# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 697-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

March 17, 1976
THIS PERMIT EXPIRES

Phil Weaver
ISSUED TO

5248 Goldenrod Circle
ADDRESS

T12N; R8E; Sec. 21 Lot 20
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 30.00 | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| 624-1535 | 110.16 | 148.14 | 6-2 |

RECEIPTED BY | DATE | AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 697-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 9/10/75

The undersigned hereby requests SITE CLEARANCE 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 21
Block ____; Lot 2011; Addition NW 1/4, South 331' of the West 789.61
Street Address ____

2. Property Use: Residential ____ /x/ ; Commercial ____ /__/
No. of Bedrooms 3 . Describe: ____
Other Use ____ /__/
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank /x/ ; Other /__/

4. Distance to public sewer: ____ ft.

Phil Weaver
Signature of Applicant (Owner or Lessee)

5248 Goldenrod Circle, 68512
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/17/75 . Date Frwd. 9/17/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/17/75 . Date Frwd. 9/17/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Chas Neal

3. City or County Engineer: Date Rec'd. 9/17/75 . Date Frwd. 9/17/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Allen R. Williams

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 697-C

DATE: 9/10/75

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 12N ; Range 8E ; Section 21 ; Block ; Lot ; Addition NW 1/4, S 331' of the west 789.61
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Phil Weaver
Signature of Applicant (owner or lessee)

5248 Goldenrod Circle, 68512
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: Jan-12-76 by: rm Partial
Date: Feb-16-76 by: jw
Date: by:

3. Date: Approved ☒; Disapproved ☐ 9/17/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 2-16-76 by: James Weverka

FORM HD- 43(73) 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 475-6221)

FILE NO. 697-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12N ; Range 8E
Section & ¼ Sect. 21
Property Dimensions: ___ft. x ___ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Phil Weaver
Address 5248 Goldenrod Circle, 68512

Dates of Tests: ~~8~~ Sept 3 to Sept 4. Weather: Precip. ___ Temp. ___ F

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 | | | | |
| Hole 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. Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./inch) |
| 1 | 38 | | | | | | | | | | 30mn | 1½ | |
| 2 | | | | | | | | | | | | 2 | |
| 3 | | | | | | | | | | | | 1¾ | |
| 4 | | | | | | | | | | | | 1½ | |
| 5 | | | | | | | | | | | | 2 | |
| 6 | | | | | | | | | | | | 1½ | |

Roger Bailey
Signature of Person Conducting Test

Address 4131 C & F Ford
Phone: 489-8208

Sum of Percolation Rates
Average of Rates: 1.7/30
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

James Weverka
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 697-C

## SPECIFICATIONS

DATE: _____

**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 73 ft.
4. Number of clean-outs none.
5. Distances To:
   Well or Suction Line 50' ft.;
   Stream ____ft.; Pressure Line ____ft.;
   Property Line ____ft.

**B. SEPTIC TANK (Provide construction drawings.)**

1. Material Fiberglass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☑ (Company _____)
   No ☐
4. Manholes: Over Inlet; diam. ____in.
   Over Outlet; diam. ____in.
   Below Grade 12 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
   Depth of outlet below inlet ____in.
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.

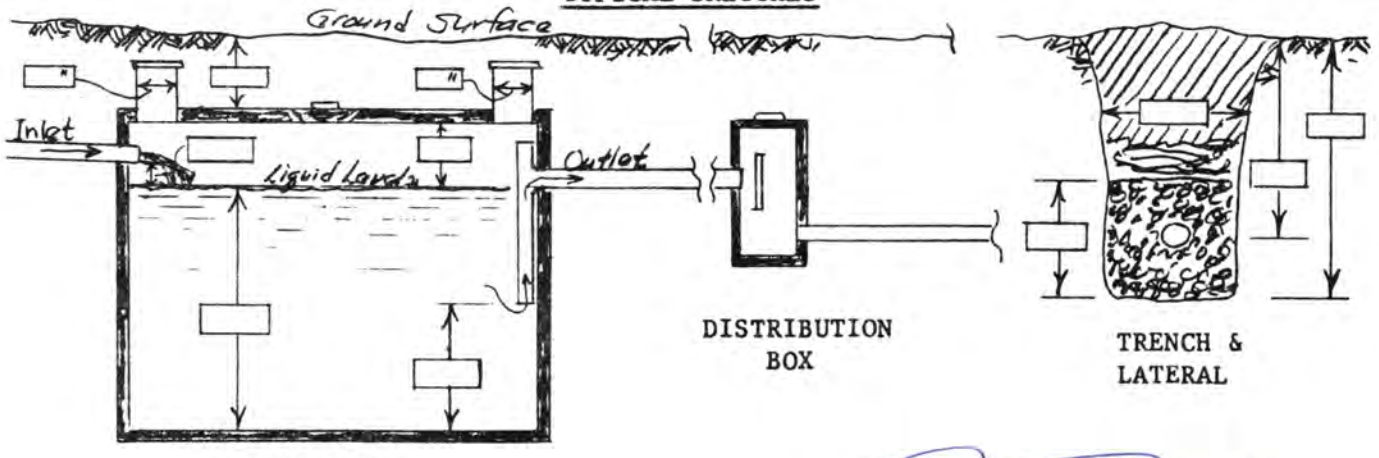
**C. DISTRIBUTION BOX**

1. Material Concrete; No. available outlets ____.
2. Factory Built: Yes ☑, (Company pre-cast) No ☐
3. Dimension: Length ____in.; Width ____in. Depth ____in.
4. Distance from Septic Tank 2 ft.
5. Serial Distribution: Yes ☐, No ☑ (If yes, show detailed plans.)

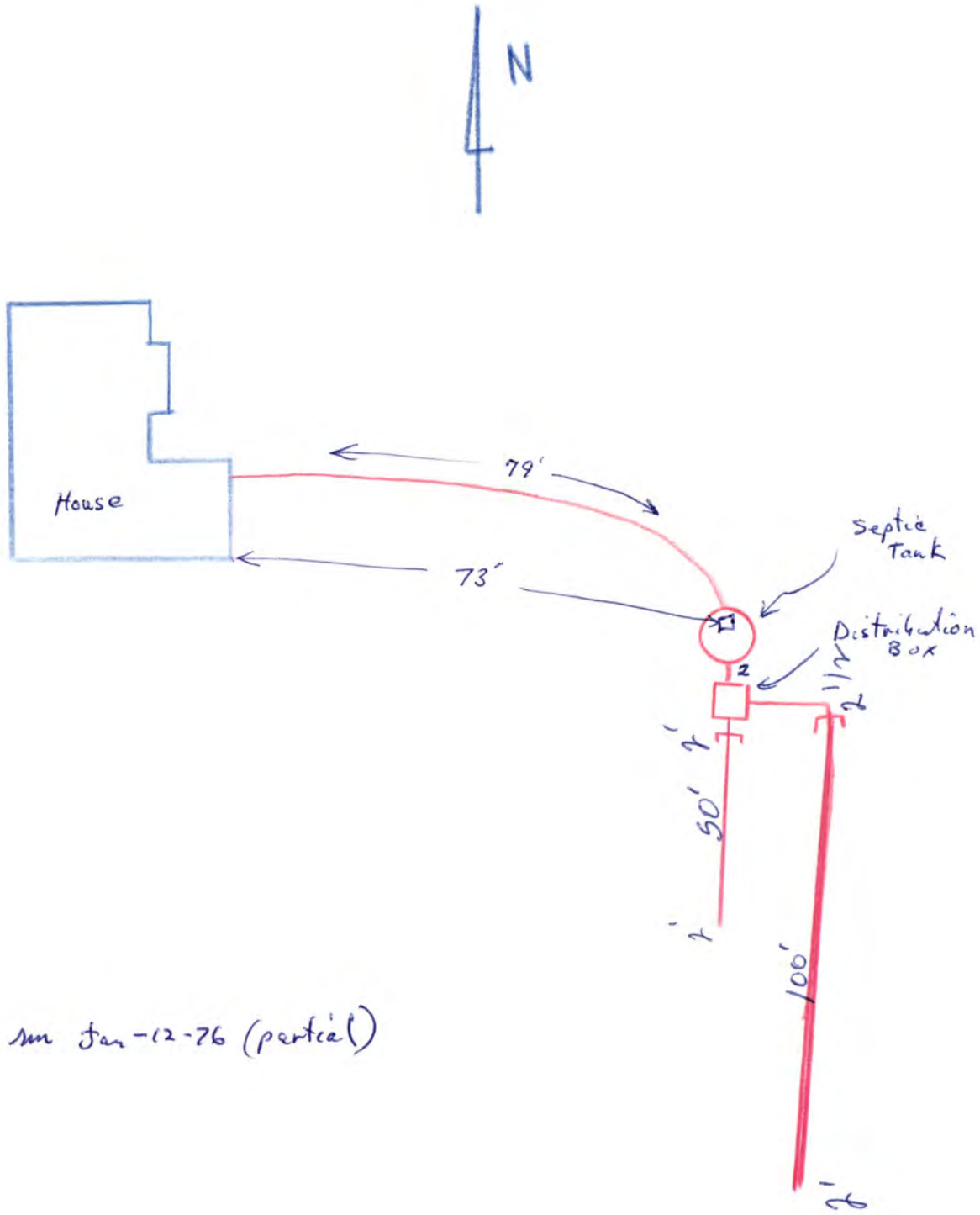
**D. ABSORPTION FIELD: (Provide drawings.)**

1. Type: Half Round
2. Lateral Lines: Depth below grade ____in. Number ____; Length of each line ____ft Total length of Laterals 152 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____ Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ____in.; Width 48 in.
4. Filter Material: _____. Depth of material from trench bottom ____in.
5. Distances To:
   Well or Suction Line ____ft.;
   Stream ____ft.; Pressure Line ____ft.
   Property Line ____ft.
6. Percolation Rate: 18 minutes/inch

**TYPICAL SKETCHES**




Signature of Applicant




sm Jan-12-76 (partial)