address: 3208 S-56 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"	2/1	0900	2/1	1600	2/2	0900	1⅛"	0930		30	1⅛"	
2	36"	2/1	0900	2/1	1600	2/2	0900	½"	0930		30	½"	
3	36"	2/1	0900	2/1	1600	2/2	0900	1⅝"	0930		30	1⅜"	
4	36"	2/1	0900	2/1	1600	2/2	0900	1⅜"	0930		30	1⅜"	
5	36"	2/1	0900	2/1	1600	2/2	0900	1⅞"	0930		30	1⅞"	
6	36"	2/1	0900	2/1	1600	2/2	0900	2"	0930		30	2"	

Loran Stara
Signature of Person Conducting Test

Address 3208 S-56th Phone 489-6731

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: FEBRUARY 7, 1992

Approved Percolation Rate (a)
A. 22 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 ☒

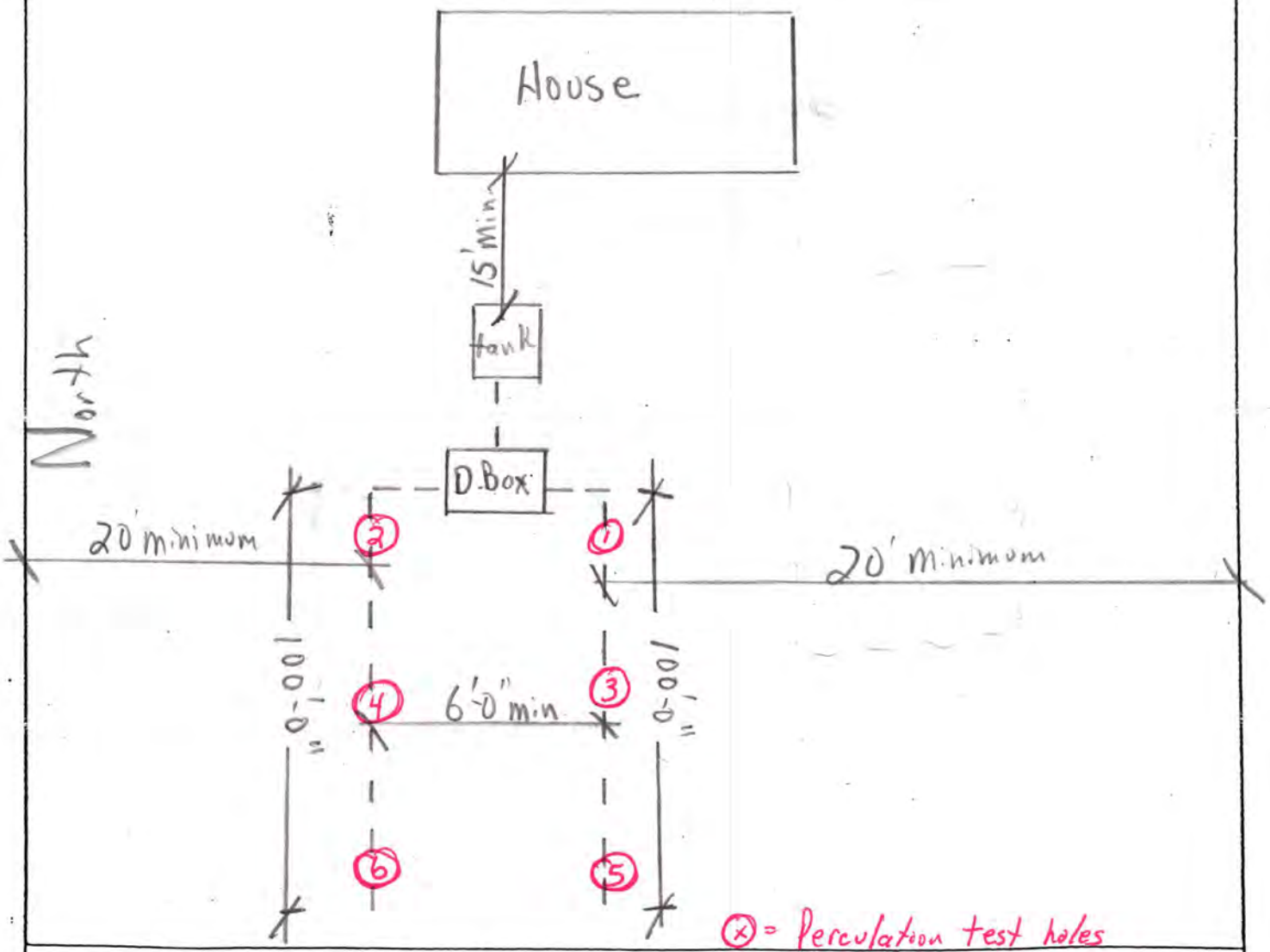
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
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Phone: 471-7800

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 _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 653 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: 2/3/92

FILE NO. _____

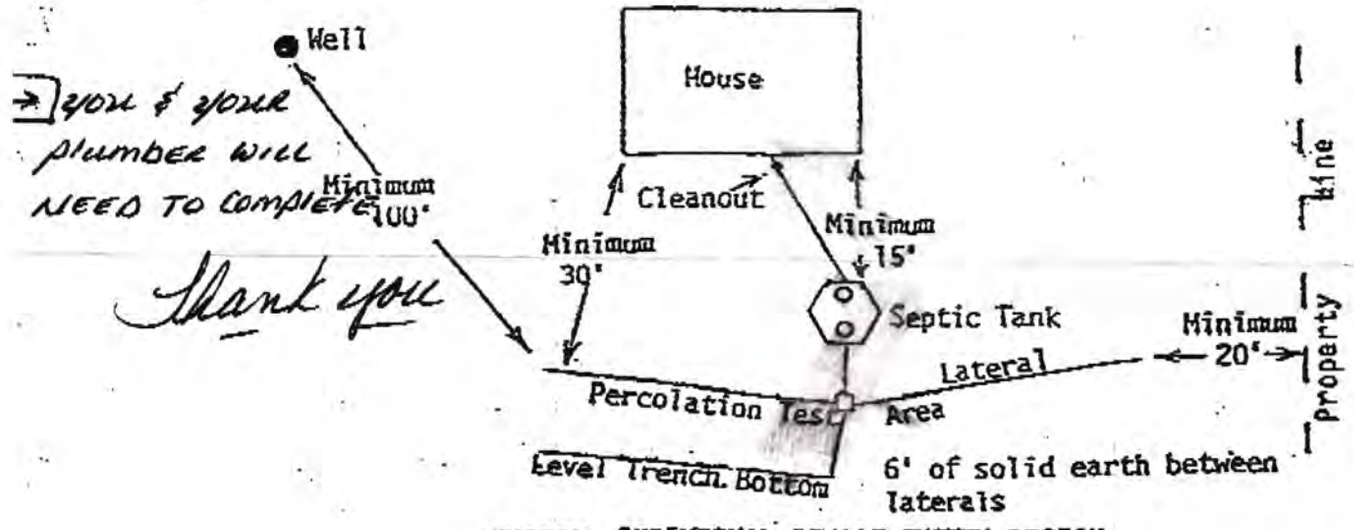
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor ___ in.
3. Distance between dwelling and septic tank 15 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line Rural Water ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 2 EA. BAFFLES.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
→ Riser Above ☐ Below ☒ Grade 12 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 Concrete ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step)
3. Distance from Septic Tank 10' 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 2 ; Length of each line 100' , _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 6 ft.
→3. Trench dimensions: Width 24-36" ft.;
Slope 6" in/100 ft.; Average Depth 30-36 in.
→4. Filter Material: River Rock
Depth of Material 6 in.
→5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line _____ ft.; Property Line 100' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

END

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description T9N R7E Sec 35 Location 10801 So. 63rd
Owner/Requestor Loran Stava

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ✓ New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Installed by Welman

⑥ Tank is 1250 gallon

⑤ Installed 3 100' Lateral Lines

cleanouts inside of house

Need drawing

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: PAUL D Received by: _____
Date: 9-4-92

WA1002