LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2019-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JANUARY 26, 1984
THIS PERMIT EXPIRES

RICHARD A. ERDLEY — 3326 S STREET — LINCOLN, NE 68503
ISSUED TO — ADDRESS

T12N; R8E; Sec. 26; SW¼
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
EB	7/27/83	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: ~~474-1541~~ 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2019-C

DATE: 7-26-83

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. 12N ; Range 8E ; Section 26 SW¼ of SW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: unknown ft.

Richard A. Eagley
Signature of Applicant (Owner or Lessee)

3326 S 8th Lincoln 68503
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/26/83. Date Frwd. 7/27/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/27/83. Date Frwd. 7/27/83. ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7/27/83. Date Frwd. 7/27/83. ACTION: Approved ☐ Disapproved ☑ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/20/83 by: L.C.H. 65' lateral left.
Date: 9/21/83 by: J.M.N. added 68' of lateral
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/21/83 By: Jerrold C. Hood

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

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
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B

FILE NO. 2019-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N (Town 12); Range 8; Section & ¼ Section 26 SW corner of 26128 SW corner of SW corner.
Property Dimensions: 1320 ft. x 660' ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-25-83 to _____. Weather: Precip. 00 Temp. 80°.

OWNER: Carol Erdley
Address: 3326 5st Lincoln Neb.

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	32"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7:4M	6"	10:00	0	10min	2 1/8	
2	33"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7AM	6"	10:00	0	10 min	2 1/4	
3	32"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7AM	6"	10:00	0	min	2 1/8	
4	32"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7AM	6"	10:00	0	min	2 1/8	
5	36"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7AM	6"	10:00	0	min	2 1/8	
6	33"	7-25	7:00 Pm	7-25	11:00 Pm	7-26	7AM	6"	10:00	0	min	2 1/4	

Richard A. Erdley
Signature of Person Conducting Test

Address 3326 5st Lincoln Phone 477-9858

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Dickenson Sandy Loam
Date: July 26, 1983

Approved Percolation Rate (a)
A. 5 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

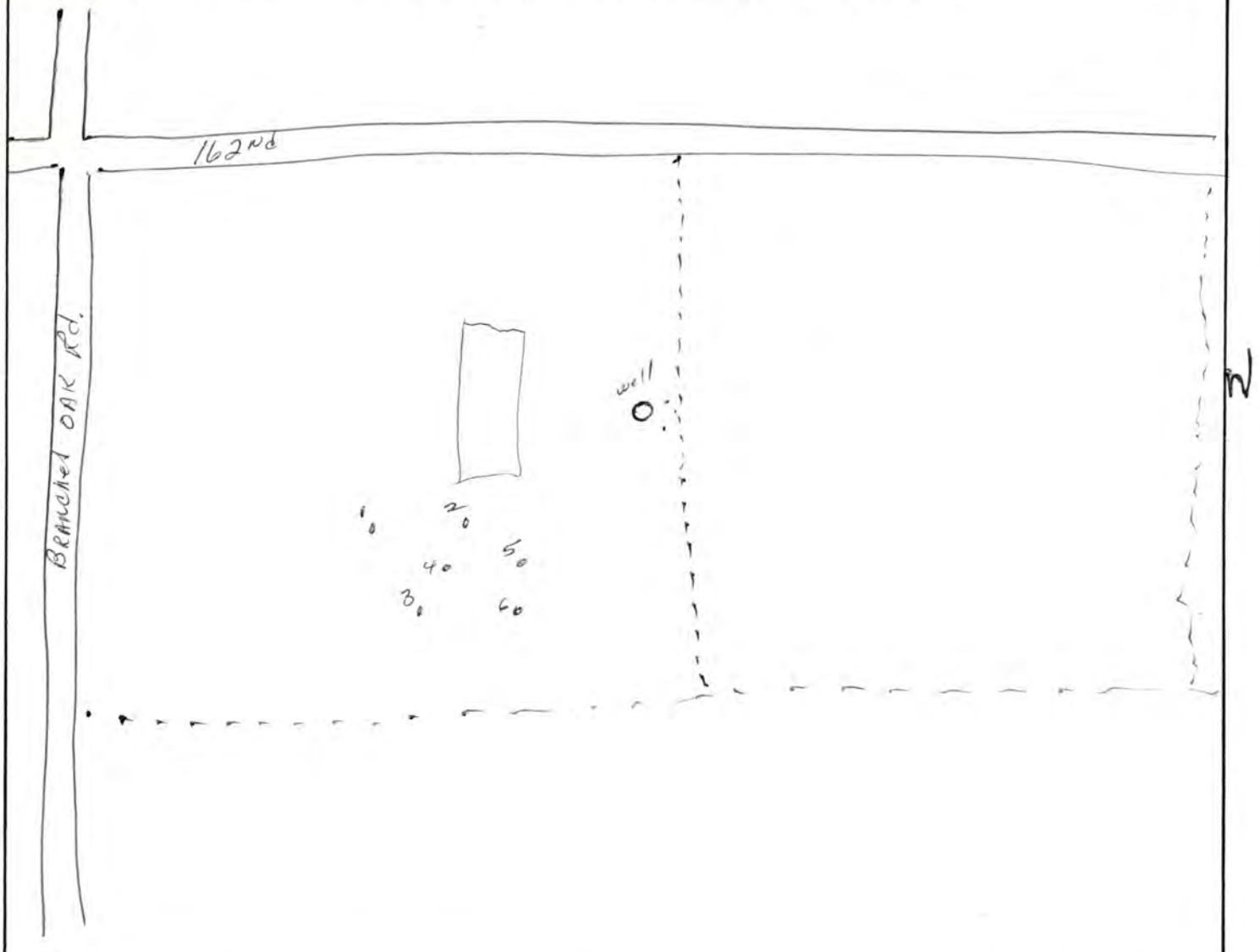
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

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Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: July 26, 1983

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 325 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 375 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
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D

DATE: _____

FILE NO. _____

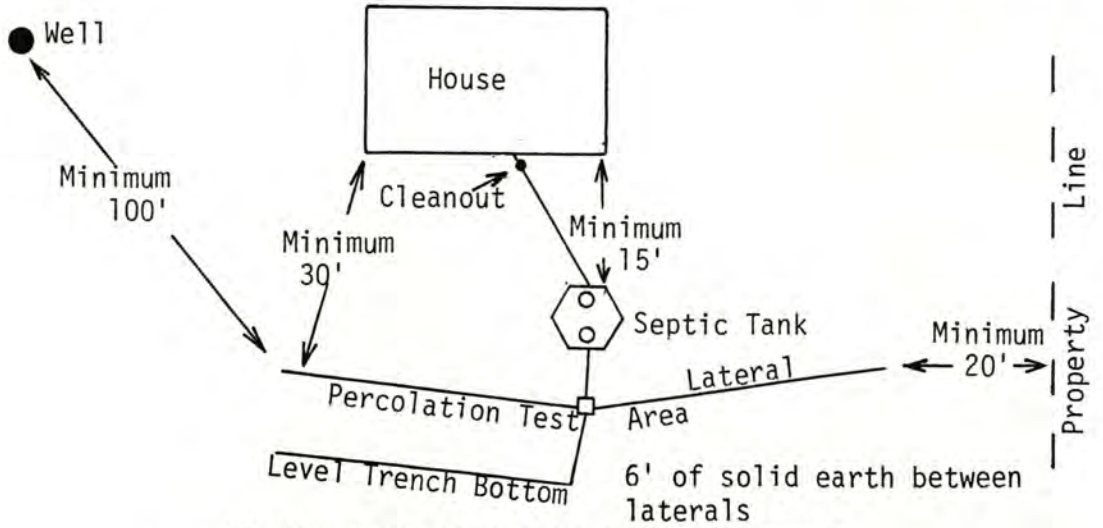
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Plastic
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 550 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20+ ft.

B. SEPTIC TANK:
1. Material Conc. ; No. of compartments _____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
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 18 in.
8. Distances to:
Well or Suction Line 200 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20+ ft.

C. DISTRIBUTION BOX:
1. Material Conc. ; Number - available outlets _____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____ .
2. Lateral Lines:
Number 2 ; Length of each line 60 , 68 , _____ , _____ , _____ ft.;
Total length of laterals 128 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 6 in/100 ft.; Average Depth 4+ in.
4. Filter Material: Gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 550 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line 20+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE_____ INSTALLER_____

