LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2500-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 18, 1987 — THIS PERMIT EXPIRES

ELLIS HUTCHINSON — ISSUED TO

ROUTE #1 WAVERLY, NE 68462 — ADDRESS

T12N; R8E; Sec W½; NW¼ 26 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

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
MG	5-18-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

MAY 15 1987

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: $_____

FILE NO. 2500-C

DATE: 5-13-87

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 ; W½ of NW¼
   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: Rural 80 acres ft.

Ellis Hutchinson
Signature of Applicant (Owner or Lessee)

Waverly, Neb
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/18/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neal
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-18-87. Date Frwd. 5-18-87. ACTION: Approved ☒ Disapproved ☐ Signature: Ernest Klemme
3. City or County Engineer: Date Rec'd. 5/18/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-10-87 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-11-87 By: Ron Maynard

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. 2500-C

PROPERTY WHERE SOIL TESTED:

Location: Township MILL ; Range 8 ; Section & ¼ Section W½ of N½ W¼ Sec 26
Property Dimensions: 80 acres ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-11 to 5-13 . Weather: Precip. 0 Temp. 60-80.

OWNER: Ellis Hutchinson

Address: Waverly, Neb 68462

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"	5-11	2 PM	5-12	8 AM	5-13	7:30 AM	6"	11:30 AM	4 ¼	30	1 ¾	
2	36"	5-11	"	"	"	"	"	"	"	4 ½	"	1 ½	
3	36"	5-11	"	"	"	"	"	"	"	4 ½	"	1 ½	
4	36"	5-11	"	"	"	"	"	"	"	3 ⅞	"	2 ⅛	
5	36"	5-11	"	"	"	"	"	"	"	4 ½	"	1 ½	
6	36"	5-11	"	"	"	"	"	"	"	4	"	2	
7	36"	5-11	"	"	"	"	"	"	"	4 ⅜	"	1 ⅝	

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

Ellis Hutchinson
Signature of Person Conducting Test

Address Waverly, Neb 68462 Phone 789-5801

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: MAY 18, 1987

Approved Percolation Rate (a)
A. 17 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 ☒

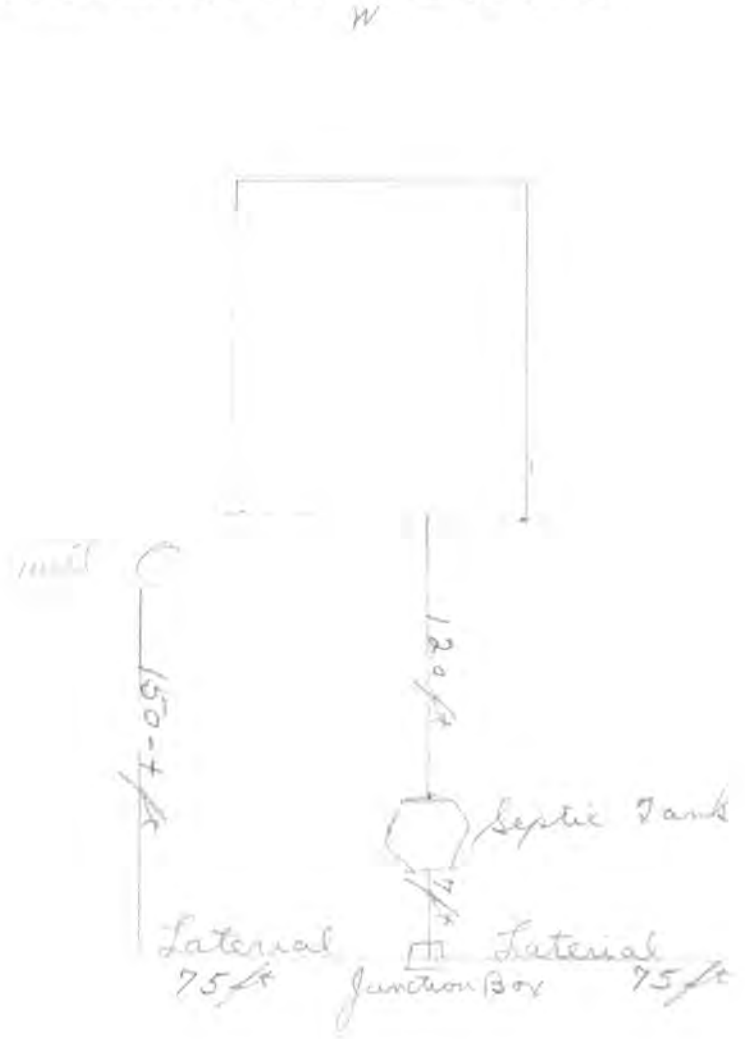
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2500-C

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



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

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. 7500-C

SPECIFICATIONS AS BUILT

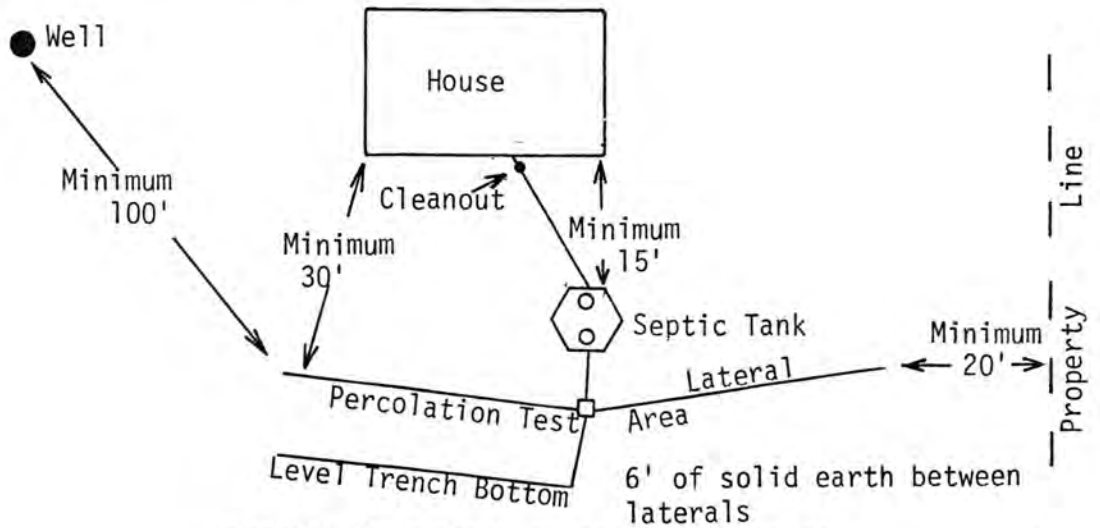
A. BUILDING SEWER:
1. Material Tile ; Diameter 4 in.
2. Distance above basement floor 5ft in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 120 ft.
4. Number of clean-outs 0 .
5. Distances to:
Well or Suction Line 20 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

No changes to sewer line.

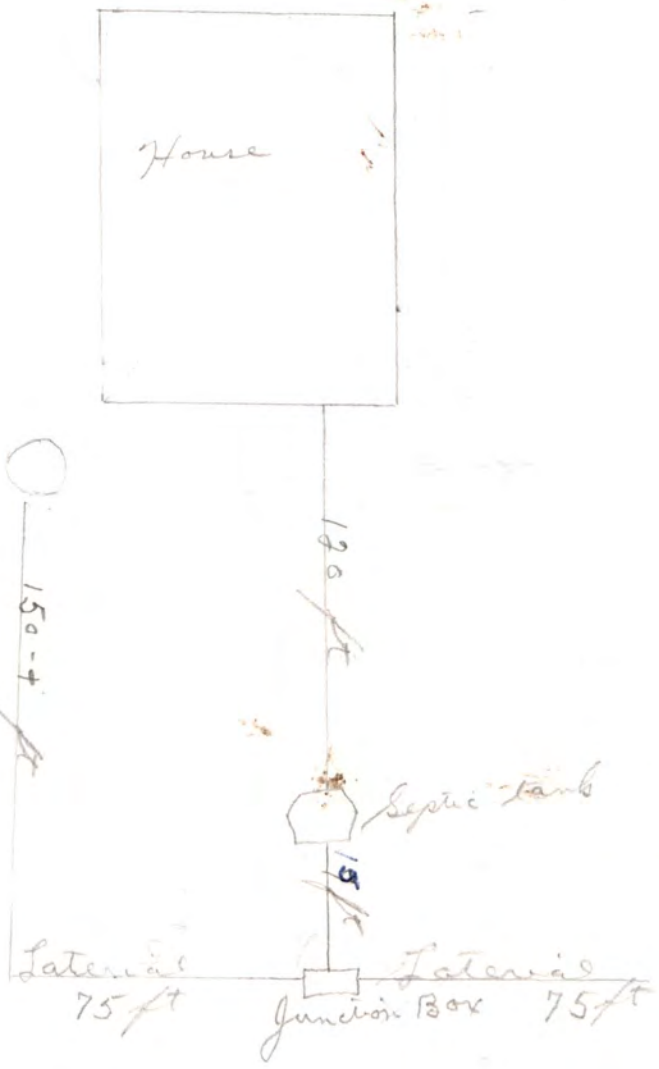
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____ .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line App 125 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 3 .
2. Factory Built: Yes ☒ No ☐
(Company Lincoln Concrete)
3. Distance from Septic Tank 7 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 75 , ____ , ____ , ____ , ____ ft.;
Total length of laterals 150 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.; Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 150 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


W
House
well
150 ft
120 ft
Septic tank
5 ft
Lateral
75 ft
Junction Box
Lateral
75 ft
N