LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 95380136001

Permit
SEWAGE INSTALLATION

Issued 10/13/95
Expires 04/13/96
Revenue Code 18754

Establishment
BARBARA BIAS
T12N R8E SEC 27
17800 N 162 STREET

FEES: $150.00

TOTAL $150.00

Permittee
BARBARA BIAS
BOX00036
BOX 00036
ROCA NE 68430

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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
3140 "N" STREET LINCOLN, NE 68510-1514

A

FILING FEE: $ 150.00

State # G-093599
FILE NO. 95380360
PID ~~25-27-200-014-000~~

DATE: 10-9-95

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. 12 N ; Range 8E of 6PM ; Section 27 : SE¼ OF NE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 17800 N. 162nd St
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

Barbara Kriss & Gregory R. Hitchcock
Signature of Applicant (Owner or Lessee)

PO Box 36 Roca, NE 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/13/95. Date Frwd. 10/13/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/13/95. Date Frwd. 10/13/95. ACTION: Approved ☒ Disapproved ☐ Signature: TK
3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Pluegh

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-7-95 by: jmm (need drawing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-13-95 By: Ron Mayfield

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

FORM 2343

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. 95380136O

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/26 to 9/27-95. Weather: Precip. — Temp. 70°.

OWNER:_____

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	30	9/26	5:30 pm	9/27	8:00 am	9/27	9:30	7⅛	10:00	8 —	30	⅞	
2								14½		15½		1	
3								9½		11		1½	
4								18½		18½		—	
5								16½		17½		1	
6								11½		12¾		1¼	

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

Larry Schwarck
Signature of Person Conducting Test

Address 6200 Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS): Sharpsburg Silty Clay Loam with Judson Silt Loam farther back

Date: October 13, 1995

Approved Percolation Rate (a)
A. 32 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
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. 9538 01360

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



REVIEWING ACTION

Remarks: _____

Date: October 13, 1995

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 ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Barabra Dias 27-12-8

NOV 9 1995

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: 95380136C

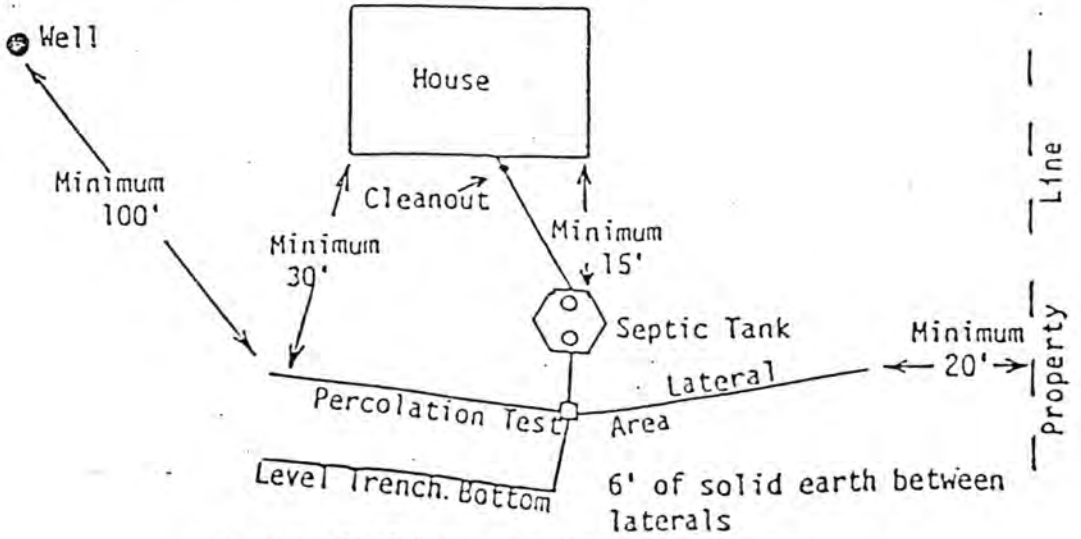
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160 ; Diameter 4 in.
2. Distance above basement floor 2' in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 63' ft. + 85'
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Precast ; 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 16 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 6 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 ____ , 80 , 70 , 70 , 60 ft.;
Total length of laterals 280 ft.;
Distance between lateral lines 10' ft.
3. Trench dimensions: Width 3 ft.; Slope 6 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel
Depth of Material 16 in.
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

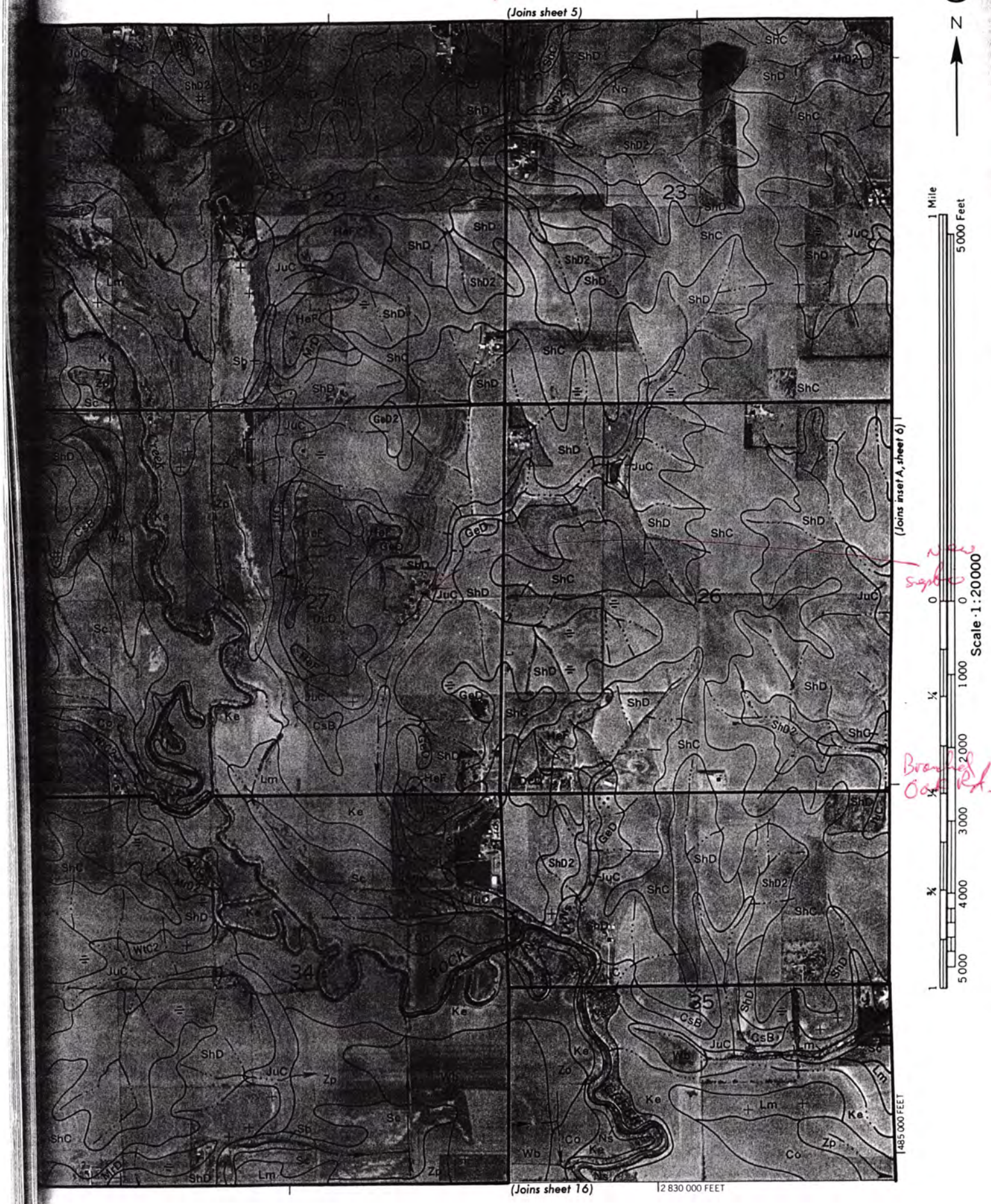


TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

162

#9538013G0

11



access permit 90 days good for 9-11-95 minimum 16 feet #0753801360

PLOT PLAN

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
Phone (402) 434-2686
FAX (402) 434-2687
6120 South 58th Street - Suite "A" - Lincoln, Nebraska 68516-3650

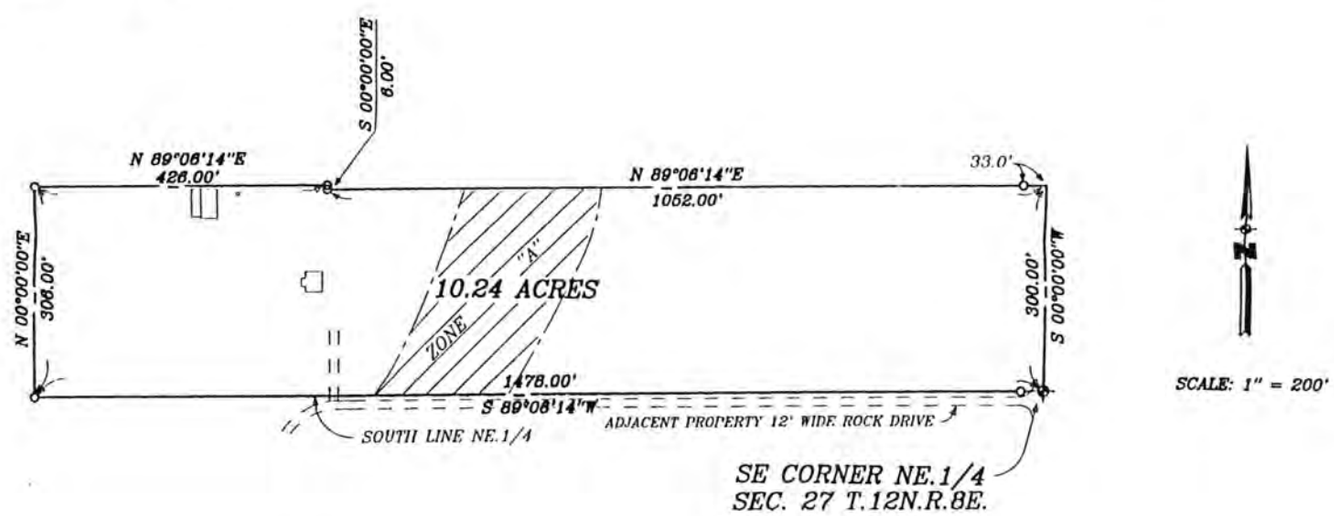
Sheet 1 of 1

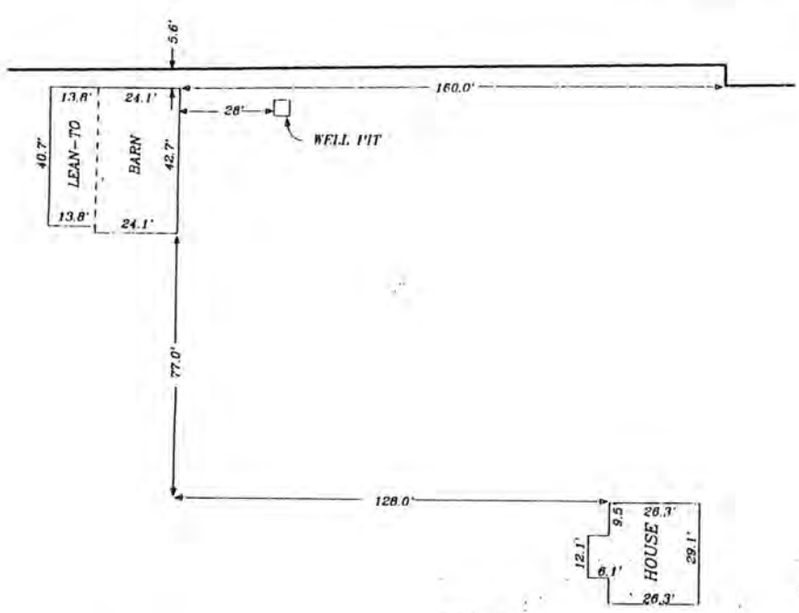
Location of structures on a 10.24 Acre tract of land located in the Northeast Quarter of Section 27 T 12 N, R 8 E of the 6th P.M.

Job No. 22319

August 8, 1995

Buyer/Barbara Buis





DETAIL:

NOTE: This property appears to be located in both Zones "A" and "C". Community #310134, Panel #0035-B, Effective 2-3-1982, however, the Structures do not appear to be in the 100 year flood plain.

LOCATION CERTIFICATION

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS L.S. #333

his inspection and the accompanying plat are true and correct to the best of our knowledge and belief and were repared for mortgage title insurance only. This does not constitute a boundary survey and is subject to any accuracies that a subsequent boundary survey may disclose, no property corners were set, and is not to be used relied upon for the establishment of any fence, structure or other improvements.

Kerry W. Simonds, Date August 8, 1995

KERRY W. SIMONDS L.S.#333

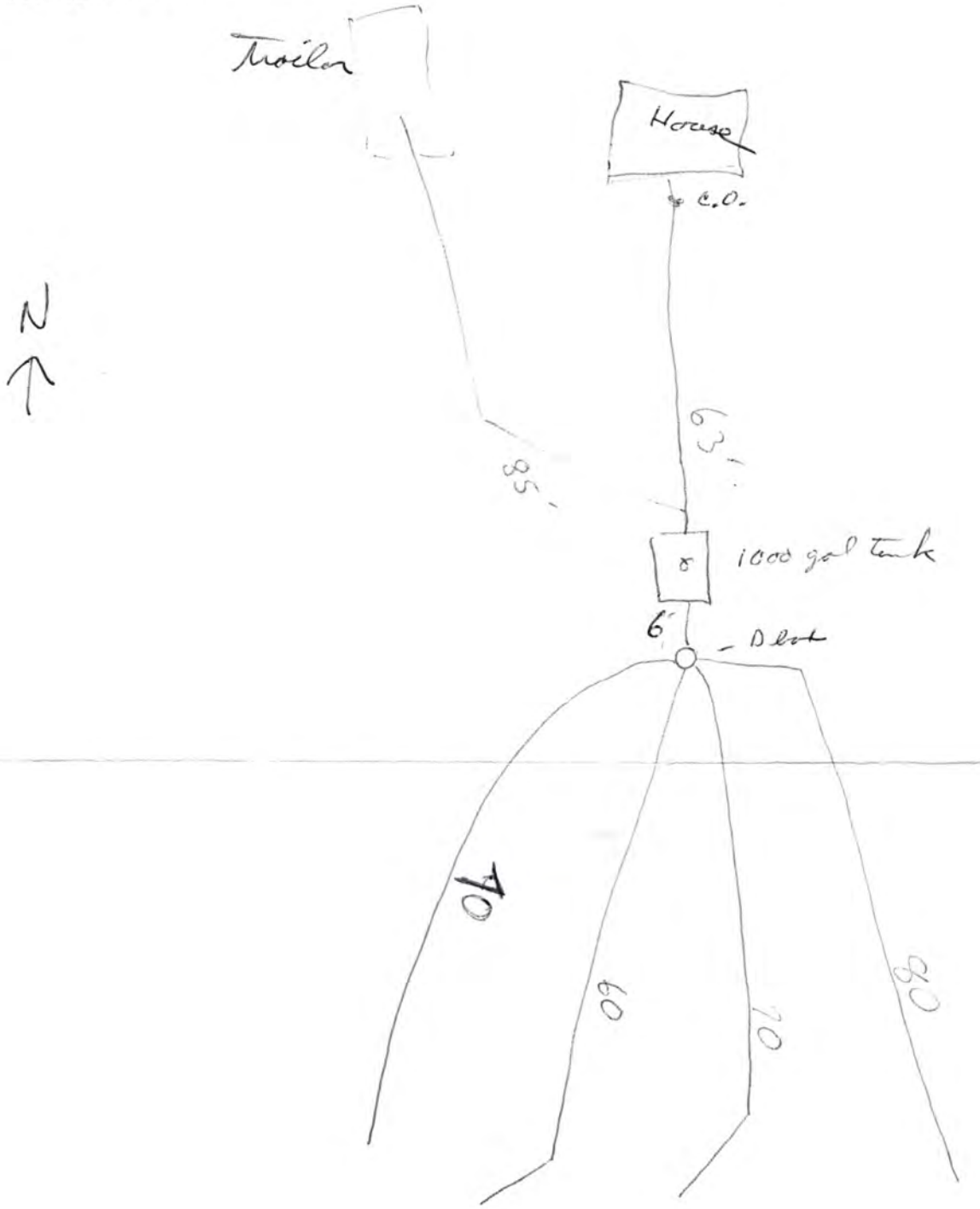
Larry Schwarck

½ N of Branched Oak Rd on 162nd

well

11-7-95

95380136 0



35
65
148